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Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning 07/01/18 , and ending 06/30/19 1906

▶ Go to *www.irs.gov/Form990T* for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No 1545-0687

2018

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed

B Exempt under section

☒ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)

Print or Type

Name of organization (☐ Check box if name changed and see instructions)

Assn. of Public-Safety Communications Officials-

Number, street, and room or suite no If a P O box, see instructions

351 N. Williamson Blvd.

D Employer identification number (Employees' trust, see instructions)

63-0461885

E Unrelated business activity code (See instructions)

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	
34	Amounts paid for disallowed fringes	34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	

[redacted]

If "Yes," enter the name and identifying number of the parent corporation

▶

J The books are in care of ▶ Doreen Geary Telephone number ▶ 386-322-2500

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales _____ b Less returns and allowances _____ c Balance ▶	1c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from partnership and S corporation (attach statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from controlled organization (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
[redacted]	11	31,955	44,185	-12,230

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of penodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I ▶	31,855	44,185				
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A) 31,855	Enter here and on page 1, Part I, line 11, col (B) 44,185				Enter here and on page 1, Part II, line 27

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
N/A			

Form 990-T	Schedule M Charitable Contribution and Loss Calculation Description Unrelated Business Activity	2018

Name
Assn. of Public-Safety

Taxpayer Identification Number
63-0461885

Unincorporated Business Income Tax Code 541800 Activity Advertising and related services

Worksheet 1	Activity Charitable Contribution Deduction		
1	Activity Income (Schedule M, Line 13, col C)	1	-12,330
2	Activity Expense (does not include amount needed for Line 20)	2	
3	Net Income (Line 1 minus Line 2); If less than zero, enter -0-	3	0
4	Current activity contribution limit (Multiplier used is 10 %)	4	
5	Current year contributions	5	0
6	Prior year contributions (corporations only)	6	
7	Total available contributions (Add lines 5 and 6)	7	
8	Take the lesser of Line 4 or 7; Enter here and on Line 20 (Form 990T or Sch M)	8	
9	Remaining contributions (subtract line 8 from line 7)	9	
10	Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits), Enter amount here and on Form 990-T, Line 33 as a negative amount	10	
11	Remaining contributions (carried forward for corporations only, See Worksheet 3)	11	0

Worksheet 2	Activity Losses and Carryforward Amounts		
1	Activity losses (do not include amounts before 2018)	1	