•	· •	16			EX	TENDED TO	MAY 1	L5, 2020		939303		18226
	FORT S	990-	Т	E	Exempt Orga					ax Return		OMB No 1545-0687
((2)	3//~		_	1	_	and proxy tax un			-	190	6	0040
(1)39	ה הלילות			For cal	lendar year 2018 or other tax ye						<u>9</u>	<b>ZU18</b>
1		ent of the			► Go to www Do not enter SSN number	w irs.gov/Form990T for					ŀ	Open to Public Inspection for
	Internal	Revenue S Check I			Name of organization (					1011 15 & 50 1(0)(5)	D Empl	501(c)(3) Organizations Only oyer identification number
	^		s changed		INTERNATION				13.)			loyees' trust, see uctions )
	B Exe	mot und	er section	Print	EDUCATIONAL				N I	NC	0	6-0952238
		501( <b>c</b> 9		or	Number, street, and roo							ated business activity code
		408(e) [	220(e)	Type	5101 12TH A	VENUE, NO.	С					,
		108A [	530(a)		City or town, state or pro		or foreig	n postal code			L	
		529(a)			PENSACOLA,			<u></u>			<u>541</u>	800
	C Book	value of all		<i></i>	F Group exemption num		<u> </u>			- 404(-)		/
	U. Coto				G Check organization tyl		orporation			401(a)		Other trust
$\Omega$				-	EE STATEMEN!					he only (or first) un complete Parts I-V.		
			-		ice at the end of the previo		Parts I an					
5,			n complete (	•	•	oud demonder, complete		.a, cop.o.c a co.				. •
16					poration a subsidiary in an	affiliated group or a pai	rent-subs	idiary controlled gro	oup?	▶ [	Ye	es X No
( )		_			tifying number of the pare	_						
					SANDRA ARRAN				Telepho	ne number 🕨 8		,
	Part	I U	Inrelated	Trac	de or Business Inc	come		(A) Income		(B) Expenses	3	(C) Net
	•		eipts or sale									\ \ \ \ \ \ \
بسي			ns and allow		A 1 71	c Balance	1 <u>c</u>		-		<del>;</del>	7
2021		•	ods sold (S		• •		3		-	, j.		17.3.1
က		•	fit. Subtract				4a			*		
8		<ul> <li>4a Capital gain net income (attach Sch</li> <li>b Net gain (loss) (Form 4797, Part II,</li> <li>c Capital loss deduction for trusts</li> </ul>			797, Part II, line 17) (attach Form 4797) 4b				İ		" ;	
SEP											/.	
SE	-									. /	_	
Ω			me (Schedu				6					
SCANNED	7 U	nrelated	debt-finance	ed incor	me (Schedule E)		7					
<b>\( \leq \)</b>	_				nd rents from a controlled	<del>-</del>	-					
₹					on 501(c)(7), (9), or (17)	organization (Schedule (			/			
Ö		•	· ·	_	ome (Schedule I)		10	74,08	7	29,0	33	45,054.
0)			ig income (S		e u) ns; attach schedule)		11	19,00	<del>''</del>	29,0	<del></del>	43,034.
			ime (See ins imbine lines				13	74,08	37.	29,0	33.	45,054.
9	Part				t Taken Elsewhe	re (See instructions						
5 2020			xcept for o	contribi	utions, deductions mus	st be directly connect	ed with	the unrelated bus	ıness ı	ncome)		
	14	Compen	sation of off	icers, di	rectors, and trustees (Sch	nedule K)	DEC	Elt/ED	7		14	104,800.
	15	Salaries	and wages			/_	PLEC	EIVED	.‡		15	
EC			and mainten	ance		C236	11.11 4	800			16	
		Bad debt					JUL 3	2 1 2020 S	1		17	
9			(aπacn scne id licenses	aule) (s	ee instructions)	/   -		α			18	· · · · · · · · · · · · · · · · · · ·
10	lan.			ons (Sei	e instructions for limitatio	in rules)	<u>JGD</u>	EN, UT	1		20	·
70			tion (attach	•				21	<u>.</u>			
' N	22				n Schedule A and elsewhe	ere on return		22a			22b	
Ų,	<b>c</b> 23	Depletion									23	
(2)	24	Contribu	tions to defe	erred co	mpensation plans						24	
Ψ,	<b>≃</b> 25		e benefit pro	_							25	
$\sim$ $\epsilon$			xempt expe								26	0.052
$\infty$			eadership co					SEE S	ጥ ል ጥ፣	EMENT 2	27 28	9,852. 2,278.
<u></u>			ductions (at		nedule) . 14 through 28			SEE S	IVI			116,930.
\$					ncome before net operatir	na loss deduction. Subtr	act line 2	9 from line 13		يمي	30	-71,876.
J					loss arising in tax years b				s)		31	/- / Ps .
013 544.018			-	_	ncome. Subtract line 31 fr					_3(	32	-71,876.
<del>'</del>	$\overline{}$				work Reduction Act Notic	**					1	Form <b>990-T</b> (2018)
/	, <u> </u>						42					67
1/14	007	10 7	69482	880	01123.001	201	8.06	000 INTER	TAN	IONAL PRI	sci (	NUS ME 880011:

