ير. Form	 . 990-Т	E	empt Organi	ization	Bus	siness Inco	ome 6033(irn 306	OMB No 1545-0687
		For cale	ndar year 2017 or other t	av vear henir	nina	07/01 2017	and and	06/30	20 1 8	୬ଲ 1 7
`_		roi cale	Go to www.irs.g					·		
	traent of the Treasury at Revenue Service	▶ Do	not enter SSN numbers	(c)(3)	Opensto Public Inspection for 45-					
Ā	Check box if	1	Name of organization (oyer identification number					
L.	address changed		, ,,			-		·	(Empl	oyees' trust, see instructions)
SEX	cmpt under section	1	TABOR SERVIC							
	501(C)(23)	Print	Number, street, and room		lf a P C	box, see instructions			d 23−2	660436
	408(e) 220(e)	_ or							E Unre	lated business activity codes
	408A 530(a)	1,750	57 EAST ARMA	T STREE	Т				(See In	nstructions)
	529(a)		City or town, state or pr	ovince, counti	y, and	ZIP or foreign postal co	ode		_	
⊕ C Bo	ok value of all assets		PHILADELPHIA		-	•				
	end of year	F Gro	up exemption number			>				
	24,757,363		ck organization type	- ,	<u>-</u> -		5010	c) trust	401(a)	trust Other trust
			rimary unrelated busine				ACHM			·
			corporation a subsidia					,	?	▶ Yes X No
			identifying number of t	-			JU-0141 y	00.111 0.110 d g. 00p		,
			LAURENCE BUCHH		., p.o., a	<u> </u>	Telepho	ne number > 2	15-348	-4071
			or Business Incon			(A) Income		(B) Expe		(C) Net
	Gross receipts or s					1			147 25483 844 3 18 18 18 18 18 18 18	
b	Less returns and allowa			c Balance ▶	10			120 80 314 314 1	1	SO A STATE OF THE PROPERTY OF
			ule A, line 7)	,	2	-, -		SANCARA INTERNATIONAL PROPERTY CONTRACTOR OF THE	42444	E PRE LE TOUR
3			2 from line 1c		3			**************************************	**************************************	28
4a	•		ttach Schedule D)		4a	 			A-1484-85(1 %)	44.
b			Part II, line 17) (attach Fo		4b			A DESCRIPTION OF THE PARTY OF T	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
c			rusts		4c			PR MATERIAL A P. A. P. A		<u> </u>
<u>;</u>			os and S corporations (atta					IN PROPERTY AND		(A)
8					6			265 3 274FN 49K K 1 2	777 4 844 K 1419	`
-			come (Schedule E)		7					
8	•		nts from controlled organization					 	_	
9			1(c)(7), (9), or (17) organization			 		ļ — —		
10			ncome (Schedule I)		10				_	
11			lule J)		11					
12			tions, attach schedule)		12			######################################	Frank British	**
73	•		ough 12		13		0	111111111111111111111111111111111111111	11239444 2177	
			Taken Elsewhere		ructio	ns for limitation	ns on o	deductions.)	(Except 1	for contributions,
			be directly conne	•				-		·
14			directors, and trustees	(Schedule K)					. 14	
15	Salaries and wage	25			F	ECEIVED	\dots		·	<u> </u>
16	Repairs and main	tenance			· · ·					
17	Bad debts				l	AAV. 9.9. 2019	1 1 1 1			T
18	Interest (attach so	chedule)			[] "	MAI 2015	⊗		18	
19	Taxes and licenses	۹.		l l	L				19	
20	Charitable contrib	outions (S	See instructions for limit	tation rules)	Ç	GDEN, U	<u>!</u>	<i>.</i>	20	
21	Depreciation (atta	ch Form	4562)	ــُـا		21			22 12 12 12 12 12 12 12 12 12 12 12 12 1	XXI
22			on Schedule A and els				a		22b	
23	Depletion			<i>.</i>					23	
24			compensation plans .							
25	Employee benefit	programs							25	
26	Excess exempt ex	penses (S	Schedule I)						26	
44,			chedule J)							
28			chedule)							
2₹			s 14 through 28							
30	Unrelated busines	ss taxab	le income before ne	t operating	loss	deduction Subtra	ict line	29 from line	13 30	
) 31	Net operating loss	s deducti	on (limited to the amoi	unt on line 30	0)				31	
32			e income before specif							
33	Specific deduction	n (Genera	ally \$1,000, but see lir	ne 33 instruc	tions f	or exceptions)			33	
34	Unrelated busine	ess taxal	ble income Subtract	line 33 fr	om lir	e 32 If line 33	is grea	ater than line	32,	
`			line 32		<u> </u>	<u> </u>	<u> </u>	<u> </u>	34	0
For F	Paperwork Reducti	on Act N	otice, see instructions						1-	Form 990-T (2017)
104/4	007° MU2071°	P 5/8	3/2019 10.13	3:51 AM	V 1	7-7 10		0156065	\mathcal{G}	1 110

