Forn	n 990-T (2018) Saran's Friends Inc	<u>**-*</u> **305	0				Pag	<u>ge 2</u>
Pi	art III Total Unrelated Business Taxable income				1			
33	Total of unrelated business taxable income computed from all unrelated trades or business	sses (see						
	instructions)			33	<u> </u>			
34	Amounts paid for disallowed fringes			34	4			
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (s	see		İ				
	instructions)			_35	<u>; </u>			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 fro	m the sum		- 1	ı			
	of lines 33 and 34			36	i 			0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	-		1,0	<u>00</u>
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater to	than line 36,		1	i			
	enter the smaller of zero or line 36			38	<u>; </u>			0
	Tax Computation							
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)			▶ 39				
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 1	1041)		40	-			
41	Proxy tax. See instructions			▶ 41				
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
P	art V Tax and Payments	., <u> </u>						
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a	_					
b	Other credits (see instructions)	45b			1			
C	General business credit Attach Form 3800 (see instructions)	45c						
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d						
e	Total credits. Add lines 45a through 45d			456	<u> </u>			
46	Subtract line 45e from line 44			46				
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att s	sch)		47				
48	Total tax. Add lines 46 and 47 (see instructions)			48				_0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2			49				
50a	Payments A 2017 overpayment credited to 2018	50a						
b	2018 estimated tax payments	50b			1			
С	Tax deposited with Form 8868	50c			1			
d	Foreign organizations Tax paid or withheld at source (see instructions)	50d]				
е	Backup withholding (see instructions)	50e						
f	Credit for small employer health insurance premiums (attach Form 8941)	50f						
g	Other credits, adjustments, and payments Form 2439			\neg				
_	Form 4136 Other Total	50g						
51	Total payments. Add lines 50a through 50g			51	Ì			
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		ا	53				0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount over	paid	1	54				
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶	•	nded l	55				
******	art VI Statements Regarding Certain Activities and Other Inform		_					_
56	At any time during the 2018 calendar year, did the organization have an interest in or a significant					\overline{T}	'es	No
	over a financial account (bank, securities, or other) in a foreign country? If "YES," the orga	anization may have to file	e				\top	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the na here ▶	ime of the foreign counti	γ				- † ⋅	x
		.f		-42		⊢	_	<u>x</u> -
57	During the tax year, did the organization receive a distribution from, or was it the grantor of If "YES," see instructions for other forms the organization may have to file	or, or transferor to, a fore	ign tru	St /		-		
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$							
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statement	ts, and to the best of my knowledge	ne and he	eliefitis .				
o:	tern correct and complete Declaration of emparer (athor than towns and in based on all information of which propagat		ge and be	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		the IRS discu	ss this re	turn
Sig					with	the preparer s instructions)?	shown be	low
Hei					_ 1	X Yes	\Box	No
	Signature of officer Date Title		oto _					=
	Proparer's name Preparer's signature	,	ate	Check				
Paid		٥ اه		19 self-e		*****		- -
	parer Firm's name > Penrod & George	_ 	Fe	m's EIN		**-**	~ OT	<u>43</u>
Jse	Only 421 Independence Drive				44	0 500	00	4 -
	Firm's address Napoleon, OH 43545		Pi	none no	41	9-599		
						Form 990	J-1 (20	J18)

