823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

ဇာ

Form 990-T- (2018)

Form 990-	INCIDENCE EDUCATION TOUNDATION, INC.	20	<u> </u>	2720		Page Z
Part I	III Total Unrelated Business Taxable Income					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	instructions)		33		0.
34	Amounts paid for disallowed fringes			34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruc	tions) STMT	2	35		0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sur					
	lines 33 and 34			36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		Ī	37	1.0	00.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36	3	T			
	enter the smaller of zero or line 36	-,		38		0.
Part I		·		00 1		
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)			39		0.
		luna 20 fram		39		••
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on	1 11116 30 11 0111		40		
4.4	Tax rate schedule or Schedule D (Form 1041)			40		
41	Proxy tax See instructions			41		
42	Alternative minimum tax (trusts only)		F	42		
43	Tax on Noncompliant Facility Income See instructions		H	43	_	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	-	0.
Part \						
45 a	, , , , , , , , , , , , , , , , , , , ,	45a		ĺ		
þ	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	45b				
C	-	45c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d				
е	Total credits Add lines 45a through 45d		1	45e		
46	Subtract line 45e from line 44		1	46		0.
47	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach s	schedule)	47		
48	Total tax Add lines 46 and 47 (see instructions)		L	48		<u>0.</u>
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1	Ĺ	49		0.
50 a	Payments: A 2017 overpayment credited to 2018	50a				
b	2018 estimated tax payments	50b				
С	Tax deposited with Form 8868	50c		l		
d	Foreign organizations Tax paid or withheld at source (see instructions)	50d				
	· · · · · · · · · · · · · · · · · · ·	50e				
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	_			
a	Other credits, adjustments, and payments: Form 2439					
·		50g				
51	Total payments. Add lines 50a through 50g			51		
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached		Γ	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 \				<u> </u>		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or				Yes	No
40	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization in					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fo					
	here	noigh occinity			1	<u>x</u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tran	eferor to a foreign tr	ust2			X
47	If "Yes," see instructions for other forms the organization may have to file.	isicioi io, a loreigii ii	ust.		<u> </u>	
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 stall	tements, and to the best	of my knowl	edge and belief it i	s true	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any knowledge	,			
Here	The thabeed 9/11/19 PRESIDEN	TITS		the IRS discuss th		with
	Signature of officer Date Title	11		preparer shown beli		7 NA
		1 2: :	_	ructions)? XY	E8	No
	Print/Type preparer's name Preparer's signature Date	Check		PTIN		
Paid	tras compression of the all	10/19 self-ei	mployed	D0144	100	
Prepa	rer =			P01444		
Use C	Only Firm's name ► JONES, MARESCA & MCQUADE, P.A.		s EIN 🕨	52-185	393	<u> </u>
	·	SUITE				
	Firm's address ► COLUMBIA, MD 21044	Phon	eno 4]	<u> 10-884-0</u>	220	

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory valua	tion N/A	<u> </u>				
1 Inventory at beginning of year	1			entory at end of ye			6_		
2 Purchases	2		7 Cos	t of goods sold S	ubtract I	ine 6	[
3 Cost of labor	3	<u> </u>	fror	n line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs			line	2			7		
(attach schedule)	4a	_	8 Do	the rules of section	1 263A (\	with respect to		Yes	No
b Other costs (attach schedule)	4b		pro	perty produced or	acquired	for resale) apply to			İ
5 Total Add lines 1 through 4b	5			organization?					L.,
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Persoi	nal Property	Lease	ed With Real Pro	pert	(y) 	
1 Description of property									
(1)		-							
(2)						·	-		
(3)				· ·					
(4)									
	2 Rent receive	od or accrued				0(-)			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	' of rent for	personal prope	property (if the percent erty exceeds 50% or it profit or income)	tage f	3(a) Deductions directly columns 2(a) a		cted with the income i (attach schedule)	n
(1)									
(2)							-		
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, columi		er •			0.	Enter here and on page 1 Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del	bt-Financed	Income (see	instruction	ns)					
				oss income from		3 Deductions directly cor to debt-finance			
1 Description of debt-fi	inanced property			ocable to debt- nced property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	S
(1)					_				
(2)							1		
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis llocable to iced property schedule)		lumn 4 divided y column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deducti (column 6 x total of co 3(a) and 3(b))	
(1)		 -	 ,	%	†		+		
(2)			<u> </u>	%					
(3)				%			\neg		
(4)				%				_	
						nter here and on page 1, art I, line 7, column (A)		Enter here and on page Part I, line 7, column (
Totals				•		0			0.
Total dividends-received deductions in	icluded in column	8		•		<u> </u>			0.

