

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2017

Department of the Treasury
Internal Revenue Service

For calendar year 2017 or other tax year beginning **07/01/17**, and ending **06/30/18**

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for
501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c) (3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 47,076,422</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>Three Square</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 4190 N. Pecos Road</p> <p>City or town, state or province, country, and ZIP or foreign postal code Las Vegas NV 89115</p> <p>F Group exemption number (See instructions.) U</p> <p>G Check organization type U <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p>D Employer identification number (Employees' trust, see instructions.) 30-0396918</p> <p>E Unrelated business activity codes (See instructions.) 541900 541900</p>
--	---	---

H Describe the organization's primary unrelated business activity.
U Private Food Service

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **U** Yes No
If "Yes," enter the name and identifying number of the parent corporation.
U

J The books are in care of **U Tifani Walker** Telephone number **U 702-644-3663**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 2,438			
b	Less returns and allowances			
	c Balance U	1c 2,438		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3 2,438		2,438
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule) See Stmt 1	12 2,532,752		2,532,752
13	Total. Combine lines 3 through 12	13 2,535,190		2,535,190

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	464,088
16	Repairs and maintenance	16	6,852
17	Bad debts	17	14,359
18	Interest (attach schedule) See Statement 2	18	1,205
19	Taxes and licenses	19	36,370
20	Charitable contributions (See instructions for limitation rules) See Stmt 3 See Statement 4	20	24,123
21	Depreciation (attach Form 4562)	21	36,178
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
		22b	36,178
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	41,515
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 5	28	1,693,395
29	Total deductions. Add lines 14 through 28	29	2,318,085
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	217,105
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	217,105
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	216,105

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ (2) Additional 3% tax (not more than \$100,000) \$		
c Income tax on the amount on line 34	35c	56,547
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Tax on Non-Compliant Facility Income. See instructions	39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	56,547

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		
b Other credits (see instructions)	41b		
c General business credit. Attach Form 3800 (see instructions)	41c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		
e Total credits. Add lines 41a through 41d	41e		
42 Subtract line 41e from line 40	42		56,547
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	43		
44 Total tax. Add lines 42 and 43	44		56,547
45a Payments: A 2016 overpayment credited to 2017	45a	277	
b 2017 estimated tax payments	45b	54,000	
c Tax deposited with Form 8868	45c	2,270	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d		
e Backup withholding (see instructions)	45e		
f Credit for small employer health insurance premiums (Attach Form 8941)	45f		
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total <input type="checkbox"/>	45g		
46 Total payments. Add lines 45a through 45g	46		56,547
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	47		354
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed <input type="checkbox"/>	48		354
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid <input type="checkbox"/>	49		
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	50		

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority 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 <input type="checkbox"/>	Yes	No
		<input checked="" type="checkbox"/>
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		<input checked="" type="checkbox"/>
53 Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ **President & CEO** _____ Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: **Katie Hampton** Preparer's signature: **Katie Hampton** Date: **12/19/18** Check if self-employed PTIN: **P00292787**

Firm's name: **Houldsworth, Russo & Company, P.C.** Firm's EIN: **88-0374623**

Firm's address: **8675 S Eastern Ave Ste A Las Vegas, NV 89123-2839** Phone no.: **702-269-9992**

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **u**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional sec. 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes
b Other costs (attach schedule)	4b				No
5 Total. Add lines 1 through 4b	5				

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1) N/A		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) u		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals u			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 u				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			U	U

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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 (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		U		U

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 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) N/A						
(2)						
(3)						
(4)						
Totals		U				U

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		U				U

Part II **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) N/A						
(2)						
(3)						
(4)						
Totals from Part I U						
Totals, Part II (lines 1-5) U	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

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) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			U

Form **2220**

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

Ⓛ Attach to the corporation's tax return.

2017

ⓁGo to www.irs.gov/Form2220 for instructions and the latest information.

Name

Three Square

Employer identification number

30-0396918

Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	56,547
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation doesn't owe the penalty	3	56,547
4 Enter the tax shown on the corporation's 2016 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	53,757
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	53,757

Part II Reasons for Filing—Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

- 6** The corporation is using the adjusted seasonal installment method.
- 7** The corporation is using the annualized income installment method.
- 8** The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	10/15/17	12/15/17	03/15/18	06/15/18
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	13,439	13,439	13,439	13,440
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions. <i>Complete lines 12 through 18 of one column before going to the next column.</i>	277			54,000
12 Enter amount, if any, from line 18 of the preceding column				
13 Add lines 11 and 12				54,000
14 Add amounts on lines 16 and 17 of the preceding column		13,162	26,601	40,040
15 Subtract line 14 from line 13. If zero or less, enter -0-	277	0	0	13,960
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		13,162	26,601	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	13,162	13,439	13,439	0
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17—no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2017)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19	See Worksheet		
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2017 and before 7/1/2017	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365} \times 4\% (0.04)$	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2017 and before 10/1/2017	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365} \times 4\% (0.04)$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2017 and before 1/1/2018	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365} \times 4\% (0.04)$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2017 and before 4/1/2018	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365} \times 4\% (0.04)$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2018 and before 7/1/2018	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365} \times \text{*\%}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2018 and before 10/1/2018	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365} \times \text{*\%}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2018 and before 1/1/2019	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365} \times \text{*\%}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2018 and before 3/16/2019	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365} \times \text{*\%}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns			38	\$ 354

