Form <b>990-T</b>	l E	Exempt Orga	nization Bus	ines	s Inco	ome Ta	ax Return	L	OMB No 1545-0687
, A			nd proxy tax unde						0040
<b>4</b> 1	For ca	lendar year 2018 or other tax ye	ar beginning		, and e	nding			2018
Department of the Treasury		► Go to www.	irs gov/Form990T for in	structions	and the la	itest informa	ition.	_ L	
Internal Revenue Service	▶	Do not enter SSN numbe	rs on this form as it may	be'made	public if y	our organiza	tion is a 501(c)(3).	5	Den to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed		Name of organization (	Check box if name ch	nanged an	id see instr	uctions.)		(Emplo	yer identification number byees' trust, see ctions )
B Exempt under section	Print	FAITHACTS F	4	7-2150020					
X 501(c <u>x)(3</u> )	or Type	Number, street, and room		, see instr	uctions.				ted business activity code structions)
408(e) 220(e)	''	160 FAIRFIE							
408A530(a)		City or town, state or prov		foreign p	ostal code			010	20
529(a)	<u> </u>	BRIDGEPORT,					ļ	812	930
C Book value of all assets at end of year	160	F Group exemption number G Check organization type		oration	1 50	1(c) trust	401(a)	truct	Other trust
		ation's unrelated trades or t		1			he only (or first) unr		Other trust
		ALIFIED PARK		<u> </u>			complete Parts I-V. I		than one
		ice at the end of the previou		rte I and II					
business, then complete	-	· ·	13 3cmenec, complete i a	its rand n	i, compicio	a ochodulo	iii ioi cuon udamoni	11 11 44 40	oi.
		poration a subsidiary in an i	affiliated group or a paren	ıt-subsıdıa	arv controll	ed group?	<b></b>	Ye	x No
•	-	tifying number of the paren				3	_		
		BRITTANY COL			• • • • • • • • • • • • • • • • • • • •	Telepho	ne number 🕨 2	03-8	868-0443
Part I Unrelate	d Tra	de or Business Inc	ome		(A) Inc	ome	(B) Expenses	ŀ	(C) Net
1a Gross receipts or sal	es	-							
<b>b</b> Less returns and allo	wances		c Balance	1c					
2 Cost of goods sold (	Schedule	e A, line 7)		2					
3 Gross profit. Subtrac	t line 2 f	rom line 1c		3					
4a Capital gain net incor	-	· ·		4a					
- ' '		Part II, line 17) (attach Form	1 4797)	4b					<u> </u>
c Capital loss deductio				4c		_	<u> </u>		
		ship or an S corporation (a	ttach statement)	5					
6 Rent income (Schedi		(0.1.1.1.5)		6					
7 Unrelated debt-finance		, ,		7					
•	•	and rents from a controlled	•	8					<del></del>
<ul><li>9 Investment income of</li><li>10 Exploited exempt act</li></ul>		on 501(c)(7), (9), or (17) o	rganization (Schedule G)	10				<del></del>	· · · · · · · · · · · · · · · · · · ·
11 Advertising income (	-	,		11			<u> </u>		
12 Other income (See in		•		12		r			
13 Total. Combine line				13		0.			· · · · · ·
		ot Taken Elsewher	re (See instructions fo		ons on de				
		utions, deductions mus					income)		
14 Compensation of of	ficers, d	rectors, and trustees (Sche	edule K)					14	
15 Salaries and wages			RECEN	VED.	-0			15	
16 Repairs and mainte	папсе				[ق[			16	
17 Bad debts			9 NOV 2 5	2019	191			17	
18 Interest (attach sch	edule) (s	ee instructions)	14		181			18	
19 Taxes and licenses			OGDEN	117	7#1			19	<del></del>
_		e instructions for limitation	roles) OGDEN	, 01		1		20	
21 Depreciation (attach		·				21			
	iaimed o	n Schedule A and elsewher	e on return			22a	<del></del>	22b	
23 Depletion	forrad	mnancation along						23 24	
<ul><li>24 Contributions to dei</li><li>25 Employee benefit pi</li></ul>		mpensanon pians						25	
<ul><li>25 Employee benefit pi</li><li>26 Excess exempt.exp</li></ul>		chedule I)						26	<del></del>
27 Excess readership of								27	
28 Other deductions (a	-	•						28	
29 Total deductions (								29	0.
		ncome before net operating	loss deduction. Subtrac	t line 29 fi	rom line 13	}		30	0.
		loss arising in tax years be						31	1
		ncome. Subtract line 31 fro				·		32	0.
		rwork Reduction Act Notic							Form <b>990-T</b> (2018)

