Unrelated business taxable income Subtract line 31 from line 30 For Paperwork Reduction Act Notice, see instructions. 8X2740 1,000 2423KK 049A 8/14/2020

29

31

10:51:57 AM

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from

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

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31

2,375.

 $2,\overline{375}$.

Form	590-T/(2	018)					Page 2
		Total Unrelated Business Taxab	le Income				
		of unrelated business taxable income co		trades	or businesses	(see	
•	instruc	ions)					2,375.
34		ts paid for disallowed fringes					
35	Deduct	on for net operating loss arising in	tax years beginning befor	e Jan	uary 1, 2018	(see	
		ions)				35	230.
36	Total o	of unrelated business taxable income befo	ore specific deduction Subtr	act lin	e 35 from the	sum	
	of lines	33 and 34				36	2,145.
37	Specific	deduction (Generally \$1,000, but see line 37	instructions for exceptions)			🗙 🛐 7	1,000.
38	Unrelat	ed business taxable income. Subtract line	e 37 from line 36 If line 3	37 is 9	greater than line	36,	
$\perp \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	enter,th	e smaller of zero or line 36				(. 38	1,145.
Par	t IV	Tax Computation				<u> </u>	
39	Organi	zations Taxable as Corporations. Multiply line					240.
40	Trusts		structions for tax compu				
	the ame	ount on line 38 from Tax rate schedule o	or Schedule D (Form 1	1041).		▶ 40	
41		ax. See instructions					
42		ive minimum tax (trusts only)					
		Noncompliant Facility Income. See instruction					
	_	dd lines 41, 42, and 43 to line 39 or 40, which	never applies	• • •		44	240.
	t V	Tax and Payments		450		 	
	-	tax credit (corporations attach Form 1118, tru					
		redits (see instructions)			,		,
		business credit Attach Form 3800 (see instruction or prior year minimum tax (attach Form 8801 o			/		
		redits. Add lines 45a through 45d				-/- 45e	
46		t line 45e from line 44				() 1	240.
47		xes Check if from Form 4255 Form 861			_	 	
48		x. Add lines 46 and 47 (see instructions)					240.
49		et 965 tax liability paid from Form 965-A or For				1	
		its A 2017 overpayment credited to 2018					
		stimated tax payments					
		osited with Form 8868- · · · · · · · · · · ·					
		organizations Tax paid or withheld at source (s					
		withholding (see instructions)					
f	Credit f	or small employer health insurance premiums ((attach Form 8941)	50f			
g	Other cr	edits, adjustments, and payments Form 2					
	F	orm 4136 Other _	Total ▶	50g			
51	•	syments. Add lines 50a through 50g			· · · · · · · · · · ·	<u> §1 </u>	
52		ed tax penalty (see instructions) Check if Form					240
		. If line 51 is less than the total of lines 48, 49				N 1 7 7	240.
	•	yment. If line 51 is larger than the total of lines		overpa		: 	
55 Dog	_	samount of line 54 you want Credited to 2019 est		orma	Refunde		
Pari 56		Statements Regarding Certain A time during the 2018 calendar year, did					authority Yes No
	-	financial account (bank, securities, or other	=		=		———
		Form 114, Report of Foreign Bank and				•	1 1 (
	here ▶			,			x x
		he tax year, did the organization receive a dist	tribution from or was it the gra	entor of	or transferor to a	foreign trust	t2 X
٠.	•	see instructions for other forms the organization			, 0, 1,0,0,0,0,0,	roroigir ado	`
58		e amount of tax-exempt interest received or ac					1
	Ur	der penalties of penury, I declare that I have examined	this return, including accompanying so			the best of m	ly knowledge and belief, it is
Sign		e, correct, and complete. Declaration of preparer (other than to		non prepa	arei nas any knowleoge	May the	IRS discuss this return
Here	15	UGUSTO SANABRIA	08/14/2020 CEO			with the	preparer shown below
	Si	gnature of officer	Date Title			(see instruction	ons) ² X Yes No
D-1-4		Print/Type preparer's name	Preparer's signature		ate	Checkif	PTIN
Paid	ares	TARA MILLER	Tara Helle	۷	08/14/2020	self-employed	
Prep Use		Firm's name ▶ BDO USA, LLP					13-5381590
		Firm's address ► 450 S. ORANGE AVE.	., SUITE 550, ORLAN	DO,	FL 32801	Phone no 40	07-841-6930
JSA		•					Form 990-T (2018)

