Form 990-T	E	Exempt Orga						۱	OMB No 15	i45-0687
_	(and proxy tax under section 6033(e)) [909] For calendar year 2018 or other tax year beginning OCT 1, 2018 and ending SEP 30, 2019							9	2018	
	Go to www irs gov/Form990T for instructions and the latest information.							_ L		
Department of the Treasury Internal Revenue Service *	▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)								Open to Public 501(c)(3) Organ	Inspection for izations Only
A Check box if address changed	Name of diganization (Check box it hame changed and see instructions.)							Empl	oyer identification loyees' trust, se ections)	on number e
B Exempt under section	Print	Print UNITED PLANNING ORGANIZATION								3987
X 501(C) 3)	TUD OF	Number, street, and room or suite no. If a P.O. box, see instructions.								ctivity code
408(e) 220(e)	lighe	301 RHODE ISLAND AVENUE, NW								
408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20001 900099								
at end of year	C Book value of all assets at end of year F Group exemption number (See instructions.)									
		G Check organization type					401(a)		0	ther trust
H Enter the number of the	-	ALIFIED TRAN:		1 SENI			ne only (or first) ur		than ana	
		ace at the end of the previou					-			
business, then complete	-		is semence, complete i a	i to i aii	a ii, compicie a oci	icuuic iv	i ioi cacii addition	ai ii auc	OI .	
		poration a subsidiary in an a	affiliated group or a paren	ıt-subsı	diary controlled gro	up?	▶ [Ye	s X N	0
•		tifying number of the paren			,	•		_		
J The books are in care of					T	elephor	ne number 🕨 (202		4600
Part I Unrelated	d Trac	de or Business Inc	ome		(A) Income		(B) Expenses	3	(C)	Net
1a Gross receipts or sale	S									1
b Less returns and allow	vances		c Balance	1c			DECE			
2 Cost of goods sold (S				2			バビシニ	1- 200	$\mathcal{L}_{\mathbf{G}}$	
3 Gross profit Subtract				3		18			<u> </u>	
4a Capital gain net incom		•	4707)	4a		-18	SEP 1.6	2020	$-\Omega$	
		Part II, line 17) (attach Form	4/9/)	4b			STATE OF THE STATE			
c Capital loss deduction 5 Income (loss) from a		sis ship or an S corporation (at	tach ctatement\	4c 5			OGDEN	I, U		
6 Rent income (Schedu		silip di ali 3 corporation (al	tacii Statement)	6		-		-		
7 Unrelated debt-finance		me (Schedule E)		7			· · · · · · · · · · · · · · · · · · ·			
		nd rents from a controlled of	organization (Schedule F)	8						
9 Investment income of	a sectio	on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9						
10 Exploited exempt activ	vity inco	ime (Schedule I)		10						
11 Advertising income (S	Schedule	e J)		11						
12 Other income (See ins	struction	ns, attach schedule)		12						
13 Total. Combine lines				13		0.				
		ot Taken Elsewher utions, deductions must					ncome)			
14 Compensation of off	ıcers, dı	rectors, and trustees (Sche	dule K)					14		
15 Salaries and wages								15		
16 Repairs and mainten	ance							16		
17 Bad debts	a	an implimited a service						17		
18 Interest (attach sche	anie) (s	ee instructions)						18		
19 Taxes and licenses 20 Charitable contribution	one /Sa	a instructions for limitation	rulae)					19 20		
20 Charitable contribution21 Depreciation (attach)	•	e instructions for limitation 562)	ruicaj		21	l		20		
		•	e on return		22a			22b		
23 Depletion	•						23			
•	Contributions to deferred compensation plans						24			
	Employee benefit programs						25			
· · ·	Excess exempt expenses (Schedule I)						26			
27 Excess readership of	27 Excess readership costs (Schedule J)							27		
•	·							28		
							29		0.	
	· • • • • • • • • • • • • • • • • • • •							30		0.
								31		
		ncome. Subtract line 31 fro						32	5 00	0. 0.T (2018)

