•	, MOLICE	2018				_	7 8 2 8 3 9	טוק	1024 7		
Form	990-T	E	Exempt Orga	NDED TO NOVE nization Buse  nd proxy tax und	sine	ss Income Ta	x Return	(	OMB No 1545-0687		
			_	2018							
	tment of the Treasury	•				ons and the latest informati de public if your organizati		Оре 501	on to Public Inspection for (c)(3) Organizations Only		
A [	Check box if address changed Name of organization ( Check box if name changed and see instructions )										
<u> </u>	xempt under section	ŀ		-3145469							
X	501(c <b>@</b> (3)	<u></u>	E Unrelated business activity code (See instructions )								
	408(e) 220(e)	_	(288 (1)201	bettons )							
	408A 530(a)		City or town, state or pro		r foreig	n postal code		541380			
C Bo	ok value of all assets		F Group exemption num		<b>•</b>						
ate	and of year 331,872,	387.	G Check organization typ		poration	501(c) trust	401(a) 1	trust	Other trust		
		-	tion's unrelated trades or l		1		e only (or first) unr	elated			
tra	de or business here 🕨	TRAN	SPORTATION AND PA	RKING FRINGE DIS	ALLOW	IANCE If only one, co	implete Parts I-V II	f more tha	an one,		
			•	us sentence, complete Pa	irts I an	d II, complete a Schedule M	for each additional	l trade or			
	siness, then complete I			-#1-2	- 4 4	dan and and an and			X No		
	•	-	ooration a subsidiary in an tifying number of the parer		nt-subsi	idiary controlled group?		Yes	ı NO		
	e books are in care of			it corporation		Telephon	e number 🕨 40	7-248-	5000		
			de or Business Inc	ome		(A) Income	(B) Expenses		(C) Net		
1a	Gross receipts or sale	S							]		
	Less returns and allow			c Balance	1c			_			
2	Cost of goods sold (S	chedule	A, line 7)		2				<u></u>		
3	Gross profit. Subtract				3				<del></del>		
4 a	Capital gain net incom	•	· ·	. 470	4a				<del></del>		
D	•	-	'art II, line 17) (attach Forn	1 4/9,	4b 4c						
С 5	Capital loss deduction		sts ship or an S corporation (a	ttach statement)	5						
6	Rent income (Schedul	-	sinp or air o corporation (a	taon statement)	6						
7	Unrelated debt-finance		ne (Schedule E)		7						
8	Interest, annuities, roy	atties, a	nd rents from a controlled	organization (Schedule F)	8						
9	Investment income of	a section	on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9		<u></u>				
10	Exploited exempt activ	•	, ,		10			<u> </u>			
11	Advertising income (S		•		11		· · ·				
12	Other income (See ins				12	0.		-			
Pa	rt II Deduction	ns No	ot Taken Elsewher	e (See instructions for							
						he unrelated business in	come )				
14	Compensation of offi	icers, di	rectors, and trustees (Sche	edule K)				14			
15	Salaries and wages							15			
16	Repairs and mainten	ance		RFC	;FI\	<b>VED</b>	1	16			
17	Bad debts			1 1	<u>रि</u>	10	-	17			
18	Interest (attach sche	dule) (s	ee instructions)	rules) NOV	$\mathcal{H}$	2019	}	18			
19 20	Taxes and licenses Charitable contribute	ons (Sei	e instructions for limitation	Lines/ III			ŀ	20			
21	Depreciation (attach					11T   21					
22			n Schedule A and elsewher	e on return OGD	FN	U 22a		22b			
23	Depletion 🗲							23			
24	Contributions to defe		mpensation plans				Ļ	24			
25	Employee benefit pro		_				Ļ	25			
26	Excess exempt exper		26								
27 28	Excess readership co						}	27			
28 29	Other deductions (att							28	0.		
30	•		ncome before net operating	loss deduction. Subtrac	t line 29	from line 13	ŀ	30	0.		
31			loss arising in tax years be					31			
32		-	ncome Subtract line 31 fro					32	0.		
