	t)	•					<b>540</b> (5)(5)	29393	32	7704707	
	-	000 T	. ** E	AMENDED RETURN						OMB No 1545-0687	
	Form	_990-T	[	Exempt Organizat				i ax netuiii	' }	CMB NO 1040-0007	
1	08		(and proxy tax under section 6033(e))  For calendar year 2018 or other tax year beginning and ending							2018	
1	ノン	(84)	'''	► Go to www.irs.gov/F		structi	<del></del>	mation. 181	<del>-</del>	2010	
٠,	Depar	ment of the Treasury	<b>•</b>	Do not enter SSN numbers on this					_ [	Open to Public Inspection for 501(c)(3) Organizations Only	
D	Α	Check box if address changed		loyer identification number ployees' trust, see uctions)							
	R E	xempt under section									
		] 501( <b>c</b> )( <b>3</b> )	or	Number, street, and room or suite		x. see ii	nstructions.	·	E Unre	1-1704840 lated business activity code	
		408(e) 220(e)	Туре	102 WEST 1ST STE		,, ooo			(566	instructions)	
		] 408A530(a)		City or town, state or province, cou	ntry, and ZIP o	r foreig	n postal code		Ì		
		529(a)		·	2-2006				900	099	
	C Boo	ok value of all assets and of year	• •	F Group exemption number (See in	structions.)	<u> </u>					
		2,144,8	08.	G Check organization type		poration	501(c) trust			Other trust	
	H En	ter the number of the (	organiza	ition's unrelated trades or businesses ALIFIED TRANSPORT	· <b>-</b>	<u> </u>	Describ	e the only (or first) un			
				ice at the end of the previous sentence							
		siness, then complete I			e, complete i a	arto ran	ia ii, compiete a ociicua	ic ivi for cacif additions	ai trauc	, 01	
				poration a subsidiary in an affiliated g	roup or a parer	nt-subs	idiary controlled group?	▶ [	Ye	es X No	
				tifying number of the parent corporat	_				-		
ς	<b>-</b>			RYAN IRLBECK - FI	NANCE	DIR	ECTOR Telep	hone number 🕨 2			
20	₽Pa⊦	rt I Unrelated	Trac	de or Business Income		,	(A) Income	(B) Expenses		(C) Net	
CY.	-	Gross receipts or sale			_						
<u> </u>		Less returns and allow		c Baland	ce <b>&gt;</b>	1c 2					
AUN	2	Cost of goods sold (Signal Gross profit, Subtract				3		<u> </u>			
		Capital gain net incom				4a		· ··-			
Ü				art II, line 17) (attach Form 4797)		4b					
<b>OCHINED</b>		Capital loss deduction				4c					
ζ	5	Income (loss) from a	partners	ship or an S corporation (attach state	ment)	5					
		Rent income (Schedul				6					
		Unrelated debt-finance		,		7					
	-		· · · · · · · ·	nd rents from a controlled organization		8					
		Exploited exempt activ		on 501(c)(7), (9), or (17) organization me (Schedule I)	(Scriedule d)	10			-		
)		Advertising income (S	-	•		11					
		Other income (See ins				12		•			
	13	Total. Combine lines				13	0.				
-	Par			t Taken Elsewhere (See II							
				itions, deductions must be direct	lly connected	with t	ne unrelated busines	s income.)			
	14	•	cers, dir	rectors, and trustees (Schedule K)					14 15		
	15 16	Salaries and wages Repairs and maintena	ance		[ D	ECI	EIVED		16		
-	17	Bad debts	anco		1			ľ	17		
	18	Interest (attach sched	dule) (se	ee instructions)	ا اوا	1111 -	5 2020	]	18		
	19	Taxes and licenses			B650	UN	RS S		19		
	20	Charitable contribution	ons (See	e instructions for limitation rules)	. I I	<del></del>		,	20		
	21	Depreciation (attach f		,		GU	EN, UT 21				
	22	•	imed on	Schedule A and elsewhere on return			22a		22b		
	23 24	Depletion Contributions to defe	rred con	nnensation nlans				ŀ	23 24		
	24 25	Employee benefit pro		iliperioation piano				ŀ	25		
	26	Excess exempt expen	-	hedule I)				l	26		
	27	Excess readership co	•	•				[	27		
	28	Other deductions (att	ach sch	edule)				ļ	28	<del></del>	
	29	Total deductions, Ad		•			.,		29	0.	
	30			come before net operating loss dedu				}	30	0.	
	31 32	•	_	oss arising in tax years beginning on scome. Subtract line 31 from line 30	or alter Januar	y 1, 20	io (see ilistructions)	ļ	31 32	0.	
				come. Subtract line 31 from line 30 work Reduction Act Notice, see insti	uctions.				<u> </u>	Form <b>990-T</b> (2018)	