, 	ooo Tironin Comal	h's Friends	. Tm.	_			++_+	**3056			_	
_	1 990-T (2018) Sarab redule A – Cost of Go				ny valuation			<u> </u>				age 3
			metric						1 6	1		
1	Inventory at beginning of y					•		.i.	6			
2	Purchases	2		⁷								
3 4a	Cost of labor	3			line 6 from lin		er here	and	l _	1		
74	Additional sec 263A costs				ın Part I, line					<u> </u>		
b	(attach schedule) Other costs	4a		8	Do the rules	of sectio	n 263A	(with respect to			Yes	No
D	(attach schedule)	4b			property prod	uced or	acquire	d for resale) apply	•			Ī
_5	Total. Add lines 1 through				to the organiz			<u></u>				
Sch	edule C – Rent Incor	ne (From Real F	roper	ty and Pers	onal Proper	ty Lea	sed W	/ith Real Prope	rty) į			
<u>(se</u>	ee instructions)	<u> </u>								. <u>. </u>		
1 Des	cnption of property											
(1)	Office space											
(2)												
(3)					<u> </u>							
(4)									•			
 -		2. Rent receiv	ed or accn	ued								
	(a) From personal property (if the	nementage of rent		(b) From real or	nd personal property	/if the		3(a) Deductions	directly (connected with the in	come	
	for personal property is more th		İ		for personal property		1	* *	-	2(b) (attach schedule		
	more than 50%			-	is based on profit or		,	•	\- /	,,,====================================	•	
						1	400					
(1)							200				·	
(2)												
(3)			 					 				
(4) T-4-1							400					
Total		-	<u>Total</u>				, 400	(b) Total deduction				
	otal income. Add totals of c and on page 1, Part I, line 6		Enter		_	4	400	Enter here and on pa Part I, line 6, column				
	edule E - Unrelated			. (0.0. :	diana)		, 400	, arti, inte o, column	(0)			
<u>Scn</u>	edule E - Unrelated	Debt-Financed i	ncome	e (see instruc	tions)	—-т						
				2. Gros	ss income from or			3 Deductions directly dobt for	connecte anced pr)	
	1. Description of debt-	financed property		allocable	e to debt-financed	F			Т			
				ļ	property	- }	(a) S	traight line depreciation		(b) Other deduc		
	27/2							(attach schedule)	-	(ettach sched	<u> </u>	
(1)	N/A								-			
(2)								-	4			
(3)						\longrightarrow			4			
(4)		,	<u>.</u>						_			
	4 Amount of average acquisition debt on or	 Average adjusted to of or allocable to 			6. Column	ĺ	- 0		ĺ	8. Allocable ded	uctions	
	allocable to debt-financed	debt-financed prope			4 divided			ross income reportable olumn 2 x column 6)		(column 6 x total of		ıs
	property (attach schedule)	(attach schedule)		oy column 5			,		3(a) and 3(b	")) ———	
(1)						%		. <u></u>				
(2)						%						
(3)						%						
(4)					-	%						
	-	· · · · · · · · · · · · · · · · · · ·					Enter h	nere and on page 1,	Er	nter here and or	n page	• 1,
								line 7, column (A)		Part I, line 7, col		
Total	s							•	'			
	dividends-received deduc	ctions included in col	lumn 8			٠.			- T			
. 5.67												

101111 330-1 (2010) DGZ GZ					_					age -
<u> Schedule F – Interest, Annu</u>	ities, Royalt	ies, and Ren	ts From	Controlle	d Org	<u>janiza</u>	ations (see instructi	ions)	
, `			Exem	t Controlled	Orga	nizatio	ns			
1. Name of controlled organization		denuncation number				4. Total of specified payments made		Part of column 4 that is included in the controlling organization's gross incomparization.		6 Deductions directly connected with income in column 5
1) N/A			ļ							
(2)										
(3)										
4)										
Nonexempt Controlled Organizat	ions									
	8	. Net unrelated income		9. Total of specif	ìed	10	Part of col	umn 9 that is	1	1. Deductions directly
7. Taxable Income	,	loss) (see instructions)	- {	payments mad	е	1		e controlling gross income	COI	nnected with income in column 10
1)			_	-		+			 	
2)	-			·		 			<u> </u>	
<u>-, </u>										
4)										
			•			Er		d on page 1,	_ Ent	dd columns 6 and 11 ter here and on page 1,
Fotals						, P	art I, line 8,	column (A)) Pa	irt I, line 8, column (B)
Schedule G – Investment In	come of a S	ection 501(c)	(7) (9)	or (17) Or	ganiz	ation	(see ins	tructions)		
	come or a c		(,), (0),	0. (1., 0.	941112	4	(000 1110	ni dollono,	•	
1. Description of income		2 Amount of income		3. Deductions directly connected		4. Set-asides		•	5 Total deductions and set-asides (col. 3	
				(attach	schedule)		(at	tach schedule)		plus col 4)
1) N/A				ļ	_					
2)										
3)				ļ						
4)		Enter here and or Part I, line 9, col			_		<u> </u>	·		nter here and on page 1, art I, line 9, column (B)
<u> _{Fotals}</u> Schedule I – Exploited Exer	net Antivity	lnoome Othe	- Thon	Advorticin	a Inc			rtiono)		
Schedule I – Exploited Exer	npt Activity	income, Othe	rman	Auvertisii	ig inc	ome (see msi	Tuctions)		
	2 Gross	3. Expen	ses	4. Net income (I	oss)					7. Excess exempt
	unrelated	directly		from unrelated to or business (col			oss income activity that	· 1	oenses	expenses
Description of exploited activity	business incomi from trade or	e connected production		2 minus column			t unrelated	1	table to mn 5	(column 6 minus column 5, but not
	business	unrelate business in		If a gain, comp cols 5 through		busine	ess income	0014	3	more than
		Dusiness in		cois s titrough	''		ľ,		÷	column 4)
1) N/A										
2)									i	
3)										
4)	. <u>. </u>							<u>, </u>		
	Enter here and o page 1, Part i,	n Enter here a	•							Enter here and on page 1,
	line 10, col (A)	line 10, col								Part II, line 26
Totals >								<u></u>		l <u>-</u>
Schedule J - Advertising In			<u> </u>	Udata d Da	-!-					
Part I Income From P	eriodicais K	<u>eporteα on a</u>	Conso		· I					T - 2
1. Name of penodical	2. Gross advertising income	3. Direct advertising		4 Advertising gain or (loss) (c 2 minus col 3) a gain, compu cols 5 through	col If te		rculation ncome	L	dership sts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
1) N/A				······································						
2)										
3)					[:	
4)										<u> </u>
Totale (comute Bort II line (5))						٠,			:	
Totals (carry to Part II, line (5))										