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

2018.05000 FAITHACTS FOR EDUCATION, IN FAE001\_1

	*			
orm 990-1	, , , , , , , , , , , , , , , , , , , ,	47-2150020		Page 2
Part I	II Total Unrelated Business Taxable Income			
29	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33		0.
34	Amounts paid for disallowed fringes	34	5,2	64.
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			
	lines 33 and 34			264.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,0	00.
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	4,2	264.
Part I	V. Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	🕨   39	8	395.
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)		-	
41	Proxy tax. See Instructions			
42	Alternative minimum tax (trusts only)			
43	Tax on Noncompliant Facility Income. See instructions			\ <u>\</u>
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		395.
Part \		16- 1	····	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
	Other credits (see instructions)	——————————————————————————————————————		
	General business credit. Attach Form 3800			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	14		
	Total credits. Add lines 45a through 45d	45e		395.
46	Subtract line 45e from line 44  Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (at	46		,,,,,
47				395.
48	Total tax. Add lines 46 and 47 (see instructions)	· · · · · · · · · · · · · · · · · · ·		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 50a 50b 50b			
	Zoro dodania de populación de la constante de	895.		
	Tax deposited with Form 8868	- 693.4		
	, , , , , , , , , , , , , , , , , , , ,	——————————————————————————————————————		
	Backup withholding (see instructions) 50e  Credit for small employer health Insurance premiums (attach Form 8941) 50f			
	Other credits, adjustments, and payments: Form 2439			
8	Form 4136 Other Total 50g	الي ال		
F4	Total payments. Add lines 50a through 50g	51	\$	395
51 52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52		
52 58	Tax due, If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	<del></del>	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	····	
55		inded 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
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		1.50	110
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here		ŀ	x
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ian trust?		$+\frac{\pi}{x}$
٠.	If "Yes," see instructions for other forms the organization may have to file.	· · · · · · · · · · · · · · · · · · ·		1

58 Enter the amount of tax-exempt interest received or accrued during the tax year >\$

Sign Here	Under penalties of perjury, I declare that I have exam correct, and complete Declaration of preparer (other Signature of Officer	than taxpayer) is based on all information of which	les and statements, and to th preparer has any knowle RD CHAIR	edge	May the IRS discuss the preparer shown bet Instructions)?	nis return with low (see
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid		1		self- employe	:d	
	_ MARY KAY CURTISS	MARY KAY CURTISS	11/08/19		P01551	1484
Prepare	I Promis name & DITIM CUXDI	RO & COMPANY, P.C.	, CPA'S	Firm's EIN	▶ 06-100	19205

Use Only Firm's name ► BLUM, SHAPIRO & COMPANY, P.C., CPA'S
29 S. MAIN STREET, P.O. BOX 272000

Firm's address ▶ WEST HARTFORD, CT 06127-2000

Phone no. 860 561-4000

Form 990-T (2018)

823711 01-09-19

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory valuation N/A	<u> </u>					
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6			
2 Purchases	2		7 Cost of goods sold S	ubtract l	ine 6				
3 Cost of labor	3		from line 5. Enter here and in Part I,						
4a Additional section 263A costs		-	line 2						
(attach schedule)	4a		8 Do the rules of section 263A (with respect to Yes						
b Other costs (attach schedule)	4b		property produced or	acquired	l for resale) apply to				
5 Total Add lines 1 through 4b	5		the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Lease	ed With Real Pro	perty)			
1. Description of property									
(1)									
(2)		-							
(3)									
(4)									
	_	ed or accrued			3(a)Deductions directly	, connected with th			
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	` 'of rent for	and personal property (if the percen personal property exceeds 50% or i nt is based on profit or income)	tage f	columns 2(a) an	nd 2(b) (attach sche	dule)		
(1)									
(2)						_			
(3)									
(4)									
Total	0.	Total		0.	] <u>-</u>				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter <b>&gt;</b>		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (8)	<b>&gt;</b>	0.		
Schedule E - Unrelated Del	bt-Financed	I Income (see	instructions)						
			2 Gross income from or allocable to debt-		3 Deductions directly con to debt-finance	ed property			
1. Description of debt-fi	inanced property		financed property		Straight line depreciation (attach schedule)		deductions schedule)		
(1)									
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	ble deductions total of columns and 3(b))		
(1)			%						
(2)			%			_			
(3)			%						
(4)			%						
					nter here and on page 1, Part I, line 7, column (A)		ind on page 1, 7, column (B)		
Totals			•	·L	0	•	0.		
Total dividends-received deductions in	n <mark>cluded i</mark> n columr	ı 8			<b>&gt;</b>		0.		
						Гон	m 000-T (2019)		

