A Check box if address changed address changed and see instructions.)  B Exempt under section Print MARINERS INN  Name of organization ( Check box if name changed and see instructions.)	OMB No 1545-0687  2018  Open to Public Inspection for 501(c)(3) Organizations Only imployer identification number employees' trust, see istructions)  38-2136488							
(and proxy tax under section 6033(e))  For calendar year 2018 or other tax year beginning OCT 1, 2018 and ending SEP 30, 2019  ▶ Go to www.irs.gov/Form990T for instructions and the latest information.  ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).  R Check box if address changed  B Exempt under section      Name of organization (	Open to Public Inspection for 501(c)(3) Organizations Only imployer identification number employees' trust, see structions )							
For calendar year 2018 or other tax year beginning OCT 1, 2018 and ending SEP 30, 2019  ▶ Go to www.irs.gov/Form990T for instructions and the latest information.  ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).  R Check box if address changed  B Exempt under section	Open to Public Inspection for 501(c)(3) Organizations Only imployer identification number employees' trust, see structions )							
Department of the Treasury Internal Revenue Service  A Check box if address changed  B Exempt under section X 501(C)(3 O)2  A 408(e) 220(e)  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.)  Print MARINERS INN  Number, street, and room or suite no. If a P.O. box, see instructions.  A 501(C)(3 O)2  A 445 LEDYARD STREET	Open to Public Inspection for 501(c)(3) Organizations Only imployer identification number employees' trust, see structions )							
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).  A Check box if address changed  B Exempt under section  X 501(C)(3)  Print MARINERS INN  Number, street, and room or suite no. If a P.O. box, see instructions.  Number, street, and room or suite no. If a P.O. box, see instructions.  445 LEDYARD STREET	501(c)(3) Organizations Only  Imployer identification number  Imployees' trust, see  Instructions )							
B Exempt under section  X 501(c)(3 0)  Number, street, and room or suite no. If a P.O. box, see instructions.  Number, street, and room or suite no. If a P.O. box, see instructions.  1 408(e) 220(e)	Employees' trust, see astructions )							
address changed  B Exempt under section  X 501(c)(3 0)  10 0 1	nstructions)							
X 501(c)(3 0)3 or Number, street, and room or suite no. If a P.O. box, see instructions.  408(e) 220(e) 120(e) 1445 LEDYARD STREET	38-2136488							
X 501(c)(3 0)3 or Number, street, and room or suite no. If a P.O. box, see instructions.  408(e) 220(e) 120(e) 1445 LEDYARD STREET								
408(e) 220(e) 445 LEDYARD STREET	Threlated business activity code See instructions )							
	ee instructions )							
	12930							
Construction of all accepts								
5, 936, 036. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust	st Other trust							
H Enter the number of the organization's unrelated trades or businesses.   1 Describe the only (or first) unrelated trades or businesses.	ited							
trade or business here PARKING LOT OPERATION . If only one, complete Parts I-V If m								
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								
business, then complete Parts III-V.								
Ouring the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Yes X No							
If "Yes," enter the name and identifying number of the parent corporation								
The books are in care of NICOLE FREEMAN-KIRKLAND  Telephone number (31)	13) 962-9446							
Part I Unrelated Trade or Business Income (A) Income (B) Expenses	(C) Net							
1a Gross receipts or sales 190,106.								
b Less returns and allowances c Balance loc 190,106.								
C2 Cost of goods sold (Schedule A, line 7)	j							
P3 Gross profit Subtract line 2 from line 1c 3 190.106.	190,106.							
Late Capital gain net income (attach Schedule D)  Late Description of the Cattach Schedule Discourse of the Cattac								
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)								
c Capital loss deduction for trusts								
Income (loss) from a partnership or an S corporation (attach statement)  6 Rent income (Schedule C)  6								
T Unrelated debt-financed income (Schedule E)								
Interest, annuities, royalties, and rents from a controlled organization (Schedule F)								
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)								
Exploited exempt activity income (Schedule I)								
11 Advertising income (Schedule J)								
12 Other income (See instructions; attach schedule) 12								
13 Total. Combine lines 3 through 12 13 190, 106.	190,106.							
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)								
(Except for contributions, deductions must be directly connected with the unrelated business income)								
14 Compensation of officers, directors, and trustees (Schedule K)	14							
15 Salaries and wages 1	34,363.							
16 Repairs and maintenance	16							
	17							
18 Interest (attach schedule) (see instructions)	18							
19 Taxes and licenses	19							
20 Charitable contributions (See instructions for limitation=rules)  21 Depreciation (attach Form 4562)  22   21	20							
2 Loss depression element on Schedule A and elementary								
22 Cess depreciation claimed on schedule A and elsewhere on return 23 FEB 1 4 2022 (c)	23							
24 Contributions to deferred compensation plans	24							
28 25 Employee benefit programs 2	25							
20 Employee belief programs	26							
	)7							
27 Excess readership costs (Schedule J)								
27 Excess readership costs (Schedule J)	753.							
27 Excess readership costs (Schedule J)	28 753. 29 35,116.							
27 Excess readership costs (Schedule J)  28 Other deductions (attach schedule)  29 Total deductions. Add lines 14 through 28  20 Total deductions. Add lines 14 through 28	753.							
27 Excess readership costs (Schedule J)  28 Other deductions (attach schedule)  29 Total deductions. Add lines 14 through 28  29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.	28 753. 29 35,116. 30 154,990.							
Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13  Unrelated business taxable income before net operating on or after January 1, 2018 (see instructions)  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	753. 29 35,116. 30 154,990. 31 1							
Excess readership costs (Schedule J)  Other deductions (attach schedule)  SEE STATEMENT 1  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	28 753. 29 35,116. 30 154,990.							
27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 29 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 Unrelated business taxable income. Subtract line 31 from line 30 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 32 Unrelated business taxable income. Subtract line 31 from line 30 33 Subtract line 31 from line 30	753. 29 35,116. 30 154,990. 31 1							

