\sim		_	-							270		5000	012
6	o)~	- ,	** 7	AMENDED RE	TURN - R	EPEAL	OF	SE	ECTION 51	2(A)(7) **		
γ^{c}	- Form	990-T -		Exempt Or								OMB No 154	15-0687
_	<i></i>	3 4			(and proxy t	tax und	ler se	ctio	n 6033(e))	10	7	20-	40
	•	e ka	For cal	lendar year 2018 or other	· · · · —				, and ending	10		20 °	IÖ
		tment of the Treasury		► Go to	(c)(3)	Open to Public I 501(c)(3) Organiz	nspection for						
	A	Check box if		► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(Name of organization (Check box if name changed and see instructions.)									n number
	^ _	address changed		Name of organization (Check box if name changed and see instructions.) MARY'S CENTER FOR MATERNAL AND CHILD								ployees' trust, see ructions)	•
	B Ex	kempt under section	Print	CARE, INC		52-1594	116						
	<u>\ X</u>]501(c)(3)	Or Type	Number, Sirect, and room of solite no. If a r .o. box, see instructions.							E Unre (See	elated business ac instructions)	ctivity code
		408(e)220(e)	Туре	2333 ONTARIO ROAD, NW City or town, state or province, country, and ZIP or foreign postal code									
	<u></u>]408A		City or town, state o					al code		land	0099	
	 C Boo	529(a) ok value of all assets		F Group exemption			<u> </u>	<u>'</u>			יייכן	1000	
	ate	33,016,5	89.	G Check organizatio			poration	1	501(c) trust		101(a) trust	Oti	her trust
		ter the number of the o					1		Describe	the only (or fi	-	d t	
		de or business here 🕨							 · ·	complete Part			
	des	scribe the first in the bl	lank spa	ce at the end of the p	revious sentence, co	omplete Pa	arts I an	d II, c	omplete a Schedule	e M for each a	dditional trac	le or	
		siness, then complete					-4				<u> </u>	es X No	
		ring the tax year, was Yes," enter the name a					nt-suos	lulary	controlled group?			es X No	
		e books are in care of							Telepho	one number	(202	2)420-7	005
	Pa	rt I Unrelated	Trac	de or Business	Income			•	(A) Income	(B) Exp	enses	(C) N	let
	1 a	Gross receipts or sale	S			٠. ٢, ٢	\						
		Less returns and allov			c Balance	.	1c						
		Cost of goods sold (S		•	f		2		•			1	!
-		Gross profit. Subtract					3 4a		·	_			
8	4a h	Capital gain net incom Net gain (loss) (Form	•	· ·	Form(4797)	١	4b						
≱	C	Capital loss deduction				l	4c						
SCANNED	5	Income (loss) from a	partners	artnership or an S corporation (attach statement)									
回	6	Rent income (Schedul					6				REC	EVED	
	'	Unrelated debt-finance		` '			7 8			 		F 545 PD 2000 TO 100 TO	181
=				alties, and rents from a controlled organization (Schedule F) a section 501(c)(7), (9), or (17) organization (Schedule G						90	MAR	 2 2020 	
-		Exploited exempt active			17) urganization (30	cileudie a)	9 10			, ,			歳
0		Advertising income (S	•	,			11				- 030		
2	12	Other income (See ins	truction	s; attach schedule)			12			_			
ร		Total. Combine lines			•		13		0.				
	Pai	Tt II Deduction	ns No	t Taken Elsew utions, deductions	/here (See instrumust he directly o	uctions fo connected	or limita d with	ations the u	on deductions) prelated business	s income)			
	14	Compensation of offi								-	14		
	15	Salaries and wages	, uii	cotors, and trastous	Conocalo IV)						15		
	16	Repairs and maintena	ance								16		
	17	Bad debts									17	_	
	18	Interest (attach sche	dule) (se	ee instructions)							18		
)) '')	19	Taxes and licenses	(Co.		otion rulos)						19		
)	20 21	Charitable contribution Depreciation (attach)			ation rules)				21		20_		
ڒ	22	Less depreciation cla		•	where on return				22a		22b	-	
}	23	Depletion							<u> </u>		23		
_	24	Contributions to defe	rred cor	mpensation plans							24		
	25	Employee benefit pro	-								25		
	26	Excess exempt exper		•							26	-	
	27	Excess readership co	•	•							27	 	
	28 29	Other deductions (att									29	 -	0.
	29 30	Unrelated business to			rating loss deductio	n. Subtrac	t line 29	9 from	line 13		30		0.
	31	Deduction for net ope			-						31		
	32	Unrelated business to	axable in	come. Subtract line 3	31 from line 30						32		0.
	82370	1 01-09-19 LHA F0	r Paper	work Reduction Act I	lotice, see instructi	ions.						Form 990	-T (2018)