82370			work Reduction Act Notice				<del></del>		Form <b>990-T</b> (2018)		

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 36 57 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 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  Part IV Tax Computation 39 Organizations Taxable as Corporations Multiply line 38 by 21% (0.21) 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  45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a Foreign tax credit (corporations attach Form 3800 45c 177, 087. 45d Credit for prior year minimum tax (attach Form 8801 or 8827)	Part III	Total Unrelated Business Taxable Income					
So Deduction for and operating loss aroung in tax years beginning before discuss. So Deduction (Separation South Inc. 3)  Total of unrelated business taxable income before specific deduction. Solutrat Jun 35 from the sum of lines 33 and 34  Specific deduction (Generally S1,000, but see line 37 instructions for exceptions)  30 Unrelated business taxable income. Solutrat Inm 37 from line 36. If line 37 is greater than line 36, and the smaller of zero of line 36  Part IV Tax Computation  30 Organizations Taxable as Corporations. Multiply line 38 by 21% (12):  13 Tax calls schedule or Schadule D (Form 1041)  14 Proyout x.s. See instructions for tax computation intocome tax on the amount on line 38 from:  15 Tax rate schedule or Schadule D (Form 1041)  16 Tax Lax See instructions and the seed of the see		·	ee instru	ctions)	33		0
Total of unveitable business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34   Specific deduction. Generally \$1,000, but see line 37 instructions for exceptions   37   37   37   37   37   37   37   3		•			34	<del> </del>	57,559
Inlines 33 and 34  35 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  36 Unrelated business brashle facene. Subtract line 37 from line 36. If line 37 is greater than line 36, other the brailler of zero or line 35 other line 37 from line 36. If line 37 is greater than line 36, other line 37 from line 36. If line 37 is greater than line 36, other line 37 from line 36. If line 37 is greater than line 36, other line 37 from line 36. If line 37 is greater than line 36, other line 37 from line 38 is greater than line 36, other line 38 from 12 is greater than line 36, other line 38 from 12 is greater than line 36, other line 38 from 12 is greater than line 36, other line 38 from 12 is greater than line 12 is larger than the total of line 38 from 12 is greater than line 12 is larger than the total of line 38 from 22 is at	<b>35</b> [	eduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr	35	<b></b>			
37 Specific eduction (Generally \$1,000, but see line 37 instructions for exceptions)  38 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, and the business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, and the business taxable is come line 38.  39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)  40 Traust Taxable as Trust Rates. See instructions for tax computation income tax on the amount on line 39 from:  Tax rate schedule or Schodule D (Form 1041)  41 Privay its. See instructions  42 Alternative minimum tax (trusts only)  43 Tax on Recompliant Facility income. See instructions  44 Total: Add tines 4, 14, 2 and 43 to line 39 or 40, whichever applies  45 Foreign tax credit (corporations attach form 1116; trusts attach Form 1116)  45 Differ credit (see instructions)  46 Credit for group year minimum tax (attach Form 8801 or 8827)  50 Order to group year minimum tax (attach Form 8801 or 8827)  51 Total residits. Add lines 46 and 47 (see instructions)  52 Cannel Isoseps credit. Attach Form 565 Aor Form 8511   Form 8697   Form 8666   Other (attach business)  53 Date 455 its a liability pand from Form 955-Ao r Form 955-B, Part III, column (ix), line 2  50 Payments. A 2017 overpayment credites to 2018  54 Total tax Add lines 46 and 47 (see instructions)  55 Date 455 tax liability and from Form 855-Ao r Form 8511   Form 8697   Form 8666   Other (attach business)  56 Foreign for group attachment and the see instructions)  57 Total payments. A 2017 overpayment credited to 2018  58 Date 455 tax liability and from Form 855-Ao r Form 957   Form 8697   Form 8666   Other (attach business)  59 Date 455 tax liability and from Form 855-Ao r Form 958-B, Part III, column (ix), line 2  50 Payments. A 2017 overpayment credited to 2018  59 Date 455 tax liability and part from Form 855-Ao r Form 958-B, Part III, column (ix), line 2  50 Payments. A 2017 overpayment credited to 2018  50 Control or control or column payments.		•		}			
