MOREOR	2010 100		T 3 00 10	DITTED	DEMITTAL	DITT	m_	COTT	CODMITTER	OTTO 3 OT
NOTICE	2018-100	_	LATE	LITED	RETURN	DOR	TO	CCH	SOFTWARE	OUTAGE

Form 990-T	E	Exempt Orga	nization Bus	ine	ss Income T	ax Returr	ı	OMB No 1545-0687
		. (a	nd proxy tax und	er se	ction 6033(e))	10	α	0047
1 1	For ca	lendar year 2017 or other tax ye	er beginning JUL 1, 20	17	ction 6033(e)), and ending JUN	30, 2018	$\underline{}$	201/
Department of the Treasury Internal Revenue Service	•	► Go to www Do not enter SSN numbe	.irs.gov/Form990T for in		ns and the latest interin	ation.		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name of	hanged	and see instructions.)		(Emp	oyer identification number loyees' trust, see actions)
B Exempt under section	Print	THE CHILDREN'S H	OME SOCIETY OF FI	ORIDA	\			59-0192430
X 501(c <u>103</u>)	or	I INDITIDEL. SUEEL AND TOUTH OF SUILE HO. II A C.O. DOA. SEE HISH DELICITS.						ated business activity codes nstructions)
408(e) 220(e)	I Tune I] (0001	iss dollons y
408A530(a)		City or town, state or pro	vince, country, and ZIP o	r foreigi	n postal code			
529(a)	<u> </u>	ORLANDO, FL 328	10					
C Book value of all assets at end of year		F Group exemption num		<u> </u>				
89,740		G Check organization typ) trust	Other trust
H Describe the organization						GE DISALLOWAN		
During the tax year, was				nt-subsi	diary controlled group?	•	Y£	es X No
J The books are in care of		tifying number of the parer	it corporation.		Tolonh	one number 🕨 3	21_30	7_3000
		de or Business Inc	ome		(A) Income	(B) Expense		(C) Net
1a Gross receipts or sale					(///	(5) Expense		(6) 100
b Less returns and allow			c Balance	10				
2 Cost of goods sold (S		A line 7)	Codiano	2				
3 Gross profit. Subtract				3				
4a Capital gain net incon		- '		4a				
, ,	•	art II, line 17) (attach Forn	n 4797)	4b				
c Capital loss deduction		* *	•	4c				
5 Income (loss) from p	artnersh	ips and S corporations (at	ach statement)	5				
6 Rent income (Schedu	ıle C)			6				
7 Unrelated debt-finance	ed incor	me (Schedule E)		7				
· · · · · · · · · · · · · · · · · · ·		and rents from controlled o		8				
9 Investment income of	f a section	on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9				
10 Exploited exempt acti	-	•		10				
11 Advertising income (S		•		11	104 500			101 500
12 Other income (See in:			ATEMENT 1	12	181,500.	<u> </u>		181,500.
13 Total. Combine lines Part II Deduction		_{ign 12} ot Taken Elsewher	'A (Con maharation of	13	181,500.	ŀ		181,500.
(Except for	contribi	utions, deductions must	be directly connected	i with t	he unrelated business	income)		
		rectors, and trustees (Scho				,	14	
15 Salaries and wages	iiceis, ui	rectors, and trustees (Schi	suule IV)		DECE	VED	15	
16 Repairs and mainter	nance				RECE	VLU	16	
17 Bad debts					8 2	[၂၇	17	
18 Interest (attach sche	edule)				MAY O	2019 2019	18	
19 Taxes and licenses					lui l	RS	19	
20 Charitable contributi	ions (Se	e instructions for limitation	rules)		DEDEN		20	
21 Depreciation (attach	Form 4	562)			121	<u>1, U I I</u>	<u> </u>	
22 Less depreciation cla	aimed oi	n Schedule A and elsewher	e on return		22a		22b	
23 Depletion							23	·
24 Contributions to def		mpensation plans					24	
25 Employee benefit pro	-						25	
26 Excess exempt expe	•	•					26	
27 Excess readership of		•					27	
28 Other deductions (at		•						0.
29 Total deductions. A30 Unrelated business t		-14 through 28 ncome before net operating	a Ince daduction. Subtrac	t line 20	from line 13		30	181,500.
		ncome before het operating n (limited to the amount on		. 11115 23	TOTAL INC. IO		31	
		ncome before specific dedi	•	om line	30		32	181,500.
		y \$1,000, but see line 33 ir					33	1,000.
		income. Subtract line 33			than line 32, enter the sr	naller of zero or		·
line 32					,	39	34_	180,500.
	6	work Doduction Ast Notice						Form 990-T (2017)