members (sections 1561 and 1563) checkshere > See instructions and

(2) \$ b Enter organization's share of (1) Additional 5% tax (not more than \$11,750). (2) Additional 3% tax (not more than \$100,000)

41 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).

b Other credits (see instructions). c. Genéral búsiness credit: Attach Form 3800 (see instructions) e Total credits. Add lines 41a through 41d

42 Subtract line 41e from line 40.

43 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866

45 a Payments. A 2016 overpayment credited to 2017

d Foreign organizations: Tax paid or withheld at source (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941)

Form 2439

Other

Estimated tax penalty (see instructions). Check if Form 2220 is attached

Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed

Tax on Non-Compliant Facility Income. See instructions

Tax Computation

c. Income tax on the amount on line 34. Trusts Taxable at Trust Rates.

Tax and Payments

g Other credits and payments.

Form 4136

the amount on line 34 from ____ Tax rate schedule or

Part III

37

32

46.

47

13

Paid

	經驗	İ				
·——·						
	180					
	學達					
	عَلِينَا إِسْ اللَّهِ					
	41e:					
	42			`		
dule) "	43.					
	44			0.		
······································	1,221					-
	2.33					
···	L.					
كسخ	.46					
> <u> </u>	. 47					
,⊳	48					
≽	49					_
ed Þ	50				•	`
učtión	ś)	-				
ure, or	otĥer	authority.	Yes	-No		
		ve to file				
		n country				
	10.0.9		Manual Con	X		
				X		
a forei	gn trus	it7	1603000000	2002202		
			是是	还治 ,		
to the b	est of a	ny knowledgé	and bel	ef, (il 13		

Overpayment, If line 46 is larger than the total of lines 44 and 47, enter amount overpaid........ Enter the amount of line 49 you want _ Credited to 2018 estimated tax. Statements Regarding Certain Activities and Other Information (see instr At any time during the 2017 calendar year, did the organization have an interest in or a signati over a financial account (bank, securities, or other) in a foreign country? If YES; the organization FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of 52 During the tax year, did the organization receive a distribution from or was it the grantor of, or transferor to: 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 penalties of perfury. I declare that I have examined this return; including accompanying schedules and statements, and true companying schedules and statements, and true companying schedules and statements, and true companying schedules and statements. Sign May the IRS discuss this return Hère with the preparer shown below (śee instructions)? X Yes Signature of officer Preparer's signature Print/Type preparers name Check Mary Officialla 5/8/19 MARY TORRETTA self-employed P00847851 Preparer Firm's,EÍN №36=6055558 GRANT THORNTON LLP Use Only 7.03-847-7.5.00 Firm's address > 1000 WILSON BLVD, SUITE 1400, ARLINGTON, VA 22209 Form 990-T (2017)

4,1b:

45b.