Sentente in smaller of zero interes 3    Part IV   Tax Computation   38   55						<del>                                      </del>	57,559
enter the smaller of zero or Inte 36  39 Organizations Taxable as Corporations Multiply Inte 38 by 21% (0.21)  39 Organizations Taxable as Treat Rates. See instructions for tax computation income tax on the amount on line 38 from; Tax are schedule or Schedule D (Form 1041)  41 Proxy tax. See instructions or Schedule D (Form 1041)  42 Alternative minimum tax (trusts only)  43 Tax on Reasonpliant Facility Income See instructions  44 Instructions or Schedule D (Form 1041)  45 Tax on Reasonpliant Facility Income See instructions  45 Total Add lines 41 and 43 to line 39 or 40, whichever applies  46 Total Add lines 41 and 43 to line 39 or 40, whichever applies  47 Total Add lines 41 and 43 to line 39 or 40, whichever applies  48 Total Add lines 45 and 47 to line 47 to line 47 to line 48					37	<del> </del>	1,000
Part V   Tax Computation   39 Organizations Taxable as Corporations Multiply Inio 38 by 21% (0.21)   39   11   39   31   31   31   32   33   39   39   39   39   39   39		•		Ì	56 550		
39 Organizations Taxable as Corporations Multiply (inc. 38 by 21% (0.21) 40 Trusta 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) 42 Tax and Roscompliant Facility Income. See instructions 43 Tax on Roscompliant Facility Income. See instructions 44 Totals Add lines 41, 24 and 410 line 39 or 40, whichever applies 45 Foreign tax credit (Cerporations attach Form 1116; trusts attach Form 1116) 45 Differ credits (see instructions) 6 General business credit. Attach Form 3800 6 Credit for prior year minimum tax (attach Form 8801 or 8827) 6 Total credits, 64 dil lines 45s through 45d 6 Subtract line 45e from line 44 7 Other taxes Check if form: [ Form 4255 Form 8611 Form 8897 Form 8886 Other (instead behavior) 7 Total attach Add lines 46 and 47 (see instructions) 7 Subtract line 45e from line 44 8 Total tax. Add lines 46 and 47 (see instructions) 8 2018 estimated tax payments: A 2017 overpayment credited to 2018 9 2018 net 955 tax lability payments 1 Tax deposited with Form 8895 1 Total payments. A 2017 overpayment credited to 2018 9 2018 net 955 tax lability payments 1 Tax deposited with Form 8895 1 Total payments. A 2017 overpayment credited to 2018 9 2018 net 955 tax lability payments 1 Tax deposited with Form 8895 1 Total payments. A 2017 overpayment credited to 2018 9 2018 net 955 tax lability payments 1 Tax deposited with Form 8895 1 Total payments. A 2017 overpayment credited to 2018 9 2018 net 955 tax lability payments 1 Tax deposited with Form 8895 1 Total payments. A 2017 overpayment credited to 2018 settlements 1 Tax deposited with Form 8895 1 Total payments. A 2017 overpayment credited to 2018 settlements 1 Tax deposited with Form 8895 1 Total payments. A 2017 overpayment credited to 2018 settlements 1 Tax deposited with Form 8997 1 Total payments. A 2017 overpayment credited to 2018 settlements 1 Tax deposited with Form 8997 1 Total pay				<del></del>	38	L	56,559
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Tax call schedule or Schedule D (Form 1041)  41 Proxy tax. See instructions 42 Alternative minimum tax (trusts only) 43 Tax on Rencempliant Facility Income 43 Tax on Rencempliant Facility Income 44 Total. Add lines 41, 42, and 45 to line 93 or 40, whichever applies 45 Total Add lines 41, 42, and 45 to line 93 or 40, whichever applies 45 Forengt fax credit (capocialines attach Form 1116; trusts attach Form 1116) 45 Forengt fax credit (capocialines attach Form 1116; trusts attach Form 1116) 5 Other credits (see instructions) 6 General business credit. Attach Form 3800 455 177, 087. 6 Credit for prior year minimum tax (attach Form 8801 or 8827) 6 Total credits. Add lines 45 through 45d 6 Subtract line 456 from line 44 6 Other taxes Check If from: Form 4255 Form 8611 Form 8697 Form 8666 Other (attach schedule) 6 Total tax Add lines 46 and 47 (see instructions) 7 See Payments: A 2017 overpayment credited to 2018 7 Self payme			on line S	Of from:	, 38	<del>                                     </del>	11,6//