Part I	1	Tax Computation							
35	Orgai	nizations Taxable as Corporations. See instru	uctions for tax computation.				,		
	Contr	olled group members (sections 1561 and 156	3) check here 🕨 🔲 See instructions	and:		-	,		
` a	Enter	your share of the \$50,000, \$25,000, and \$9,9	25,000 taxable income brackets (in that or	rder):					
	(1)	\$ (2) \$	(3) [\$				ŀ		
b		organization's share of: (1) Additional 5% tax	(not more than \$11,750) \$			-	:		
	(2) A	dditional 3% tax (not more than \$100,000)	\$						
C	Incon	ne tax on the amount on line 34	SEE STATE	EMENT 2			35c	45	,840.
36	Trust	s Taxable at Trust Rates. See instructions for	tax computation. Income tax on the amor	unt on line 3	4 from:				
		Tax rate schedule or Schedule D (For	rm 1041)				36		
37	Proxy	tax. See instructions	·			▶ [37		
38	Alterr	native minimum tax				[38		
39	Tax o	n Non-Compliant Facility Income. See instru	ctions			[39		
40	Total	. Add lines 37, 38 and 39 to line 35c or 36, wh	ichever applies		<u> </u>	44	4Ď	45	,840.
Part I	V 1	Гах and Payments							
41a	Forei	gn tax credit (corporations attach Form 1118;	trusts attach Form 1116)	41a					
b	Other	credits (see instructions)		41b					
c	Gene	al business credit. Attach Form 3800		41c					
d	Credi	t for prior year minimum tax (attach Form 880	1 or 8827)	41d			./		
е	Total	credits. Add lines 41a through 41d			4	6	41e		
42	Subtr	act line 41e from line 40			٦	ا ۵	42	45	,840 <u>.</u>
43	Other	taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 🔙	Other (attach schedu	10)	43		
44	Total	tax. Add lines 42 and 43		, ,	· ·	18	44	45	,840.
45 a	Paym	ents: A 2016 overpayment credited to 2017		45a			'		
b	2017	estimated tax payments		45b					
c	Tax d	eposited with Form 8868		45c					
d	Foreig	gn organizations: Tax paid or withheld at sourc	ce (see instructions)	45d			1		
е	Backı	up withholding (see instructions)		45e					
f	Credi	t for small employer health insurance premiun	ns (Attach Form 8941)	45f					
g	Other	credits and payments:	orm 2439						
		Form 4136 0	ther Total	▶ 45g					
46	Total	payments. Add lines 45a through 45g				ļ	46		
47	Estim	ated tax penalty (see instructions). Check if Fo	orm 2220 is attached 🕨		~	ļ	47		
48	Tax d	ue. If line 46 is less than the total of lines 44 a	and 47, enter amount owed		53	▶	48	45	,840.
49	Overp	payment. If line 46 is larger than the total of li	nes 44 and 47, enter amount overpaid			▶	49		
50		the amount of line 49 you want: Credited to 2		•••	Refunded	▶_	50		
Part \		Statements Regarding Certain	· · · · · · · · · · · · · · · · · · ·		instructions)			_	
51		y time during the 2017 calendar year, did the c	•					Yes	No
		a financial account (bank, securities, or other)	• • • •	·=					
		N Form 114, Report of Foreign Bank and Final	ncial Accounts. If YES, enter the name of t	the foreign c	ountry			ļ	
	here				4 4			_	X
52		g the tax year, did the organization receive a d		or transferor	to, a foreign trust?			-	 ^-
53		S, see instructions for other forms the organization amount of the amoun							
		the amount of tax-exempt interest received or der penalties of perjury, I declare that I have examined		d statements, a	and to the best of my kn	owled	ge and belief, it is tri	Je.	1
Sign	co	rrect, and complete Declaration of preparer (other than	taxpayer) is based on all information of which pre	parer has any k	nowledge				
Here		Milman A W.R.	1 5/13/19 N cFO				y the IRS discuss the preparer shown bel		with
		Srinature of officer	Date Title			- 1	tructions)? X		No
		Print/Type preparer's name	Preparer's signature	Date	Check	ıf			
		Fillio Type preparer 3 hame	1 ' '	Date	self- emplo		' '''		
Paid		JULIANA KREUL	Jalim Knul	05/13/2019	Son omplo	, , u	P0120453	4	
Prepa		Firm's name RSM US LLP		L	Firm's EIN	ı ▶	42-0714		
Use C	אוחי	7351 OFFICE PAR	K PL.		7 1111 3 511	•			
		Firm's address MELBOURNE, FL 3			Phone no	. 32	1-751-6200		
		initio dudition p industrial, ID			I HONO NO.			- T	

Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory v	aluation N/A		-			
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2			Cost of goods sold. Su	ubtract I	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,		_	
4a Additional section 263A costs				line 2			7	<u> </u>	
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes	No
b Other costs (attach schedule)	4b		_	property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					<u> </u>
Schedule C - Rent Income ((see instructions)	From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty	n) 	
1. Description of property									
(1)									
(2)	·								
(3)	-								
(4)	-	-							
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	centage of than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	conne nd 2(b)	ected with the income in (attach schedule)	1
(1)									
(2)									
(3)								•	
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	.		· · · · · · · · · · · · · · · · · · ·	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			,	. Gross income from		Deductions directly conto debt-finance			
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)				-			十		
(2)							\top		
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-inanced property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	•	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deducti (column 6 x total of co 3(a) and 3(b))	
(1)	· · · · · · · · · · · · · · · · · · ·	-		%	-		\top		
(2)	 	-		%					
(3)		-		%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (
Totala						C	.		0.
Totals Total dividends-received deductions in	ncluded in column	n 8							0.

•	•		Exempt	Controlled O	rganızatı	ons				
Name of controlled organizat .	tion	2. Employe identification number	3. Net uni (loss) (see	elated income nstructions)	4. Tot payr	at of specified nents made	include	of column 4 to d in the contro ation's gross in	olling	6. Deductions directly connected with income in column 5
(1)						•				.
(2)	-									
(3)						-				
(4)	•									
Nonexempt Controlled Organi	zations		<u> </u>							
7. Taxable Income	8. Net unre	elated income (lo	ss) 9. Total	of specified payr made	nents	10. Part of column the controllingross	nn 9 that ng organi s income	is included zation's		luctions directly connected income in column 10
(1)						<u> </u>				
(2)	1							T		
(3)								İ	-	
(4)	 				_					
Totals						Add colun Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 we and on page 1, Part I, ine 8, column (B)
Schedule G - Investme	nt Income	e of a Sec	tion 501(c)(7	'), (9), or (17) Org	anization		•-[
(see insti	ructions)			 						T -
1. Desc	cription of income	i		2. Amount of	ıncome	 Deduction directly connected (attach schedule) 	cted	4. Set-a (attach sc	sides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										ļ
(2)										
(3)										
(4)										<u> </u>
Totals	France A	-41-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Date Other	Part I, line 9, co	o .	,	•			Enter here and on page Part I, line 9, column (B)
Schedule I - Exploited (see instru	-	ctivity inc	ome, Otner	inan Adv	ertisin	g income				
Description of exploited activity	2. Gros unrelated bu income fr trade or bus	siness	3. Expenses irectly connected with production of unrelated business income	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Expo attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										1
(4)										
	Enter here a page 1, Pa line 10, co	art I,	Enter here and on page 1, Part I, line 10, col (B)		', 3	· .	,			Enter here and on page 1, Part II, line 26
Totals		0.	0.		-	· <u>.</u>		•		0
Schedule J - Advertisi										•
Part I Income From	Periodical	s Reporte	ed on a Con	solidated	Basis					
1. Name of periodical		2. Gross dvertising income	3. Direct advertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				- 5,	٠ . ز					
(3)				_						
(4)				*	-	-				
Totals (carry to Part II, line (5))	•	0.	().						(
										Form 990-T (201

Form 990-T (2017) THE CHILDREN'S HOME SOCIETY OF FLORIDA 59-0192430 Part III Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	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	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.	2			0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Pert I, line 11, col (8)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶ 0.	0.		1 1 2 1 m		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 . Title	Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)

