

Form 990-T

AMENDED RETURN SECTION 512(A)(7) REPEAL** Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning OCT 1, 2017, and ending SEP 30, 2018

Department of the Treasury Internal Revenue Service

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).

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; Name of organization AYUDA, INC.; Number, street, and room or suite no. 1413 K STREET, NW, NO. 5TH FL; City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005; D Employer identification number 52-0971440; E Unrelated business activity codes 900099.

F Group exemption number; G Check organization type: 501(c) corporation (checked), 501(c) trust, 401(a) trust, Other trust.

H Describe the organization's primary unrelated business activity: QUALIFIED TRANSPORTATION BENEFITS

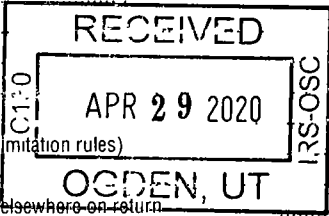
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of PAULA FITZGERALD Telephone number 202-387-4848

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 1b Less returns and allowances; 2 Cost of goods sold; 3 Gross profit; 4a-4c Capital gain net income; 5-12 Other income; 13 Total. Total income is 0.

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)

Table with 4 columns: Line number, Description, Amount, and Total. Rows include: 14 Compensation of officers; 15 Salaries and wages; 16-20 Charitable contributions; 21 Depreciation; 22-28 Other deductions; 29 Total deductions; 30-34 Unrelated business taxable income. Total deductions are 750, and final taxable income is -750.



19. Received in 11/11 02/2020

Part III Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37	Proxy tax. See instructions	37	
38	Alternative minimum tax	38	
39	Tax on Non-Compliant Facility Income. See instructions	39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.

Part IV Tax and Payments			
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b	Other credits (see instructions)	41b	
c	General business credit. Attach Form 3800	41c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e	Total credits. Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	0.
43	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43	44	0.
45a	Payments: A 2016 overpayment credited to 2017	45a	
b	2017 estimated tax payments	45b	
c	Tax deposited with Form 8868 <i>SIC</i>	45c	765.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e	Backup withholding (see instructions)	45e	
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g	
46	Total payments. Add lines 45a through 45g	46	765.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid <i>55</i>	49	765.
50	Enter the amount of line 49 you want credited to 2018 estimated tax <i>56</i> Refunded	50	765.

Part V Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority 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
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	<i>[Signature]</i> Signature of officer	14/23/2020 Date	TREASURER Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/type preparer's name RICHARD J. LOCASTRO, CPA	Preparer's signature <i>[Signature]</i>	Date 03/04/2020	Check <input type="checkbox"/> if self-employed
	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN 52-1392008	
	Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930		Phone no. (301) 951-9090	

FOOTNOTES

STATEMENT 1

THE RETURN IS BEING AMENDED DUE TO THE REPEAL OF
THE SECTION 512(A)(7) TAX ON TRANSPORTATION FRINGE BENEFITS.
LINE 12 WAS REDUCED TO ZERO -5,816.
LINE 19 WAS REDUCED TO 250 -250.
LINE 34 WAS CONSEQUENTLY REDUCED TO (750) -4,678.
LINE 35 WAS CONSEQUENTLY REDUCED TO ZERO -765.
LINE 50 WAS CONSEQUENTLY INCREASED TO 765 765.

AYUDA, INC.

52-0971440

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION

AMOUNT

PROFESSIONAL FEES

500.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

500.