_	n 990-T		<u> </u>	06-09	<u>52238</u>	Page 2				
P	art II	Total Unrelated Business Taxable Income								
	<b>≥</b> 3	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructions)	i	33	<u>-71,8</u> 76.				
	34	Amounts paid for disallowed fringes		•	34					
IJ	35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ctions) S7	TMT 3	35	0.				
XX .	36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su	ım of							
"		lines 33 and 34			36	-71,876.				
1		Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		838	37	1,000.				
`		Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	36	_						
		enter the smaller of zero or line 36		11.39	.	-71,876.				
P	art i	<del>4</del>		11 000 1		,_,,,,,				
ب		Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)			39	0.				
		Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of	on line 38 from:		<del>                                    </del>					
	40	Tax rate schedule or Schedule D (Form 1041)	m mic oo mom.	_	40					
	44	Proxy tax See instructions			41					
			42							
		Alternative minimum tax (trusts only)			43					
		Tax on Noncompliant Facility Income See Instructions			44	0.				
Б	44 art V	水がal. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments	··············		40	0.				
5			460		<del>-   -</del>					
′		Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		<b>┤</b> 【					
		Other credits (see instructions)	45b		-					
		General business credit. Attach Form 3800	45c		-					
		Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		<del>                                     </del>					
		Total credits. Add lines 45a through 45d								
	46	Subtract line 45e from line 44								
		Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	66 Other (	attach schedule)	47	^				
		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	1 1		49	0.				
		Payments: A 2017 overpayment credited to 2018	50a		<b>-     </b>					
		2018 estimated tax payments	50b		-					
		Tax deposited with Form 8868	50c		<b>-     </b>					
		Foreign organizations: Tax paid or withheld at source (see instructions)	50d		<b>-     </b>					
		Backup withholding (see instructions)	50e		<b>-     </b>					
		Credit for small employer health insurance premiums (attach Form 8941)	50f		<b>-                                     </b>					
	9	Other credits, adjustments, and payments: Form 2439			111					
		Form 4136 Other Total <b>&gt;</b>	50g		411					
	51	Total payments. Add lines 50a through 50g	1		51					
	52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	•		52					
		Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		<b>&gt;</b>	53					
	_	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1	<b>&gt;</b>	54					
_		Enter the amount of line 54 you want: Credited to 2019 estimated tax		unded	55					
[P	art V	Statements Regarding Certain Activities and Other Information	n (see instruc	ctions)	<u>, , , , , , , , , , , , , , , , , , , </u>					
	56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of	or other authority	y		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 f	foreign country							
		here <b>&gt;</b>				X				
	57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a for	eign 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 >\$								
		Under penalties of perury, I declare that have examined this return, including accompanying schedules and stat correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	ements, and to the	best of my knowl	edge and beli	ef, it is true,				
Sig	-	Correct, and complete Declaration of preparer (other train taxpayer) is based on all information of which preparer	nas any knowledge							
He	ere	EXECUTI	VE DIRE	aman I	•	liscuss this return with shown below (see				
		Signature of officer Date Title				X Yes No				
		Print/Type preparer's name Preparer's signature Dat	ie T	Check	ıf PTIN					
D	aid	, year 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1	self- employed						
		rer DENISE MCKNIGHT DENISE MCKNIGHT 07	/10/20			1063588				
	repa	- DEPTHONAL LED	1	Firm's EIN		-1610809				
U	se O	2000 MARKET STREET, SUITE 500				<u> </u>				
		Firm's address ▶ PHILADELPHIA, PA 19103		Phone no.	(215)	496-9200				
823	711 01-					Form <b>990-T</b> (2018)				

Schedule A - Cost of Goods Sold. Ent	er method of inver	ntory valuation N/A		
1 Inventory at beginning of year 1		6 Inventory at end of year		6
2 Purchases 2		7 Cost of goods sold Su		4 -
3 Cost of labor 3		from line 5. Enter here:		1.'
4 a 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	equired for resale) apply to	
5 Total Add lines 1 through 4b 5		the organization?		
Schedule C - Rent Income (From Rea	I Property and	d Personal Property L	eased With Real Prop	perty)
(see instructions)				
1 Description of property				
(1)				
(2)				
(3)		<del></del>		
(4)				
	eived or accrued		3(a) Deductions directl	y connected with the income in
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for	and personal property (if the percentag personal property exceeds 50% or if int is based on profit or income)	ge columns 2(a) a	and 2(b) (attach schedule)
(1)				
(2)				
(3)		<del>-</del>		
(4)				
Total 0	Total		0.	·
(c) Total income Add totals of columns 2(a) and 2(b). here and on page 1, Part I, line 6, column (A)	Enter -		(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>•</b> 0.
Schedule E - Unrelated Debt-Finance	d Income (see	instructions)		<del></del>
		2 Gross income from	Deductions directly cor to debt-finan	nnected with or allocable iced property
1 Description of debt-financed property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
debt on or allocable to debt-financed of property (attach schedule) debt-	age adjusted basis or allocable to inanced property tach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter 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 included in colu	mn 8			0.