Schedule F - Interest, A	Annuitie	s, Roya	ties, ar	nd Rent	s From C	ontroll	ed Organiz	zatio	<b>ns</b> (see in:	structio	ns)
2				Exempt (	Controlled C	rganızatı	ons				
1 Name of controlled organizati	on	<b>2</b> Em ıdentıfi num	cation		related income e instructions)		al of specified ments made	includ	rt of column 4 led in the cont ation's gross	trolling	6 Deductions directly connected with income in column 5
(1)		_							<u></u>		
(1)				<del>                                     </del>			<u> </u>			+	
(2)				-		-		<del>                                     </del>		<del></del>	
(3)								-			
(4)				l				l .	<del></del>		
Nonexempt Controlled Organiz						1					
7. Taxable Income		nrelated incon see instructions		9. Total	of specified pay made	ments	10. Part of colu in the controll gross		nızatıon's		eductions directly connected th income in column 10
(1)											
(2)							-				
(3)									· · · · ·	<del> </del>	
										<del>                                     </del>	
				l						<del>                                     </del>	
Enter here and on page 1, Part I, Enter here an									edd columns 6 and 11 here and on page 1, Part I, line 8, column (B)		
Totals						▶			0.		0.
Schedule G - Investme	nt Inco	me of a	Section	501(c)(	7), (9), or	(17) Or	ganization	1		•	
(see instr				(.)(	.,, (-),	(,	<b>3</b>	•			
	iption of inco	ome			2. Amount of	fincome	3. Deduction directly connected (attach scheduler)	ected	4 Set-	-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)					1						
(2)					1						
(3)									<u> </u>		
(4)					<b>-</b>				<b></b>		
(4)					Enter here and	on page 1			1		Enter here and on page 1,
				_	Part I, line 9 co	olumn (A)	e J				Part I, line 9, column (B)
Totals			_			0.	·			.~	0.
Schedule I - Exploited (see instru	-	Activity	Incom	e, Othe	T .		ing Income	•			
1 Description of exploited activity	unrelated incom	Gross business le from business	directly of with pro of uni	penses connected oduction related is income	4. Net incor from unrelate business (ci minus colum gain, comput through	d trade or olumn 2 in 3) If a te cols 5	5. Gross inco from activity is not unrela business inco	that ted	attribut	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)									<u> </u>		
	Enter her	re and on	Enter he	re and on	1				<u> </u>		Enter here and
		, Part I, col (A)		I, Part I, , col (B)							on page 1, Part II, line 26
	1.110 10,		mic to								l '
Totals		0.		0.			<u> </u>				0.
Schedule J - Advertisir											
Part I Income From F	Periodio	als Rep	orted o	n a Con	isolidated	l Basis					
1. Name of periodical		2 Gross advertising income	adv	3 Direct ertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus jain, comput hrough 7			6. Read cos		7. Excess readership costs (column 8 minus column 5, but not more than column 4)
(1)											
(2)											]
(2)											1
(4)	<del></del>		<del>- </del>		$\dashv$			-	<del>                                     </del>		1
(7)	<del> </del>		+				+		<del> </del>		<del> </del>
Totals (carry to Part II, line (5))	•		0.	0							0.

orm 990-T (2018) FAITHACT	S FOR EDUC	ATION, IN	C.		47-215002	Page 5
Part II Income From Per columns 2 through 7 or			rate Basis (For eac	ch periodical liste	ed in Part II, fill in	
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)						
(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)				Enter here and on page 1, Part II, line 27
Fotals, Part II (lines 1-5)	0.	0.		r	· ·	0.
Schedule K - Compensat	ion of Officers,	Directors, and	Trustees (see in	structions)	· · · · ·	
				3. Perce	ent of 4. Com	pensation attributable

1. Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b>•</b>	0.

Form 990-T (2018)

## Form **8868**

(Rev January 2019)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

Contrac	sted below with the exception of Form 8870, Information Fits, for which an extension request must be sent to the IR: this form, visit www irs.gov/e-file-providers/e-file-for-chari	S in paper	format (see instructions) For more of				
Auton	natic 6-Month Extension of Time. Only subm	ıt orıgın	al (no copies needed).		<u>-</u>		
All corp	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMIC	s, and trusts		
must us	e Form 7004 to request an extension of time to file incom	e tax retui	rns				
	1			Enter file	er's identifying num	ber	
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	identification numb	er (EIN) or	
print							
File by the	FAITHACTS FOR EDUCATION, IN				47-215002		
due date for filing your return See	n Number, street, and room or suite no. If a PO box, s  160 FAIRFIELD AVENUE	Social se	curity number (SSN)	I			
instruction		oreign add	fress, see instructions				
Enter th	e Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1	
Applica	tion	Return	Application			Return	
Is For	· · · · · · · · · · · · · · · · · · ·	Code	Is For			Code	
Form 99	00 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	90-BL	02	Form 1041-A			08	
Form 47	'20 (individual)	03	Form 4720 (other than individual)		09		
Form 99	90-PF	04	Form 5227			10	
Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069					11		
Form 99	90-T (trust other than above)	06	Form 8870			12	
Telep	BRITTANY COLEMA  books are in the care of ► 160 FAIRFIELD A  cohone No ► 203-868-0443  corganization does not have an office or place of business  s is for a Group Return, enter the organization's four digit  If it is for part of the group, check this box ►	AVENU	Fax No ►	this is fo	r the whole group, c		
th	1 I request an automatic 6-month extension of time until						
	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  3a \$						
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			^	
_	stimated tax payments made Include any prior year overp			3b	\$	0.	
	alance due. Subtract line 3b from line 3a Include your pa	•	•			^	
	sing EFTPS (Electronic Federal Tax Payment System) See			3c	\$	0.	
Caution	n: If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 84	453-EO a	nd Form 8879-EO fo	r payment	
I HA	For Privacy Act and Paperwork Reduction Act Notice.	see instr	uctions.		Form <b>8868</b> (Re	v 1-2019)	