For Paperwork Reduction Act Notice, see instructions.

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Form 990-T (2018)

Fem	990-T (2						ı	Page 2
Pai	t III	Total Unrelated Business Taxable Income						_
33		of unrelated business taxable income computed from all ultions).					-4,	805.
34		nts paid for disallowed fringes						
35		tion for net operating loss arising in tax years beginning						
		trons),						
36		of unrelated business taxable income before specific deduction						
	of lines	3 33 and 34			36		-4.1	805.
37	Specifi	c deduction (Generally \$1,000, but see line 37 instructions for except	one)	2	3 37			000.
38		ted business taxable income. Subtract line 37 from line 36.					-,	
		he smaller of zero or line 36					-4.1	805.
Par		Tax Computation	,		7 36			
39		zations Taxable as Corporations. Multiply line 38 by 21% (0.21).			<u>→ 39</u>			
40	Trusts	Taxable at Trust Rates. See instructions for tax						
70			•					
44) 				
41		tax. See instructions						
42 43		Itive minimum tax (trusts only)						
44							_	
	1 V	Add lines 41, 42, and 43 to line 39 or 40, whichever applies	· · · · · · · ·		. 44			
		Tax and Payments		 	<u> </u>			
45 a		n tax credit (corporations attach Form 1118; trusts attach Form 1116).						
		credits (see instructions),			 -			
		al business credit. Attach Form 3800 (see instructions)			_ ,			
		for prior year minimum tax (attach Form 8801 or 8827)			_			
		redits. Add lines 45a through 45d						
46	Subtra	ct line 45e from line 44	, _. ,	<u></u>	. 46			
47		ixes. Check if from: Form 4255 Form 8611 Form 8697	-					
48		ax. Add lines 46 and 47 (see instructions)					_	0.
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, colun						
		nts. A 2017 overpayment credited to 2018			5.			
		stimated tax payments · · · · · · · · · · · · · · · · · · ·						
		posited with Form 8868			_ -			
đ	Foreign	n organizations. Tax paid or withheld at source (see instructions)	<u> 50</u>)d	.			
		withholding (see Instructions)			_			
		or small employer health insurance premiums (attach Form 8941))f	_			
g	Othero	redits, adjustments, and payments: Form 2439						
		orm 4136 Other			╝.			
51		ayments. Add lines 50a through 50g		<u>.</u>	. \$1		24,3	375.
52	Estima	ted tax penalty (see instructions). Check if Form 2220 is attached		. L	52			
53	Tax du	e. If line 51 is less than the total of lines 48, 49, and 52, enter amount	towed		▶ 53			
54	Overpa	yment. If line 51 is larger than the total of lines 48, 49, and 52, enter	amount over	paid	54		24,3	375.
55	Enter th	e amount of line 54 you want Credited to 2019 estimated tax		Refunded	55		24,3	375.
Par	t VI	Statements Regarding Certain Activities and Ot	her Inform	nation (see instructi	ons)			
56	At any	time during the 2018 calendar year, did the organization has	ive an inter	est in or a signature	or other	authority	Yes	No
	over a	financial account (bank, securities, or other) in a foreign co	ountry? If "Y	es," the organization	may hav	ve to file		
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts.	. If "Yes," e	enter the name of th	e foreig	n country		ı
	here 🕨						ĺ	X
57	During	the tax year, did the organization receive a distribution from, or was	it the grantor	of, or transferor to, a fo	reian trus	1?		X
		see instructions for other forms the organization may have to file.		,	g			
58		ne amount of tax-exempt interest received or accrued during the tax ye	ar ⊳ \$					
	υ	nder penalties of penjury, I declare that I have examined this return, including accom-	npenying schedul	les and statements, and to the	best of n	ny knowledge s	nd beli	ef. It is
Sign	ı 🔊 "	ue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all inform	nation of which pi	· · · · · · · · · · · · · · · · · · ·	w	-		
Here		DAWN ALSTON War C/ 6.12.20	VP BUS			IRS discuss preparer she		
		ignature of officer Date	Title		(see instruct			No
	•	Print/Type preparer's name Preparer's signature		Date		DTIN		أيخفس
Paid		WHITNEY E BLAIR	Ktory E. 18ew	4/44/0000	eck Li If-emptoyed		2664	7
Prep		Firm's name KPMG LLP	-		n's EIN ▶	13-5565		
USE	Only	Firm's address ▶ 300 NORTH GREENE STREET, SUITE 400	, GREENS	BORO, NC 27401 ph.	menn 3:			
	-	* ************************************	· -			Form 99		2018
JSA						90	t	~~10)

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Total dividends-received deductions included in column 8 . .

Schedule F-Interest, Annu	, <u>j</u>	γ .		ntrolled Or							
Name of controlled organization	Employer Identification number			ated income nstructions)	I		included	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)								•			
(2)											
(3)					_					<u>-</u>	
(4)											
Nonexempt Controlled Organia		I				10 B	art of column	O that is	14	1 Deductions directly	
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		9 Total of specified payments made			10 Part of column 9 that is included in the controlling organization's gross income		ntrolling	connected with income in column 10		
(1)					`						
(2)											
(3)											
(4)			_			Add	columns 5 a	and 10	Δ.	dd columns 6 and 11	
Totals			I(c)(7),	(9), or (17	▶) Orga	Part	here and on 1, line 8, colui	mn (A)		ter here and on page 1, int I, line 8, column (B)	
1 Description of income	2 Amount of	income		3 Deduction directly cortain (attach sch	nected			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)									[
(2)											
(3)										•	
Totals	Enter here and Part I, line 9, co	olumn (A)	ther Th	an Advert	ieina Ir	ocome (soo instru	uctions)		Enter here and on page 1 Part I, line 9, column (B)	
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp dire connect produc unrel business	enses ctly ed with tion of ated	4. Net incorfrom unrelation business 2 minus coll f a gain, colls 5 thm	ne (loss) led trade (column lumn 3) ompute	5. Gro from a	ss income ctivity that unrelated ss income	6. Expe	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				-		<u> </u>		-			
(2)						<u> </u>					
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	Part I,			•		F		Enter here and on page 1, Part II, line 26	
Totals			-				_			_L	
Schedule J – Advertising Ir Part I Income From Per			Consol	idated Dad	oic .						
Part I Income From Per	iodicais Report	eu on a	COURO	idated bas) S						
1. Name of periodical	2. Gross advertising income	3. Di advertisii		4 Adventigan or (los 2 minus co a gain, co cols 5 three	ss) (col ol 3) If mpute		rculation come	6. Reade cost		Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)]							
(3)											
(4)											
Totals (carry to Part II, line (5))											
										Form 990-T (2018)	

Part II	Income From Per	riodicals Repo	ted on a Separate	Basis (For	each periodical	listed in Part II,	fill in columns
•	2 through 7 on a	lıne-by-lıne basi	<u>s</u>)				
				4 Advertising			7. Excess readership

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 ▶					-	
	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) ▶						

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)	<u> </u>	%	
3)	•	%	
4)		%	
Total Enter here and on page 1. Part II line 14			

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ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

PARTNERSHIP INCOME

-1,285.

INCOME (LOSS) FROM PARTNERSHIPS

-1,285.

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

3,520.

PART II - LINE 28 - OTHER DEDUCTIONS

3,520.