Form **990-T** (2018)

OF88.62

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

Form **990-T** (2018)

CIRCUIT PLAYHOUSE, INC. PLAYHOUSE ON THE SOUARE

1	Total Unrelated Business Taxable Income		
33	Total of uncelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	3,467
34	Amounts paid for disallowed fringes	34	
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	3,467
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,	TT T	
•••	enter the smaller of zero or line 36	38	2,467
Part I		1	<u> </u>
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	39	518
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)	1 20	
41	Proxy tax See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income See instructions	48	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	518
Part \		T T	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		· .
c	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	518
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	518
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0_0
	Payments: A 2017 overpayment credited to 2018	7	
	2018 estimated tax payments 50b		
	Tax deposited with Form 8868 50c		
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions) 50e		
	Credit for small employer health insurance premiums (attach Form 8941)		
a		<u> </u>	
·	Form 4136 □ Other Total ► 50g		
51	Total payments. Add lines 50a through 50g	5,1	
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 STATEMENT 2 54	53	518
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	55	
Part \	/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		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 foreign country		
	here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	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 penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	vledge and belief, it is	s true,
Sign		ay the IRS discuss th	us return with
Here		preparer shown below	
	Signature of officer Date Title	structions)? X Y	es No
	Print/Type preparer's name Preparer's signature Date Check if	PTIN	
Paid	self- employed	1	
Prepa	orer SUSAN M. LATTIMORE SUUL SHUNGE 1-31-2020	P00834	1343
Use C	TO A DITTO MAD GROAT GROUP DI G	26-118	
	1661 INTERNATIONAL DRIVE, SUITE 250		
		01 - 761 - 3	3003

FORM 990-T \	ОТН	ER INCOME			STA	TEMENT	1		
DESCRIPTION					i	AMOUNT			
PROGRAM ADVERTISING							6,545.		
TOTAL TO FORM 990-T, PAGE 1, LINE 12							6,545.		
FORM 990-T	STATEMENT		2						
TAX FROM FORM 990-T, LATE PAYMENT INTER LATE PAYMENT PENAL LATE FILING PENALT	REST JTY						18. 9. 8.		
TOTAL AMOUNT DUE						7	45.		
FORM 990-T	STATEMENT		3						
DESCRIPTION	DATE A	MOUNT	BALANCE	RATE	DAYS	INTERE	ST		
TAX DUE LATE FILING PENALTY DATE FILED	11/15/19 11/15/19 02/15/20	518. 210.	518. 728. 737.			•	9.		
TOTAL LATE PAYMENT IN	TEREST						9.		
FORM 990-T	STA'	PEMENT	4						
DESCRIPTION	DATE	AMOUNT	BALANCE	MO	NTHS	PENALT	Ϋ́		
TAX DUE DATE FILED	11/15/19 02/15/20	518		18. 18.	3		8.		
DAIE FILED	02/13/20		3	10.					