MARY'S CENTER FOR MATERNAL AND CHILD

Form 990-T	(2018) CARE, INC.	52-1594	116		Page
Part I	Total Unrelated Business Taxable Income				
33	Fotar 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				
	lines 33 and 34		36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	Γ	37	1,0	00.
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,	Г			
	enter the smaller of zero or line 36		38		0.
Part I	/ Tax Computation				
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	. <u> </u> _			
	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 V					
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)				
	Other credits (see instructions)				
	General business credit. Attach Form 3800				
	Credit for prior year minimum tax (attach Form 8801 or 8827) Takken dila Add less 45s through 45d		150		
_	Total credits. Add lines 45a through 45d	-	15e		0.
	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other	-	47		<u> </u>
	Total tax Add lines 46 and 47 (see instructions)	_	48		0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	⊢	49		Ö.
	Payments A 2017 overpayment credited to 2018	<u> </u>	-		
	2018 estimated tax payments 50b				
	Tax deposited with Form 8868 50c	79,000.			
	Foreign organizations, Tax paid or withheld at source (see instructions) 50d				
	Backup withholding (see instructions) 50e				
	Credit for small employer health insurance premiums (attach Form 8941) 50f				
	Other credits, adjustments, and payments: Form 2439				
•	Form 4136 X Other Total > 50g -	-15,952			
51	Total payments. Add lines 50a through 50g SEE STATEMENT		51 6	53,0	48.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ _	53		
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ _		53,0	
55			55 6	53 <u>,0</u>	<u>48.</u>
Part V	Statements Regarding Certain Activities and Other Information (see instru	uctions)		, <u> </u>	, .
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other author			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to fi				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	1			
	here				X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	oreign trust?			Х
	If "Yes," see instructions for other forms the organization may have to file.			ł	
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 knowles	doe and belief it i	e tare	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle	edge	oge and beller, it i	5 II U 6,	
Here	3-9-20≥ ► PRESIDENT/CEO		he IRS discuss th		with
11010	Signature of officer Date Title		eparer shown bel ctions)? X Y		No
	, organization of the control of the	Check if	PTIN	30 L	
	Print/Type preparer's name Preparer's signature Date	self- employed	1 1114		
Paid	CD3 (Section) b. Addans 3/6/2020	oon omployed	P00288	314	
Prepa	rer Carlo and A CEI MAN DOCENBERC & EREEDMAN	Firm's EIN ▶	52-139		
Use O	4550 MONTGOMERY AVE SUITE 800N				
	Firm's address BETHESDA, MD 20814-2930	Phone no. (3	01) 951	-90	90
823711 01-			Form 9		
					,

