Form	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						-	OMB No 1545-0687		
101111		, , ,	`	20			2018			
Donosto	For calendar year 2018 or other tax year beginning, 2018, and ending, 20 Department of the Treasury Go to www.irs.gov/Form990T for instructions and the latest information.									
	Department of the Treasury The main remains the latest information. The main remains the latest information.									
$\overline{\Box}$	Check box if address changed		identification number							
	pt under section	(Emp	loyees	s' trust, see instructions)						
	01(C <u>)</u> 03)		38	8-1358055						
	1401 BROADWAY, SUITE 3A								business activity code	
□ 40	08A 🗌 530(a)	mstru	ictions)							
	29(a)	_								
C Book at en	yalue of all assets d of year		oup exemption number (See instructions neck organization type 7501(c) corp		on		1 404/-	\ 1		
		401(a								
			organization's unrelated trades or busines						or first) unrelated	
	de or business		at the end of the previous sentence, com	If or	nly one, complete P	arts I–V. I ploto a S	t more	tnan • M	for each additional	
			at the end of the previous sentence, com omplete Parts III-V.	piere	Parts I and II, Com	piete a S	Criedui	e ivi	ior each additional	
			e corporation a subsidiary in an affiliated gro	un or a	narent-subsidiani co	ntrolled a	roun?	_	→ □ Ves ☑ No	
			and identifying number of the parent corp			initionica g	·oup.	•	100 _ 110	
			► MICHELLE KOTAS	Olatio	Telephor	e numbe	r 🕨		(313) 267-5300	
			e or Business Income		(A) Income		penses		(C) Net	
1a	Gross receipts			T						
b	Less returns and			1c	o					
2	Cost of goods	sold (S	Schedule A, line 7)	2	0					
3	-		line 2 from line 1c	3	0				0	
4a	Capital gain n	et incor	ne (attach Schedule D)	4a	0				0	
b			1797, Part II, line 17) (attach Form 4797)	4b	0				0	
C	Capital loss de	eductio	n for trusts	4c	0				0	
5	Income (loss) fro	om a parl	tnership or an S corporation (attach statement)	5	0				0	
6	Rent income (6	0		0		0	
7	Unrelated deb	t-financ	ced income (Schedule E)	7	0		0		0	
8	Interest, annuities,	royalties,	and rents from a controlled organization (Schedule F)	8	0		0		0	
9	Investment incom	e of a sec	ction 501(c)(7), (9), or (17) organization (Schedule G)	9	0		0		0	
10	Exploited exer	mpt act	ivity income (Schedule I)	10	0		0		0	
11	•	•	Schedule J)	11	0		0		0	
12			ructions; attach schedule)	12	0				0	
13	Total. Combin	ne lines	3 through 12	13	0		0		0	
Part			Taken Elsewhere (See instructions for			ns.) (Exc	ept for	con	tributions,	
			be directly connected with the unrelate					44	0	
14			cers, directors, and trustees (Schedule K)	1.	RECEIVE	n		14 15	0	
15				10	1		<i>1</i> ⊢	16	- 0	
16	•		ance	1 .		်ပ္သ		17	0	
17 18				- 1	JUN 2 6 201	9 10	, ⊢	18	0	
19	•		• •	, ,	00=	&	' ⊢	19	0	
20	Charitable cor	atributio	ns (See instructions for limitation rules).		UGDFN T	IT I	· -	20	0	
21			Form 4562)				r' H			
22			imed on Schedule A and elsewhere on re			0		22b	o	
23	,							23	0	
24			rred compensation plans				.	24	0	
25			grams					25	0	
26			nses (Schedule I)				—	26	0	
27	•	•	sts (Schedule J)					27	0	
28			ach schedule)					28	0	
29			Id lines 14 through 28					29	0	
30			xable income before net operating loss de					30	0	
31			ating loss arising in tax years beginning on o					31		
32			exable income. Subtract line 31 from line					32_	0	
			Notice, see instructions.		Cat No 11291J				Form 990-T (2018)	

Form 9	00-T (2018)			Page 2
Part				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			Γ
	Instructions) ,	33	0	Į
34	Amounts paid for disallowed fringes	34	29,457	+