Form 990-T (2018) Schedule A - Cost of G	oods Sold =	nter metho	d of invento	ry valuation			Pag	
		nter metho				_	6	
1 Inventory at beginning of year . 1			6 Inventory at end					
•	Purchases				•	old. Subtract line		
3 Cost of labor	· · · - 					nter here and in		
4a Additional section 263A c					2		. 7	
(attach schedule)						section 263A (
b Other costs (attach schedu							or resale) apply	
5 Total. Add lines 1 through		\		to the org	anization?	Water Dead Doors		
chedule C - Rent Incom	e (From Real F	roperty a	ına Person	ai Property	Leased V	vitn Real Prope	erty)	
(see instructions)								
. Description of property								
)								
?)				-				
3)								
)								
	2. Rent rece	ived or accru	ied			1		
(a) From personal property (f the for personal property is more the more than 50%)	an 10% but not	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			y exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)		
)								
")								
;)					•	-		
)								
otal		Total	Total					
c) Total income . Add totals of cere and on page 1, Part I, line 6		(b) Enter				(b) Total deducti Enter here and o Part I, line 6, colu	n page 1,	
chedule E - Unrelated D	ebt-Financed	ncome (se	ee instructio	ns)				
1. Description of del	2. Gross income from or allocable to debt-financed		debt-finar		onnected with or allocable to need property			
		property			(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
)			-		(<u>-</u>	(anasii asiiasiis)	
,)			 					
))			†	•				
)			 					
4 Amount of average 5. Average adjus acquisition debt on or allocable to debt-financed debt-financed		ible to property	I Advided I		income reportable in 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
property (attach schedule)	(attach sch	edule)					3(2) 2112 3(3))	
)	%							
			%					
)				%				
)			<u></u>	%				
					Enter her Part I, lin	e and on page 1, le 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
otals	ions included in c	olumn 8					Form 990-T (20	

Form	QQA_T	(2018)

(1) (2) (3) (4) Nonexempt Controlled Organization 7 Taxable Income (1) (2) (3) (4) Totals Schedule G-Investment Income (1) (2) (3) (4) Totals Schedule I-Exploited Exempt	Net unrelated inco oss) (see instructio	ome ens)	t unrelated income) (see instructions) 9. Total of spec payments mad	payme	ınclude	ıncluded	ntrolling	dling come	Deductions directly connected with income in column 5 Deductions directly
(2) (3) (4) Nonexempt Controlled Organization 7 Taxable Income (1) (2) (3) (4) Totals Schedule G-Investment Incom 1. Description of income (1) (2) (3) (4) Totals Schedule I-Exploited Exempt	Net unrelated inco oss) (see instructio	ons)	•		ınclude	ed in the co	ntrolling		
(3) (4) Nonexempt Controlled Organization 7 Taxable Income (1) (2) (3) (4) Totals	Net unrelated inco oss) (see instructio	ons)	•		ınclude	ed in the co	ntrolling		
Nonexempt Controlled Organization 7 Taxable Income 8. (II) (2) (3) (4) Totals Schedule G-Investment Income 1. Description of income (1) (2) (3) (4) Totals Schedule I-Exploited Exempt	Net unrelated inco oss) (see instructio	ons)	•		ınclude	ed in the co	ntrolling		
Nonexempt Controlled Organization 7 Taxable Income 8. (II) (2) (3) (4) Totals Schedule G-Investment Income 1. Description of income (1) (2) (3) (4) Totals Schedule I-Exploited Exempt	Net unrelated inco oss) (see instructio	ons)	•		ınclude	ed in the co	ntrolling		
7 Taxable Income (1) (2) (3) (4) Totals	Net unrelated inco oss) (see instructio	ons)	•		ınclude	ed in the co	ntrolling		
Totals	oss) (see instructio	ons)	•		ınclude	ed in the co	ntrolling		
Totals	ne of a Secti						- 1		nected with income in column 10
Totals	ne of a Secti								
Totals	ne of a Secti					-			
Totals	ne of a Secti			•					_
1. Description of income (1) (2) (3) (4) Totals	ne of a Secti								
(1) (2) (3) (4) Totals		ion 501(c			Part I,	ere and on line 8, colui	mn (A)		er here and on page 1, t I, line 8, column (B)
(2) (3) (4) Totals	2 Amount of in	ncome	3 Dedi directly c (attach s	onnected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
Totals								\perp	
Totals								\rightarrow	
Totals ▶ Schedule I – Exploited Exempt								_	
Totals	Enter here and on								Inter here and on page 1
	Part I, line 9, colu		er Than Adver	tising In	come (s	ee instru	ctions)	f	Part I, line 9, column (B)
1 Description of exploited activity bus	2. Gross unrelated iness income om trade or business	3 Expense directly connected very production unrelated business income.	with or busines 2 minus c	ated trade s (column olumn 3) compute	5. Gross from act is not ui business	ivity that nrelated	6. Expen attributat column	ole to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									1
(2)	1								
(3)									
(4)						-			
Ente pa	er here and on ge 1, Part I, e 10, col (A)	Enter here an page 1, Par line 10, col	t I,	'					Enter here and on page 1, Part II, line 26
Schedule J-Advertising Incom	e (see instruc	ctions)	1						-
Part I Income From Periodic	`		nsolidated Ba	sis					
	2. Gross dvertising income	3. Direct advertising co	4 Adve	rtising ss) (col col 3) If ompute	5. Circ		6. Reader costs	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			 						
(1)									4
(2)	-			-					-
(3)									I
(4)			l l	T I					-
			-						
Totals (carry to Part II, line (5))			-						

Form 990-T (2018)

Partil 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) EVENT PROGRAMS	11,060	8,685	2,375			
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	3			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶	11,060.	8,685.				

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

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

Form **990-T** (2018)