Schedule D (Form 1041)

`	NOCK	SERVICE	5 INC				23 2000430	
Form 990-T (2017)								Page 3
Schedule A - Cost of G	oods Sold. Er	nter metho	d of inventory va	luation	•			
1 Inventory at beginning of	year 1		6 li	nventory	at end of ye	ar	6	
2 Purchases	· · 					old. Subtract line		
3 Cost of labor					•	nter here and in		
4a Additional section 263A c	· · · - 							
(attach schedule)	1 1					section 263A (•	s No
b Other costs (attach sched	· · · - - 	·				or acquired fo	· -	
5 Total Add lines 1 through						· · · · · · · · · ·		- -
Schedule C - Rent Incom		roportica						<u> </u>
(see instructions)	e (rioiii Keai r	roperty a	illu Fersonai Fi	operty	Leaseu I	vitii Keai Fiope	:i ty <i>)</i>	
								
Description of property								
(2)								
(3)								
(4)								
3	2. Rent recei	ved or accru	ied					
(a) From personal property (if the	percentage of rent	(b) F	rom real and persona	al property	(if the	3(a) Deductions of	firectly connected with the in-	come
tor personal property is more than 50%			tage of rent for person ir if the rent is based of			ın columns 2	(a) and 2(b) (attach schedule)
	, 	30%0						
(1).			_					
(2)						ļ		
(3)								
(4)								
otal		Total	·					
(c) Total income Add totals of o	olumns 2(a) and 2(b) Enter				(b) Total deducti Enter here and o		
here and on page 1, Part I, line 6						Part I, line 6, colu		
Schedule E - Unrelated D			ee instructions)					
,			2 Gross income	from or	3. [nnected with or allocable to	
1 Description of de	bt-financed property		allocable to debt-f		(a) Straig	ht line depreciation	nced property (b) Other deductions	
			property			ich schedule)	(attach schedule)	
(1)								
(2)								
(3)								
(4)								
4 Amount of average	5 Average adjus		6. Column				8. Alfocable deduction	·-
acquisition debt on or allocable to debt-financed	of or allocal debt-financed		4 divided			income reportable	(column 6 x total of colu	
property (attach schedule)	(attach sche		by column	5	(colum	n 2 x column 6)	3(a) and 3(b))	
(1) -				%				
(2)		· · · · · · · · · · · · · · · · · · ·		%				
31			1	%				
'			 	%				
	<u> </u>				Enter her	e and on page 1,	Enter here and on pag	ie 1,
						ne 7, column (A)	Part I, line 7, column (

Form **990-T** (2017)

Schedule F - Interest, Ann	uities, Royalties	s, and	Rents F	rom Contro	lled Or	ganiza	tions (see	e instructio	ons)	
V.		E	Exempt (Controlled Org	ganızatı	ons				
1 Name of controlled organization	2. Employer Identification number		3 Net unrelated income (loss) (see instructions)		4. Total of specified payments made		d 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)							1			
(3)					,		+			
(4)		-+					 -			·
Nonexempt Controlled Organi	zations				L			,	— <u>,</u> -l	
Nonexempt Controlled Organi						10 P	art of column	Q that is	11	Deductions directly
7 Taxable Income	8 Net unrelated ii (loss) (see instruc			P. Total of specific payments made		ınclu	ded in the co	ontrolling		nected with income in column 10
(1)										
(2)	-				_	_				
(3)										
(4)							٠,			
Totals	. , "			•		Ente	columns 5 ar here and on 1, line 8, colu	page 1,	Ente	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)
Schedule G - Investment Ir	come of a Sec	ction 5	01(c)(7), (9), or (17) Orga	nizatio	n (see ins	tructions)		
, 1. Description of income	2 Amount o			3. Deduc directly con (attach sch	tions inected		4 Se	et-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)			•							
(?)										
(3)	1		_ -						, ,	
(4)	,			•						
757	Enter here and	on page 1	1, [1						Safe 3. E	Inter here and on page 1,
•	, Part I, line 9, c	olumn (A)						ACT AND TO THE STATE OF T		Part I, line 9, column (B)
Totals ▶	<u> </u>		2000 X		9084F-480., 9009			25.0.4.5.6.5.0.4.4.5.6.2.5.2.5.2.5.2.5.2.5.2.5.2.5.2.5.2.5	58735 FE	 ·
Schedule I - Exploited Exe	mpt Activity In	come,	Other T	han Adverti	sing In	come	see instru	ictions)		-
1 Description of exploited activity	2 Gross unrelated business income from trade or business	conn prod un	Expenses irectly, ected with duction of irelated ess income	4. Net incomfrom unrelate or business 2 minus coll if a gain, cocols 5 thro	ed trade (column umn 3) ompute	from a	ss income ctivity that unrelated iss income	6 Experimental attributa colum		I more man
(1) ,	,			 						 -
(2)	 			 				 		 -
(3)	 -			- 				<u> </u>		
	 			 				 		