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	-	,	
•••	Instructions)	35	0	ł
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			├─
-	of lines 33 and 34	36	29,457	
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,		1,000	
uu	enter the smaller of zero or line 36	38	28,457	
Part		30	20,451	Ц
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	5,976	
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on		3,370	
40	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	40		
44	-	41		
41	Proxy tax. See instructions	42		
42	Alternative minimum tax (trusts only)	43		
43	Tax on Noncompliant Facility Income. See Instructions		E 076	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	5,976	<u> </u>
Part		- -7		·
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45a Other credits (see instructions) . 45b	İ		ĺ
b				i
C	General business credit. Attach Form 3800 (see Instructions)	٠		ĺ
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	45.	_	l
9	Total credits. Add lines 45a through 45d	45e	0	
46	Subtract line 45e from line 44	46	5,976	
47	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8888 Other (attach schedule)	47	0 070	
48	Total tax. Add lines 46 and 47 (see Instructions)	48	5,976	
49	2018 net 965 tax llability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		
50a	Payments: A 2017 overpayment credited to 2018		ĺ	l
b	2018 estimated tax payments			l
C.	Tax deposited with Form 8868 50c 5,976			l
ď	Foreign organizations: Tax paid or withheld at source (see instructions) . 50d	1		
8	Backup withholding (see instructions)	• 1		
f	Credit for small employer health insurance premiums (attach Form 8941) . 50f	_	:	
g	Other credits, adjustments, and payments: Form 2439			
	☐ Form 4136 ☐ Other ☐ Total ► 50g 0	-	E 070	
51	Total payments. Add lines 50a through 50g	51	5,976	
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	- 0	
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	0	
Part \			, Yes	No
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other translations are the state of the state		<i>y</i>	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore			ĺ
	here ▶	agn count	'	•
			·-	
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust?	 	 7
	If "Yes," see instructions for other forms the organization may have to file.			- 1
58	Enter the amount of tax-exempt interest received or accrued during the tax year Superior Statements, and to the best Under penalties of penalty, I declare that I have examined this return, including accompanying schedules and statements, and to the best statements.	of my knowler	ige and bak	ef. it is
Sign	true, correct, and complete Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge			
_	1 m = 1	May the IRS of with the prepara		
Kere	Signature of officer Date Title	(see instruction		
	Date Date		PTIN	
Paid	Chec	ck [] if	P000538	111
Prepa	rer	employed	8-135795	
Use C	/niv	40.1	8) 352-26	
	Firm's address ► P O BOX 307, SOUTHFIELD, MI 48037-0307 Phon		n 990-T	$\overline{}$
		ron		

Form 9	90-1 (2018)									ŀ	Page 🍮
Sche	dule A-Cost of Goods So	old. E	nter method of	invento	ry va	aluation >					
1	Inventory at beginning of year	ar	1	0	6	Inventory a	at end of year	6		0	
2	Purchases	. [2	0	7	Cost of	goods sold. Subtract				
3	Cost of labor	. [3	0		line 6 from	line 5. Enter here and	l			
4a	Additional section 263A co	osts				in Part I, lir	ne 2	7		0	1
	(attach schedule)	.]	4a	0	8	Do the ru	les of section 263A (wit	h res	pect to	Yes	No
b	Other costs (attach schedule	·) [4b	0		property p	roduced or acquired for	resale	e) apply		
