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Form 990-T

AMENDED RETURN - SECTION 512(A)(7) REPEAL
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning 1/8/2 and ending
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).

Department of the Treasury Internal Revenue Service

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

Form 990-T header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets; D Employer identification number 23-2493621; E Unrelated business activity code 900099; F Group exemption number; G Check organization type 501(c) corporation.

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here: DISALLOWED FRINGES. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

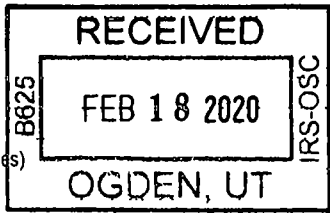
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No. If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of DAVID S. BUNTON Telephone number 202-347-7722

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 1c Balance; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income; 4b Net gain; 5 Income from partnership; 6 Rent income; 7 Unrelated debt-financed income; 8 Interest, annuities, royalties; 9 Investment income; 10 Exploited exempt activity income; 11 Advertising income; 12 Other income; 13 Total. Total income is 0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 2 columns: Description, Amount. Rows include: 14 Compensation of officers; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest; 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation; 22 Less depreciation; 23 Depletion; 24 Contributions to deferred compensation; 25 Employee benefit programs; 26 Excess exempt expenses; 27 Excess readership costs; 28 Other deductions; 29 Total deductions 0; 30 Unrelated business taxable income before net operating loss deduction 0; 31 Deduction for net operating loss 0; 32 Unrelated business taxable income 0.



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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, Amount. Includes lines 33-38. Line 37 amount is 1,000.

Part IV Tax Computation

Table with 3 columns: Line number, Description, Amount. Includes lines 39-44. Line 39 amount is 0.

Part V Tax and Payments

Table with 3 columns: Line number, Description, Amount. Includes lines 45a-45d, 46-49, 50a-50g, 51-55. Line 50b amount is 4,200. Line 51 amount is 4,200. Line 54 amount is 4,200. Line 55 amount is 4,200.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, Yes/No. Includes questions 56, 57, and 58.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: 2/11/2020 Title: PRESIDENT

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Table with 4 columns: Field name, Value. Includes fields for Preparer's name (ROBERT EBY, CPA), Firm's name (ARONSON LLC), Firm's address (111 ROCKVILLE PIKE, SUITE 600, ROCKVILLE, MD 20850), and Phone no. (301-231-6200).

## FOOTNOTES

## STATEMENT 1

## AMENDED RETURN LINE CHANGES FROM ORIGINAL RETURN:

LINE 19, REPEAL OF SECTION 512(A)(7)	<1,684.>
LINE 28, REPEAL OF SECTION 512(A)(7)	<1,250.>
LINE 29, REPEAL OF SECTION 512(A)(7)	2,934.
LINE 32, REPEAL OF SECTION 512(A)(7)	2,934.
LINE 33, REPEAL OF SECTION 512(A)(7)	2,934.
LINE 34, REPEAL OF SECTION 512(A)(7)	<21,660.>
LINE 36, REPEAL OF SECTION 512(A)(7)	<18,726.>
LINE 38, REPEAL OF SECTION 512(A)(7)	<17,726.>
LINE 39, REPEAL OF SECTION 512(A)(7)	<3,722.>
LINE 44, REPEAL OF SECTION 512(A)(7)	<3,722.>
LINE 46, REPEAL OF SECTION 512(A)(7)	<3,722.>
LINE 48, REPEAL OF SECTION 512(A)(7)	<3,722.>
LINE 54, REPEAL OF SECTION 512(A)(7)	3,722.
LINE 55, REPEAL OF SECTION 512(A)(7)	4,200.