EXTENDED TO AUGUST 17, 2020

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2018.05050 LEO, I

Form 990-1			04-23	78885		Page
Part I	II Total Unrelated Business Taxable Income					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	ee instructions)		33	-25,8	<u>85</u>
34	Amounts paid for disallowed fringes			34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instri	uctions) S	TMT 1	35		0
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	um of				
	lines 33 and 34			36	-25,8	85
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		33	3₹	1,0	00
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,	201			
	enter the smaller of zero or line 36		21	38	-25,8	85
Part I	V Tax Computation					
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)		•	40		
41	Proxy tax. See instructions		•	- 41	-	
42	Alternative minimum tax (trusts only)		•	42		
43	Tax on Noncompliant Facility Income See instructions			43	-	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		45	44		0
Part \						
		45a		$\overline{}$		_
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			⊣ `∣		
b	Other credits (see instructions)	45b		-		
C	General business credit. Attach Form 3800	45c		⊣ ∣		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d				
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 88	366 Other	(attach schedule)			_
48	Total tax. Add lines 46 and 47 (see instructions)		99	48		0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1 1	5	49		0
50 a	Payments: A 2017 overpayment credited to 2018	50a		⊣ '∣		
b	2018 estimated tax payments	50b		⊣		
C	Tax deposited with Form 8868	50c		⊣ [
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		_		
е	Backup withholding (see instructions)	50e				
f	Credit for small employer health insurance premiums (attach Form 8941)	50f				
g	Other credits, adjustments, and payments: Form 2439					
	☐ Form 4136 ☐ Other ☐ Total ▶	50g				
51	Total payments. Add lines 50a through 50g			51		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲			52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	- 53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		•	- 54		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	l R	efunded 🕨	- 55		
Part \		n (see instru	uctions)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature		ıtv		Yes	No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the					
	here	.o.o.g oooy				X
67	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	aneferor to a fo	raign trust?			X
57	If "Yes," see instructions for other forms the organization may have to file.	ansieror to, a it	neigh trust.			
50	Enter the amount of tax-exempt interest received or accrued during the tax year					
58	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements and to th	e best of my know	ledge and beli	of it is true	
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	r has any knowledge EXECUTIV	ne e	loogo and bone	, , , , , , o a a a a ,	
Here	1. PANANAKI AX I NAINAKA TATALITAN .				scuss this return w	rith
	Signature of officer Date OFFICER	<u> </u>			nown below (see	٦ ٨ ٦
 .				instructions)?	A Yes	No
	Print/Type preparer's name Preparer's signature Da	ite	Check	ıf PTIN		
Paid		,,,,,,,	self- employe			
Prepa		2/20/20			L988325	
Use C	Inly Firm's name CITRIN COOPERMAN & COMPANY, LLP		Firm's EIN	<u> 22</u> -	<u>-242896</u>	5
	10 FORBES ROAD WEST					
	Firm's address - DDATNIDDEE MA 02184		Dhone no	721_21	56-2000	

Form **990-T** (2018)

823711 01-09-19

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation N/	<u> </u>					——
1 Inventory at beginning of year	1		6 Inventory at end of ye			6			
2 Purchases	2		7 Cost of goods sold. Subtract line 6						
3 Cost of labor	3	from line 5. Enter here					ł		
4a Additional section 263A costs		line 2				7			
(attach schedule)	4a		8 Do the rules of section	n 263A (1	with respect to		,	/es	No
b Other costs (attach schedule)	4b	,	property produced or	•	•				
5 Total. Add lines 1 through 4b	5	·· <u> </u>	the organization?		, .,, .,		-	_	
Schedule C - Rent Income ((see instructions)	From Real	Property and	Personal Property	Lease	d With Real Prop	erty)			
1. Description of property									
(1) COMMERCIAL RENTAL	L PROEPR	TY				•			
(2)									
(3)					<u>. </u>				
(4)					· · · · · · · · · · · · · · · · · · ·				
	2. Rent receive	ed or accrued	· · · ·				"		
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	centage of than	` ' of rent for p	ind personal property (if the percent personal property exceeds 50% or if it is based on profit or income)	tage	3(a) Deductions directly columns 2(a) as SEE STAT	nd 2(b) (a	attach schedule)	me in	
(1)			113,6	538.			139	, 52	23.
(2)									
(3)									
(4)		-							
Total	0.	Total	113,6	538.					
(c) Total income. Add totals of columns here and on page 1, Part 1, line 6, column		ter	113,6		(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	139	, 52	23.
Schedule E - Unrelated Deb		Income (see	instructions)		<u> </u>				
		(2. Gross income from		3 Deductions directly con- to debt-finance				
1. Description of debt-fin	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other dedu (attach sched		
(1) .									
(2)	-								
(3)					-				
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis illocable to nced property i schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable de column 6 x total o 3(a) and 3	of colu	
(1)	-		%						
(2)			%						
(3)			%						
(4)	•		%						
					nter here and on page 1, Part I, line 7, column (A)		Enter here and on Part I, line 7, colu		
Totals			•	•	0				0.
Total dividends-received deductions in	cluded in column	8	•		•	$\cdot \mathbb{L}$			0.
							Form 99	0-T (2018)