5	Total. Add lines 1 through 4b	· -	5	0		to the orga	anization?				
Sche	dule C-Rent Income (Fro	om Re	al Property ar	nd Pers	onal	Property	Leased With Real Pro	pert	y)		
(see	instructions)										
1. Desc	ription of property			-	•		<u> </u>				
						· · ·					
(2)									-	•	
(3)											
(4)											
	2. Re	ent receiv	ed or accrued								
	om personal property (if the percentage personal property is more than 10% bu more than 50%)		(b) From real percentage of ren 50% or if the rer	nt for perso	nal pro	perty exceeds	3(a) Deductions directly in columns 2(a) and				ie
(1)											
(2)	· -		·								
(3)											
(4)			·								
Total		0	Total				0 4				
	al income. Add totals of columns ad on page 1, Part I, line 6, column						(b) Total deductions. Enter here and on page Part I, line 6, column (B)				0
Sche	dule E-Unrelated Debt-F	inanc	ed Income (se	e instruc	tions)	1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
Description of debt-financed property					2. Gross income from or allocable to debt-financed		Deductions directly connected with or allocable to debt-financed property				
			property			(a) Straight line depreciation (b) Other de (attach schedule) (attach sc				s ——	
(1)				<u> </u>							
(2)											
(3)							· -				
(4)	4 Amount of overess	E Averse	e adjusted basis								
acquisition debt on or of or allocable to debt-financed debt-financed		or allocable to nanced property ach schedule)		6. Column 4 divided by column 5		7. Gross income reportable (column 2 × column 6)	8. Allocable ded (column 6 × total d 3(a) and 3		of columns		
(1)						%					
(2)						%					
(3)						%					
(4)						%					
							Enter here and on page 1, Part I, line 7, column (A).		r here and I, line 7, c		-
Fotals						•	0				0
Γotal d	ividends-received deductions in	ncluded	ın column 8 .			'					0
		····							Form 9	90-T	(2018)

1. Name of controlled organization and the set of expension of expensi	Schedule F-Interest, Ann	uities, Royalties,	and Ren	ts From	Controlled Org	ganizations (se	e instruc	tions)	<u></u> _	
organization uninher description (poss) gene instructions (poss) gene i						·				
10 10 10 10 10 10 10 10						a Included in the	included in the controlling		ected with income	
10 10 10 10 10 10 10 10	(1)					-		1		
Some controlled Organizations Some controlled Organization Some controlled Orga			_			_		┧		
Nonexempt Controlled Organizations S. Net unrelated income (loss) (see instructions) S. Total of specified payments made S. Part of column 9 Path is convenient with income or column 10 S. Part of column 9 Path is column (S. Part of column 9 Path is column 9 Path is column (S. Part of column 9 Path is column								1		
7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 9. Total of specified payments made 10. Part of column 9 that is conscient with income in column 10 10. Column (1) 10. Column (1				-				İ		
7. Taxable Income (eas) (see instructioned (eas) (see instructioned (eas) (see instructioned (eas) (see instructioned (eas) (see instructions) (eas) (see instructions) (eas) (see instructions) (eas) (see instructions) (eas) (see instructions) (eas) (see instructions) (eas) (e		zations	1		·					
Part Inc S Part Inc Part Part Inc S Part	7. Taxable Income					included in the controlling		connected with income in		
Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	(1)									
Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (8) Schedule G—Investment Income of a Section 501(c) (7), (9), or 17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 2. Amount of income 3. Deductions derectly connected (attach schedule) (attach schedule) (attach schedule) (attach schedule) (b) Enter here and on page 1, Part I, line 9, column (8). Consideration (9) Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross unrelated business income business income or production of unrelated of un	(2)			_						
Add column 5 and 10 Enter here and on page 1. Part I, line 8, column (8) Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions drectly connected (statch schedule) (9) Enter here and on page 1. Part I, line 8, column (8) 5. Total addeductions and set-assets (col 3) (1) (2) (3) (4) Enter here and on page 1. Part I, line 8, column (8) 5. Total addeductions and set-assets (col 3) set-assets (col 3) (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (8) O Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 1. Description of exploited activity 1. Description of exploited activity (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (8) O Schedule J—Advertising Income (see instructions) 1. Name of penodical 2. Gross activations on page 1, Part I, line 1, col (4) O Schedule J—Advertising Income (see instructions) 2. Gross activations on page 1, Part I, line 1, col (4) O Schedule J—Advertising Income (see instructions) 1. Name of penodical 2. Gross activations on page 1, Part I, line 1, col (4) O Schedule J—Advertising Income (see instructions) 2. Gross activations on page 1, Part I, line 1, col (4) O Schedule J—Advertising Income (see instructions) 1. Name of penodical 2. Gross activations on page 1, Part I, line 1, col (4) O Schedule J—Advertising Income (see instructions) 1. Name of penodical 2. Gross activations on page 1, Part I, line 1, col (4) O Schedule J—Advertising Income (see instructions) 1. Name of penodical 1. Name of penodical 2. Gross activations on page 1, Part I, line 2, col (4) O Schedule J—Advertising Income (see instructions) O Schedule J—Advertising Income (see instructions) O Schedule G—Advertising Income (see instructions) O Schedule G—Advertising Income (see instructions) O Schedule G—Advertising Income (s	(3)									
