Exempt Organization Business Income Tax Return		_		Fing	1 Farm 990-7	r (Repealed	IRC	Section 5	12(a)(7)	٠.		
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H Enter the number of the organization type						1						
H Enter the number of the organization's unrelated trades or businesses.      Describe the only (or first) unrelated trade or business there		C Book	end of year									
trade or business here describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Aschedule M for each additional trade or business, their complete Parts IIII-V.  I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  I the books are in case of III Robert A. Bextisch  Telephone number (55t) 655-8944  Part II Unrelated Trade or Business Income  I Gross recepts or sales  I Less returns and allowances  C Cost of goods sold (Schedule A fine 7)  Gross profit. Subtract tine 2 from fine to  4 a Capital gain an ent income (fath Schedule 0)  I Met gain (loss) (Form 797, Part II, line 17) (attach Form 4797)  C Capital loss decide the fine and sentence (Schedule C)  I Unrelated debt-hanced enome (Schedule C)  I Unrelated Debt of the second of the second of the second enome (Schedule C)  I Unrelated Debt of the second enome (Schedule C)  I Unrelated Debt of the second enome (Schedule C)  I Unrelated Debt of the second enome (Schedule C)  I Dept of the second enome (Schedule C)  I Dept of the second en		U Ent	or the number of the				oration					
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If the books are care of P. Robert B. Berti sch.    Telephone number   (56.1) 655-8944   Robert B. Berti sch.   Telephone number   (56.1) 655-8944   Robert B. Berti sch.   Telephone number   (6) Expenses   (7) Net   Telephone number   (8) Expenses   (7) Net   Telephone number   (8) Expenses   (8) Expenses   (9) Expenses   (9) Expenses   (10) Net   Telephone number   (10) Expenses   (10) Ex						affiliated group or a paren	nt-subsi	diary controlled group?	▶ [	Ye	es No	
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Total adductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 31 from line 30  29  0.  30  0.								אטט ביו גטגט			<u> </u>	
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  30  O-  31  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  30  O-  31  Unrelated business taxable income. Subtract line 31 from line 30  32  O-												
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 31 from line 30  32  0.			/	ar geodetions. Add files 14 through 20								
32 Unrelated business taxable income. Subtract line 31 from line 30 32 0.			/									
		32/									<del></del>	
		823701								1 32	Form <b>990-T</b> (2018)	

Form 990-1	(20)8) Legal Aid Society of Palm Beach County, 59	-6046994	Page 2
Part I		1	
33/	Total 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)	6 3 1	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	<u> </u>
	Tax Computation		<del> </del>
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	
	Tax on Noncompliant Facility Income. See instructions	43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
	Tax and Payments	Paulo Seu I	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a		
	Other credits (see instructions)		
_	General business credit. Attach Form 3800		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	25.2	
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach so		
48	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	<u>U•</u>
	Payments: A 2017 overpayment credited to 2018	080.	,
		000.	
	Tax deposited with Form 8868 50c		
	Foreign organizations: Tax paid or withheld at source (see instructions)  50d		
	Backup withholding (see instructions)  Social for small amplique houlth insurance promiums (ettach Form 9041)		
	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments: Form 2439		
9	Other credits, adjustments, and payments: Form 2439  Form 4136  Other  Total		
51	Total payments. Add lines 50a through 50g	51	12,080.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	12,000.
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	541	12,080.
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	12,080.
Part V		<b>V</b>	
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		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		KA TAK
	here >		1 Spatisherina 12 successivates
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tru	ist?	
	if "Yes," see instructions for other forms the organization may have to file.		77 3 F 3
	Enter the amount of tax-exampt referest received or accorded during the tax year >\$		
	Under penalties of per pure decision that I have elemented by setturn, including accompanying schedules and statements, and to the best of me correct, and companying Electoration of prepare forms taxpayer) is based on all information of which preparer has any knowledge	ny knowledge and belief, i	t is true,
Sign	correct, and complete (sectar gon or plebare) correct, and complete (sectar gon or plebare) is based on all information or which preparer has any knowledge		uss this return with
Here	Executive Director	the preparer show	
	(Signature) Title	instructions)?	X Yes No
	Print/Type preparer's name Pringater's signature Date Check	if PTIN	
Paid	self- en	nployed	
Prepa	rer Scott Y. Haynes 8-17-2020		366363
Use O	nly Firm's name ► Holyfield & Thomas Tind Firm's	EIN ► 65-1	L083521
	125 Butler Street		
	Firm's address ► West Palm Beach, FL 33407 Phone	eno. (561) 6	589-6000
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