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Form **990-T** (2018)

Part	II Total Unrelated Business Taxable Income	72-21	0040	<u> </u>
			33	
33	Fotal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)			0.
34	Amounts paid for disallowed fringes			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	つ	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	5	₹	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,	_	T	
	enter the smaller of zero or line 36		3,8	0.
Part I	V 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:			
	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		48	
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		Tİ	
	Other credits (see instructions) 45b		\dashv \mid	
c	General business credit. Attach Form 3800	·	$\dashv I$	1
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)		-1 [
e	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47		attach schedule		
48	Total tax Add lines 46 and 47 (see instructions)	attacii schedule	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.
	Payments: A 2017 overpayment credited to 2018		173	
	2018 estimated tax payments 505 506	2,500		
	Tax deposited with Form 8868	2,300	╛╽╵	
	·		- 	
	· · · · · · · · · · · · · · · · · · ·		\dashv ! \mid	
			⊣ / /	
	Credit for small employer health insurance premiums (attach Form 8941) Other credit adjustments and assuments [] Form 3420		$\dashv I$)	
g	Other credits, adjustments, and payments: Form 2439		-1I	
£4	Form 4136 Other Total ▶ 50g\		- <i>- -</i> -	2 500
51	Total payments. Add lines 50a through 50g		51	2,500.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	_	152	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		<u> </u>	2 500
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	2,500.
55			Ø 55	2,500.
Part \				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authorit	•	j	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 ▶			<u> </u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust?		Х
	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 ▶\$	 		
0:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to to correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled	he best of my ki	nowledge a	nd belief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled SVP, FINANCE A	ND [May the IR:	S discuss this return with
Here	5//2/20 ADMINSTRATION		the prepare	r shown below (see
	Signature of officer Date Title			s)? X Yes No
	· · · · · · · · · · · · · · · · · · ·	Check	ıf PTII	V
Paid		self- employe		
Prepa	rer CPA Rubard to Locastro 05/06/20			00288314
Use C	Firm's name SELMAN, ROSENBERG & FREEDMAN	Firm's EIN	▶ 5	2-1392008
J36 (4550 MONTGOMERY AVE SUITE 800N			
	Firm's address ► BETHESDA, MD 20814-2930	Phone no.	(301) 951-9090
823711 01				Form 990-T (2018)