Schedule F - Interest,	Annuities, Roya			Controlled O			ation	1S (see ins	truction	is)
1 Name of controlled organizat	identif	ployer 3	Net unre	elated income instructions)	4 Tot	al of specified nents made	5 Part of column 4 included in the contorganization's gross		rolling	6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7 Taxable Income	8 Net unrelated incor (see instruction		Total	of specified payi made	ments	10 Part of column the controllingross		nization's	11. De with	ductions directly connected i income in column 10
<u>(1)</u>										
(2)										<u>"</u>
(3)										
(4)										
						Add colum Enter here and line 8, c		e 1 Partl,		id columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					▶			0.		0
Schedule G - Investme		Section 50	1(c)(7	7), (9), or	(17) Or	ganization	1			
1 Descri	ription of income			2 Amount of	income	3 Deduction directly conne (attach sched	cted	4 Set-		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)		<u> </u>								
(4)										
				Enter here and o Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totals					0.					0.
	Exempt Activity	/ Income, C	Other	Than Ad	vertisi	ng Income	•			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connect with production of unrelated business incomparations of the control	eted on	4 Net incomfrom unrelated business (cominus colum gain, compute through	trade or lumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attribut; colun STMT	able to nn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) ADVERTISING										
(2) REVENUE FROM										<u> </u>
(3) DEBT. ORG	175,057.	125,9	91.	49,	066.			146	<u>,058</u>	49,066.
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here and page 1, Part line 10, col (E	t,			 				Enter here and on page 1 Part II, line 26
Totals	175,057.	125,9	91.							49,066.
Schedule J - Advertisir							_			
Part I Income From F	Periodicals Rep	orted on a	Cons	solidated	Basis	.,		- " .		
1 Name of periodical	2 Gross advertising income	3 Dire		4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5 Circulat	ion	6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			_							
(2)				7						
(3)				7						
(4)]						
Totals (carry to Part II, line (5))		0.	0							0.
(out.) to ruit is mio (o))		<u> </u>		<u>* 1</u>					1	Form 990-T (2018

Form 990-T (2018) INCHARGE EDUCATION FOUNDATION, INC.

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 periodical		2 Gross advertising income	3 Direct advertising costs	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	▶	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)		0.	0.	ļ			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)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T	DESCRIPTION (OF	ORGANIZATION'	S	PRIMARY	UNRELATED	STATEMENT	1
•		F	BUSINESS ACTIV	ZI.	ΓY			

ADVERTISING SPONSORSHIP REVENUE FROM EDUCATIONAL WEBSITE.

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LO	SS DEDUC	TION	STATEMENT	2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED		LOSS EMAINING	AVAILABLE THIS YEAR	
12/31/14 12/31/15 12/31/16	37,959. 28,272. 18,415.		0. 0. 0.	37,959. 28,272. 18,415.	37,959 28,272 18,415	2.
NOL CARRYOV	ER AVAILABLE THIS	YEAR		84,646.	84,646	· .
FORM 990-T	SCHEDULE I - I PRODUCTION	EXPENSES DIRE			STATEMENT	3
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL	
WEB DEVELOP	MENT/MAINTENANCE	- SUBTOTAL -	1	125,991.	125,99	1.
TOTAL OF FO	RM 990-T, SCHEDULI	E I, COLUMN 3	}		125,99	1.
FORM 990-T	SCHEDULE I - I WITH PRODUCTION				STATEMENT	4
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL	
OVERHEAD SALARIES BENEFITS	•			56,896. 77,265. 11,897.		
	-	- SUBTOTAL -	1		146,05	8.
	RM 990-T, SCHEDULE				146,05	_