Enter here and on page 1, Part I, line 8, column (A) O O O	(4)	. <u> </u>		·				1		
Schedule G—Investment Income of a Section 501(c)(7), (9), or (17), Organization (see instructions) 1. Description of income 2. Amount of income (9) (9) Enter here and on page 1, Part I, line 9, column (A) 1. Description of exploited Exempt Activity Income, business income from trade or business income from trade or business income 1. Description of exploited activity (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (B) 1. Description of exploited activity (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (B) 1. Description of exploited activity (4) Enter here and on page 1, Part I, line 9, column (B) 2. Gross unceited the production of uncleased or business income from trade or business income from trade or business income (5) (6) (7) Enter here and on page 1, Part I, line 9, column (B) (8) (9) (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Enter here and on page 1, Part I, line 10, col (B) Totals 2. Gross unceited trade or business income from activity that production of unrelated business income loss from activity that is not unrelated trade or business income column 5 business income of business income of business income of business income or business income of business income or business income						Enter here and	on page 1,	Enter h	nere and on page 1,	
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(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals	Description of exploited activit	ty unrelated business income from trade of	me connected with production of unrelated		from unrelated trade or business (column 2 minus column 3) If a gain, compute	from activity that is not unrelated	attributable to		expenses (column 6 minus column 5, but not more than	
(3) (4) Enter here and on page 1, Part I, line 10, col (A) Income From Periodicals Reported on a Consolidated Basis 2. Gross advertising income Income 1. Name of penodical 2. Gross advertising income In	(1)									
(4) Enter here and on page 1, Part I, line 10, col (A) Totals	(2)									
Totals										
Totals	(4)									
Schedule J—Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of penodical 2. Gross advertising income 2. Gross advertising costs 3. Direct advertising costs 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) • Advertising costs 3. Direct advertising costs 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 • Criculation income 6. Readership costs (column 6 minus column 5, but not more than column 4) Totals (carry to Part II, line (5)) • O • O • O • O • O • O • O •		page 1, Part	I, pag	e 1, Part I,					on page 1,	
Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of penodical 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 (1) (2) (3) (4) Totals (carry to Part II, line (5)) • A. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 • Circulation income 6. Readership costs (column 6 minus column 5, but not more than column 4) 7 Excess readership costs (column 6 minus column 4) 7 Excess readership costs (column 6 minus column 4) 7 Excess readership costs (column 6 minus column 4) 8 O O O O O O O O O O O O O O O O O O		▶		0] 0	
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(2) (3) (4) Totals (carry to Part II, line (5)) . ► 0 0 0 0 0	1. Name of penodical	advertising			gain or (loss) (col 2 minus col 3) If a gain, compute				costs (column 6 minus column 5, but not more than	
(3) (4) Totals (carry to Part II, line (5)) . ► 0 0 0 0 0	(1)									
(4)	(2)									
Totals (carry to Part II, line (5)) . ▶ 0 0 0 0 0	(3)									
<u></u>	(4)									
<u></u>										
	Totals (carry to Part II, line (5))	. ▶	0	0	0			F	<u> </u>	

Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership costs (column 6 gain or (loss) (col 3. Direct 5. Circulation 6. Readership 2 minus col 3) If minus column 5, but not more than 1. Name of periodical advertising income advertising costs ıncome a gain, compute column 4) cols 5 through 7 (2) (3) (4) 0 0 0 Totals from Part I Enter here and on Enter here and on Enter here and on page 1, Part II, line 27 page 1, Part I, page 1, Part I, line 11, col (A) line 11, col (B) 0 Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4. Compensation attributable to 2. Title 1. Name time devoted to business unrelated business (1) % (2) % % (3) % (4)

Form 990-T (2018)

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