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 Worksheet

Form **2220**

2017

For calendar year 2017, or tax year beginning **07/01/17**, and ending **06/30/18**

Name

Employer Identification Number

Three Square

30-0396918

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>10/15/17</u>	<u>12/15/17</u>	<u>03/15/18</u>	<u>06/15/18</u>
Amount of underpayment	<u>13,162</u>	<u>13,439</u>	<u>13,439</u>	

Prior year overpayment applied 277

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment			<u>03/16/18</u>	<u>06/15/18</u>	
Amount of payment			<u>40,500</u>	<u>13,500</u>	

Qtr	From	To	Underpayment	#Days	Rate	Penalty
1	10/15/17	3/16/18	13,162	152	4.00	219
2	12/15/17	3/16/18	13,439	91	4.00	134
3	3/15/18	3/16/18	13,439	1	4.00	1
Total Penalty						354

=====

Form 990-T	Tax Computation Worksheet - Corporate Fiscal Year Blended Rate	2017
For tax year beginning 07/01/17 , and ending 06/30/18		

Name Three Square	Employer Identification Number 30-0396918
-----------------------------	---

1) Taxable income from Form 990-T, Line 34	1	216,105
Pre-TCJA Tax Computation		
2) Tentative tax: (1) As a Controlled Group or (2) Based on Income of Form 990-T, Line 34 displayed on Line 1	2	67,531
3) Applicable ratio: <u>184</u> days included in this period divided by <u>365</u> total days in the year	3	0.504110
4) Tax for the pre-TCJA period	4	34,043
Post-TCJA Tax Computation		
5) Tentative tax. Multiply line 1 times 21%	5	45,382
6) Applicable ratio: <u>181</u> days included in this period divided by <u>365</u> total days in the year	6	0.495890
7) Tax for the post-TCJA period	7	22,504
Total Tax Computation		
8) Total tax liability before credits. Sum of line 4 plus line 7 Enter here and on Form 990-T, Line 35c	8	56,547

Statement 1 - Form 990-T, Part I, Line 12 - Other Income

Description	Amount
Community Room	\$ 113,387
Catered Meals	82,840
Vended Meals	2,336,525
Total	\$ 2,532,752

Statement 2 - Form 990-T, Part II, Line 18 - Interest

Description	Amount
Community Room	\$ 7
Vended Meals	1,198
Total	\$ 1,205

Statement 3 - Form 990-T, Part II, Line 20 - Charitable Contributions

Description	Amount
Current Year Contributions	\$ 65,429,897
Carryover From Prior Years	65,583,448
Total Contributions Available	131,013,345
Less Reclassification to NOL	
Less Contributions Disallowed	130,989,222
Total Deduction Allowed	24,123

Statement 4 - Form 990-T, Part II, Line 20 - Noncash Contributions

Noncash Description	FMV Explanation
Food distrib	Per pound

Statement 5 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
Occupancy	\$ 35,735
Travel	26,180
Community Room food dist	40,985
Community Room EE costs	2
Community Room prog mat	1,784
Community Room dues	115
Community Room meals	67
Catered Meals food dist	7,162
Catered Meals prog mat	17
Catered Meals dues	224
Catered Meals meals cost	2
Vended Meals prog mat	5,925
Vended Meals EE costs	964
Vended Meals food distrib	1,550,457

Statement 5 - Form 990-T, Part II, Line 28 - Other Deductions (continued)

<u>Description</u>	<u>Amount</u>
Vended Meals dues	\$ 497
Vended Meals meal costs	146
Information Technology	2,233
Office	5,512
Insurance	5,063
Other Professional Fees	4,566
Printing and Publications	758
Conferences/Meetings	86
Non-cash Prizes	649
Other Direct Fundraising/Gaming	2,266
Tax preparation expense	2,000
Total	<u>\$ 1,693,395</u>

Three Square

30-0396918 Form 990-T Estimates

Form **990-W**

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)

(and on Investment Income for Private Foundations)

2018

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/F990W for instructions and the latest information.
Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	216,105
2	Tax on the amount on line 1. See instructions for tax computation	2	45,382
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	45,382
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	45,382
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	45,382
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	45,382
b	Enter the tax shown on the 2017 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	
c	2018 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	45,382

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions	11	10/15/18	12/17/18	03/15/19	06/17/19
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	11,400	11,400	11,400	11,400
13	2017 Overpayment. See instructions	13				
14	Payment due (Subtract line 13 from line 12)	14	11,400	11,400	11,400	11,400

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2018)

Houldsworth, Russo & Company, P.C.
8675 S Eastern Ave Ste A
Las Vegas, NV 89123-2839

Three Square
4190 N. Pecos Road
Las Vegas, NV 89115