41 Proxy tax. See instructions 42 Alternative minimum tax (trusts only) 43 Tax on Moncempliant Facility Income See instructions 43 Tax and Payments 45 Foreign tax credit (corporations attach Form 1116; trusts attach Form 1116) 5 Other credits (see instructions) 6 General business credit. Attach Form 3800 6 Credit for prior year minimum tax (attach Form 8801 or 8827) 6 Credit for prior year minimum tax (attach Form 8801 or 8827) 7 Total Erdits. Add lines 45 att brough 45 december 17, 087. 7 Total credits. Add lines 45 and 47 (see instructions) 7 Total tax Add lines 46 and 47 (see instructions) 8 2018 estimated tax payments 9 2018 estimated tax payments 9 2018 estimated tax payments 9 Credit form Sepanding (see instructions) 9 Estimated tax payments 9 Credit for small employer health insurance premiums (attach Form 8941) 9 Other credits, add lines 45 and a form 1868 9 Form 4136 9 Credit for small employer health insurance premiums (attach Form 8941) 9 Other credits, add lines 45 and a form 1868 9 Form 4136 9 Credit for small employer health insurance premiums (attach Form 8941) 9 Other credits, addivise, and payments: Form 2439 Form 4136 10 Total payments. Add lines 50a through 50g 10 Estimated tax penalty (see instructions) 10 Estimated tax penalty (see instructions) 11 Total payments. Add lines 50a through 50g 12 Estimated tax penalty (see instructions) 13 Tax dee, Illines 51 is is share that all oil lines 48, 49, and 52, enter amount ower 14 Sepanding payments. Illines 51 is is share that the total of lines 48, 49, and 52, enter amount ower 15 Overpayment. If line 51 is sharper than the total of lines 48, 49, and 52, enter amount ower 16 Overpayment. Illines 51 is sharper than the total of lines 48, 49, and 52, enter amount ower 17 Sepanding payments. Add lines 50a through 50g 18 Sepanding payments. Add lines 50a through 50g 19 Estimated tax penalty (see instructions) 19 Credit form 19 Payer, is described to 2019 estimated tax ≥ Refunded   Sepanding payments   Sepanding payments   Sepanding payments   Sepandi	40 1	·	on line 3	50 II UIII.	40	1	
Alternative minimum tax (trusts only)  42   Tax an denoempliant recility income   42   43   43   44   11,      Part V   Tax and Payments   44   11,    ### A Total tax and Payments   45   6   6   6   6   6   6   6   6    ### Other credits (see instructions)   45   6   177, 087.    ### Other credits (see instructions)   45   6   177, 087.    ### Other credits (see instructions)   45   177, 087.    ### Other credits (see instructions)   45   177, 087.    ### Other credits (see instructions)   45   177, 087.    ### Other taxes Check if from:	A1 P					<del>                                     </del>	
Tax on Noncompilant Facility Income   See instructions   43		•		•		<u> </u>	-
Total   Add lines 41, 42, and 43 to lan 39 or 40, whichever applies   44   11,		• • •					
Part V   Tax and Payments		•					11,877
A5a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)   A5a   A5b						<u> </u>	
b Other credits (see instructions) c General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 3801 or 8827) e Total credits. Add lines 45a through 45d  45 Subtract line 45e from line 44 7 Other laxes Check if from:		<u> </u>	45a				-
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a Total credits. Add lines 45a through 45d  45 Subtract line 45b from line 44  7 Other taxes Check if rom:	c G	eneral business credit. Attach Form 3800	45c	177,087	<b>刁</b>		
46 Subtract line 45e from line 44  47 Other taxes Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8696 ☐ Other (ettach schedulin)  47	d C	redit for prior year minimum tax (attach Form 8801 or 8827)	45d				
Total tax Add lines 46 and 47 (see instructions)  20 18 estimated tax payments:  2 Tax deposited with Form 8686  3 Given credits, adjustments, and payments:  5 Total by Cotter (see instructions)  6 Credit for small employer health insurance premiums (attach Form 8941)  7 Other credits, adjustments, and payments:  6 Tax deposited with Form 8686  6 Foreign organizations: Tax paid or withheld at source (see instructions)  8 De	e T	otal credits. Add lines 45a through 45d			45e		177,087.
