ಲ

Q

Form 990-	01:01222	42-1463736	Page 2
是	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	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	
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	0.
Ren	Tax Computation		<u></u>
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)	· -	
43	Tax on Noncompliant Facility Income See Instructions	42	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	43	0.
	Tax and Payments	44	
45 a			
b	Other credits (see instructions) Control business and the Atlanta Control of the		
C	General business credit. Attach Form 3800 Control for a control form 3800 45c		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	_46	0.
47		tach schedule) 47	
48	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	49	0.
50 a	Payments: A 2017 overpayment credited to 2018		
b	2018 estimated tax payments 50b	5,440.	
C	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	i	
е	3 (*** * * * * * * * * * * * * * * * * *		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		
G	Other credits, adjustments, and payments: Form 2439		
	Form 4136	7,882.	
51	Total payments. Add lines 50a through 50g SEE STATEMENT 2	51	13,322.
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	13,322.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	nded > 55	13,322.
(Cart)	Statements Regarding Certain Activities and Other Information (see instruct	ons)	
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		
	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 forei	gn trust?	<u> </u>
	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 penarties of perjury, I declare that I have examined this return, 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 knowledge and belief	, it is true,
Sign			
Here	Law Survey 1 /17/20 CFO	May the IRS dis- the preparer sho	cuss this return with own below (see
	Signature of officer Date Title		X Yes No
	Print/Type preparer's name Preparer's signature Date C	heck If PTIN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Paid		elf- employed	
Prepa	DITTI TO GOLDGIATORY		232382
Use C	DEPOSIT C COMPANY VID		0794029
OSE C	1601 22ND STREET, SUITE 400	ning Line	<u> </u>
	1	Phone no. 515-22	5-8400
823711 01-			orm 990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation N/A	<u> </u>	· <u> </u>		
1 Inventory at beginning of year	1		6	Inventory at end of year	ar		6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3		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	1 263A (\	with respect to	Yes No	
b Other costs (attach schedule)	4b		}	property produced or a	acquired	for resale) apply to	350 350	
5 Total. Add lines 1 through 4b	. 5		<u></u>	the organization?				
Schedule C - Rent Income (I (see instructions)	From Real	Property and	Pers	sonal Property L	_ease	d With Real Prope	rty) 	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receive	ed or accrued				0(1)		
(a) From personal property (if the perconent for personal property is more to 10% but not more than 50%)	entage of han	of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ige		2(b) (attach schedule)	
(1)								
(2)				· · · · · · · · · · · · · · · · · · ·				
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6 column (B)	. 0.	
Schedule E - Unrelated Debi		Income (see	ınstru	ctions)				
			2	Gross income from		3. Deductions directly connect to debt-financed		
1. Description of debt-fina		or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)			İ			···		
(2)	`							
(3)								
(4)							-	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis illocable to nced property n 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)			<u> </u>	%				
(4)				%				
						nter 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 inc	luded in column	8					0.	
							Form 990-T (2018)	

10590110 758194 5-6396-004

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) Exempt Controlled Organizations											
Name of controlled organization .	tion	2. Em identifi num	cation	3. Net uni	related income e instructions)	4 To	tal of specified ments made	ınclud	rt of column 4 ded in the conti zation's gross	rolling	6. Deductions directly connected with income in column 5
			-,								
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations								·		
7. Taxable Income		nrelated incom see instructions		9 Total	of specified payr made	nents	10 Part of colur in the controlli gross		rization's		ductions directly connected income in column 10
(1)	1								-		······································
(2)											
(3)											
(4)											
							Add colum Enter here and line 8, c	on page	e 1, Part I, A)	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme (see insti		ne of a S	ection	501(c)(7	7), (9), or ([.]	17) Org			ı		<u> </u>
1, Desc	ription of incor	me			2 Amount of income 3. Deductions directly connect (attach schedul		ted 4. Set-asides			 Total deductions and set-asides (col 3 plus col 4) 	
(1)											<u> </u>
(2)											
(3)											
(4)											
Totals				•	Enter here and o Part I, line 9, co			i des		ega miling ga miling ga miling ang malani ang	Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited	•	Activity	Income	e, Other	Than Adv		g Income		<u> </u>	z.,47 = 5	<u></u> 0.
1 Description of exploited activity	1 Description of exploited activity unrelated business income from trade or business		directly c with pro of unr	penses connected oduction elated s income	business (column 2 from activity minus column 3) If a is not unrela		5 Gross inco from activity the is not unrelate business income	that attributable to		able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)				<u></u>							
(3)											
(4)	Enter here page 1, line 10, e	Part I,	Enter her page 1 line 10,	, Part I,	200 200 mg/s	Y 7.				्र स	Enter here and on page 1, Part II, line 26
Totals	L	0.		0.	1		÷	ما	٠, ١, ١	14	0.
Schedule J - Advertisir			struction								
income From I	Periodic	als Repo	rted or	a Cons	solidated	Basis					
Name of periodical		2. Gross advertising income		3. Direct entising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	of 2 minus kn, comput	5. Circulati	on	6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					THE PARTY	7,77116					定点: 医别体型
(2)						m: 377	1				
(3)						Se gae					
(4)						ik ini	in				
Totals (carry to Part II, line (5))	•			0							0.
(9)				· · · · · ·			 				Form 990-T (2018)

Part III 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.)

	,	· · · · · · · · · · · · · · · · · · ·	<u></u> .				
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	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							•
Totals from Part I	▶	0.	0.		74 L 964		0.
Totals, Part II (lines 1-5)	. •	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, Inne 11, col (B)	A		T.	Enter here and on page 1, Part II, line 27
Schedule K - Comper	neation	of Officers	Directors and	Trustees (see in	otructions)		· · · · · · · · · · · · · · · · · · ·

Total Compensation of Officers, Directors, and Trastees (see instructions)							
1. Name	2 Title	3 Percent of time devoted to business	4 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 DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

PROVIDING QUALIFIED TRANSPORTATION FRINGE BENEFITS (TAXATION OF BENEFITS RETROACTIVELY REPEALED DEC. 2019)
TAXPAYER FILING AMENDED 990-T DUE TO THE REPEAL OF REPORTING OF QUALIFIED TRANSPORTATION FRINGE BENEFITS AS UNRELATED BUSINESS TAXABLE INCOME.
TAXPAYER IS REPORTING -\$0- TAXABLE INCOME ON FORM 990-T, PART I, LINE 12A.
TAXPAYER IS ALSO REQUESTING REFUND OF PREVIOUS TAXES PAID OF \$13,322
(INCLUDING \$366 OF ESTIMATED TAX PENALTIES PAID).

TO FORM 990-T, PAGE 1

FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION	AMOUNT
PAID WITH ORIGINAL FILING OF RETURN	7,882.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G	7,882.