(4)	Enter here and on page 1, Part I, line 10, col (A)	page	nere and on 1, Part I, 0, col (B)		**************************************					Enter here and on page 1, Part II, line 26
Totals	1 / / / / / / / / / / / / / / / / / / /			4×6352348888844133:	**************	1	CANA REMARKS CONT.	##***#### <u>*</u> ###########################	20202221852	991
				1: 1 . 4 1 D						
Part I Income From Per	iodicais Report	ea on	a Consc	olidated Bas	SIS .			,		,
1 Name of periodical	2 Gross advertising income		Direct tising costs	4. Adverting an or (loss 2 minus con a gain, con cols 5 thro	s) (col (I 3) If npute		rculation come	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
_	 			I				 		105. Tegggggggggggggggggggggggggggggggggg
(1)			-					 		The second secon
(2) (2)	ļ ·							 •		
(3) (3.	 		<u> </u>	EX XXXXXX AND	7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			-		Part Control of the C
(4)								ļ <u>.</u>		
Totals (carry to Part II, line (5))			•			_				

23-2660436 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.) Part II

, 2 inrough / on a	iine-by-iine basi	S.)				
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 (B)				Enter here and on page 1, Part II, line 27
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	rustees (see instr	uctions)		
1 Name		2.	Title	3 Percent of time devoted to business	attributable to	

	1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)			. %	
(2)			%	
(3)			%	
(4)			%	
Total. Enter he	ere and on page 1. Part II, line 14			`

Form 990-T (2017)

51 'n,

+ :

23-2660436 ATTACHMENT 2

F	DRM	990-	-Т·	FISCA:	L YEAR	CORPC	RATION	TAX	COMPUTAT	rion	APPLYIN	G BLENDED	TAX	RATE
											_			
1	UNI	RELAI	CED	BUSIN	ESS TA	XABLE	INCOME	(PA	GE1, PART	r II,	LINE 3	4).		
2	TAX	(ON	LIN	E 1 F	IGURED	USING	THE T	AX R	ATE SCHEE	DULE	OR TAX			
	CON	4PUT?	ATIC	N WOR	KSHEET	FOR M	MEMBERS	OF A	A CONTROI	LLED	GROUP			
3	TAX	(ON	LIN	E 1 F	IGURED	USING	THE 2	1% R	ATE					
4	IUM	ŢĪPI	LY L	INE 2	BY TH	E NUMB	BER OF	DAYS	184					
	IN	THE	COF	PORAT	ION'S	TAX YE	AR BEF	ORE (01/01/201	18				
5	MUI	TIPI	Y L	INE 3	BY TH	E NUMB	ER OF	DAYS	181					
	\cdot IN	THE	COF	PORAT	ION'S	TAX YE	CAR AFT	ER 1:	2/31/2017	7				
6	DIV	/IDE	LIN	E 4 B	Y THE '	TOTAL	NUMBER	OF I	DAYS 365	<u>,</u>				
	IN	THE	COF	PORAT	ION'S	TAX YE	AR							
7	DIV	/IDE	LIN	E 5 B	Y THE '	TOTAL	NUMBER	OF I	DAYS 365)				
	IN	THE	COF	PORAT	ION'S	TAX YE	AR					· · ·		
Ω	λDΓ	TTN	IF C	6 AND	7 · TI	ር ጥጣጥአ	T TONY '		תשב בדכרא	T VE	כוולי			