823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

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Part I			T as T	
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes		35	
35	eduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	30	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	20	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		$\parallel 1 \parallel$	_
-	enter the smaller of zero or line 36		38	0.
Part I				
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)		39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:		- -	
	Tax rate schedule or Schedule D (Form 1041)	>	4D	
41	Proxy tax See instructions	•	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income See instructions		48	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part \			_ '	
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) , 45a		4	
b	Other credits (see instructions) 45b		4	
C	General business credit. Attach Form 3800 45c		4	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		_	
е	Total credits Add lines 45a through 45d		45e	
. 46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (a	ttach schedule)	47	
48	Total tax Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
	Payments: A 2017 overpayment credited to 2018		_	
	2018 estimated tax payments		_	
C	Tax deposited with Form 8868	2,050	<u>-</u>	
	Foreign organizations: Tax paid or withheld at source (see instructions)			
	Backup withholding (see instructions) \$0e			
	Credit for small employer health insurance premiums (attach Form 8941)		_	
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ . 50g			
51	Total payments. Add lines 50a through 50g	12	51	2,050.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	67	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		5/3	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		3 54	2,050.
		inded 🔄	4 \$5	2,050.
Part V				
56	At any time during the 2018 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			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			<u>X</u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$			
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled.	je ,	wiedge and beli	et, it is true,
Here	CHIEF FINANCIAL	, <u> </u>	lay the IRS disci	uss this return with
	Signature of officer Date OFFICER Title		ne preparer show	
			structions)?	Yes No
			ıf PTIN	
Paid	7/64	elf- employed	L.	20000
Prepa	T HOW DD 1911 WED THE CONTROL OF			009292
Use C	only Firm's name ► LEONARD, MULHERIN & GREENE, P.C.	Firm's EIN	<u> </u>	3108635
	625 GROVE STREET	Dhan	/701\ 1	1000
		Phone no.		356-4800
823711 01	-09-19		For	m 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT BUSINESS ACTIVITY

DISALLOWED FRINGE BENEFITS (PARKING) - SECTION 512 (A)(7) REPEALED TO FORM 990-T, PAGE 1