Total tax Add lines 46 and 47 (see instructions)  2018 net 955 tax liability paid from Form 955-8, Part III, column (k), line 2  50 a Payments: A 2017 overpayment credited to 2018  b 2018 estimated tax payments  c Tax deposited with Form 8868  d Foreign organizations: Tax paid or withheld at source (see instructions)  e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments: Form 2439  form 4136  form 4136  Other Form 2220 is attached   51 Total payments. Add lines 50a through 50g  52 Estimated tax penalty (see instructions) Check if Form 2220 is attached   53 Tax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  55 Retir the amount of line 54 you want: Credited to 2019 estimated tax   Fince Norm 114, Report of Foreign Bank and Friancial Accounts. If "Yes," the organization may have to file  Fince Form 114, Report of Foreign Bank and friancial Accounts. If "Yes," enter the name of the foreign country here  Signature of officery  Oals  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Date  Check if PTIN  Signature of officery  Oals  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Date  Check if PTIN  Self-employed  Pol204534  Pol204534  Firm's address  MELBOURNE, FL 32940-8229  Phone no. 321-751-6200	<b>46</b> S	ubtract line 45e from line 44			46		0.
49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 50 a Payments: A 2017 overpayment credited to 2018 b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 50a through 50g 51 Total payments. Add lines 50a through 50g 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 overpaid 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax Pent VI Statements Regarding Certain Activities and Other Information (see instructions)  55 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority 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 here ▶  57 During the tax year, did the organization receive a distribution from, or was if the grantor of, or transferor to, a foreign trust?  If *Yes,* see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year.  Sign Here  Print/Type preparer sname  Preparer's signature  Print/Type preparer's name  Preparer's signature  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's nam	<b>47</b> 0	ther taxes. Check if from: 🔲 Form 4255. 🔲 Form 8611. 🔲 Form 8697. 🦳 Form 88	66	Other (attach schedule)	47		
b 2018 estimated fax payments c Tax deposited with Form 8988 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 4136 Other credits, adjustments, and payments: Form 4249 Form 4136 Other Total payments. Add lines 50a through 50g SE Estimated tax penalty (see instructions) Check if Form 2220 is attached  51 Total payments. Hi line 51 is less than the total of lines 48, 49, and 52, enter amount owed  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 overpaid  54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  55 Enter the amount of line 54 you want? Credited to 2019 estimated tax  Form 4136  Part VI Statements Regarding Certain Activities and Other Information (see instructions)  55 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority 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 here  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  11 "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year  11/15/2019  12 Under penalties of per key, idective that have examined the robus, including secompanying schedules and statements, and to the best of my knowledge and beliaf, it is buo, the prepare foreign that the prepare has any knowledge and beliaf, it is buo, the prepare foreign that the prepare has any knowledge and beliaf, it is buo, the prepare foreign		,			48		0.
b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136  1 Total payments. Add lines 50a through 50g 52 Estimated tax penalty (see instructions) Check if Form 2220 is attached 53 Tax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount owed 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax  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 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 here  57 During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign trust?  If Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year  58 Enter the amount of tax-exempt interest received or accrued during the tax year  59 During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign trust?  If Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year  50 During the tax year, did the organization of preparer (either than texpesyer) is based on all information of which preparer has enzy knowledge and belief, it is buo, but the propure shown below (see instructional)?  If Yes, amount	49 2	118 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	L	0.