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.)

2 through 7 on	a line-by-line basi	IS.)	<u> </u>			
1 Name of penodical	2 Grass advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cots 5 through 7	6 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)					·	
(3)						
(4)						
Totals from Part I	·					
	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)	·					<u></u>

Schedule K - Compensation of Officers, Direct	ctors, and Irustees (see instructions)		;
1 Name	2 Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		0.00%	
(2)		%	·
(3)		%	
(4)		%	
Total, Enter here and on page 1, Part II, line 14		•	

Form **990-T** (2018)

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

Identifying number

		Sarah's	Friends I	inc					**-	***	3056	
		ty to which this form relates		-								
		space	<u> </u>		41 4=							
**	art I	Election To Expen	•	•			omole	sto Bort	Ī			
1	Mayımıım	Note: If you have a amount (see instructions		r, complete Fai	t v peloi	e you c	ombie	ele rail		1	1,000,00	10
2		of section 179 property p	•	instructions)						2	1,000,00	
3		cost of section 179 property p	•	•	structions)					3	2,500,00	0
4		in limitation Subtract line	-	•	311 401101107					4	2,000,00	Ť
5		tion for tax year. Subtract line		•	med filma sei	parately, se	e instru	ctions		5 '	<u> </u>	_
6		(a) Description		1000 0 11 1110		ousiness use			Elected cost			_
										- :		
7	Listed pro	perty Enter the amount fi	rom line 29	<u> </u>			7					
8	Total elect	ed cost of section 179 pr	operty Add amounts	ın column (c), lines	6 and 7		•			8		
9	Tentative	deduction Enter the sma	ller of line 5 or line 8							9		
10	Carryover	of disallowed deduction f	rom line 13 of your 20	017 Form 4562						10		
11	Business	ncome limitation. Enter th	ne smaller of business	s income (not less	than zero)	or line 5 S	See ins	tructions		11	·	_
12		'9 expense deduction Ad								12		
13_		of disallowed deduction t					13					
		Part II or Part III below fo										_
_		Special Depreciati			•			de listed	property	/. See	e instructions)	_
14		preciation allowance for o		er than listed propi	erty) placed	in service	е		•	ا . ا		
4.5		tax year See instructions								14		_
15		ubject to section 168(f)(1								15	32	_
16		reciation (including ACRS MACRS Depreciati		a listed propert	v Soo in	etructio	nc \			16		
41,8	11.34.343	MACINO Depreciati	on (Don't melad	Secti		isti uctio	115]					_
17	MACRS	eductions for assets place	ed in service in tay ve						_	17		_
18		king to group any assets placed in	•			is check her	9		ightharpoonup			
	/ 00 1.0 0.00		ssets Placed in Ser					ral Depre	ciation Sy	stem		
	(a) Clas	sification of property	(b) Month and year placed in service	(c) Basis for depred (business/investment) only-see instruction	nt use	i) Recovery penod	(e) C	onvention	(f) Meth	od	(g) Depreciation deduction	
19a	3-year pr	operty										_
b	5-year pr	operty										_
С	7-year pr	operty									·	
d	10-year pr	operty										_
e	15-year pr			 								
_ <u>f</u> _	20-year pr											_
	25-year pr					25 yrs			. S/L			_
h	Residentia	I rental				27 5 yrs	_	MM	S/L			_
<u> </u>	property					27 5 yrs		MM	S/L			
i	Nonresider property	ntial real				39 yrs		MM MM	S/L S/L			_
	property	Section C—As	sets Placed in Servi	ice During 2018 T	av Vear III	sing the A				vetem		_
20a	Class life	Jection 0—As	Sets i laced ill bei vi	te burning 2010 1	ax rear o.	anig the A	- Terria	itive Depi	S/L	y stelli	<u>'</u>	_
	12-year					12 yrs			S/L			-
	30-year		· ······· · · · · · · · · · · · · · ·			30 yrs		MM	S/L			_
	40-year					40 yrs		MM-	S/L	 		
		Summary (See inst	ructions.)			,						
<u></u>		erty. Enter amount from								21		_
22		amounts from line 12, lin		es 19 and 20 in col	umn (g), ar	nd line 21	Enter		Ì			_
	here and o	n the appropnate lines of	your return Partners	hips and S corpora	itionssee					22	32	9
23		shown above and placed	_	current year, ente	r the	ļ						
	portion of t	he basis attributable to se	ection 263A costs				23					