Form 4626 Department of the Treasury Internal Revenue Service

Alternative Minimum Tax - Corporations

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No 1545-0123

Name	3			Employer identification number
•	THE CHILDREN'S HOME SOCIETY OF FLORIDA			59-0192430
	Note: See the instructions to find out if the corporation is a small corporation exempt	:	,	
	from the alternative minimum tax (AMT) under section 55(e).		ı	
		٠		
1	Taxable income or (loss) before net operating loss deduction		1	180,500.
2	Adjustments and preferences:			
8	Depreciation of post-1986 property		2a	
b	Amortization of certified pollution control facilities		2b	
C	Amortization of mining exploration and development costs		2c	
c	Amortization of circulation expenditures (personal holding companies only)		2d	
e	Adjusted gain or loss		2e	
f	Long-term contracts		2f	
g	Merchant marine capital construction funds		2g	
ħ	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	
i	Tax shelter farm activities (personal service corporations only)		2i	
j	Passive activities (closely held corporations and personal service corporations only)		2j	
k	Loss limitations		2k	
I	Depletion		21_	
r	n Tax-exempt interest income from specified private activity bonds		2m	
r	Intangible drilling costs	_	2n	
C	Other adjustments and preferences	_	20	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20	<u> </u>	3	180,500.
4	Adjusted current earnings (ACE) adjustment:		, · ·	
8	ACE from line 10 of the ACE worksheet in the instructions	180,500.	,	
b	, and the second se		` `	
	negative amount. See instructions			
C	Multiply line 4b by 75% (0.75). Enter the result as a positive amount			
C	Enter the excess, if any, of the corporation's total increases in AMTI from prior	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	້າ	
	year ACE adjustments over its total reductions in AMTI from prior year ACE		-	
	adjustments. See instructions. Note: You must enter an amount on line 4d			
	(even if line 4b is positive)	'	_	
E	ACE adjustment.			
	 If line 4b is zero or more, enter the amount from line 4c If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	-	40	0.
5	Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT	-	4e 5	180,500.
6	Alternative tax net operating loss deduction. See instructions	-	6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a resi	tual –	<u> </u>	
•	interest in a REMIC, see instructions	, , , , , , , , , , , , , , , , , , , ,	7	180,500.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8	c).		
ě		~,·		
•	group, see instructions. If zero or less, enter -0-	30,500.	,	
b	31			
c			r	
	group, see instructions. If zero or less, enter -0-	-	8c	32,375.
9	Subtract line 8c from line 7. If zero or less, enter -0-		9	148,125.
10	Multiply line 9 by 20% (0.20)		10	29,625.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	Γ	11	
12	· · · · · · · · · · · · · · · · · · ·	LENDED RATE	12	14,934.
13	Regular tax liability before applying all credits except the foreign tax credit		13	45,840.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here and	on		
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return		14	0,
				Form 4606 (0017)

	Ad	justed Current Earnings	(ACE) Worksheet		
		See ACE Worksheet In	structions.		
•					
1 Pre-adjustmen	t AMTI. Enter the amount from line	3 of Form 4626		1	180,500.
2 ` ACE depreciati					
a AMT depreciat	on .		2a	[*-]	
b ACE depreciati			- 1		
(1) Post-19		2b(1)	-	.	
	89, pre-1994 property	2b(2)		;	
, ,	0 MACRS property	2b(3)	— , .		
	0 original ACRS property	2b(4)		i	
	described in sections	20(1)			
• • •) through (4)	2b(5)	· .	[, ,]	
(6) Other pi		2b(6)		••	
• •	CE depreciation. Add lines 2b(1) thr		2b(7)		
	on adjustment. Subtract line 2b(7)		EVIT	2c	
•	E of items included in earnings and			· · ·	
a Tax-exempt int	-	pronts (car).	3a		
•	from life insurance contracts		3b	 -	
	outions from life insurance contract	e (including currenders)	3c		
	of undistributed income in life insu		3d		
•			30		
•	ee Regulations sections 1.56(g)-1(d	(o)(iii) tiirougii (ix)	3e	الم أنه	
for a partial list		ms included in E&P. Add lines 3a th		3f	
	f items not deductible from E&P.	ns meluded in E&F. Add lines 3a th	rough se	- 31	
			ا مه ا	l, l	
a Certain dividen			48		
•	certain preferred stock of public utilities t		1		
	13-295, Div A, section 221(a)(41)(A), Dec		4b		
•	to an ESOP that are deductible und		4c		
	dividends that are paid and deducti	Die under section		, x	
1382(c)	5		4d	 	
•	ee Regulations sections 1.56(g)-1(c	1)(3)(1) and (11) for a		.*;	
partial list)		No. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4e		
		tems not deductible from E&P. Add	lines 4a through 4e	4f	
•	ents based on rules for figuring E&f	? :	1 - 1	. `	
a Intangible drilli			5a	- ,	
b Circulation exp			5b		
c Organizational	expenditures		5c	 :	
d LIFO inventory	•		5d		
e Installment sal			5e	 	
	P adjustments. Combine lines 5a th	rough 5e		<u>5f</u>	
	f loss on exchange of debt pools			6	
7 Acquisition exp	enses of life insurance companies	for qualified foreign contracts		7	
8 Depletion				8	
•	5 5	n sale or exchange of pre-1994 pro	=	9	
10 Adjusted curre	nt earnings. Combine lines 1, 2c,	3f, 4f, and 5f through 9. Enter the re	sult here and on line 4a of		
Form 4626				10	180,500.

