ن Form	990-T	E	cempt Organization				n [OMB No 1545-0687		
FUIII			and proxy tax) ndar year 2018 or other tax year begin		der section 6033(• •	١.,١	0040		
		: <u>0 1 8</u> .	2018							
	tment of the Treasury at Revenue Service		► Go to www.irs.gov/Form990				F	Open to Public Inspection for 501(c)(3) Organizations Only		
A	Check box if	₽ Do	Name of organization (Check be		me changed and see instruction			501(c)(3) Organizations Only over identification number		
^ ∟	address changed		JORGE M. PEREZ ART		=	s)		yees' trust, see instructions)		
B Eve	empt under section	}	COUNTY INC.	11000	OH OL MIAMI DADL					
_	501(C)D3_)	Print	59-2	048869						
<u> </u>	408(e) 220(e)	or	Number, street, and room or suite no		box, see instructions			ated business activity code		
	408(e) 220(e)	Type Type (See instructions)								
-	529(a)		City or town, state or province, countr	v. and 2	ZIP or foreign postal code			•		
C Boo	ok value of all assets	9000	900099							
at e	end of year	F Gro	MIAMI, FL 33132 up exemption number (See instruct	ions)	··					
16	55,095,607.		ck organization type > X 501) trust	401(a)	trust Other trust		
			nization's unrelated trades or busine					(or first) unrelated		
	ade or business her	_					•	e than one, describe the		
			end of the previous sentence, cor	mplete		•				
	ade or business, the		•	•						
I D	uring the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-subsidiary o	ontrolled group?		▶ Yes X No		
If	"Yes," enter the na	ame and	identifying number of the parent co	rporate						
J Th	ne books are in care	of ▶MA	ARK B. ROSENBLUM		Telephon	e number ▶ 78	6-345-	-5660		
Par	t i Unrelated	Trade o	or Business Income		(A) Income	(B) Expen	ses	(C) Net		
1 a	Gross receipts or s	sales								
b	Less returns and allowa	nces	c Balance ▶	1c						
2	Cost of goods sol	d (Sched	ule A, line 7)	2						
3	-		2 from line 1c	3						
4 a	Capital gain net in	ncome (a	ttach Schedule D)	4a			250			
b			Part II, line 17) (attach Form 4797)	4b			/EC	IVED		
C	Capital loss dedu	ction for t	rusts	4c		<u> </u>		၁		
5			an S corporation (attach statement)	5		125	NOV 🗷	2019 101		
6	Rent income (Sch	edule C)		6				1013 101		
7	Unrelated debt-fir	nanced in	come (Schedule E)	7			GDE			
8	•		nts from a controlled organization (Schedule F)				OPL	1V, U1		
9			1(c)(7), (9), or (17) organization (Schedule G)							
10		-	ncome (Schedule I)	10						
11			ule J)	11						
12			tions, attach schedule)	12	0.			<u> </u>		
13 Par	t II Deduction	es Not	ough 12	13		oductions \ /E	voont f	or contributions		
гаг			be directly connected with t				-xcept i	or continuations,		
14			directors, and trustees (Schedule K)				. 14	<u> </u>		
15			· · · · · · · · · · · · · · · · · · ·							
16										
17								"		
18			see instructions)							
19										
20			See instructions for limitation rules)							
21			4562)			813,590				
22			on Schedule A and elsewhere on re			813,590	· 22b			
23										
24			compensation plans							
25										
26	Excess exempt ex	penses (S	Schedule I)		• • • • • • • • • • • •	. 	. 26			
27	Excess readership	costs (S	chedule J)				. 27			
28	Other deductions	(attach s	chedule)		• • • • • • • • • • • • •	. ATCH. 2.	. 28	1,000.		
29	Total deductions.	Add line	s 14 through 28				. 29	1,000.		
30	Unrelated busine	ss taxab	le income before net operating	loss	deduction Subtract line	29 from line 1	3 30	-1,000.		
31	Deditation for net	operatin	g loss arising in tax years beginnir	ng on c	r after January 1, 2018 (see	instructions)	. 31			
32	Unrelated busines	s taxable	e income Subtract line 31 from line	30 .			. 32	-1,000.		

For Paperwork Reduction Act Notice, see instructions.