Schedule A - Cost of Good	SOID. Enter method of inv	ventory valuation 🕨 N/A			
1 Inventory at beginning of year	1	6 Inventory at end of year	r		6
2 Purchases	2	7 Cost of goods sold Su	btract li	ine 6	
3 Cost of labor	3	from line 5 Enter here		l'	
4a Additional section 263A costs		line 2		·	7
(attach schedule)	4a	8 Do the rules of section	263A (v	<u> </u>	Yes No
b Other costs (attach schedule)	4b	property produced or a	•	•	
	5	the organization?	cquircu	To Toolio, apply to	
Schedule C - Rent Income		9	0256	ad With Real Prope	arty)
(see instructions)	(i rom near roperty c	ind refoond reporty	LCUS		
Description of property					
(1)					
(2)					
(3)					
(4)					
	2. Rent received or accrued				
(a) From personal property (if the personal property is more 10% but not more than 50%	e than ' of rent f	al and personal property (if the percenta or personal property exceeds 50% or if rent is based on profit or income)	ge	3(a) Deductions directly co columns 2(a) and 2	innected with the income in 2(b) (attach schedule)
(1)					
(2)					
(3)					
(4) Total	O . Total		0.		
(4) Total (c) Total income Add totals of columns	2(a) and 2(b). Enter			(b) Total deductions Enter here and on page 1, Part I, line 6, column (8)	. 0.
(4) Total (c) Total income Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Enter	ee instructions)		Enter here and on page 1,	0.
(4) Total (c) Total income Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Enter			Enter here and on page 1,	eted with or allocable
(4) Total (c) Total income Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Enter 1 (A) ot-Financed Income (s	ee instructions) 2. Gross income from or allocable to debt-financed property	0.	Enter here and on page 1, Part I, line 6, column (8)	eted with or allocable
(4) Total (c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Del 1 Description of debt-fit	2(a) and 2(b). Enter 1 (A) ot-Financed Income (s	Gross income from or altocable to debt-	0.	Enter here and on page 1, Part I, line 6, column (8) 3 Deductions directly connect to debt-financed	eted with or allocable property (b) Other deductions
(4) Total (c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Del 1 Description of debt-fit (1)	2(a) and 2(b). Enter 1 (A) ot-Financed Income (s	Gross income from or altocable to debt-	0.	Enter here and on page 1, Part I, line 6, column (8) 3 Deductions directly connect to debt-financed	eted with or allocable property (b) Other deductions
(4) Total (c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Del 1 Description of debt-fit (1) (2)	2(a) and 2(b). Enter 1 (A) ot-Financed Income (s	Gross income from or altocable to debt-	0.	Enter here and on page 1, Part I, line 6, column (8) 3 Deductions directly connect to debt-financed	eted with or allocable property (b) Other deductions
(4) Total (c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Det 1 Description of debt-fit (1) (2) (3)	2(a) and 2(b). Enter 1 (A) ot-Financed Income (s	Gross income from or altocable to debt-	0.	Enter here and on page 1, Part I, line 6, column (8) 3 Deductions directly connect to debt-financed	eted with or allocable property (b) Other deductions
(4) Total (c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Del 1 Description of debt-fit (1) (2)	2(a) and 2(b). Enter 1 (A) ot-Financed Income (s	Gross income from or altocable to debt-	0.	Enter here and on page 1, Part I, line 6, column (8) 3 Deductions directly connect to debt-financed	eted with or allocable property (b) Other deductions
(4) Total (c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Det 1 Description of debt-fin (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	2(a) and 2(b). Enter 1 (A) ot-Financed Income (s) nanced property 5 Average adjusted basis of or allocable to debt-financed property	Gross income from or allocable to debi-financed property Gross income from or allocable to debi-financed property	0.	Enter here and on page 1, Part I, line 6, column (8) 3 Deductions directly connect to debt-financed Straight line depreciation (attach schedule) 7 Gross income reportable (column	ted with or allocable property (b) Other deductions (attach schedule) 8 Allocable deductions (columns
(4) Total (c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Del 1 Description of debt-fit (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	2(a) and 2(b). Enter 1 (A) ot-Financed Income (s) nanced property 5 Average adjusted basis of or allocable to debt-financed property	Gross income from or allocable to debt-financed property Column 4 divided by column 5	0.	Enter here and on page 1, Part I, line 6, column (8) 3 Deductions directly connect to debt-financed Straight line depreciation (attach schedule) 7 Gross income reportable (column	ted with or allocable property (b) Other deductions (attach schedule) 8 Allocable deductions (columns
(4) Total (c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Det 1 Description of debt-fit (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2)	2(a) and 2(b). Enter 1 (A) ot-Financed Income (s) nanced property 5 Average adjusted basis of or allocable to debt-financed property	2. Gross income from or allocable to debt-financed property 6 Column 4 divided by column 5	0.	Enter here and on page 1, Part I, line 6, column (8) 3 Deductions directly connect to debt-financed Straight line depreciation (attach schedule) 7 Gross income reportable (column	ted with or allocable property (b) Other deductions (attach schedule) 8 Allocable deductions (columns
(4) Total (c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Det 1 Description of debt-fit (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3)	2(a) and 2(b). Enter 1 (A) ot-Financed Income (s) nanced property 5 Average adjusted basis of or allocable to debt-financed property	2. Gross income from or allocable to debt-financed property 6 Column 4 divided by column 5 % % % %	0.	Enter here and on page 1, Part I, line 6, column (8) 3 Deductions directly connect to debt-financed Straight line depreciation (attach schedule) 7 Gross income reportable (column	ted with or allocable property (b) Other deductions (attach schedule) 8 Allocable deductions (columns
(4) Total (c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Det 1 Description of debt-fit (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2)	2(a) and 2(b). Enter 1 (A) ot-Financed Income (s) nanced property 5 Average adjusted basis of or allocable to debt-financed property	2. Gross income from or allocable to debt-financed property 6 Column 4 divided by column 5	(a)	Enter here and on page 1, Part I, line 6, column (8) 3 Deductions directly connect to debt-financed Straight line depreciation (attach schedule) 7 Gross income reportable (column	ted with or allocable property (b) Other deductions (attach schedule) 8 Allocable deductions (columns
(4) Total (c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Del 1 Description of debt-fin (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4)	2(a) and 2(b). Enter 1 (A) ot-Financed Income (s) nanced property 5 Average adjusted basis of or allocable to debt-financed property	2. Gross income from or allocable to debt-financed property 6 Column 4 divided by column 5 % % % %	(a)	Part I, line 6, column (B) 3 Deductions directly connect to debt-financed Straight line depreciation (attach schedule) 7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(4) Total (c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Det 1 Description of debt-fit (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3)	2(a) and 2(b). Enter n (A) ot-Financed Income (s) nanced property 5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	2. Gross income from or allocable to debt-financed property 6 Column 4 divided by column 5 % % % %	(a)	Part I, line 6, column (B) 3 Deductions directly connect to debt-financed Straight line depreciation (attach schedule) 7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (attach schedule) 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) Enter here and on page 1, Part I, line 7, column (B)

