Unrelated business taxable income. Subtract line 31 from line 30 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

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Form 990-		<u> 14-14(</u>) <u>2155</u>	Page 2
Part III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes			730,862.
35	Deduction 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		35	
•	lines 33 and 34		36	730,862.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		 "' 	
30	enter the smaller of zero or line 36		,,	729,862.
Part I			38	123,002.
			T 00 T	153,271.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	133,2/1.
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		44	153,271.
Part \	/ Tax and Payments			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		J i	
b	Other credits (see instructions) 45b			
С	General business credit. Attach Form 3800 45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d		1	
	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	153,271.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attack)	h schodula)	47	
	Total tax. Add lines 46 and 47 (see instructions)	3c.1600(6)	48	153,271.
48	·		49	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	
	Payments: A 2017 overpayment credited to 2018	702	-	
	• • • • • • • • • • • • • • • • • • • •	793.	4	
	Tax deposited with Form 8868		-	
d	Foreign organizations, Tax paid or withheld at source (see instructions) 50d		-l l	
е	Backup withholding (see instructions) 50e		4	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		.}	
g	Other credits, adjustments, and payments Form 2439		1 1	
	Form 4136 Other Total ▶ 50g		_	
51	Total payments. Add lines 50a through 50g		51	4,793.
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	148,478.
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	led 🕨	55	
Part \				
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			130
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			1 1
				v
	here >			$\mid \frac{x}{x}\mid$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	ı ırust?		├
	If "Yes," see instructions for other forms the organization may have to file.			1 1
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
Sian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	or my knowle	age and bel	liet, it is true,
Sign	8/14/19 CORPORATE			discuss this return with
Here	CONTROLLING.		the preparer shown below (see	
	Signature of officer Date Title		nstructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Che	ck 🔲	if PTIN	
Paid	self	- employed		
Prepa	MELLY A. SAPOSNICK		P0	0431126
Use (TO A PONTABLO C GO TER	m's EIN	16	-1131146
J36 (6 WEMBLEY CT			
		one no.	(518)	464-4080
823711 01				Form 990-T (2018)
				· · · · · ·

FORM 990-T BESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

AMOUNTS PAID FOR DISALLOWED FRINGE

TO FORM 990-T, PAGE 1