بر. Fo	ım (	990-T	E	AMENDED RETURN SECTI Exempt Organization Bus	ines	s Income		n L	OMB No 1545-0687	
				(and proxy tax und	er sec	tion 6033(e))	14	10	2040	
			For ca	llendar year 2018 or other tax year beginning		, and ending	1 (	44	2018	
		nent of the Treasury		Go to www.irs.gov/Form990T for in					oen to Public Inspection to	
Int	ernal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 50						zation is a 501(c)(3		pen to Public Inspection to 1(c)(3) Organizations Only	
A	Щ	Check box if Address changed Name of organization ( Check box if name changed and see instructions.)						(Employ	er identification number yees' trust, see	
_	_			DDOGDED TEXT NOW				instruct	•	
_		empt under section				<del></del>			-1141804	
Ļ	=	501(c)(3)	Or Type	Number, street, and room or suite no. If a P.O box, see instructions				E Unrelated business activity code (See instructions)		
Ļ	=	1200 G STREET, NW, NO. 400								
L	408A 530(a)   City or town, state or province, country, and ZIP or foreign postal code							900099		
	529(a) WASHINGTON, DC 20005  Book yalue of all assets F Group exemption number (See instructions.)							9000	199	
U	at en	d of year			oration	501(c) trust	1 401/2	\ truet	Other trust	
<b>-</b>	G Check organization type ► 🗶 501(c) corporation 501(c) trust 401(a) trust  H Enter the number of the organization's unrelated trades or businesses. ► Describe the only (or first) unrelated								Other trust	
			-				*		han one	
		rade or business here SECTION 512(A)(7) REPEAL . If only one, complete Parts I-V. If more 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 trade								
		ness, then complete			101410	ii, complete a concad	10 141 101 04011 444110	1101 11000	<i>.</i> .	
				poration a subsidiary in an affiliated group or a paren	it-subsid	lary controlled group?		Yes No		
				tifying number of the parent corporation.		y y	,			
				IRINA KRIVOSHEENKO		Telep	hone number 🕨 (	202)	408-9788	
				de or Business Income		(A) Income	(B) Expense		(C) Net	
1	a C	cross receipts or sale	S							
	b L	ess returns and allow	wances	c Balance	1c					
2	2 (	Cost of goods sold (S	chedule	A, line 7)	2					
3	3 6	Gross profit. Subtract	line 2 fi	rom line 1c	3					
4	a C	Capital gain net incon	ne (attac	ch Schedule D)	4a					
	b N	let gain (loss) (Form	ain (loss) (Form 4797, Part II, line 17) (attach Form 4797)							
		Capital loss deduction								
5	5 I	ncome (loss) from a	from a partnership or an S corporation (attach statement) 5							
6		Rent income (Schedu	`							
7	7 (	nrelated debt-financed income (Schedule E)								
8		·	, annuties, royalties, and rents from a controlled organization (Schedule F)							
9			ome of a section 501(c)(7), (9), or (17) organization (Schedule G) 9							
10		exploited exempt acti	-	* '						
1		Advertising income (S		,	11		<u> </u>			
12		Other income (See in:		•	12					
13 	_	Total. Combine lines			13	0			<del></del>	
Ľ	ar	Deductions Not Taken Elsewhere (See instructions for limitations on deductions ) (Except for contributions, deductions must be directly connected with the unrelated business income)								
14	4	<del> </del>		rectors, and trustees (Schedule K)		To armolated basine		14		
1		Salaries and wages	ilcers, ui	rectors, and trustees (Schedule K)				15		
10		Repairs and mainter	ance					16		
17		Bad debts						17		
11		Interest (attach sche	edule) (s	see instructions)	.T			18		
19		Taxes and licenses	/ (-					19		
20			ions (See instructions for limitation rules)							
2		Depreciation (attach								
2	2	Less depreciation cl	aimed o	on Schedule A and elsewhere on return		22a		22b		
ca 2	3	Depletion	CC							
S		Contributions to def	erred co	24						
D 2:	5	Employee benefit pr	ograms	25						
<b>S</b> 20	6	Excess exempt expe	exempt expenses (Schedule I)							
n 2	7	Excess readership c	ccess readership costs (Schedule J)							
J 21	В	Other deductions (a	ttach sc	hedule)				28		
2	9	Total deductions. A	leductions. Add lines 14 through 28						0	
3	0	Unrelated business	ss taxable income before net operating loss deduction. Subtract line 29 from line 13						0	
3	1		-	loss arising in tax years beginning on or after Janua	ry 1, 201	18 (see instructions)		31		
3	_			income. Subtract line 31 from line 30				32	0	
	0701	01 00 10 1 HA F	or Pane	rwork Reduction Act Notice, see Instructions					Form 990-T (201	

45a

45b

45c

45d

50a

50b

50c

50d

50e

50f

Total -

\_\_ Form 2439

Other

41 L	VI Statements negarang 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	3	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	ŀ		
	here		┙	
57	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.			
			- 1	

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 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.

Here	Signature of officer Say of Life	10/26/2020 Date	PRESIDENT		May the IRS discuss this return with the preparer shown below (see instructions)? X Yes N
Paid Preparer	Print/Type preparer's name RICHARD J. LOCASTRO, CPA	Preparer's signature  Richard Jo	Lacustro 10/15/2	Check self- employe	P00288314
Use Only	THIN CHANGE CONTRACT, TITLE	1100110 W 1 111	EEDMAN SUITE 800N	Firm's EIN	<b>▶</b> 52-1392008
	Firm's address ▶ BETHESDA, MD 20814-2930				(301) 951-9090

823711 01-09-19

Form 990-T (2018)

PROSPERITY NOW

34 Amounts paid for disallowed fringes

enter the smaller of zero or line 36

42 Alternative minimum tax (trusts only)

Part IV Tax Computation

41 Proxy tax. See instructions

Part V | Tax and Payments

b Other credits (see instructions)

46 Subtract line 45e from line 44

b 2018 estimated tax payments

c Tax deposited with Form 8868

Form 4136

e Backup withholding (see instructions)

g Other credits, adjustments, and payments:

51 Total payments. Add lines 50a through 50g

c General business credit. Attach Form 3800

e Total credits. Add lines 45a through 45d

48 Total tax. Add lines 46 and 47 (see instructions)

50 a Payments: A 2017 overpayment credited to 2018

**Total Unrelated Business Taxable Income** 

Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)

Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)

Tax rate schedule or Schedule D (Form 1041)

Tax on Noncompliant Facility Income. See instructions

d Credit for prior year minimum tax (attach Form 8801 or 8827)

Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies

45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

d Foreign organizations: Tax paid or withheld at source (see instructions)

f Credit for small employer health insurance premiums (attach Form 8941)

49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2

Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)

Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of

Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,

- Form 990-T (2018)

Part III

35

37

## FOOTNOTES

STATEMENT

1

DUE TO THE REPEAL OF SECTION 512(A)(7) THE FOLLWOING LINES HAVE CHANGED PART II, LINES 19, 20, 28-30 AND 32 PART III, LINES 33, 34, 36 AND 38 PART IV, LINES 39 AND 44 PART V, LINES 46, 48, 54 AND 55