			•	29:	93 0520	5205 1			
** ***					$\mathcal{M}\mathcal{M}$				
•	_	EXTENDED TO NOVI			611,				
Form 900-T	E	Exempt Organization Bus	ine	ss Income T	ax Return	OMB No 1545-0047			
		(and proxy tax und	er se	ction 6033(e))		2010			
<i>8</i> ′	For cal	For celendar year 2019 or other tox year beginning, and ending							
Department of the Treasury Internal Revenue Service	l ▶	Go to www.irs.gov/Form9901 for in Do not enter SSN numbers on this form as it may				Open to Public Inspection for 50 1(c)(3) Organizations Only			
A Check box if		Name of organization (Check box if name c	hanged	and see instructions.)		mployer identification number mployees' trust, see			
address changed		NAME TO SEE THE PORT OF SE		rmv TVO	in	structions)			
B Exempt under section X 501(c)(3()	Print or-	AMERICAN SOCIETY FOR QU Number, street, and room or suite no. If a P.O. box			E U	39-0912502 nrelated business activity code			
408(e) 2220(e)	Туре	600 N PLANKINTON AVENUE		istructions.	_ (s	ee instructions)			
408A 530(a)		City or town, state or province, country, and ZIP o		n postal code					
529(a)		MILWAUKEE, WI 53203			54	1800			
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<u> </u>			(
		G Check organization type ► X 501(c) corp	_		401(a) trus				
trade or business here	-	—	2		the only (or first) unrelat complete Parts I-V. If m				
		ice at the end of the previous sentence, complete Pa	rts I an		•				
business, then complete	•	•		io II, complete a concaste	iii ioi dadii addiiioilai iii				
	_	poration a subsidiary in an affiliated group or a parer	nt-subs	idiary controlled group?	▶ □	Yes X No			
		tifying number of the parent corporation.							
J The books are in care of		JIM MONNAT de or Business Income			ne number > 414				
		de or Business income	1	(A) Income	(B) Expenses	(C) Net			
1 a Gross receipts or sale b Less returns and allo		c Balance ▶	1 _C						
2 Cost of goods sold (S			2						
3 Gross profit. Subtrac			3						
4a Capital gain net incor	ne (attac	th Schedule D)	4a						
		Part II, line 17) (attach Form 4797)	4b		/				
c Capital loss deduction	for true	ECEIVED	4c	<u> </u>					
5 Income (loss) from a6 Rent income (Schedu		stip-or air S corporation (attach statement)	<u>5</u>						
		me/Schedute E2020	7						
8 Interest, annuities, ro	at es, a	ne (Schedule E2020) (Schedule F)	8						
		on 501(e)(7), (9), or (17) organization (Schedule G)	9						
10 Exploited exempt act		O O	10	257 747	202 124	25 207			
11 Advertising income (11	357,747.	393,134	-35,387.			
12 Other income (See in 13 Total, Combine lines		•	12/	357,747.	393,134	-35,387.			
Part II Deduction	ns No	ot Taken Elsewhere (See instructions fo	or limit	ations on deductions)		<u> </u>			
(Deductions	must t	be directly connected with the unrelated busin	iess in	come)					
14 Compensation of of	icers, di	rectors, and trustees (Schedule K)				4			
15 Salaries and wages					1:				
16 Repairs and mainter	ance				11				
17 Bad debts 18 Interest (attach scho	dule) (s	ee instructions)			1:				
19 Taxes and licenses	GG 10) (5	30 11101 2010110			1				
20 Depreciation (attach	Form 4	562)		20					
21 Less depreciation cl	aimed oi	n Sehedule A and elsewhere on return		21a	21	lb			
22 Depletion					2				
23 Contributions to def		mpensation plans			2				
24 Employee benefit pr 25 Excess exempt expe		chedule I)			2				
26 Excess readership of					2				
/	er deductions (attach schedule)								
/	deductions. Add lines 14 through 27								
		ncome before net operating loss deduction. Subtrac			4	9 -35,387.			
/	erating	loss arising in tax years beginning on or after Janua	ry 1, 20	018	,]				
(see instructions)	avahla :	ncome. Subtract line 30 from line 29			$\left(\begin{array}{c} \frac{3}{3} \end{array}\right)$				
		rwork Reduction Act Notice, see instructions.				Form 990-T (2019)			