· THE CHILDREN'S HOME SOCIETY OF FLORIDA

FORM 990-T OTHER INCOME	STATEMENT 1
DESCRIPTION	AMOUNT
TRANSPORTATION & PARKING FRINGE DISALLOWANCE	181,500.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	181,500.

FORM	990-T LINE 35C TAX COMPUTATION		STATEMENT 2
1.	TAXABLE INCOME	180,500	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT	50,000	
3.	LINE 1 LESS LINE 2	130,500	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT	25,000	
5.	LINE 3 LESS LINE 4	105,500	
6.	INCOME SUBJECT TO 34% TAX RATE	105,500	
7.	INCOME SUBJECT TO 35% TAX RATE	0	
8.	15 PERCENT OF LINE 2	7,500	
9.	25 PERCENT OF LINE 4	6,250	
10.	34 PERCENT OF LINE 6	35,870	
11.	35 PERCENT OF LINE 7	0	
12.	ADDITIONAL 5% SURTAX	4,025	
13.	ADDITIONAL 3% SURTAX	0	
14.	TOTAL INCOME TAX		53,645
		_	
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	37,905	
	DAYS		
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 184 TAX PRORATED FOR NUMBER OF DAYS IN 2018 181	27,043 18,797	
18.	TOTAL TAX PRORATED 365		45,840

TENTATIVE MINIMUM TAX (TMT) PRORATION	STATEMENT 3
TENTATIVE MIMIMUM TAX FOR THE ENTIRE YEAR 29	,625.
TMT IN EFFECT BEFORE 01/01/2018	,625.
TMT IN EFFECT AFTER 12/31/2017	0.
DAYS	
TMT PRORATED FOR NUMBER OF DAYS IN 2017 184 TMT PRORATED FOR NUMBER OF DAYS IN 2018 181	,934. 0.
TMT PRORATED	14,934.

Form 4626 Department of the Treasury Internal Revenue Service

Alternative Minimum Tax - Corporations

► Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No 1545-0123

2017

Na	me •				59-0192430
		THE CHILDREN'S HOME SOCIETY OF FLORIDA			39-0192430
		Note: See the instructions to find out if the corporation is a small corporation exempt			
		from the alternative minimum tax (AMT) under section 55(e).			
_		To while we are an allow he force and according loss deduction		-	180,500.
1		Taxable income or (loss) before net operating loss deduction		1	100,300.
2		Adjustments and preferences:			
		Depreciation of post-1986 property		2a_	
	b	Amortization of certified pollution control facilities		2b	
		Amortization of mining exploration and development costs		2c	
	-	Amortization of circulation expenditures (personal holding companies only)		2d	
	-	Adjusted gain or loss		2e	
	f	Long-term contracts		2f	
	g	Merchant marine capital construction funds		2g	
	h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	
	!	Tax shelter farm activities (personal service corporations only)		2i	
)	Passive activities (closely held corporations and personal service corporations only)		2j	
	K	Loss limitations		2k 2l	
	ı	Depletion			
	m	Tax-exempt interest income from specified private activity bonds Intangible drilling costs		2m 2n	
	n	Other adjustments and preferences		20	
^	0	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20		3	180,500.
3		Adjusted current earnings (ACE) adjustment:		۴-	
4		ACE from line 10 of the ACE worksheet in the instructions	4a 180,500.		
		Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a	40		
	U	negative amount. See instructions	4b 0.		
	С	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c		
		Enter the excess, if any, of the corporation's total increases in AMTI from prior			
	·	year ACE adjustments over its total reductions in AMTI from prior year ACE			
		adjustments. See instructions. Note: You must enter an amount on line 4d			
		(even if line 4b is positive)	4d		
	e	ACE adjustment.			
	•	If line 4b is zero or more, enter the amount from line 4c	2		
		If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	}	4e	0.
5		Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	,	5	180,500.
6		Alternative tax net operating loss deduction. See instructions		6	
7		Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a	residual		
		interest in a REMIC, see instructions		7	180,500.
8		Exemption phase-out (If line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on li	ine 8c):		
	a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled			
		group, see instructions. If zero or less, enter -0-	8a 30,500.		
	b	Multiply line 8a by 25% (0.25)	8b 7,625.		
	C	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controll	led		
		group, see instructions. If zero or less, enter -0-		8c	32,375.
9		Subtract line 8c from line 7. If zero or less, enter -0-	•	9	148,125.
10		Multiply line 9 by 20% (0.20)		10	29,625.
11		Alternative minimum tax foreign tax credit (AMTFTC). See instructions		11	
12		Tentative minimum tax. Subtract line 11 from line 10 STMT 3	BLENDED RATE	12	14,934.
13		Regular tax liability before applying all credits except the foreign tax credit		13_	45,840.
14		Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here			
		Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	1	14_	0.
I) A	/۸	For Panerwork Reduction Act Notice see senarate instructions			Form 4626 (2017)