Form 990-T		41-17048	340	Page
Part I	Total Unrelated Business Taxable Income			-
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<u> </u>	33	0.
34	Amounts paid for disallowed fringes	<del>-</del>	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	_3	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	~ ~ -	36   /	1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	تحامد	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	۱,	38	0.
Part I			,0 [	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 3	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)	<b>▶</b> 4	10	
41	Proxy tax. See instructions	▶ 4	11	
42	Alternative minimum tax (trusts only)	4	12	
43	Tax on Noncompliant Facility Income. See instructions	_4	13	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	4	14	0.
Part V	Tax and Payments			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a			
b	Other credits (see instructions)			
C	General business credit. Attach Form 3800			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	<del></del>	r.	
e 40	Total credits. Add lines 45a through 45d		5e   16	0.
46 47	Subtract line 45e from line 44 Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (at		17	
47 48	Total tax. Add lines 46 and 47 (see instructions)	· -	18	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	<u> </u>	19	0.
	Payments: A 2017 overpayment credited to 2018		<u> </u>	
	2018 estimated tax payments 50b	-		
	Tax deposited with Form 8868 50c			
	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 519			
	Form 4136 X Other 2,000. Total 50g	2,000.		
	Total payments. Add lines 50a through 50g SEE STATEMENT 2	- <u> </u>	_	2,000.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	_	2	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	► <u>5</u> ► <b>5</b> 55	<del> </del>	2,000.
54 55	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  Enter the amount of line 54 you want: Credited to 2019 estimated tax  Refu	nded ▶565		$\frac{2,000.}{2,000.}$
55 Part V			<u> </u>	<u> </u>
<u> </u>	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 forei	gn 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 >\$			
Sie-	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	st of my knowledge a	ind belief, it is true	э,
Sign Here		May the	e IRS discuss this	return with
пеге	Synaphy of the State of Tutle		parer shown below	
<del></del>	Signature of Officer Date Title		tions)? X Ye	es No
	The state of the s		PTIN	
Paid	TEGGTON NAMED TEGGTON NAMED 04/30/20	elf- employed	P01799	381
Prepa	E STEPRIT LID	Firm's EIN	39-075	
Use O	1502 LONDON ROAD, SUITE 200	nai selli	<del>32 313</del>	<del></del>
		Phone no. 218	3.722.4	705
823711 01-				90-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation N/A		<del></del> .		
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6				
3 Cost of labor	3	•	from line 5. Enter here	Part I,			
4a Additional section 263A costs			line 2	Į	7		
(attach schedule)	4a		8 Do the rules of section	with respect to		Yes No	
<ul> <li>Other costs (attach schedule)</li> </ul>	4b		property produced or a	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 Personal Property L	ease	d With Real Prop	erty)	
1. Description of property							
(1)					-		
(2)							
(3)							
(4)							
	2. Rent receiv	ed or accrued					
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	` of rent for	and personal property (if the percenta personal property exceeds 50% or if int is based on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connected with d 2(b) (attach s	i the income in chedule)
(1)							-
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, columns	n (A)	<b>•</b>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	<u> </u>	0.
Schedule E - Unrelated Del	ot-Financed	income (see	instructions)		O Deductions discatly asset		
			2. Gross income from		3. Deductions directly conn to debt-finance		liocable
1. Description of debt-fi	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		ther deductions ach schedule)
(1)						1	
(2)							
(3)					·		
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column	ocable deductions 6 x total of columns 3(a) and 3(b))
(1)	<u> </u>		%				
(2)			%			1	
(3)			%			1	
(4)			%				
	•				nter here and on page 1, Part I, line 7, column (A)		re and on page 1, ne 7, column (B)
Totals			<b>.</b>		0.		0.
Total dividends-received deductions	ncluded in columr	ı 8			<b>•</b>		0.