Form 990-T (2018) EDUCA' Schedule F - Interest,	PIONAL Annuitie	& SC	IENTI ties, an	FIC F	OUNDAT:	ON I	NC d Organiza	tion	06-09 s (see ins			Page
<b>▶</b> ¹		, -, -,		<del></del>	Controlled O				(555.11		- · · <b>-</b> · ·	
Name of controlled organization		2. Em identifi num	cation	3. Net un	related income a instructions)	4. To	tal of specified ments made	includ	rt of column 4 ded in the cont zation's gross	rolling		Deductions directly nnected with income in column 5
(1)				1								
(2)				1		<u> </u>		1				
(3)	<del></del>							<u> </u>				
(4)							-	1			-	
Nonexempt Controlled Organ	nizations					•						
7. Taxable Income		inrelated incom		9 Total	of specified payr	nents	10 Part of colu	mn 9 tha	it is included			ions directly connected
	- (8	see instructions	s)		made ~		in the controlling gross	ing orga s income	nization's 	- w	rith inco	ome in column 10
(1)												
(2)												
(3)												
(4)												
							Add colun Enter here and line 8, c		e 1, Part I,		r here a	olumns 6 and 11 and on page 1, Part I, 8, column (B)
Totalo									0.			0
Schedule G - Investme	ent Incor	me of a S	Section	501(c)(	7) (Q) or (	17) Ora	ranization		<u> </u>			
	tructions)	ile oi a c	Section	301(0)(	,, ( <del>3</del> ), Oi (	17, 01	garnzation					
	scription of inco	ome			2 Amount of	ıncome	3 Deduction directly connective (attach scheo	cted	4 Set-	asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)							(analy come		•		$\dashv$	(00) 0 pias 00) 4)
(2)					<u> </u>						$\dashv$	
(3)									1 -		$\neg$ †	
(4)											$\neg +$	
					Enter here and o Part I, line 9, co		,			,		nter here and on page Part I, line 9, column (B)
Totals				<b>•</b>		0.					- 1	0
Schedule I - Exploited	-	Activity	Incom	e, Other	Than Adv	ertisin	g Income				•	
1 Description of exploited activity	2 (unrelated	Gross I business ne from business	directly with pr of un	xpenses connected roduction irelated ss income	4 Net incomfrom unrelated business (cominus columingain, compute through	trade or dumn 2 n 3) If a a cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	<b>6</b> Exp attribut colu			7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)												
(2)												
(3)												
(4)												
	page 1	re and on I, Part I, , col (A)	page	ere and on 1, Part I, I, co! (B)		•	-					Enter here and on page 1, Part II, line 26
Totals	•	0.		0.							1	0
Schedule J - Advertis												
Part I Income From	Periodic	als Repo	orted o	n a Con	solidated	Basis						
1 Name of periodical		2 Gross advertising income	adv	3 Direct vertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain, comput	5 Circulat		6. Read		c	7 Excess readership osts (column 6 minus olumn 5, but not more than column 4)
(I) MEMBER C					+		+		<del> </del>		+-:	

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) MEMBERS						
(2) DIRECTORY	42,587.	19,033.		0.	4,926.	,
(3) WEBSITE	31,500.	10,000.	` '	0.	4,926.	3.
(4)			,		-	
Totals (carry to Part II, line (5))	<b>▶</b> 74,087.	29,033.	45,054.		9,852.	9,852.

Form **990-T** (2018)

7

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) 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 7 Excess readership 2 Gross 3 Direct 5. Circulation 6. Readership costs (column 6 minus column 5, but not more advertising 1 Name of periodical advertising costs costs income псоте than column 4) (1) (2) (3) (4) ▶ 74,087. 29,033. 9,852. Totals from Part I 7 Enter here and on Enter here and on page 1, Part I, line 11, col (B) Enter here and page 1, Part I, line 11, col (A) on page 1, Part II, line 27 29,033 Q 74,087 9,852. Totals, Part II (lines 1-5)

|--|

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) LAURENCE DRUMMOND	EXECUTIVE DIRECTOR	50.00%	60,000.
(2)	ADMINISTRATIVE	%	
(3) SANDRA ARRANTS	MANAGER	70.00%	44,800.
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b>•</b>	104.800.

Form 990-T (2018)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PR BUSINESS ACTIVITY	RIMARY UNRELATED STATEMENT 1

## ADVERTISING REVENUES RELATED TO MEMBERS DIRECTORY

TO FORM 990-T, PAGE 1

FORM 990-T OTHE	ER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
BANK FEES		2,278.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	3	2,278.

FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13	1,759.	0.	1,759.	1,759.
06/30/14	3,354.	0.	3,354.	3,354.
06/30/17	13,055.	0.	13,055.	13,055.
06/30/18	13,237.	0.	13,237.	13,237.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	31,405.	31,405.