•				Exempt	Controlled O	rganızatı	ons					
Name of controlled organizat	aon	2 Employer identification number		3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that included in the controlli- organization's gross inco		rolling	olling connected with incom	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organi	zations											
7. Taxable Income		related incon ee instruction		9. Total	of specified payi made	nents	10. Part of colu in the controlli gross	mn 9 tha ing organ s income	nization's			s directly connected in column 10
(1)											_	
(2)		_		1								
(3)				Ì	•							
(4)												
							Add colum Enter here and line 8, c		1, Part I,		here and	ns 6 and 11 on page 1, Part I olumn (B)
Totals						▶ .			0.			0.
Schedule G - Investme	nt Incom	ne of a S	Section	501(c)(7	'), (9), or (17) Org	anization					.
(see insti	ructions)				т .							
1. Desc	ription of incon	ne			2. Amount of	income	 Deduction directly connermal (attach sched) 	cted	4. Set- (attach s	asides schedule)		Total deductions and set-asides (col 3 plus col 4)
(1)		_			-		(attach solice		-		+	(60) 6 pias 601 4)
(2)	_				-						-	
(2)											-	
(4)								_			1	
					Enter here and	on page 1,					Enter	here and on page 1
					Part I, line 9, co						Part I	I, line 9, column (B)
Totals			1	>		0.						0.
Schedule I - Exploited (see instru		Activity	Income	e, Other	Than Adv	ertisin	g Income			,		
Description of exploited activity	2. Grunnelated Income	ousiness from	directly of with pro of uni	penses connected oduction related s income	4. Net incom from unrelated business (co minus colum gain, comput- through	trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attribut colui	able to	e 6	. Excess exempt xpenses (column minus column 5, out not more than column 4)
(1)			•									
(2)	[
(3)												
(4)												
	Enter here page 1, line 10, c	Part I	page 1	re and on 1, Part I, , col (B)		•						Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertisii	na Incom		nstruction		·							
Part I Income From I					solidated	Basis						
								,	-			
1. Name of periodical		2 Gross advertising income		3 Direct ertising costs	4. Advert or (loss) (c col 3) If a ga cols 5 th	ol 2 minus ain, compute	5. Circulat income		6 Reado cost		costs	xcess readership s (column 6 minus nn 5, but not more nan column 4)
(1)												
(2)											_	
(3)												
(4)												
Totals (carry to Part II, line (5))	>		0.	0							Form	0. 9 90-T (2018

Form 990-T (2018) LEO, INC.

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		6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)		· · · · ·					
(2)							
(3)							
(4)							
Totals from Part I	0.	0.		· · · · · · · · · · · · · · · · · · ·	•	0.	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	·	•		Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	0.	0.	,		· , , , , , , , , , , , , , , , , , , ,	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 (2018)

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/17 09/30/18	14,984. 25,886.	0.	'	14,984. 25,886.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	40,870.	40,870.

FORM 990-T	DEDUCTIONS	CONNECTED	WITH RENTAL	INCOME	STATEMENT 2
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
UTILITIES DEPRECIATION REAL ESTATE TAXES INTEREST EXPENSE	5		•	28,986. 61,463. 19,616. 25,460.	
MAINTENANCE	•	- SUBTOTA	L - 1	3,998.	139,523.
TOTAL TO FORM 990)-T, SCHEDU	LE C, COLUI	MIN 3		139,523.