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Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)											
Exempt Controlled Organizations											
Name of controlled organization		. Employer lentification number		related income e instructions)		yments made inclu		Part of column 4 that is ncluded in the controlling ganization's gross income		6. Deductions directly connected with income in column 5	
(1)	-		<del>-</del>		ļ		<del>                                     </del>		$\neg \dagger$	<del>.</del> .	
(2)				_	<b></b>					. <u>.</u>	
(3)	<del></del>	<del></del>	<u> </u>								
(4)			1					-		·	
Nonexempt Controlled Organi	zations		<u> </u>		l						
7. Taxable Income	8. Net unrelated	ncome (loss)	Q Total	of specified payr	nents	10. Part of colur	mn 9 that is i	ncluded	11 0	Peductions directly connected	
,	(see instru		<b>3.</b> Total	made		in the controlli	ng organizat income	ion's	wi	th income in column 10	
(1)					Î						
(2)	-		1		Ī						
(3)			1	-							
(4)											
					·	Enter here and	on page 1, F			odd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals					▶			0.		0.	
Schedule G - Investme	nt Income of	a Section	501(c)(7	'), (9), or (	17) Org	anization					
(see insti	ructions)									_	
1. Desc	ription of income			2. Amount of	income	<ol> <li>Deduction directly connect (attach schedule)</li> </ol>	cted	4. Set-	asıdes schedule)	<ol> <li>Total deductions and set-asides (col 3 plus col 4)</li> </ol>	
(1)											
(2)											
(3)											
(4)					Î			-			
				Enter here and o Part I, line 9, co		-	•		_	Enter here and on page 1, Part I, line 9, column (B)	
Totals			•		0.					0.	
Schedule I - Exploited (see instru		ity Incom	e, Other	Than Adv	ertisin	g Income					
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pi of ur	xpenses connected roduction related ss income	4. Net incom from unrelated business (co minus column gain, compute through	trade or lumn 2 i 3) If a i cols 5	5. Gross incor from activity the is not unrelate business incor	nat ed	6. Exp attributa colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)								•			
(4)				-			Î				
Totals <b>&gt;</b>	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, 0, col (B)		1					Enter here and on page 1, Part II, line 26	
Schedule J - Advertisir		ee instructio		<u> </u>		"					
Part I Income From F				solidated	Basis						
1. Name of periodical	2. Gro advertis incom	ing adv	3. Direct vertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	I 2 minus in, compute	5. Circulate income	on	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)										]	
(3)										]	
(4)				7							
Totals (carry to Part II, line (5))	<b>&gt;</b>	0.	0							0 . Form <b>990-T</b> (2018)	

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 Gross
4. Advertising gain
5. Out the fill in fil

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)		· <del></del>					
(2)							
(3)							
(4)	$\neg \neg$	_					
Totals from Part I	▶	0.	0.			•	0
-		Enter here and on page 1, Part I, Ime 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)	<b>•</b>	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		<b></b>	0.

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FOOTNOTES

STATEMENT 1

THIS RETURN IS BEING AMENDED DUE TO THE REPEAL OF SECTION 512(A)(7). LINE 12 IS BEING CHANGED TO REMOVE THE QUALIFIED TRANSPORTATION BENEFITS AS PREVIOUSLY REPORTED.

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION		AMOUNT
REPEAL OF SECTION 512(A	1)(7)	2,000.
TOTAL INCLUDED ON FORM	990-T, PAGE 2, PART V, LINE 50G	2,000.