	O-T(29719) AMERICAN SOCIETY FOR QUALITY, INC.		39-	0912502 Page 2
Part				
32/	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	\$2	760,858.
33	Amounts paid for disallowed fringes		83	
34	Charitable contributions (see instructions for limitation rules)	U .	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and	d 38	35	760,858.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	可多	37	760,858.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	ď,	38\	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	y	ा,धा	
	enter the smaller of zero or line 37	11	39.	759,858.
Part	-IV-F Tax Computation		7	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		40	159,570.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from		_1_1	
	Tax rate schedule or Schedule D (Form 1041)		41	
42	Proxy tax. See instructions		42	
43	Alternative minimum tax (trusts only)		48\	
44	Tax on Noncompliant Facility Income. See instructions		44 \	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	7	45	159,570.
Part	-V Tax and Payments			
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a			
b	Other credits (see instructions) 46b]	
C	General business credit. Attach Form 3800		1	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		1	
е	Total credits. Add lines 46a through 46d		46e	
47	Subtract line 46e from line 45		47	159,570.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schi	adule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	ιλ	49	159,570.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B. Part II. column (k). line 3	2	50	0.
	Payments: A 2018 overpayment credited to 2019	19.		<u>~ </u>
	2019 estimated tax payments 95,1		1	
	Tax deposited with Form 8868 5 5 ft 71,0		1	
	Foreign organizations Tax paid or withheld at source (see instructions)		1	
	Backup withholding (see instructions) 5te		1	
	Credit for small employer health insurance premiums (attach Form 8941)		1 1	
	Other credits, adjustments, and payments Form 2439		1	
9	□ Form 4136 □ □ Other □ Total ► 51g		1.1	
52	Total payments. Add lines 51a through 51g		52	195,000.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	(h	53	774.
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed (X	6	54	
			55	34,656.
	Enter the amount of line 55 you want: Credited to 2020 estimated tax 5,000 Refunded		56	29,656.
Part			1 20 1	27,030.
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			100 100
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here SEE STATEMENT 1			X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
	Find the amount of tax-exempt interest received or accrued during the tax year			
	Under penalties of perjury, I perjury that I have examined this return, including accompanying schedules and statements, and to the best of my	knowlec	ige and beli	ef, it is true,
Sign	correct, and complete. Declaration of presarer (other than taxpayer) is based on all information of which preparer has any knowledge			
Here	William III III INTERIM CEO		•	iscuss this return with hown below (see
	Signature of officer Date Title			X Yes No.
	Print/Type preparer's name Preparer's signature Date Check		. 1	1-21.00
Paid			' ' ' ' '	'
	MOOVE MADELLE COS MOOVE MADELLE COS 11/10/00	.5,00	PO	0187863
Prep	- DAMED BILLIA II D	IN ►		-0859910
Use	777 E WISCONSIN AVENUE, 32ND FLOOR			
		0. 4	14.7	77.5500

Schedule A - Cost of Goods	s Sold. Enter	method of invei	ntory va	aluation N/A				
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6	
2 Purchases	2		7	Cost of goods sold. Su	ubtract I	ine 6		
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,		
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b	-		property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income	(From Real	Property and	d Pers	sonal Property L	ease	d With Real Prop	erty)	
(see instructions)								
Description of property								
(1)								
(2)								
(3)								
(4)						·		
		ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for	personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	/ connec nd 2(b) (oted with the income in attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Det	ot-Financed	Income, (see	e instru	ctions)				
			2	Gross income from		Deductions directly cor to debt-finant		
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)							1	
(2)			+				十	
(3)			1					
(4)							T	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 8)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			\top	%			 	
(2)				%			Ì	
(3)			1	%			1	
(4)			i	%				
	-					inter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals						0		0.
Total dividends-received deductions	ncluded in columi	1 8					`	0.

Form 990-T (2019)

Form 990-T (2019) AMERICAN SOCIETY FOR QUALITY, INC. 39-09125 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 periodical		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)							
(2)							
(3)							
(4)		İ					
Totals from Part I	▶	357,747.	393,134.	1.	· .		0
		Enter here and on page 1, Part I, Ine 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		*	•	Enter here and on page 1, Part II, line 28
Totals, Part II (lines 1-5)	▶	357,747.	393,134.	-		•	0

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)	,	%	
Total, Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2019)

FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH STATEMENT 1 ORGANIZATION HAS FINANCIAL INTEREST

NAME OF COUNTRY

CHINA CANADA MEXICO INDIA

FORM 990-T SCHEDULE J - INCOME FROM PERIODICALS REPORTED STATEMENT 2 ON A CONSOLIDATED BASIS									
NAME OF PERIODICAL	GROSS ADV INCOME	DIRECT ADV COSTS	CIRCULATION INCOME	READERSHIP COSTS					
QUALITY PROGRESS	0.	47,705.							
CAREER SERVICES	0.	-979.							
SIX SIGMA FORUM	7,320.	2,204.							
JOURNAL OF QUALITY &									
PARTICIPATION	0.	551.							
WEBSITE ADVERTISING	348,787.	343,653.							
AQC DIRECTORY	0.	0.							
SECTION NEWSLETTERS	1,640.	0.							
DIVISION NEWSLETTERS	0.	0.							
TO FM 990-T, SCH J, PART I	357,747.	393,134.							