52-1594116 Page 4

1 Description of accome 2 Amount of accome 3 Teach recording (see instructions) 3 Teach recording (see instructions) 4 Substitute 4 Substitute 5 Schedule 5	Schedule F - Interest,	Annuities, F	toyaities,					zatio	ns (see in:	struction	15)
Company Controlled Organizations S New Invalidation Accorded by S Total of specified payments 10 Part of column 5 that is included in the controlled parameters of the specified payments	1 Name of controlled organiza	ation	identification	3 Net un	related income 4 To		al of specified	included in the controlling		trolling	connected with income
Company Controlled Organizations S New Invalidation Accorded by S Total of specified payments 10 Part of column 5 that is included in the controlled parameters of the specified payments	/1\				_				 .		
(9) (9) Nonexempt Controlled Organizations 7. Tarable income 8 Ner unabled receive flows) (9) (10) (2) (3) (4) 1 Description of naces (see instructions) 2 Amount of naces (see instructions) 1 Description of naces (see instructions) 1 Description of naces (see instructions) 2 Amount of naces (see instructions) 3 Description (see instructions) 5 Total description (see instructions) 5 Total description (see instructions) 5 Total description (see instructions) 6 Enter here and on pages 1. Part I, ins 8, column (A) Enter here and on pages											
(4) Nonexempt Controlled Organizations 7. Tavable income 8 No uninstance loss of green instructions) (2) (3) (4) And columns 9 and 10 Enter here and on page 1, Part I, line 8, column (8) (5) (6) And columns 5 and 10 Enter here and on page 1, Part I, line 8, column (9) (6) (7) (8) (9) (1) (9) (1) (1) (8) (9) And columns 6 and 10 Enter here and on page 1, Part I, line 8, column (9) (6) (7) (8) (9) (10) And columns 5 and 10 Enter here and on page 1, Part I, line 8, column (9) (9) (10) (11) (12) (12) (13) (14) (15) (15) (16) (16) (17) (18) (18) (19) (19) (19) (20) (31) (4) (4) (5) (5) (6) (6) (7) (7) (8) (7) (8) (8) (9) (9) (10) (9) (10) (9) (10) (10) (10) (10) (10) (10) (10) (10) (11) (11) (11) (12) (13) (14) (15) (16) (16) (17) (18)											
Nonexempt Controlled Organizations 8 Net unrelated morane (less) (less instructions) 9 Total of specified payments and the controlling arganizations (less instructions) 10 Pert of column 5 had a included in the controlling arganization (less instructions) 10 Pert of column 5 had a included in the controlling arganization (less instructions) 10 Pert of column 5 and 10 Enter here and on page 1, Pert I, Ins 8, column (A) 0 0 0 0 0 0 0 0 0											
(1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part I, Inter 8, column (8) (5) (6) (7) (8) (9) Add columns 5 and 10 Enter here and on page 1, Part I, Inter 8, column (9) (9) 1 Description of income 2 Amount of income 2 Amount of income 2 Amount of income 3 Calculations (see instructions) 1 Description of income 2 Amount of income 3 Calculations (see instructions) 4 Self-saides (statech scriedule) (1) (2) (3) (4) Enter here and on page 1, Part I, Inter 8, column (9) Fort 1 Line 9,		ızatıons									
(4) Add columns 5 and 10 Enter here and on page 1, Part, Ince 5, column (A) (See instructions) 1 Description of income (see instructions) 2. Amount of income (see instructions) 3 Deductions directly connected (statch schedule) (see instructions) (3) (4) (4) (5) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	7. Taxable Income			9 Total		nents	in the controll	ing orgai	nization's		
(4) Add columns 5 and 10 Enter here and on page 1, Part, Ince 5, column (A) (See instructions) 1 Description of income (see instructions) 2. Amount of income (see instructions) 3 Deductions directly connected (statch schedule) (see instructions) (3) (4) (4) (5) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	(1)										
(4) Add columns S and 10 Forter have and on page 1, Part I, less 9, column (8) Column (8) Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of score 2, Amount of income 2, Amount of income 2, Amount of income 3 Glodictions durelifections durelifections cheadule) (citach schedule) (citach sc											