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Ferm	990-T (2018)			F	Page 2
Pai	rt III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	33		-1,0	000.
34	Amounts paid for disallowed fringes	34		9,0	000.
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		8.0	000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			•	000.
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,			-,	
30	enter the smaller of zero or line 36			7 (000.
Par	rt IV Tax Computation	130		,,	700.
		T_00_T		1 /	470.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39		1,	170.
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	-			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		1,4	470.
Par	t V Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	_			
b	Other credits (see instructions)	_			
С	General business credit Attach Form 3800 (see instructions)	_			
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)	╛			
е	Total credits Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44	46		1,4	470.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47			
48	Total tax. Add lines 46 and 47 (see instructions)	48		1,4	470.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
50 a	Payments A 2017 overpayment credited to 2018				
b	2018 estimated tax payments	1			
	Tax deposited with Form 8868				
	Foreign organizations Tax paid or withheld at source (see instructions) 50d	1			
	Backup withholding (see instructions)	1			
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	1			
g	Other credits, adjustments, and payments Form 2439	1			
Ŭ	Form 4136 Other Total ▶ 50g				
51	Total payments. Add lines 50a through 50g	51			
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 ATCH. 3	-		1,9	958.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
55	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded				
Par					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		authority	Yes	No
••	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m		•		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	•			
	here	Toroign	Country		Х
£7				\vdash	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	lign trust	٠٠		
5.9	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 S Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	hest of ~	v knowledge	and beli	ef it in
Sia.	true, correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge		y kilowiedge	and bene	21, IL 13
Sign	111/13/2010	•	IRS discuss		
Her			preparer sh		า I
		se instructi	ons)? X Ye	es	No
Paid	Cher		PTIN	7400	^
	Self-	employed			
-	Only Firm's name MARCON, ELF		11-198		
	Firm's address ▶ ONE SE THIRD AVENUE, SUITE 1100, MIAMI, FL 33131 Phor	ie no 30	05-995-9	9600	

Form **990-T** (2018)

Form 990-T (2018)

Total dividends-received deductions included in column 8 . . .

59-2048869

Schedule F-Interest, Ann	uities, Royanies				ontrolled Or			Lau	0113 (566	mstructi	UIIS)	
Name of controlled organization	2. Employer Identification number		3. Net unrelated income (loss) (see instructions)			4. Total of specified payments made		Part of column 4 that included in the controlling organization's gross incontrolling that is a second controlling that is a second controlling to the second column and the second column are second column.		olling	g connected with income	
(1)												
(2)												
(3)												
(4)				_	-							
Nonexempt Controlled Organi	zations											
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		Total of specified payments made			10 Part of column 9 included in the con organization's gross			ntrolling conn		Deductions directly nnected with income in column 10	
(1)												
(2)												
(3)			<u> </u>									
(4)	,											
Totals)1(c)	 1/7\	 (9) or (17	▶	Er Pa	nter h art I,	olumns 5 a ere and on line 8, colu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, (0	(,),	3. Deduc		111241	<u> </u>		t-asides		5. Total deductions
1. Description of income	2 Amount of	fincome			directly cor (attach sch					schedule)		and set-asides (col. 3 plus col. 4)
<u>(1)</u> (2)									_			
(3)											\dashv	
(4)	 -								· · · · · · · · · · · · · · · · · · ·			
Totals	Enter here and Part I, line 9, c	olumn (A)		71		-11						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited Exe	mpt Activity in	come, (Otne	rin	an Adverti	sing in	come	e (s	ee instru	ctions)		1
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income		nth of	4. Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ed trade (column umn 3) ompute	5. Gross from acti		vity that attributable		able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
<u>(1)</u>												
(2)												
(3)												
(4)												
Enter here and on page 1, Part I, pline 10, col (A)		page	nter here and on page 1, Part I, ne 10, col (B)							Enter here and on page 1, Part II, line 26		
Totals ▶ Schedule J- Advertising Ir	ICOME (see instri	inctions)			1							
Part I Income From Per			Col	neoli	idated Ras	ie						
arti income i fom i er	lodicais Report	eu on a		1501	4. Advert							7. Excess readership
Name of periodical	2. Gross advertising income 3. Direct advertising co		osts	gain or (loss) (col		5. Circulation income		6 Readership costs		costs (column 6 minus column 5, but not more than column 4)		
(1)												
(2)]							
(3)]							
(4)												
Totals (carry to Part II, line (5))					<u> </u>	ı				<u> </u>		Form 990-T (2018)

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)								
(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)								
				2 0				

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		•	

Form **990-T** (2018)

ATTACHMENT 2

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

TAX PREPARATION FEES

1,000.

PART II - LINE 28 - OTHER DEDUCTIONS

1,000.

59-20488<u>69</u>

ATTACHMENT 3

FORM 990T, PART IV - COMPUTATION OF PENALTIES AND INTEREST

END OF FISCAL/CALENDAR YEAR	
DATE RETURN WILL BE RECEIVED BY THE IRS	
NUMBER OF DAYS RETURN IS LATE	
NUMBER OF MONTHS RETURN IS LATE	6
LATE FILING PENALTY	
LATE PAYMENT PENALTY	
INTEREST	76.
TOTAL PENALTIES AND INTEREST	100
TOTAL FEMALITES AND INTEREST	400.