

Extended to November 15, 2018

Form 990-T

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

OMB No. 1545-0047

For calendar year 2017 or other tax year beginning and ending 2017/12

2017

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

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

Department of the Treasury Internal Revenue Service

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

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

Form section H: Describe the organization's primary unrelated business activity. See Statement 1. I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No.

J The books are in care of TOM KRUSZEWSKI Telephone number 954-344-8060

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (203,606), Less returns and allowances, Cost of goods sold (133,608), Gross profit (69,998), Total (69,998).

Table with 4 columns: Part II Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, Charitable contributions (5,864), Total deductions (16,223), Unrelated business taxable income before net operating loss deduction (53,775), Net operating loss deduction, Unrelated business taxable income before specific deduction (53,775), Specific deduction (1,000), Unrelated business taxable income (52,775).

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Part III Tax Computation

35 Organizations Taxable as Corporations See instructions for tax computation.
Controlled group members (sections 1561 and 1563) check here 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** 8,194.
36 Trusts Taxable at Trust Rates See instructions for tax computation Income tax on the amount on line 34 from:
 Tax rate schedule or 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** 8,194.

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 **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** 8,194.
43 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **43**
44 Total tax. Add lines 42 and 43 **44** 8,194.
45a Payments: A 2016 overpayment credited to 2017 **45a**
b 2017 estimated tax payments **45b** 7,600.
c Tax deposited with Form 8868 **45c** 1,000.
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: Form 2439 Form 4136 Other _____ Total **45g**
46 Total payments. Add lines 45a through 45g **46** 8,600.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached **47** 147.
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed **48**
49 Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49** 259.
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax **259.** Refunded **50** 0.

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 Yes No
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 Yes No
53 Enter the amount of tax-exempt interest received or accrued during the tax year **\$**

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 *Gary R. Gerson* **Date** 11/30/19 **Title** CEO

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

Paid Preparer Use Only

Print/Type preparer's name **Gary R. Gerson** Preparer's signature **Gary R. Gerson** Date **11/30/19** Check if self-employed PTIN **P01384634**

Firm's name **Gerson Preston** Firm's EIN **59-1262947**

Firm's address **4770 Biscayne Blvd., Suite 400 Miami, FL 33137** Phone no **(305) 868-3600**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A

1	Inventory at beginning of year	1	0.	6	Inventory at end of year	6	0.
2	Purchases	2	133,608.	7	Cost of goods sold Subtract line 6 from line 5 Enter here and in Part I, line 2	7	133,608.
3	Cost of labor	3				Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b					X
5	Total Add lines 1 through 4b	5	133,608.				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		(b) Total deductions. Enter here and on page 1 Part I, line 6, column (B) ► 0.

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)				
(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			Enter here and on page 1, Part I line 7, column (A) 0.	Enter here and on page 1, Part I, line 7, column (B) 0.
Total dividends-received deductions included in column 8			0.	0.

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)					
(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)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals			0.	0.

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)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
Totals		0.		0.

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)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26
Totals	0.	0.				0.

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)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

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)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0. <small>Enter here and on page 1, Part I, line 11, col (A)</small>	0. <small>Enter here and on page 1, Part I, line 11, col (B)</small>				0. <small>Enter here and on page 1, Part II, line 27</small>

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			0.

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return
 ▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

2017

Name **CP CARES, INC.**
C/O TOM KRUSZEWSKI
 Employer identification number **81-0888711**

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).

1	1	52,775.
2		
a	2a	
b	2b	
c	2c	
d	2d	
e	2e	
f	2f	
g	2g	
h	2h	
i	2i	
j	2j	
k	2k	
l	2l	
m	2m	
n	2n	
o	2o	
3	3	52,775.
4		
a	4a	52,775.
b	4b	0.
c	4c	
d	4d	
e	4e	0.
5	5	52,775.
6	6	
7	7	52,775.
8		
a	8a	0.
b	8b	0.
c	8c	40,000.
9	9	12,775.
10	10	2,555.
11	11	
12	12	2,555.
13	13	8,194.
14	14	0.

JWA For Paperwork Reduction Act Notice, see separate instructions

Form 4626 (2017)

* See also

Statement 5

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	52,775.
2	ACE depreciation adjustment			
	a AMT depreciation	2a		
	b ACE depreciation:			
	(1) Post-1993 property	2b(1)		
	(2) Post-1989, pre-1994 property	2b(2)		
	(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) through 2b(6)	2b(7)		
	c ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3	Inclusion in ACE of items included in earnings and profits (E&P)			
	a Tax-exempt interest income	3a		
	b Death benefits from life insurance contracts	3b		
	c All other distributions from life insurance contracts (including surrenders)	3c		
	d Inside buildup of undistributed income in life insurance contracts	3d		
	e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
	f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4	Disallowance of items not deductible from E&P			
	a Certain dividends received	4a		
	b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295 Div. A, section 221(a)(4)(A), Dec. 19, 2014, 128 Stat. 4043)	4b		
	c Dividends paid to an ESOP that are deductible under section 404(k)	4c		
	d Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		
	e 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 items 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		
	b Circulation expenditures	5b		
	c Organizational expenditures	5c		
	d LIFO inventory adjustments	5d		
	e Installment sales	5e		
	f Total other E&P adjustments. Combine lines 5a through 5e		5f	
6	Disallowance of loss on exchange of debt pools		6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8	Depletion		8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	52,775.

Form 990-T	Description of Organization's Primary Unrelated Business Activity	Statement 1
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Sale of graphic t-shirts and miscellaneous promotional items

To Form 990-T, Page 1

Form 990-T	Contributions	Statement 2
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Description/Kind of Property	Method Used to Determine FMV	Amount
Various	N/A	10,293.
Total to Form 990-T, Page 1, line 20		10,293.

Form 990-T	Other Deductions	Statement 3
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Description	Amount
Bank charges	3,004.
Office supplies	135.
Shipping expense	7,063.
Transportation	30.
Computer software	87.
Licenses & Permits	40.
Total to Form 990-T, Page 1, line 28	10,359.

Form 990-T

Contributions Summary

Statement 4

Qualified Contributions Subject to 100% Limit

Carryover of Prior Years Unused Contributions

For Tax Year 2012

For Tax Year 2013

For Tax Year 2014

For Tax Year 2015

For Tax Year 2016 42,952

Total Carryover 42,952

Total Current Year 10% Contributions 10,293

Total Contributions Available 53,245

Taxable Income Limitation as Adjusted 5,864

Excess 10% Contributions 47,381

Excess 100% Contributions 0

Total Excess Contributions 47,381Allowable Contributions Deduction 5,864Total Contribution Deduction 5,864

Form 4626

AMT Contributions

Statement 5

Carryover of Prior Years Unused Contributions

For Tax Year 2012		
For Tax Year 2013		
For Tax Year 2014		
For Tax Year 2015		
For Tax Year 2016	42,952	
Total Carryover		42,952
Current Year Contributions		10,293
Total Contributions		53,245
10% of Taxable Income as Adjusted		5,864
Excess Contributions		47,381
Allowable Contributions		5,864
AMT charitable deduction		5,864
Regular contribution deduction		5,864
AMT contribution adjustment		0