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory va	luation N/A					
1 Inventory at beginning of year	1			Inventory at end of year	ſ		6		
2 Purchases	2	7 Cost of goods sold. Subtract I			line 6				
3 Cost of labor	3	<u>-</u>	_] '	from line 5. Enter here a	and in l	Part I,			
4 a Additional section 263A costs			1	line 2		Į	_7_	<u> </u>	<del></del>
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					Yes	No
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to						_
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pers	onal Property L	.ease	ed With Real Prop	perty	/)	
Description of property									
(1)		<del></del>							
(2)									
(3)									
(4)									
		red or accrued				3/a)Deductions directly	conne	cted with the income	ın
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	` 'of rent for p	personal p	nal property (if the percentag roperty exceeds 50% or if d on profit or income)	ge	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)									
(2)					,				
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns		nter			^	(b) Total deductions.  Enter here and on page 1,	_		0
here and on page 1, Part I, line 6, colum Schedule E - Unrelated Del		Income (see	inetrie	tions)	0.	Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Officiated Del	Jt-i mancec	i income (see	Tistruc	tioris)		3. Deductions directly con	nected	with or allocable	
				Gross income from or allocable to debt-	(.)	to debt-financ	ed pro		
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule	
(1)							╁		
(2)	·								
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property th schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8, Allocable deduc (column 6 x total of c 3(a) and 3(b))	columns
(1)				%			工		
(2)			ļ	%			$\bot$		
_(3)			ļ	%			4		
(4)	L		<u> </u>	%			+-	-	
						Enter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I, line 7, column	
Totals				<b>▶</b>		0	•		0.
Total dividends-received deductions in	ncluded in colum	n 8					-		0.

Form **990-T** (2018)

ochicadic i - interest,	Aimaine	s, moyar	ucs, an	u nents	11011100	110 0110	a Organiz	400	(366 1113	struction	is)	
				Exempt C	Controlled O	rganızatı	ons	_				
1. Name of controlled organiz	zation	2. Emp identific num!	cation				ments made Incli		5. Part of column 4 that is included in the controlling rganization's gross income		6. Deductions directly connected with income in column 5	
(1)							_					
(1)									_			
(2)											<del></del>	
(3)												
(4)	l			l <u> </u>								
Nonexempt Controlled Orga	nızatıons											
7. Taxable Income		1		9, Total o	of specified payr made	made in the controlli					ductions directly connected income in column 10	
(1)	<del> </del>											
(2)				-		<del></del>						
_(3)	<u> </u>			<del> </del>								
(4)												
							Add colun Enter here and line 8, c		e 1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)	
Totals						<b>•</b>			0.		0.	
Schedule G - Investm (see ins	ent Inconstructions)	ne of a	Section	501(c)(7	7), (9), or (	17) Org	ganization			<u> </u>		
1. De	scription of inco	me			2. Amount of	income	3. Deductio directly conne (attach sched	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)												
(2)												
(3)									-			
(4)												
					Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)	
Totals				<b>•</b>		0.					0.	
Schedule I - Exploited (see inst	d Exempt tructions)	Activity	Incom	e, Other	Than Ad	vertisir	g Income					
			2 -		4. Net incom	e (loss)					7 5	
1. Description of exploited activity	2. G unrelated incomi trade or t	e from	directly of with pro of uni	penses connected oduction related s income	from unrelated business (co minus colum gain, compute through	I trade or lumn 2 n 3) If a a cols 5	<ol> <li>Gross inconfrom activity is not unrelated business inconfront.</li> </ol>	that ted	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)	1					<u> </u>					· · · · · ·	
(3)		+					-					
	+					+					<del> </del>	
(4)	Enter her		Enter he	re and on					<u> </u>		Enter here and	
	page 1, line 10,	, Part I, col (A)	page 1	I, Part I col (B)							on page 1, Part II, line 26	
Totals	<u> </u>	0.		0.					_			
Schedule J - Advertis												
Part I Income From	Periodic	als Rep	orted o	n a Con	solidated	Basis			_			
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th		5. Circula income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)			_		┪				<u> </u>		1	
			-+		$\dashv$				<del>                                     </del>		1	
(3)					4				<del></del>		1	
(4)							<b>_</b>		ļ			
Totals (carry to Part II, line (5))			0	٥							0.	

Form 990-T (2018) MARINERS INN 38-21364
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.)

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)			1			
Totals from Part I	0.	0.				0.
-	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)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	•		0.

Form 990-T (2018)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
CONTRACT SERVICES		753.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	753.