OMB No 1545-0687

Open to Public Inspection for

D Employer identification number (Employees' trust, see instructions )

E Unrelated business activity code

53-0242038

**Exempt Organization Business Income Tax Return** 

(and proxy tax under section 6033(e))

► Go to www.irs.gov/Form990T for instructions and the latest information.

National Consumers League Inc

Number, street, and room or suite no. If a P.O. box, see instructions

For calendar year 2018 or other tax year beginning

1701 K Street NW

Department of the Treasury

Internal Revenue Service Check box if address changed

B Exempt under section

408(e)

501( C )

(3 \_ )

220(e)

Print

Or

, 2018, and ending

STE 1200

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only

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EEA

Form	Form 990-T (2018) National Consumers League Inc						53-0242038 Page 2	
Pai	<u>t III 🕒</u>	Total Unrelated Business T	axable Income					
33	Tetal of	unrelated business taxable income o						
	ınstructio	ons)				33		
34	Amount	s paid for disallowed fringes				34	8,727_	
35	Deduction	on 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	8,727	
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	7,727	
Pai	Part IV Tax Computation							
39						39	1,623	
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							
42	Alternative minimum tax (trusts only)							
43		Non-Compliant Facility Income. S				43		
44		dd lines 41, 42 and 43 to line 39 or 4				44	1,623	
Pai		Tax and Payments		· · · · · · · · · · · · · · · · · · ·				
45a		tax credit (corporations attach Form 1	1118, trusts attach Form 1116)	45a				
ь	•	• •		<del></del>		1	-	
c		business credit Attach Form 3800 (s		<u> </u>		†   [		
d		r prior year minimum tax (attach Forn	•	<del> </del>	<del> </del>	1		
e		edits. Add lines 45a through 45d .				45e		
46		line 45e from line 44				46	1,623	
47		es Check if from Form 4255					1,023	
48		x. Add lines 46 and 47 (see instruction				48	1,623	
49		t 965 tax liability paid from Form 965-	•			49	1,023	
<del>43</del> 50 а		ts A 2017 overpayment credited to	The state of the s			45		
b	•	timated tax payments		h +-	1,623	1		
		osited with Form 8868			1,023	1		
C					<u>-</u>	1 1		
d	-	organizations Tax paid or withheld a withholding (see instructions)				1		
e	•	r small employer health insurance pre			<del></del>	1		
'				501		1 1		
g		edits, adjustments, and payments		 ▶   50a				
E4		4136 Ot		<del></del>	<del></del>			
51	Total payments. Add lines 50a through 50g					51 52	1,623	
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached							
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed					53 54		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid							
55								
Part VI   Statements Regarding Certain Activities and Other Information (see instructions)  56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority   Yes   No								
56	-		<del>-</del>	<del>-</del>	=		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.							
							<del></del> -	
	here ▶						X	
57	-	71		-			<u> </u>	
		see instructions for other forms the or	•					
58 Enter the amount of tax-exempt interest received or accrued during the tax year   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								
C:~-	true co	ue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				mouge and Delier, It i		
Sigr						May the IRS discus	ss this return	
							hown below	
	Sigria	<del></del>	- <del> </del>		1.	(see instructions)?	LÁIYes No	
Daid		Print/Type preparer s name	Preparer's signature	Date	Check self-employed	if PTIN		
Paid Preparer		Firm Abercrombie	Tim Abercrombie	10-30-2019	<del></del>	PUIZ		
						74-311677	<u>'</u> U	
use	Only							
		Silver Spring MD 20910				30 <u>1-585-</u> 5	050	