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Part I	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	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	1	
30		. 26	
	lines 33 and 34	36	1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	381	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	38	0.
Part I			
39	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)	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.
Part \			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	Т	
		⊣	
	,	⊣	
C	General business credit Attach Form 3800 45c	-	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
48	Total tax Add lines 46 and 47 (see instructions) 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 Payments: A 2017 overpayment credited to 2018 145	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a	Payments: A 2017 overpayment credited to 2018		
b	2018 estimated tax payments $50b$ 1, 740.	.]	
С	Tax deposited with Form 8868	7	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	7	
	Backup withholding (see instructions) 50e	1	
	Credit for small employer health insurance premiums (attach Form 8941) 50f	1	
'	Other credits, adjustments, and payments Form 2439	-	
y	Form 4136 Other Total 50g		
		 	1,885.
51	Total payments. Add lines 50a through 50g	51 52	1,005.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	1 005
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54 45	1,885.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	1 55 45	1,885.
Part \	Statements Regarding Certain Activities and Other Information (see instructions)		
56	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 foreign 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 >\$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowl	edge and belie	of, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here		•	scuss this return with nown below (see
		instructions)?	
			122 100 110
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
Paid	Self- employed	4	3620052
Prepa	rer FRANK H. SMITH Frank H. Smith 08/13/20		0639053
Use C	Only Firm's name ► MARCUM LLP Firm's EIN ►	<u>* 11-</u>	-1986323
	1899 L STREET, NW, SUITE 850		
	Firm's address ► WASHINGTON, DC 20036 Phone no.		227-4000
823711 01	.00.10		orm 990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation 🕨 N/A	A				
1 Inventory at beginning of year 1			6 Inventory at end of ye		6			
2 Purchases 2			7 Cost of goods sold. S	ine 6				
3 Cost of låbor 3			from line 5. Enter here	12-11-11				
4a Additional section 263A costs	a Additional section 263A costs					7		
(attach schedule) b Other costs (attach schedule) 4a 4b			8 Do the rules of section	n 263A (1	with respect to	Yes No		
			property produced or	acquired	for resale) apply to	<u> </u>		
5 Total. Add lines 1 through 4b	the organization?							
Schedule C - Rent Income (From Real I	Property and	Personal Property I	_ease	d With Real Prop	erty)		
(see instructions)								
1 Description of property								
(1)								
(2)					-			
(3)								
(4)			***		•			
		ed or accrued			2/a \ Daductions directly	connected with the income in		
(a) From personal property (if the perconnection for personal property is more 10% but not more than 50%)	centage of than	of rent for p	nd personal property (if the percenti ersonal property exceeds 50% or if it is based on profit or income)	age	columns 2(a) ar	nd 2(b) (attach schedule)		
(1)								
(2)								
(3)								
(4)					<u> </u>			
Total	0.	Total		0.	1			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	D		
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)					
			2 Gross income from		3. Deductions directly cont to debt-finance			
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
				-	<u> </u>	<u>-</u> .		
(1)								
(2)				+				
(3)				-				
(4)				+		 		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals			•		0. 0.			
Total dividends-received deductions in	ncluded in column	18			>	0.		
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Name of controlled organization	on 2. Em	-	Controlled Or							
	num	cation (loss) (se	related income e instructions)		al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		olling	connected with income	
(1)								_		
1) 2)						ļ	_			
3)										
\$) 						i				
onexempt Controlled Organiz	ations	I								
7. Taxable Income			Total of specified payments made		10 Part of column 9 that is included in the controlling organization's gross income			11. Dec with	ductions directly connecte income in column 10	
)						•				
2)										
3)										
4)										
					Enter here and	nns 5 and 10 on page 1, column (A)		Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
tals				•			0.		0	
chedule G - Investmen		Section 501(c)(7	7), (9), or (1	17) Or g	anization					
(see instru	actions)		т						T	
1. Descri	1. Description of income				3. Deduction directly conne (attach sched	nected 4 Set-asides			5 Total deduction and set-asides (col 3 plus col 4)	
1)			ļ		=					
2)										
3)		· · · · -								
4)						L				
			Enter here and o Part I, line 9, cof						Enter here and on page Part I, line 9, column (E	
tals		<u> </u>		0.					0	
chedule I - Exploited E (see instruc	-	Income, Other	Than Adv	ertisin	g Income					
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4 Net incom from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cots 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
1)										
2)										
3)						T				
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)			-				Enter here and on page 1, Part II, line 26	
otals	0.	0.							0	
Schedule J - Advertisin			المالية	D!-						
Part I Income From P	'eriodicals Repo	orted on a Con	solidated	Basis						
1. Name of periodical	2 Gross advertising income	3. Direct advertising costs	4 Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, compute	5. Circulat		6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
1)				•					-	
2)										
3)										
4)										
<u> </u>						1		7		
		o. o						- 1	0	

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Part II Income From Perio columns 2 through 7 on a			ate Basis (For ea	ch periodical	listed in Pa	art II, fill in		
1. Name of pêriodical	2 Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)								
(2)								
(3)								
(4)								
Fotals 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)			1		Enter here and on page 1, Part II, line 27	
Fotals, Part II (lines 1-5)	0.	0.				,	0.	
Schedule K - Compensation	of Officers, D	Directors, and	Trustees (see in	structions)				
1. Name							ensation attributable related business	
(1)					%			
10)								

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0.

(3)

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