Form 990-T

Schedule M Charitable Contribution and Loss Calculation Description Unrelated Business Activity

2018

•

Name

rescription Uniteraced Business AC

Taxpayer Identification Number **-***3056

Sarah's Friends Inc
Unincorporated Business Income Tax Code: 53

531120

Activity Lessors of nonresidential buildi

W	orksheet 1 Activity Charitable Contribution Deduction		
1	Activity Income (Schedule M, Line 13, col C)	1	1,400
2	Activity Expense (does not include amount needed for Line 20)	2	1,404
3	Net Income (Line 1 minus Line 2), If less than zero, enter -0-	3_	
4	Current activity contribution limit (Multiplier used is 10 %)	4	
5	Current year contributions	5	0
6	Pnor year contributions (corporations only)	6	
7	Total available contributions (Add lines 5 and 6)	7	
8	Take the lesser of Line 4 or 7, Enter here and on Line 20 (Form 990T or Sch M)	8	
9	Remaining contributions (subtract line 8 from line 7)	9	
10	Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits),		
	Enter amount here and on Form 990-T, Line 33 as a negative amount	10	
11	Remaining contributions (carried forward for corporations only, See Worksheet 3)	11	0
W	orksheet 2 Activity Losses and Carryforward Amounts		
1	Activity losses (do not include amounts before 2018)	1	
2	Amount of loss used in the current year	2	0
3	Pnor year losses carned over to next year	3	
4	Losses generated by current year activity	4 .	4
5	Total loss carried forward to 2019	5.	4

		Prior Year		Current Year	Next Year
Prior Tax Years	Contributions	Used	Carryover	Amount Used	Carryover
5th 12/31/13				-	
4th 12/31/14					
3rd 12/31/15					
2nd 12/31/16					
1st 12/31/17					
Charitable Contribution Carryover 1	o Current Year		0		
Current Year Amount	0				
Charitable Contribution Carryover A	Available To Next Year		<u> </u>		

4638 Sarah's Friends Inc **-***3056

FYE: 12/31/2018

Federal Statements

Statement 1 - Form 990-T, Part II, Line 18 - Interest

Description	 Amount
Mortgage Interest	\$ 167
Total	\$ 167

Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

Description	 Amount
Insurance	\$ 84
Security System	114
Utilities -	 630
Total	\$ 828