AMENDED RETURN - REPEAL OF SECTION 512(A)(7)

Form 990-1		INC	52-14	110357	Page 2			
Parti	Total Unrelated Business Taxable Income							
-33	Total of unrelated business taxable income computed from all unrelated trades or businesses (so	ee instructio	ons)	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 instr	35						
36	otal 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	00,		38	0.			
Partil	/ Tax Computation			1 00				
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)			▶ 39	0.			
	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount	on line 29 f	rom:	33				
10	Tax rate schedule or Schedule D (Form 1041)	OII IIIIC JO I	TOTH.	40				
41	Proxy tax. See instructions			41				
42	Alternative minimum tax (trusts only)		•	42				
43	Tax on Noncompliant Facility Income See instructions							
43	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			43	0.			
	Tax and Payments			44	<u> </u>			
	The state of the s	145.						
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		_				
	Other credits (see instructions)	45b		_				
	General business credit. Attach Form 3800	45c						
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d						
	Total credits. Add lines 45a through 45d			45e				
46	Subtract line 45e from line 44			46	0.			
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	66 0	ther (attach schedule	. —	· · · · · · · · · · · · · · · · · · ·			
48	Total tax. Add lines 46 and 47 (see instructions)			48	0.			
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.			
	Payments: A 2017 overpayment credited to 2018	50a						
	2018 estimated tax payments	50b						
	Tax deposited with Form 8868	50c						
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d						
	Backup withholding (see instructions)	50e						
f	Credit for small employer health insurance premiums (attach Form 8941)	50f						
g	Other credits, adjustments, and payments: Form 2439	1						
	Form 4136 X Other 1 , 8 0 7 . Total ▶	50g	1,807	' • 				
51	Total payments. Add lines 50a through 50g SEE STA	TEMEN	IT 2	51	1,807.			
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	1,807.			
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded >	55	1,807.			
Partiv	[] Statements Regarding Certain Activities and Other Information	on (see in	structions)					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other au	thority		Yes No			
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n may have	to file					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign cou	ıntry					
	here >				X			
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to.	a foreign trust?					
	If "Yes," see instructions for other forms the organization may have to file.	•	ŭ		100			
	Enter the amount of tax-exempt interest received or account during the tax year > \$							
	Under penalties of perjury, declare than have examined this return, including accompanying schedules and scorreds, and companying beginning that the correct, and opposite penalting of the parel of the correct.	statements, a	nd to the best of my k	nowledge and b	elief, it is true,			
Sign	correct, and complete Perlanding of dreparer (other than taxpaler) is based on all information of which prepar	rer has any kr	nowledge •					
Here	CEO			•	scuss this return with own below (see			
	Signature of officer Date Title			instructions)?	1			
	Print/Type preparer's name Preparer's signature Dat	te -	Check	ıf PTIN				
	RICHARD J. LOCASTRO		self- employe					
Paid	\(\lambda_{\text{DA}} \)	2/17/20			288314			
Prepa	CELMAN DOCEMBERG & EDEEDMAN		Firm's EIN		1392008			
Use O	4550 MONTGOMERY AVE SUITE 800N	7	THIRS ENV	- 34	1332000			
	Firm's address ► BETHESDA, MD 20814-2930	1	Phone no	(301)	951-9090			
823711 01-			Tr none no					
023/11 01-	NG- 10			F	orm 990-T (2018)			

Schedule A - Cost of Good	s Sold. Enter	method of inven	ntory va	luation N/A		····		
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	<u> </u>		from line 5. Enter here	and in f	Part I,		
4a Additional section 263A costs				line 2			7	_
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to	Yes No	0
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 and	d Per	sonal Property	Leas	ed With Real Prop	perty) 	_
1 Description of property								
(1)							•	_
(2)								_
(3)								_
(4)				=				_
		ed or accrued				3(a) Deductions directly	connected with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	personal p	nal property (if the percent property exceeds 50% or if d on profit or income)	age I	columns 2(a) and	d 2(b) (attach schedule)	
(1)								
(2)								
(3)							•	
(4)								_
Total	0.	Total			0.			
(c) Total income Add totals of columns there 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 Del	t-Financed	Income (see	ınstruc	tions)				_
				Gross income from		Deductions directly conn to debt-finance		
1 Description of debt-fir	nanced property		(or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)							·	_
(2)								
(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)	8. Allocable deductions (column 6 x total of column 3(a) and 3(b))	s
(1)				%				_
(2)				%				_
(3)				%				_
(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				•	1	0.	. 0	١.
Total dividends-received deductions in	cluded in columr	18		•		•		•
								_

Form 990-T (2018)