	Adj	usted Current Earnings	(ACE) Worksheet		
		► See ACE Worksheet Ins	tructions.		
			<u> </u>		
1	Pre-adjustment AMTI. Enter the amount from line 3	3 of Form 4626		1	180,500.
2	ACE depreciation adjustment;			•	
a	AMT depreciation				
b	ACE depreciation:				
	(1) Post-1993 property	2b(1)			
	(2) Post-1989, pre-1994 property	2b(2)		١.,	
	(3) Pre-1990 MACRS property	2b(3)		`	
	(4) Pre-1990 original ACRS property	2b(4)	─ 		
	(5) Property described in sections		 /		
	168(f)(1) through (4)	2b(5)	•		
	(6) Other property	2b(6)			
	(7) Total ACE depreciation. Add lines 2b(1) thro		2b(7)	:	
	ACE depreciation adjustment. Subtract line 2b(7) fi		[20[7]]	2c	
3	Inclusion in ACE of items included in earnings and	pronts (L&F)	ا مو ا	[-	
	Tax-exempt interest income		38	 '	
_	Death benefits from life insurance contracts	(total advise assessed and	3b		
	All other distributions from life insurance contracts		3c	- 	
	Inside buildup of undistributed income in life insur-		3d		
е	Other items (see Regulations sections 1.56(g)-1(c)	(6)(III) through (IX)		-	
	for a partial list)				
f	Total increase to ACE from inclusion in ACE of item	is included in E&P. Add lines 3a thr	ougn 3e	3f	
4	Disallowance of items not deductible from E&P:		1.1	'	
a	Certain dividends received		48		
þ	Dividends paid on certain preferred stock of public utilities the	at are deductible under section 247 (as			
	affected by P L 113-295, Div A, section 221(a)(41)(A), Dec 1	9, 2014, 128 Stat 4043)	4b		
C	Dividends paid to an ESOP that are deductible und	er section 404(k)	4c	 ,	
d	Nonpatronage dividends that are paid and deductib	le under section			
	1382(c)		4d	'	
е	Other items (see Regulations sections 1.56(g)-1(d)	(3)(i) and (ii) for a	`	.	
	partial list)		4e		
f	Total increase to ACE because of disallowance of it	ems not deductible from E&P. Add	lines 4a through 4e	4f	
5	Other adjustments based on rules for figuring E&P	•		.	
a	Intangible drilling costs		5a	1.7	
b	Circulation expenditures		5b	: *	
C	Organizational expenditures		5c		
d	LIFO inventory adjustments		5d	٠. پ	
	Installment sales		5e		
	Total other E&P adjustments. Combine lines 5a thr	ough 5e		5f	
6	Disallowance of loss on exchange of debt pools	=		6	
7	Acquisition expenses of life insurance companies f	or qualified foreign contracts		7	
8	Depletion	, • • • • • • • • • • • • • • • • • • •		8	
9	Basis adjustments in determining gain or loss from	n sale or exchange of pre-1994 prop	ertv	9	
10	Adjusted current earnings. Combine lines 1, 2c, 3				
	Form 4626	, ,g		10	180,500.

•	TENTATIVE MINIMUM T	AX (TMT)	PRORATION	STATEMENT 3
•				
TENTATIVE MIMIMUM TAX	FOR THE ENTIRE YEAR	. :	29,625.	
TMT IN EFFECT BEFORE (01/01/2018	• • • •	29,625.	
TMT IN EFFECT AFTER 12	2/31/2017		0.	
		DAYS	-	
TMT PRORATED FOR NUMBER		184	14,934. 0.	
TMT PRORATED		365		14,934.