Form 990-T (2018)

Form	990-1	(2018) Helena Industries, Inc	81	-0305	451	Page 2
Par		Total Unrelated Business Taxable Income				_
33		of unrelated business taxable income computed from all unrelated trades or businesses (see ictions)		33		0.
34	Amou	unts paid for disallowed fringes		34		
35	Dedu	ction for net operating loss arising in tax years beginning before January 1, 2018 (see				
		ictions) See Statement	35			
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sur	n			
	of line	es 33 and 34	36		0.	
37	Spec	ific deduction (Generally \$1,000, but see line 37 instructions for exceptions).	37			
38		ated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36.				
	·	the smaller of zero or line 36		38		0.
		Tax Computation				
		nizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	•	39		0.
40	Trust	s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount		.*		
	on lin	e 38 from Tax rate schedule or Schedule D (Form 1041)	•	40		
41	Proxy	y tax. See instructions	•	41		
	_	native minimum tax (trusts only)		42		
43	Tax o	n Noncompliant Facility Income. See instructions		43		
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44		0.
Par		Tax and Payments				
L		gn tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
		recredits (see instructions)				
		ral business credit Attach Form 3800 (see instructions) 45c				
		t for prior year minimum tax (attach Form 8801 or 8827) 45d				
		credits. Add lines 45a through 45d		45 e		^
		act line 45e from line 44				0.
		taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866		46		0.
٦,		ottaces of schedule)		47		
48		tax. Add lines 46 and 47 (see instructions)		48		
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49		0.
				49		
	-	ents A 2017 overpayment credited to 2018				
		estimated tax payments 50 b		,		
		eposited with Form 8868				
		gn organizations Tax paid or withheld at source (see instructions) 50 d				
		up withholding (see instructions).		•		
		t for small employer health insurance premiums (attach Form 8941)		-		
g		credits, adjustments, and payments Form 2439				
		orm 4136 Other Total ► 50 g				
51		payments. Add lines 50a through 50g		51		0.
52	Estim	nated tax penalty (see instructions) Check if Form 2220 is attached	▶ 🔲	52		-
53	Tax d	ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	-	53		
54	Overp	payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	•	54		
55	Enter	the amount of line 54 you want Credited to 2019 estimated tax ►	efunded 🏲	55		
Par		Statements Regarding Certain Activities and Other Information (see instruct	ions)			
56		time during the 2018 calendar year, did the organization have an interest in or a signature or other		er a	T	Yes No
		cial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to				103 110
		t of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here	>		'	<u> </u>
57		g the tax year, did the organization receive a distribution from, or was it the grantor of, or tran				
41		s, see instructions for other forms the organization may have to file	isicioi (O, a	a toreigi	" "ust'	X
E0			_			
	Liner	the amount of tax-exempt interest received or accrued during the tax year \$	U.	of my kac	uladaa aad	
Sigr	า	Under penalties of perjudy, I déclare that I have examined this return, including accompanying schedules and statements, ar belief it sylfrue, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which pre				
Here	e	TIEE OF GREAT VILLEMAR (SE) 3-27-20 TIEE		May the I	RS discuss this rer shown belo	s return with ow (see
	-	Signature of Afficer (Date Title		instruction	¹s)² X Ye	
		Print/Type preparer's name Repayans signature 2 / Pl Date	Shook Tell	PTIN		
Paic			Check X if			
Pre-			elf-employed		0009221	<u> </u>
pare			20-34	427158		
Use Only		Firm's address 2045 HEWITT DR				
		BILLINGS, MT 59102	Phone no	406	-698-44	
BAA		TEEA0202L 01/24/19			Form 990	3-T (2018)

Schedule A - Cost of Goods	Sold. Enter method of inv	entory valuation				· · · · · · · · · · · · · · · · · · ·	
1 Inventory at beginning of year	1	6 Invento	ory at	end of year	6		
2 Purchases	2	7 Cost o	f good	ls sold. Subtract			
3 Cost of labor	3	line 6 f	from li	ne 5 Enter here			
4 a Additional section 263A costs (attach sch	nedule)	and in	Part I,	, line 2	7	T.: 1	
	4 a					Yes	No
b Other costs (attach sch)	4 b			of section 263A (with duced or acquired for		in de la	
5 Total. Add lines 1 through 4b	5			zation?	resale) apply		
Schedule C - Rent Income (F	rom Real Property an	d Personal Property	Leas	sed With Real Pro	operty) (see II	nstructi	ons)
1 Description of property							
(1)				-			
(2)							
(3)							
(4)				<u> </u>			
	Rent received or accrued			3(a) Deductions	directly connec	ted wit	h
(a) From personal property (if the percentage of rent for per	sonal (if the perc	real and personal property centage of rent for person		the income in columns 2(a) and 2 (attach schedule)			
property is more than 10% but	not property e:	ceeds 50% or if the rent					
(1) more than 50%)	Dase	d on profit or income)		<u> </u>			
(2)							
(3)							
(4)							
Total	Total						
(c) Total income. Add totals of column	ns 2(a) and 2(b) Enter			(b) Total deductions. En	nter		
here and on page 1, Part I, line 6, col				here and on page 1, Part I, line 6, column (8)	>		
Schedule E — Unrelated Debt-	Financed Income (see	: instructions)	-	1			
1 December of debt fine	anced property	2 Gross income from or allocable to debt-financed property		eductions directly con debt-finance	nected with or a	allocab	le to
1 Description of debt-fina	anced property			(a) Straight line	(b) Other deductions		
			depr	eciation (attach sch)			
(1)							
(2)							
(3)			<u> </u>	<u></u>			
(4)	Average adjusted basis of						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 or p	6 Column 4 divided by column 5		7 Gross income ortable (column 2 x column 6)	8 Allocable deducti (column 6 x total columns 3(a) and 3		of	
(1)		%					
(2)		90					
(3)		olo					
(4)	•	%					
			Enter	here and on page 1	, Enter here and	on pa	ige 1,
			Part	I, line 7, column (A)	Part I, line 7,	column	ı (B)
Totals		•	·				
Total dividends-received deductions				<u> </u>	·		
RAA	-	EE A02031 01/20/10			Form	DON-T	ついりない