1 Nume of controlled organization 2 Employer inclination 3 Set extraction 4 Total of according organization 5 Controlled organization Controlled Organizat	Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)												
Columbia					Exempt (Controlled O	rganizatio	ons					
(2) (3) (4) (5) (6) (7) Taxable income (8) Net unrelated accome (less) (rest instactions) (9) Total of specified payments (10) (1) (2) (3) (4) Add columns 5 and 19 (fine in the accompany 1 Pert I, line 8, column (8) (see instructions) (see instructions) 1 Description of instact and pages 1 Pert I, line 8, column (8) (see instructions) 1 Description of instact and pages 1 Pert I, line 8, column (8) (ce) (3) (4) (4) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2, Amount of income 2, Amount of income 3, Occasions (see instructions) (2) (3) (4) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1, Oewooders of income 2, Caross (or 3 glues of glues of income) 2, Amount of income 3, Oewooders of instructions (or 3 glues of g	1 Name of controlled organizat	ıon	identific	ation					includ	led in the cont	trolling	6 cor	nnected with income
(2) (3) (4) (5) (6) (7) Taxable income (8) Net unrelated accome (less) (rest instactions) (9) Total of specified payments (10) (1) (2) (3) (4) Add columns 5 and 19 (fine in the accompany 1 Pert I, line 8, column (8) (see instructions) (see instructions) 1 Description of instact and pages 1 Pert I, line 8, column (8) (see instructions) 1 Description of instact and pages 1 Pert I, line 8, column (8) (ce) (3) (4) (4) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2, Amount of income 2, Amount of income 3, Occasions (see instructions) (2) (3) (4) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1, Oewooders of income 2, Caross (or 3 glues of glues of income) 2, Amount of income 3, Oewooders of instructions (or 3 glues of g	(1)								ļ				
Security									-				
Add columns 5 and 1 Calculations of the column (b) Part of column is that a reducted a gross encorrection groups and a column (c)									 				
Nonexempt Controlled Organizations 1									1				
7 Yazabile Income 8 Net introducted accume (loss) (see instructions) 9 Total of specified payments in the controlling organizations 11 Description of interest and or page 1, Part 1,		zations			<u> </u>				l				
(1) (2) (3) (4) Add columns 3 and 10 Either here and on page 1, Part 1. Inside 5, ookume (8) (5) (6) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1	_		===1=1==1 :====		0 Tatal	of appealant and	nanta T	10 Part of colu	ma O tha	t to included	11 0	aduat.	uppe directly connected
(4) Add columns 5 and 10 Inter here and on page 1, Part I, line 8, column (A) O. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2. Amount of income 2. Amount of income 3. Deductions disactly connected (other) schedule) (place) schedule G - Investment Income (see instructions) 1 Description of income 2. Amount of income 3. Deductions disactly connected (other) schedule) (place) schedule G - Investment Income (see instructions) 7. Totals 0. O. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Grass exploited activity income, Other Than Advertising Income (see instructions) 3. Expenses income from advertising Income (see instructions) (i) (i) (i) (i) (i) (i) (i) (r axable income				y rotar		nents	in the controll	ing orga	nization's			
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1 Description of Income 2. Amount of Income directly connected 4. Set-asides (altach schedule)			me of a	Section	501(c)(7), (9), or	(17) Or	ganizatior	1				
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(3) (4) Enter here and on page 1, Part I, line 9, column (A) Computed business income from trade or business income with an on page 1, Part I, line 10, col (B) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (B) 7 Enter here and on page 1, Part I, line 9, column (B) 8 Enter here and on page 1, Part I, line 9, column (B) 9 O O O O O O O O O O O O O O O O O O	(1)												
(4) Enter here and on page 1, Part I, line 9, column (A)	(2)												
Enter here and on page 1, Part I, line 9, column (8)	(3)												
Totals Part I, line 9, column (A) Part I, line 9, column (B)	(4)												
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity Income from Income Inco										· · · · · · · · · · · · · · · · · · ·	•		
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(2) (3) (4) Enter here and on page 1, Part 1, line 10, col (8) Totals O. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income 3 Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (2) Enter here and on page 1, Part 1, line 10, col (8) O. Col. 5 Circulation income 6 Readership costs ocolumn 8 minus column 4)	(1)							-					
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Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income advertising costs advertising costs (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) 7 Excess readership costs (column 6 minus column 5, but not more than column 4)		page 1	, Part I,	page 1	, Part I, col (B)								on page 1, Part II, line 26
Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising advertising costs or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) 4 Advertising gain or (loss) (col 2 minus col 2 minus col 3) If a gain, compute cols 5 through 7 5. Circulation income 6 Readership costs (column 5, but not more than column 4)			- 1			,							0.
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(2)	1 Name of periodical		advertising			or (loss) (co	ol 2 minus ain, compute					С	osts (column 6 minus olumn 5, but not more
(2)	(1)												
(3)	(2)					_							•
	(3)											1	
(4)												1	
Totals (carry to Part II, line (5))													0

Form **990-T** (2018)

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 6 minus column 5, but not more than column 4)
(1)							
(2)						-	
(3)			<u>-</u>				
(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
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	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)

FOOTNOTES

STATEMENT

1

AMENDED RETURN:

DUE TO THE SECTION 512(A)(7) REPEAL, THE FOLLOWING LINES WERE ADJUSTED: PART II LINES 19, 20, 28, 29, 30, 32 PART III LINES 33, 34, 36, 38 PART IV, LINES 39, 44

FORM. 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION		AMOUNT
AMOUNT PAID WITH ORIGI	1,807.	
TOTAL INCLUDED ON FORM	4 990-T, PAGE 2, PART V, LINE 50G	1,807.