Add columns 8 and 10 Enter here and on page 1, Part I, Ins 8, column (A) 1 Description of secone 1 Description of secone 2 Amount of income 2 Amount of income 3 Descriptions (statish schedule) (1) (2) (3) (4) Center here and on page 1, Part I, Ins 8, column (A) (5) (6) (6) (7) (9), or (17) Organization (see instructions) 1 Description of secone 2 Amount of income 2 Amount of income 3 Descriptions (statish schedule) (6) (7) (8) (9) (9) (1) (9) (1) (1) (2) (3) (4) Center here and on page 1, Part I, Ins 9, column (A) Enter here and on page 1, Part I, Ins 9, column (A) Enter here and on page 1, Part I, Ins 9, column (A) Enter here and on page 1, Part I, Ins 9, column (A) Enter here and on page 1, Part I, Ins 9, column (A) (6) (6) (7) (6) (7) (6) (7) (6) (7) (7		<u> </u>									
Add columns 8 and 10 Enter here and on page 1, Part I, Inne 8, column (8) O .											
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see Instructions) 1 Description of Income 2. Amount of Income 2. Amount of Income 3 Deductions directly commercial (attach schedule) (22) (33) (44) Enter here and on page 1, Fert 1, time 9, column (4) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see Instructions) 1 Description of See Instructions) 2 Gross unrelated business income some some some some some some some s	V.	•	-				Enter here and	on page	a 1, Part I,	Enter h	ere and on page 1, Part I,
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2. Amount of income 2. Amount of income district exchanged (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Fert, 1, tine 9, column (4) (5) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2 Gross unvalidate business sciences from fraction of unvested activity in production of unvested business income from activity that grant unvalidate fusions or page 1, Fert, 1 line 90, column (4) (1) (2) (3) (4) (4) (5) Enter here and on page 1, Fert, 1 line 90, column (6) (6) (7) Enter here and on page 1, Fert, 1 line 90, column (6) (7) (8) (9) (1) (9) (1) (1) (2) (3) (4) Enter here and on page 1, Fert, 1 line 90, column (7) (8) (9) (9) (1) (1) (2) (3) (4) Enter here and on page 1, Fert, 1 line 90, column (7) (9) (1) (1) (2) (3) (4) Enter here and on page 1, Fert, 1 line 90, column (8) (9) (1) (1) (2) (3) (4) Enter here and on page 1, Fert, 1 line 90, column (8) (1) (2) (3) (4) Enter here and on page 1, Fert, 1 line 90, column (8) (1) (2) (3) (4) Enter here and on page 1, Fert, 1 line 90, col (8) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (6) (7) (7) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Totals					•			0.		0
1 Description of income 2. Amount of income 3. Description of income 4. Set-assides (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Fart 1, time 9, column (A) (5) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (3) (4) Enter here and on page 1, Fart 1, time 9, column (A) (5) (6) (6) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (4) (5) (6) (6) (7) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Schedule G - Investme		of a Secti	on 501(c)((7), (9), or	(17) Or	ganization)			
1 Description of income 2, Amount of income 2 (and interity connected (attach schedule) (attach	(see inst	ructions)			1	- 1	3 Doduction	ne	<u>.</u>		5 Total deductions
(2) (3) (4) Enter here and on page 1, 1 Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3 Expenses directly connected with production of exploited activity and or business income (see instructions) 4. Net income (loss) from unrelated business directly connected with production of exploited activity with a surrelated business income (see instructions) 5 Gross income business attributable to column 5 but not more shan column 5 but not more shan column 6 in the standard or business income (see instructions) 7. Excess exempt 6 Expenses attributable to column 5 but not more shan column 6 in the standard or business income (see instructions) 1 Description of expenses (column 2 gain, compute col 5 through 7 in the standard or business income or page 1, Part 1, line 10, col (A) (3) (4) Enter here and on page 1, Part 1, line 2 (a) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	1 Desc	cription of income			2. Amount of	income	directly conne	cted			
(3) (4) Enter here and on page 1. Part I, line 9, column (A) Coschedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) 4. Net income (loss) 1. Description of exploited activity 1. Description of exploited activity 2. Gross unrelated business income from trade or business income business i											
