Form <b>990-T</b>		Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) (900)					i	OMB No 1545-0687			
Department of the Treasury			For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 201  Go to www.irs.gov/Form990T for instructions and the latest information.					_	2018 Open to Public Inspection for		
_	Interna	Check box if	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3  Name of organization ( Check box if name changed and see instructions.)						). 501(c)(3) Organizations Only  D Employer identification number		
	A L_	address changed		Name of organization () Check box if hame	changed	and see instructions.)		Emp	loyees' trust, see octions )		
		empt under section	Print	TALBERT HOUSE					1-0713350		
	X	501(c)(3 <b>0</b> 3	Or Type	Number, street, and room or suite no. If a P.O. box, see instructions.					ated business activity code instructions )		
	<u>_</u>	408(e) 220(e)	1,700	2600 VICTORY PARKWAY				-	,		
		] 408A530(a)   ] 529(a)	)	City or town, state or province, country, and ZIP CINCINNATI, OH 45206	or foreig	n postal code					
٠	A Book value of all assets F Group everytion number (See instructions)					<b>•</b>					
	24, 913, 747. G Check organization type   X 501(c) corporation 501(c) trust 401(a) tr							trust	Other trust		
	H Enter the number of the organization's unrelated trades or businesses.   1 Describe the only (or first) unrelated trades or businesses.							related			
	trade or business here If only one, complete Parts I-V. If more the										
	describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or										
	business, then complete Parts III-V.										
	I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?    If "Yoc," enter the name and identifying number of the parent corporation. ►										
	J The	books are in care of	<b>&gt;</b> (	CARLA A. BROOKS, CPA					751-7747		
el	Par	till Unrelated	Trac	le or Business Income		(A) Income	(B) Expenses	3	(C) Net		
Ž	1a	Gross receipts or sale					19 19 18 18 18 18 18 18 18 18 18 18 18 18 18				
ANNE	, b	Less returns and allov		c Balance	10			2. 2. E			
2	3	Cost of goods sold (S Gross profit. Subtract		· · · · · · · · · · · · · · · · · · ·	3			an cere	-25		
Ö		Capital gain net incom			4a		500				
Z			•	art II, line 17) (attach Form 4797)	4b	-					
7	C	Capital loss deduction	for trus	sts	4c						
<b>—</b>				thip or an S corporation (attach statement)	5			and the said			
ණ		Rent income (Schedul	•	na (Cohadula E)	6						
2020		Unrelated debt-finance		ne (Schedule E)  nd rents from a controlled organization {Schedule F	8		<del> </del>				
Š		-		in 501(c)(7), (9), or (17) organization (Schedule G							
		Exploited exempt activ			10	•					
		Advertising income (S			11		ENG. AMER W. D. MEDICHNIC AMERICA				
		Other income (See ins		•	12	0	far Bota to the page 52-11	less).			
	13 Total. Combine lines 3 through 12 13 0.   Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions)										
1	<u> Baranta</u>	(Except for contributions, deductions must be directly connected with the unrelated business income)									
	14	Compensation of offi	cers, dır	rectors, and trustees (Schedule K)		CEIVED		14			
	15	Salaries and wages			<u> </u>		ပ္က	15			
Batchire	16	Repairs and maintena	ance		<u> </u>	JL <b>15</b> 2020	8	16			
	17	Bad debts	dula) (aa	on unatrustions)	ال	JUL 10 2020	RS-OSK	17			
	18 19	Interest (attach sched Taxes and licenses	uule) (St	e instructions)	L			18 19			
	20		ons (See	instructions for limitation rules)	00	GDEN, UT		20			
	21	Depreciation (attach	•	· · · · · · · · · · · · · · · · · · ·		21					
	22	Less depreciation cla	imed on	Schedule A and elsewhere on return		<u>22a</u>					
	23	Depletion									
	24	Contributions to defe		npensation plans					<u> </u>		
	25 26	Employee benefit pro Excess exempt exper	-	bedule I)							
		Excess readership co						26 27			
	28	Other deductions (att	•	•							
	29	Total deductions. Ad				29	0.				
3		Unrelated business ta	30	0.							
	31	Deduction for net ope	31	<u> </u>							
•	32 323701			ncome. Subtract line 31 from line 30 work Reduction Act Notice, see instructions.				32	Form <b>990-T</b> (2018)		

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Part II	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	
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
30	lines 33 and 34	36	
07		38 37	1,000.
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	D0  <del>1/ -</del>	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		0
Dort IV	enter the smaller of zero or line 36 / Tax Computation	38	0.
Part I\			
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	0.
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)	▶   30	
41	Proxy tax See instructions	►   <u>41  </u>	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part V	Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see instructions) 45b		
	General business credit. Attach Form 3800 45c		
-	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 45a through 45d	45e	
	Subtract line 45e from line 44	46	0.
-		(attach schedule) 47	
	Total tax. Add lines 46 and 47 (see instructions)	48	0.
	· · · · · · · · · · · · · · · · · · ·	49	0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	#8	
	Payments. A 2017 overpayment credited to 2018	17 000	
	2018 estimated tax payments 510 50b	17,000.	
	Tax deposited with Form 8868	i l	
	Foreign organizations: Tax paid or withheld at source (see instructions)  50d	1 │	
е	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941) 50t		
g	Other credits, adjustments, and payments: Form 2439 \		
	Form 4136 Other Total <b>&gt;</b>		
51	Total payments. Add lines 50a through 50g	<u>\$1</u>	17,000.
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	17,000.
55		tefunded 555	17,000.
Part V	I Statements Regarding Certain Activities and Other Information (see Instr	uctions)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other autho	rity	Yes No_
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to f		
	FinGEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign countr		
	here >		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a f	oreign trust?	X
	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 perjury, I declare that I have exemined this return, including accompanying schedules and statements, and to t	he best of my knowledge and belie	f, it is true,
Sign	correct, and complete Decidration of prepare Jothe) than taxpayer) is based on all information of which preparer has any knowled	ige	
Here	1/6/2020 PRESIDENT & C.	60 I	scuss this return with lown below (see
	Signature of officer Date Title	instructions)?	
	Print/Type preparer's name Preparer's signature Date	Check If PTIN	
	Triparer 5 Signature   Date	self- employed	
Paid	rer NATOSHA DILLEY NATOSHA DILLEY 06/18/20		L225377
Prepa	- LOUADY COULED HACKEDS C CO		-0800053
Use O	nly Firm's name ► CLARK, SCHAEFER, HACKETT & CO.	Firm's EIN ► 31-	-0000003
	1 EAST 4TH STREET	Dhana na E12 24	11_2111
	Firm's address ► CINCINNATI, OH 45202		11-3111
823711 01-	J9-19	F	orm 990-T (2018)