Form 990-1	• ₋	Exempt Organ	ization Bus	sines	s Incom	e Tax Retu	rn	OMB No 1545-0687	
		(and proxy tax under section 6033(e))							
	For c	alendar year 2018 or other tax year			, and ending			2018	
Department of the Tr Internal Revenue Ser	easury vice	▶ Do not enter SSN numbers		y be made	public if your o	rganization is a 501(c)		Open to Public Inspection for 501(c)(3) Organizations Only	
A Check be address		Name of organization (Check box if name o	changed ar	nd see instructio	ns.)	_ (Em	ployer identification number inployees' trust, see tructions)	
B Exempt under		PARK NICOLLE		36-3465840					
X 501(c)()		I Mailiber, Street, and room		elated business activity code instructions)					
408(e)	⊒ ^{∠∠∪(ĕ)}	0300 EXCEDSI						,	
408A 529(a)]530(a)	City or town, state or provi	0003						
C Book value of all at end of year	assets	F Group exemption number	er (See instructions.)	>					
320,7	53,112.	G Check organization type	► X 501(c) cor	poration	501(c)	trust 40°	l(a) trust	Other trust	
	_	ation's unrelated trades or bu		1	De	scribe the only (or first)	unrelate	d	
trade or busine	ss here $ ightharpoons$ $rac{ extbf{IN}}{ extbf{N}}$	COME FROM PAR	TNERSHIP		. If onl	y one, complete Parts I	-V. If mo	re than one,	
		ace at the end of the previous	s sentence, complete Pa	arts I and I	I, complete a Sc	hedule M for each addi	tional tra	de or	
	complete Parts II				- · · · ·				
		poration a subsidiary in an af		nt-subsidia	ary controlled gr	oup?	· 📙 /	res X No	
		ntifying number of the parent			_ <u></u>		0.50	000 5050	
	American Company of the Company of t	SHARILYN CAMP de or Business Inco				elephone number			
<u> </u>		de of Busiliess inco	ome	_ -	(A) Income	(B) Expen	ses	(C) Net	
1a Gross receip	or sales s and allowances		a Dalanaa	4.					
	ds sold (Schedul		c Balance	1c 2					
	us solu (Schedul . Subtract line 2 f	•		3				· · · · ·	
· · · · · · · · · · · · · · · · · · ·	net income (atta			4a				+	
	•	Part II, line 17) (attach Form 4	1797)	4b					
· ·	deduction for tru		*****	4c				+	
•		ship or an S corporation (atta	ich statement)	5	63,9	56. STMT	1	63,956.	
· · · · · · · · · · · · · · · · · · ·	(Schedule C)	omp or an o corporation (atta	ion otatomont,	6	33,72			3373331	
	ebt-financed inco	me (Schedule E)		7					
		and rents from a controlled or	rganization (Schedule F)	8	· · · · · · · · · · · · · · · · · · ·	-			
·		on 501(c)(7), (9), or (17) org	•	9				- 	
		ome (Schedule I)		10					
11 Advertising	ıncome (Schedul	e J)		11					
∼12 Other incom	e (See instruction	ns; attach schedule)		12					
	bine lines 3 throu			13	63,95			63,956.	
		ot Taken Elsewhere							
LLJ (EXC		utions, deductions must b		with the	e unrelated bu	siness income)			
· · · · · · · · · · · · · · · · · · ·		irectors, and trustees (Sched	ule K) CCTV C	721			14		
15 Salaries an	-	la l	201	, 1ö1			15		
16 Repairs and	d maintenance	C3449	NOV 2 2 201	RS-OS(•	16	· 	
15 Salaries and 16 Repairs and 17 Bad debts 18 Interest (at O 19 Taxes and Charitable of Charitable					1		17		
18 Interest (at	tach schedule) (s	ee instructions)	OGDEN, L]]	3		18	12,180.	
19 Taxes and Charitable		e instructions for limitation ru	A CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN T		SEE ST	TATEMENT 2	19	4,998.	
	n (attach Form 4		iles) DIAIEME	141 4		AIEMENI Z	20	4,330.	
	-	n Schedule A and elsewhere (on return		21 22a		22b	-	
23 Depletion	Ciation Ciamieu U	II Schedule A and eisewhere	onremi		224		23	-	
•	ne to deferred co	ompensation plans					24	 	
	enefit programs	Inpensation plans					25		
	mpt expenses (S	chedule I)					26	1	
	dership costs (Sc	•					27		
	ctions (attach sci	·			SEE ST	TATEMENT 3	28	800.	
	ctions (attach so ctions Add lines	•					29	17,978.	
		income before net operating l	oss deduction. Subtrac	t line 29 fr	om line 13		30	45,978.	
		loss arising in tax years begin				s)	31	1	
	-	ncome. Subtract line 31 from	-				32	45,978.	
		nunk Reduction Act Notice					-	Form 990-T /2018\	