Contails Enter here and on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (A) Part 1, line 9, column (A)											
Enter here and on page 1, Part I, line 9, column (Fig. 1) Part I, line 9, column (Fig. 2)											
Part I, line 9, column (A) Part I, line 9, column (A)	(4)										1
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity unrelated business income from trade or business income from page 1, Part 1, line 10, cot (A) Enter here and on page 1, Part 1, line 10, cot (A) Enter here and on page 1, Part 1, line 10, cot (A) In 1 Name of periodical Reported on a Consolidated Basis 1 Name of periodical Reported on a Consolidated Basis 2 Gross atdivertising costs advertising costs advertising costs advertising costs (a) fit gain, compute costs (column 6, municome costs (column 6, but not more than column 4) (1) (2) (3) (4)											Enter here and on page Part I, line 9, column (B)
(see instructions) 1 Description of exploited activity 2 Gross increase directly commactivity that is not unrelated business income attributable to column 5 and exploited dusiness income attributable to column 5 activity that is not unrelated business income business income attributable to column 5 activity that is not unrelated business income attributable to column 4 and exploited that is not unrelated business income attributable to column 5 activity that is not unrelated business income attributable to column 4 and exploited activity and is not unrelated business income attributable to column 4 and exploited activity and is not unrelated business income attributable to column 4 and exploited activity and is not unrelated business income attributable to column 4 and exploited activity and ex	Totals			>		0.					0
1 Description of exploited activity arrivated business income from trade or business income from activity that is not unrolated business income business income from activity that is not unrolated business income from activity that is not unrolated. 1	-	-	tivity Inco	me, Othe	r Than Ad	vertisi	ng Income)			
1 Description of exploited activity	(000 110111	T	Т.		A Not moon	o (loss)					T -
(2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Fotals O Coschedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income 2 Gross advertising costs 3 Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4)		unrelated busine income from	direct with	tly connected production unrelated	from unrelated business (co minus columi gain, compute	trade or lumn 2 n 3) If a n cols 5	from activity t is not unrelate	hat ed	attribut	able to	expenses (column 6 minus column 5, but not more than
(2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Totals O. Chedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income 1 Name of periodical 2 Gross advertising costs advertising costs advertising costs (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4)	(1)										
(3) (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income 3 Direct advertising gain or (loss) (col 2 minus column 5, but not more than column 4) (1) (2) (3) (4)											
(4) Enter here and on page 1, Part I, line 10, col (A) page 1, Part I, line 10, col (B)											
Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income (see instructions) 2 Gross advertising costs or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4)		page 1, Part I,	pag line	ge 1, Part I, 10, col (B)							on page 1, Part II, line 26
Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income 3 Direct advertising costs 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 (column 5, but not more than column 4) (1) (2) (3) (4)		na Income			<u> </u>						0
1 Name of periodical 2 Gross advertising advertising costs 3 Direct advertising costs (1) (2) (3) (4)					solidated	Racie					
1 Name of periodical advertising advertising costs advertising costs advertising costs (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4)	Part 1 Income From	renouicais	neporteu	on a Con	isonaateu	Dasis					
(2) (3) (4)	1 Name of periodical	advert	tising		or (loss) (co	l 2 minus in, compute		ion			7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(2) (3) (4)	(1)										
(3) (4)					7						
(4)											
					<u></u>						
fotals (carry to Part II, line (5)) ► U•} U•} U•	Fotals (carry to Part II, line (5))	•	0.	0							0