Schedule 1 - Interest, A	I							Jiyai		(see instru	CHOIS		
organization ider		Employer entification number	3 Net unrelated income (loss) (see instructions)		4 Total of specific payments mad		fied 5 Part of control that is incompanized gross in		cluded in trolling ation's	CC	6 Deductions directly connected with income in column 5		
(1)					٠.	T		, -					
(2)	,				_								
(3)					•								
(4)				•		<u> </u>			,	•	<u> </u>		
Nonexempt Controlled Organiz		 	., .			. 1				• ,			
7 Taxable Income	let unrelated come (loss) e instructions)	payme		ents made		10 Part of column included in the organization's gr		ontrolling		11 Deductions directed with incommendation 10			
(1)		•					••						
(2)											·		
(3)	•			_		_		•		ļ	·		
(4)	Ļ	•				_	•					· · · · · · · · · · · · · · · · · · ·	
Ťotals	•	:				i		age 1 lumn (, Part I, line A)	here an	id on pa	6 and 11 Enter age 1, Part I, line umn (B) .	
Schedule G – Investmer	nt Inco	ome of a Sec	ction	501(c)(7), (9)) , o	r (17) Orgai	nizati	on (see ins	tructions)			
, 1 Description of income	;	2 Amount of income			3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedule)			5 Total deductions and set-asides (column 3 plus column 4)			
(1)		ь						•					
(2)			•		1		•						
(3)		<u> </u>		1	-			_					
(4)					70 to	herasanik teria tahuninkakan dari alah da sakhasi		Marie Designation and		<u> </u>			
Totals	, •	Enter here and Part I, line 9,	d on pa colum	age 1, in (A)							ter her art I, lir	re and on page 1 ne 9, column (B)	
Schedule;I — Exploited E	xemp	t Activity In	come	e, Otl	her Thai	n A	dvertising	ncon	ne (see inst	ructions)			
1 Description of exploited a	2 Gross unrelated business income fro trade or business	rited conn ess pro from of t or busin		nected with froduction of unrelated 2		let income (loss) in unrelated trade business (column inus column 3) a gain, compute imns 5 through 7	5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)		<u> </u>								•		,	
(2) .	•		$\neg \uparrow$					<u> </u>			,	,	
(3)		_	-				•						
(4).												-	
Totals •		Enter here on page Part I, line column (ge 1, on point		r here and page 1, I, line 10, umn (B)						Enter here on page Part II, line		
Schedule J – Advertisin	g Inco	me (see instr	uction	ıs)	•				•		-		
Partill Income From Pe	riodic	als Reporte	d on	a Co	nsolida	ted	Basis		4		,	, -	
1 Name of periodical		2 Gross advertisir income	ss 31		Direct vertising costs		dvertising gain or iss) (col 2 minus iol 3) If a gain, compute cols 5 through 7	5 Circulation income		6 Readership costs		7 Excess readership costs (col 6 minus col 5, but not more than col 4).	
(1)						独							
(2)		ļ							,				
(3) · ·		1		•					_				
(4)					1		THE CALL STATE		_			Pina March	
Totals (carry to Part II, Ine (5)	·) '	<u>, </u>			·				•			•	
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ın Part II, fill in co	lumns 2 through
6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
	1. 664
	Enter here and on page 1, Part II, line 27
AN WASHINGTON	
t of 4 Compens to unreless	ation attributable ated business
%	
%	·
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96	
•	
	costs of ted iss % % %

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Form **990-T** (2018)

2018

Federal Statements

Page 1

Helena Industries, Inc Entity in Bankruptcy

81-0305451

Statement 1 Form 990-T, Part III, Line 35 Net Operating Loss Deduction

Loss Year Ending	0	riginal Loss	Loss Previous <u>Used</u>	Loss Available			
6/30/17 Net Operating Loss Taxable Income	\$ Available	8,106.	\$	2,049.	\$	\$	6,057. 6,057.
Net Operating Loss	Deduction	(Limited to Ta	axable Income)			<u> </u>	<u> </u>