c Tax deposited with Form 8868 d Foreign organizations; Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 50a through 50g 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 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax benefit and the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax Penalty I 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 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 here  17 During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign trus? If "Yes," see instructions for other forms the organization may have to file Under penalties of persy. I decline that I have examined that return, including excompanying schedules and attalements, and to the best of my knowledge and belief, if is true, ornect, and complete Declaration of pepser (other than texpayer) is based on all information of which prepare has ency knowledge  Penalty I Dillana KREUL Firm's name PRSM US LLP Firm's EIN Print SEIN P			50a		4	ĺ	
d Foreign organizations; Tax paid or withheld at source (see instructions)  e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments: Form 4136  1 Total payments. Add lines 50a through 50g  51 Total payments. Add lines 50a through 50g  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  54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  55 Enter the amount of line 54 you want: Credited to 2019 estimated tax  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 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 here  Fin See instructions for other forms the organization may have to file  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year  58 Enter the amount of tax-exempt interest received or accrued during the tax year  59 Signature of officery  Firm's see instructions?  Firm's EIN Print's		•	$\overline{}$		┙、	1	
e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments: Form 2439  Cher Total   Sold		•			վ ՝ լ	ĺ	
Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total ▶  Total payments. Add lines 50a through 50g Stemated tax penalty (see instructions) Check if Form 2220 is attached ▶  Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed ▶  Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpaid  Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶  Refunded ▶  Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpaid  Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶  Refunded ▶  Tax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶  Refunded ▶  Tax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶  Refunded ▶  Tax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶  Tax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  FinceN Form 114, Report of Foreign Bank and Financial Accounts. 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 here ▶  Tax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount of the granization may have to file  Enter the amount of the foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country lines Payment and the granization may have to file  Enter the amount of the foreign country here Payment and the based on all information of which preparer has any knowledge and belief, it is buy.  Correct, and complete Declaration of peparer (other than taxpeyer) as based on all information of which preparer has any knowledge  Print/Type pr			$\overline{}$				
Other credits, adjustments, and payments: Form 2439 Other Total ▶ 50g  51 Total payments. Add lines 50a through 50g  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  55 Enter the amount of line 54 you want: Credited to 2019 estimated tax ▶ Refunded ▶ 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 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 here ▶  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 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 ▶ \$  Sign Here  75 During the tax year, Jid dictive that I have examined this return, including eccompanying schedules and statements, and to the best of my knowledge and belief, it is thur, or the prepare has any knowledge and belief, it is thur, or the prepare than beat of perpary (other than texpayer) as based on all information of which prepare has any knowledge and belief, it is thur, including eccompanying schedules and statements, and to the best of my knowledge and belief, it is thur, including eccompanying schedules and statements, and to the best of my knowledge and belief, it is thur, including eccompanying schedules and statements, and to the best of my knowledge and belief, it is thur, including eccompanying schedules and statements, and to the best of my knowledge and belief, it is thur, inc		· · · · · · · · · · · · · · · · · · ·			-		
Form 4136 Other Total   Sog   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 larger than the total of lines 48, 49, and 52, enter amount owed   54  55 Enter the amount of line 54 you want: Credited to 2019 estimated tax   Refunded   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 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 here   75  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file   75  Sign Enter the amount of tax-exempt interest received or accrued during the tax year   \$\$  Sign Here   11/15/2019   CFO		, , , , , , , , , , , , , , , , , , , ,	501		վ		
51 Total payments. Add lines 50a through 50g 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 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax ▶ Refunded ▶ 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 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 here ▶  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  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 ▶\$  Under pensities of picker, I decture that I have examined the return, including accompanying schedules and statements, and to the boat of my knowledge and bolief, it is bus, correct, and complete Declaration of prepare (other than texpayer) is based on all information of which prepare has any knowledge  Primity perparer's name  Primity perparer's name  Preparer's signature  Date  CFO  Tittle  Tittl	gu		50-		- [-		
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 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax ▶  Fart 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 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 here ▶  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  if "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year ▶  58 Under penalties of per jey, I declare that I have examined this roturn, including accompanying schedules and statements, and to the bast of my knowledge and belief, it is brue, correct, and complete Declaration of prepare (other than texpayer) is based on all information of which prepare has any knowledge and belief, it is brue, correct, and complete Declaration of prepare (other than texpayer) is based on all information of which prepare has any knowledge and belief, it is brue, correct, and complete Declaration of prepare (other than texpayer) is based on all information of which prepare has any knowledge and belief, it is brue, self-employed  Print/Type preparer's name  Preparer's signature  Date  Tritle  Print/Type preparer's name  Preparer's signature  Print/Typ	51 T/		aug [		<del> </del> _		
Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  55 Enter the amount of line 54 you want: Credited to 2019 estimated tax  Part VI Statements Regarding Certain Activities and Other Information (see instructions)  64 any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority 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 here  Touring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year  Sign  Under penalties of peryl. I dectire that I have examined this roturn, including eccompanying schedules and statements, and to the best of my knowledge and belief, it is bus, correct, and complete Declaration of prepare (other than texpeyre) is based on all information of which preparer bas enty knowledge  Print/Type preparer's name  Preparer  Int/15/2019  Print/Type preparer's name  Preparer  Use Only  Print/Type preparer's name  Preparer  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Print/Type preparer's na						<del></del>	
Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid    Statements Regarding Certain Activities and Other Information (see instructions)					$\overline{}$		
Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Yes		·····					
Part VI   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Information of a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				Refunded	-		
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 here  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year  Under penaltiles of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bolief, it is bue, correct, and complete Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge  Print/Type preparer's name  Preparer's signature  Date  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN  self- employed  Pol1204534  Firm's name RSM US LLP  Firm's address  MELBOURNE, FL 32940-8229  Phone no. 321-751-6200			n (see				
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here    1	56 At	any time during the 2018 calendar year, did the organization have an interest in or a signature	or other	authority			Yes No
here    To During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?   If "Yes," see instructions for other forms the organization may have to file	0\	er a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may hav	ve to file		- F	·- t1
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If "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year \$  Sign  Under penaltiles of perjury, I dectare that I have examined this roturn, including accompanying schedules and statements, and to the bast of my knowledge and bolief, it is true, correct, and complete Declaration of preparer (other than texpeyer) is based on all information of which preparer has any knowledge  May the IRS discuss this return we the preparer shown below (see instructions)? X Yes  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN self-employed  Firm's name RSM US LLP  7351 OFFICE PARK PL.  Firm's address  MELBOURNE, FL 32940-8229  Phone no. 321-751-6200	he	re <b>&gt;</b>				L	Х
Enter the amount of tax-exempt interest received or accrued during the tax year   Sign  Under penaltiles of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bast of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge    11/15/2019	, 57 De	iring the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ensferor	to, a foreign trust?		L	х
Sign Here  Under penaltiles of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bast of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than texpeyer) is based on all information of which preparer has any knowledge    11/15/2019	lf'	Yes," see instructions for other forms the organization may have to file				ľ	
Sign Here    11/15/2019   CFO   May the IRS discuss this return we the preparer shown below (ease instructions)? X Yes   Print/Type preparer's name   Preparer's signature   Date   Chack if self-employed	58 Er						
Here    11/15/2019   CFO   May the IRS discuss this return we the preparer shown below (see instructions)? X Yes   Print/Type preparer's name   Preparer's signature   Date   Check if self-employed	Sian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stat correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer.	ements, a has any k	nd to the bast of my knowl nowledge	edge and b	elief, it is true,	
Signature of officer  Date  Title  Print/Type preparer's name  Preparer's signature  Date  Chack if self- employed  Self- employed  Policous 34  Policous 34  Prim's name RSM US LLP  Firm's name RSM US LLP  7351 OFFICE PARK PL.  Firm's address  MELBOURNE, FL 32940-8229  Phone no. 321-751-6200		h luverene h		į,	May the IRS	discuss this re	aturn with
Paid Preparer's name  Preparer's signature  Date Chack if self- employed  Pol 204534  Pol 204534  Prim's name RSM US LLP Firm's name RSM US LLP  7351 OFFICE PARK PL. Firm's address MELBOURNE, FL 32940-8229  Phone no. 321-751-6200	11616						
Paid         Preparer         JULIANA KREUL         JULIANA KREUL         JULIANA KREUL         JULIANA KREUL         JULIANA KREUL         P01204534         P01204534<					<del></del>		No
Preparer Use Only         Firm's name         ▶ RSM US LLP         Inches 1/1/13/2019         Firm's EIN         ▶ 42-0714325           Firm's address         ▶ MELBOURNE, FL 32940-8229         Phone no. 321-751-6200		Printy type preparer's name Preparer's signature Dat	е		1	ų.	
Use Only Firm's name ▶ RSM US LLP Firm's EIN ▶ 42-0714325  7351 OFFICE PARK PL.  Firm's address ▶ MELBOURNE, FL 32940-8229 Phone no. 321-751~6200		THE TANA REFIN	/49/004			1204524	
7351 OFFICE PARK PL.  Firm's address MELBOURNE, FL 32940-8229 Phone no. 321-751-6200	•	Santa and A ROW HE LID	/ 13/201				5
Firm's address MELBOURNE, FL 32940-8229 Phone no. 321-751-6200	Use On		FIRM'S EIN P		12-0/1432	,	
		1		Phone no	321 - 751	1~6200	
	823711 01-09-			Ti none no.			)-T (2019)

Page 3

Schedule A - Cost of Goods	s Sold. Enter	method of inver	tory valuation N/A		<del></del>			
1 Inventory at beginning of year	1_1_	· · · · · ·	6 Inventory at end of year	ır		6		
2 Purchases	2		7 Cost of goods sold Si	ubtract line	6	1		
3 Cost of labor	3	and in Part	:1,					
4a Additional section 263A costs			line 2					
(attach schedule)	4a		8 Do the rules of section	respect to		Yes	No	
b Other costs (attach schedule)	4b		property produced or a	acquired for	resale) apply to		<u> </u>	
5 Total Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property L	.eased \	With Real Prop	erty)		
1. Description of property								
(1)				<u> </u>				
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued					····	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for p	and personal property (if the percental personal property exceeds 50% or if nt is based on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connecte id 2(b) (at	ed with the income in tach schedule)	1
(1)			•					
(2)	_							
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter -		Èn	) Total deductions iter here and on page 1, irt I, line 6, column (B)	<b>•</b>		ο.