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

Form 990-T (2018) CARE, II	NC.						159411	. 6 Page
Part II Income From Pe			a Sepa	rate Basis (For eac	h perio	odical listed in P	art II, fill in	
1 Name of periodical	2 Gross advertising income		Direct Ising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7		rculation 6	Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		<u> </u>						
(2)						·		
(3)								İ
(4)								
Totals from Part I	▶ 0.		0.					0.
	Enter here and on page 1, Part I, line 11, col (A)	page	ere and on 1, Part I, 1, col (B)					Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶ 0.		0.					0.
Schedule K - Compensa	tion of Officers,	Direct	ors, and	Trustees (see ins	structio	ns)		· · · · · · · · · · · · · · · · · · ·
1 Name	е			2. Title		3 Percent of time devoted to business		pensation attributable irelated business
(1)		•				%		
(2)						%		
(0)						0/		-

Form 990-T (2018)

0.

. ** FOOTNOTES STATEMENT 1

AMENDED RETURN:

DUE TO THE SECTION 512(A)(7) REPEAL, THE FOLLOWING LINES WERE ADJUSTED: PART II LINES 19, 20, 28, 29, 30, 32 PART III LINES 33, 34, 36, 38 PART IV, LINES 39, 44

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION		AMOUNT
AMOUNT REFUNDED WITH ORI	GINALLY FILED RETURN	-15,952.
TOTAL INCLUDED ON FORM 9	990-T, PAGE 2, PART V, LINE 50G	-15,952.