Form 990-		6-34	65840	Page &
Part	- 1		-	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	45,978.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	45,978.
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,			
	enter the smaller of zero or line 36		38	44,978.
Part I	V Tax Computation		- ^	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	>	39	9,445.
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	•		
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	•	43	9,445.
Part \			1 44	9,445.
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
			-	
			- 1	
C	General business credit, Attach Form 3800 45c		-	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		┥…╽	
	Total credits. Add lines 45a through 45d	-	45e	
46	Subtract line 45e from line 44		46	9,445.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attack)	1 schedule)	47	
	Total tax Add lines 46 and 47 (see instructions)		48	9,445.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018			
b	2018 estimated tax payments	,435	<u>.</u>]	
C	Tax deposited with Form 8868			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d]	
e	Backup withholding (see instructions) 50e		7	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		7	
q	Other credits, adjustments, and payments: Form 2439		7	
•	Form 4136 □ Other Total ► 50g		1	
51	Total payments. Add lines 50a through 50g		51	145,435.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	20.
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53	
	Overpayment, If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	135,970.
	Enter the amount of line 54 you want. Credited to 2019 estimated tax 15,000. Refund	nd –	55	120,970.
Part V			1 99 1	120,570.
		19)		Van I Na
	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 >			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	trust7		X
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of p-exempt interest received or accrued during the tax year > \$			
	Under penalties of persury. I declare that I have examined this feture including accompanying schedules and statements and to the be correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	st of my kno	owledge and b	elief it is true,
Sign		N	lay the IRS dis	cuss this return with
Here	With M Commy 11/14/2019 PRESIDENT			own below (see
	Signature of officer Date Title	tn	structions)?	X Yes No
	Print/Type preparer's name / Preparer's signature Date Chec	k 🔲	if PTIN	
Paid	self-	employed		
	MONROE JORDAN GIERL			413237
Prepai	Errole same N V DMC II D	n's EIN 🕨	13-	5565207
Use O	4200 WELLS FARGO CENTER, 90 S 7TH STR			
		ne no. 🛭 🤅	512-30	5-5000
23711 01-0				orm 990-T (2018)
			•	= = (20.0)

823711 01-09-19

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation > N/A							
1 Inventory at beginning of year 1				6 Inventory at end of year 6							
2 Purchases 2				7 Cost of goods sold Subtract line 6							
3 Cost of labor						from line 5. Enter here and in Part I,					
4a Additional section 263A costs				line 2			7				
(attach schedule)	4a	8 Do the rules of section 263				with respect to		Yes	No		
b Other costs (attach schedule)						d for resale) apply to					
5 Total Add lines 1 through 4b					<u></u>						
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	perty	/)			
1 Description of property											
(1)								 -			
(2)											
(3)								·-			
(4)											
	2 Rent receiv	ed or accrued				0(0) Determined					
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	` of rent for	personal	nd personal property (if the percentage ersonal property exceeds 50% or if t is based on profit or income)					n		
(1)					-						
(2)											
(3)	-										
(4)											
Total	0.	Total			0.						
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columi		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.		
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ctions)							
			2	. Gross income from or allocable to debt-		Deductions directly con to debt-finance		erty			
1 Description of debt-fi	nanced property			financed property		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)				
(1)											
(2)			ļ								
(3)						·					
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(c	8 Allocable deducti olumn 6 x total of col 3(a) and 3(b))			
(1)	<u> </u>		1	%			1				
(2)				%			\top				
(3)			1.	%			1				
(4)				%							
						nter here and on page 1, Part I, line 7, column (A)		nter here and on page art I, line 7, column (
Totals				•		0			0.		
Total dividends-received deductions in	ichided in column	Ω		- 1		<u>`</u>	+		0.		

Schedule F - Interest,					Controlled C							
1 Name of controlled organize	ation	2 Employer identification number		3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		trolling	6. Deductions directly connected with income in column 5	
(1)	···			 								
(2)							··					
(3)								 -		 -		
(4)								 	·			
Nonexempt Controlled Organ	izations			1				•				
7 Taxable Income		nrelated incor see instruction		9. Tota	I of specified pay- made	ments	10. Part of colur in the controlli gross	nn 9 th ng orga incom	ınızatıon's	11 De wit	eductions directly connected h income in column 10	
(1)	<u> </u>			 					·	<u> </u>		
(2)	 			 								
(3)	†									 		
(4)	 			† ···-	***					 		
	•					·	Add colurr Enter here and line 8, c	on pag	e 1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals						•			0.		0.	
Schedule G - Investme (see inst	ent Incoi tructions)	me of a	Section	1 501(c)	(7), (9), or	(17) Oı	ganization	1				
1 Desc	cription of inco	me			2. Amount of	income	 Deduction directly connected (attach schedule) 	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)		·										
(2)										•		
(3)		-										
(4)												
					Enter here and e Part I, line 9, co				•		Enter here and on page 1 Part I, line 9, column (B)	
Totals		_		>		0.					0.	
Schedule I - Exploited (see instri		Activity	/ Incom	e, Othe	r Than Ad	lvertisi	ng Income	;				
1 Description of exploited activity	unrelated business uncome from with pro		penses connected oduction related s income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		5. Gross income from activity that is not unrelated business income 6. Exp attribut colur		able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)			
					Injugn				ļ			
(1)	 				 				ļ			
(2)					-				ļ			
(3)	 											
(4)	Enter her	e and on	Enter her	re and on	 						Enter here and	
	page 1, line 10,	Part I,	page 1	, Part I, col (B)							on page 1, Part II, line 26	
otals		0.		0.							0.	
Schedule J - Advertisi	na Incor		nstruction		!							
Part I Income From					solidated	Basis						
1 Name of periodical		2 Gross advertising income		3 Direct ertising costs	4 Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus sin, comput	5. Circulati	on	6 Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
1)			1									
2)					7			_				
(3)	_				7							
(4)					7							
otals (carry to Part II, line (5))			0.	0			1			-	0.	
(vair) to ruit it, iiilo (v/)	-1	,	~ • [U	~1		1		I			

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	5. Circulation income	6. Readership costs	7. Excess readership costs (column 8 minus column 5, but not more than column 4)
(1)							t
(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)	1			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)	Ŷ	%	
Total. Enter here and on page 1, Part II, line 14		Ď	0.

Form 990-T (2018)