Schedule E - Unrelated Det	t-Financed	Income (see	instructions)	_				
			2 Gross income from	3	Deductions directly cont to debt-finance			
1 Description of debt-fit	nanced property		or allocable to debt- financed property		aight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns
(1)		<del>.</del>						
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	e adjusted basis allocable to inced property h schedule)	6 Column 4 divided by column 5		Gross income portable (column 2 x column 6)		8. Allocable deduct olumn 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)	<u> </u>		%			$\bot$		
					here and on page 1, I, line 7, column (A)		nter here and on pag 'art I, line 7, column (	
Totals			•		0			٥.
Total dividande-received deductions II	actuded in column	n 8	_					0.

Schedule F - Interest, A				Controlled O		_			structions	
1 Name of controlled organizati	identr	nployer fication mber		elated income a instructions)		al of specified nents made	includ	t of column 4 ed in the contr ation's gross	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)				_						
(4)										
Nonexempt Controlled Organiz	ations									
7. Taxable Income	8. Net unrelated inco (see instruction		9 Total	of specified payr made	nents	10 Part of colui in the controlli gross	mn 9 tha ng orgar s income	iization's		ductions directly connected income in column 10
(1)										
(2)						•				
(3)										
(4)										
					:	Add colum Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					<b>•</b>			0.		0.
Schedule G - Investme (see instr		Section 5	501(c)(7	7), (9), or (	17) Org	ganization				
1. Descr	ription of income			2 Amount of	income	<ol> <li>Deduction</li> <li>directly connected</li> <li>(attach sched)</li> </ol>	cted	4 Set- (attach s	esides schedule)	<ol> <li>Total deductions and set-asides (col 3 plus col 4)</li> </ol>
(1)										
(2)										_
(3)										
(4)										
			1	Enter here and Part I, line 9, co	lumn (A)					Enter here and on page 1, Part I, line 9, column (8)
Totals Schedule I - Exploited	Evemnt Activity	/ Income	Other	Than Adv	0. vertisin	a Income				0.
(see instru		, 111001110	, •	· · · · · · · · · · · · · · · · · · ·		.gooo				
	· · · · · · · · · · · · · · · · · · ·	2 -		4 Net incon	ne (toss)					7. Excess exempt
1. Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expending the directly compared with process of unrestants.	nnected fuction lated	from unrelated business (co minus colum gain, comput through	i trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	hat ed	6 Exp attribut colui		expenses (column 6 minus column 5, but not more than column 4)
(1)				,						
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Parti, ol (B)							Enter here and on page 1, Part II, line 26
Totals	0.	<u> </u>	0.	<u></u>						0.
Schedule J - Advertisir					Doois					
Part I Income From I	eriodicais Hep	ortea on	a Con	solidated						
1 Name of periodical	2. Gross advertising income		. Direct tising costs	or (loss) (c		5 Circulation		6 Read		7 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))	•	0.	(	o.						0.

## 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 periodic	al	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	<b>•</b>	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)	<b>•</b>	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)			%	
otal Enter here a	nd on page 1, Part II, line 14		<b>•</b>	

Form 990-T (2018)

FOOTNOTES	STATEMENT 1
FORM 990-T, PART IV, LINE 41C	
FOR 2017, THE TAXPAYER CLAIMED A NONREFUNDABLE BUSINESS CREDIT - EMPLOYEE RETENION CREDIT FOR HURRICANE IRMA	177,087.
AMOUNT UTILIZED IN 2017	0.
NET GENERAL BUSINESS CREDIT CARRY-FORWARD TO 2018	177,087.