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Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

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(Part)II	II Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)			0.
34	Amounts paid for disallowed fringes		34	4,560.
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	4,560.
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,			
un estatu	enter the smaller of zero or line 36		38	3,560.
	/i Tax Computation		<u>. 1773 1</u>	740
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	00.4	39	748.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on li	ine 38 from:	40	
	Tax rate schedule or Schedule D (Form 1041)			
41	Proxy tax See instructions  Alternative manufacture and the second secon		► 41 40	
42	Alternative minimum tax (trusts only)		42	
43 44	Tax on Noncompliant Facility Income See instructions  Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		43	748.
Partiv				740.
		5a		
		5b		
	- · · · · · · · · · · · · · · · · · · ·	.5c		
	<del> </del>	5d		
	Total credits Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	748.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866	Other (attach so	hedule) 47	
48	Total tax Add lines 46 and 47 (see instructions)		48	748.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments. A 2017 overpayment credited to 2018	0a		
b	2018 estimated tax payments	0Ь		
C	Tax deposited with Form 8868	0c		
d	Foreign organizations Tax paid or withheld at source (see instructions) 5	0d		
е	Backup withholding (see instructions) 5	0e		
f	Credit for small employer health insurance premiums (attach Form 8941)	i0f		
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶5	0g		
51	Total payments Add lines 50a through 50g		51	<del> </del>
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached		52	32.
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	780.
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1	54	<del></del>
55	Enter the amount of line 54 you want; Credited to 2019 estimated tax	Refunded	▶ 55	
[Partivi] 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			
	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 fore	eigh country		
57	here  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transf	farar ta a fararaa tau		<del>-                                    </del>
31	If "Yes," see instructions for other forms the organization may have to file	ieror io, a ioreigii iru	517	
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
		ents, and to the best of m	y knowledge and belief, it	is true,
Sign	Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and stateme correct, and complete. Declaration of propare (other than taxpayer) is based on all information of which preparer has	any knowledge		
Here	Cilian & Unil 11/15/19 CO-TRUSTE	ΞE	May the IRS discust the preparer shows	
	Signature of officer Date Title	<del></del>	— I · · · —	Yes No
_	Print/Type preparer's name Preparer's signature Date	Check	ıf PTIN	
Paid		self- em	—	
Prepa	rer BENJAMIN BERGER	417		87311
Use O	POW HO III	Firm's		714325
<b>U</b> 30 <b>U</b>	100 INTERNATIONAL DRIVE, SUITE 1			
Firm's address ► BALTIMORE, MD 21202 Phone no 410-246-9301				
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