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB	No	1545-0047

ENTITY

Employer identification number

For calendar year 2019 or other tax year beginning _______, and enc

2019

Department of the Treasury Internal Revenue Service

Name of the organization 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).

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

	AMERICAN SOCIETY FOR QUA	7 T T.	ri, inc.	39-0912	502
	Inrelated Business Activity Code (see instructions) 90009				
	Describe the unrelated trade or business CERTIFICA	TTO	N INCOME		
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 6,954,619.			·	
b	Less returns and allowances c Balance	1c	6,954,619.		
2	Cost of goods sold (Schedule A, line 7)	2	6,122,496.		
3	Gross profit Subtract line 2 from line 1c	3	832,123.		832,123.
4 a	Capital gain net income (attach Schedule D)	4a			
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an 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 a 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			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	832,123.		832,123.
	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	come	for limitations on ded e.)	,	
14	Compensation of officers, directors, and trustees (Schedule K)			14	· · · · · · · · · · · · · · · · · · ·
15	Salaries and wages			15	ſ
16	Repairs and maintenance			16	1
17	Bad debts			17	<u> </u>
18	Interest (attach schedule) (see instructions)			18 19	D4 0.65
19 20	Taxes and licenses Depreciation (attach Form 4562)		20	19	11,203.
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	211	_
22	Depletion		214]	22	
23	Contributions to deferred compensation plans			23	
23 24	Employee benefit programs			24	
25	Excess exempt expenses (Schedule I)			25	1
26	Excess readership costs (Schedule J)			26	Ti T
27	Other deductions (attach schedule)			27	
28	Total deductions, Add lines 14 through 27			28	
29	Unrelated business taxable income before net operating loss deduce	ction s	Subtract line 28 from line		
30	Deduction for net operating loss arising in tax years beginning on o			- <u> </u>	
	instructions)			30	0.
31	Unrelated husiness taxable income. Subtract line 30 from line 29			31	

							EN	PTTY	1	
Form 990-T (2019)				_					² Pa	ige 3
AMERICAN Schedule A - Cost of Goods	SOCIETY	FOR QUAL	ITY	, INC.		39-091	<u> 2502</u>	<u> </u>		
	S SOIG. Ente	r method of inven	T							
1 Inventory at beginning of year	1-1-		7	,,, ,,,,		_	6			
2 Purchases	2	 -	∤ 7	Cost of goods sold. S						
3 Cost of labor	3	 -	┨	from line 5. Enter here	and in f	Part I,		c 10		_
4a Additional section 263A costs				line 2			7	6,12		
(attach schedule)	* 4a 6	100 106	↓ 8	Do the rules of section	•	•			Yes	No_
D Other costs (attach schedule)	40 1 0	<u>,122,496.</u>	┨	property produced or a	acquired	I for resale) apply to			-	لي
5 Total. Add lines 1 through 4b		,122,496.	Don	the organization?		d With Dool Draw				X
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonai Property L	.ease	a with Real Prop	erty)			
(See Instructions)							_			—
1. Description of property										
(1)				•••						—
(2)										
(3)		•		· ·			_			
(4)				-						
	2. Rent rece	ved or accrued								
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connecte nd 2(b) (at	ed with the inc tach schedule	come in e)	
(1)										
(2)				-						
(3)									_	
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		nter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)				0.
Schedule E - Unrelated Deb		I Income (see	ınstru	ctions)	<u> </u>	rarti, iiile o, coluliii (b)				• •
		,		·		3. Deductions directly con			e	
•			2	. Gross income from or allocable to debt-	(2)	to debt-finance	ea prope			
Description of debt-fir	nanced property			financed property	(2)	(attach schedule)	(b) Other dedu (attach sched			
(4)			-							
(1)			╁──				+			
(2)			+	.			+-			
(3)			 			 -	-			
(4)			 		-		+			
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fin	e adjusted basis allocable to anced property ch schedule)	6	Golumn 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable olumn 6 x tota 3(a) and	al of colun	
(1)				%			1			
(2)				%						
(3)				%			I			
(4)				%						
						nter here and on page 1, Part I, line 7, column (A)		nter here and art I, line 7, c		
Totals				.		0	.			0.
Total dividends-received deductions in	ncluded in colum	n 8				•				0.

Form 990-T (2019)

FORM 990-T (M)	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 3
DESCRIPTION		AMOUNT
DIRECT CERTIFICATION GLOBAL EXPENSES MARKETING EXPENSES CREATIVE & COMMUNICA CUSTOMER SERVICES EX SALES TEAM EXPENSES SUPPORT FUNCTION EXP	TION EXPENSES PENSES	2,063,020. 619,471. 387,756. 264,540. 250,413. 107,966. 2,429,330.
TOTAL TO FORM 990-T,	SCHEDULE A, LINE 4B	6,122,496.