723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2017)

43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	. 3 000 1	15 110		
Controlled group members (sections 1581 and 1583) check here				
a Eater your share of the \$50,000, \$25,000, and \$9,25,000 shable income bracks for that order): (1) S b Enter organizations share of (1) Additional 5% tax (not more than \$11,750) S (2) Additional 3% tax (not more than \$100,000) o income tax on the amount on line 34 or income tax on the amount on line 34 or income tax on the amount on line 34 or income tax on the amount on line 34 or income tax on the amount on line 34 or income tax on the amount on line 34 from 37 Front 18 Tax shable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:			1 1	
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Here Ye OPERATIONS CFO May the IRS discuss this return with the preparer shown below (see Instructions)? X Yes No			wledge and belief, it	is true,
Here Ye OPERATIONS CFO May the IRS discuss this return with the preparer shown below (see Instructions)? X Yes No	Sign			
Paid Preparer Use Only Signature of officer Date Title Instructions)? X Yes No		NO SEE LAND NO OPERATIONS, CEO M. VP. OPERATIONS, CEO M.	•	
Paid Preparer Use Only Firm's name Preparer's signature Date Self- employed Policy Polic				
Paid Preparer Use Only YIGIT UCTUM, CPA 3/19/20 Firm's EIN ► 39-0974031 230 PARK AVE FL 3 Firm's address NEW YORK, NY 10169-0005 Phone no. 212-551-1724	•			
Preparer Use Only YIGIT UCTUM, CPA 3/19/20 P01269549 Firm's name ► WEGNER CPAS, LLP Firm's EIN ► 39-0974031 230 PARK AVE FL 3 Firm's address ► NEW YORK, NY 10169-0005 Phone no. 212-551-1724		7/11/00	1 11114	
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Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inver	nton/ v	aluation ▶ N/A						
1 Inventory at beginning of year	1	111001100 01 111101		Inventory at end of yea			6			
2 Purchases	2		7	•		ine 6	Ť	1		
3 Cost of labor	3		from line 5. Enter here and in Part I,					i		
4a Additional section 263A costs	 • 		1	line 2			7			
(attach schedule)	4a		8	Do the rules of section	with respect to		,	Yes	No	
b Other costs (attach schedule)	4b		┦ Ĭ	property produced or a		•				
5 Total. Add lines 1 through 4b	5		┪	the organization?	,				1	
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe		Leas	ed With Real Pro	pert	ty)		
1. Description of property										
(1)										
(2)										
(3)										
(4)					•					
	2. Rent receiv	ed or accrued				2/a) Dodustlana directi		etad with the inc	omo le	_
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` of rent for	personal	onal property (if the percents property exceeds 50% or if ed on profit or Income)	ige	columns 2(a) a	ions directly connected with the Income in umns 2(a) and 2(b) (attach schedule)			
(1)										
(2)										
(3)			-							
(4)										
Total	0.	Total		<u> </u>	0.					
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter >			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>			0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstru	ctions)						
				Gross Income from	-	3. Deductions directly con to debt-finance)	
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other dedi (attach sche		3
(1)										
(2)							1			
(3)			1							
(4)						······································	1			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	(Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable de (column 6 x total 3(a) and 3	of col	
(1)				%						
(2)				%			Т			
(3)		•		%						
(4)			T	%						
			-			nter here and on page 1, Part I, line 7, column (A)		Enter here and o Part I, line 7, col		
Totals				•		0				0.
Total dividends-received deductions-in	cluded in columi	18				D	- -			0.
·								Form 9	90-T ((2017)

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Schedule F - Interest,	Annuities, Ro	yalties, a					ation	S (see ins	struction	ns)
			Exempt (Controlled O	rganizatio	ons				
1. Name of controlled organiza	ition 2	. Employer lentification number		elated income instructions)			5. Part of column 4 that is included in the controlling organization's gross incom		rolling	6. Deductions directly connected with income in column 5
/1\			 	-			 			
(1)			+							-
(2)			+				 			
(3)			 				 			
(4)					L	•	1			
Nonexempt Controlled Organ	· · · · · · · · · · · · · · · · · · ·				—-т	12				
7. Taxable Income	8, Net unrelated (see instru		9. Total	of specified pay made	ments	10. Part of column in the controll gross	mn 9 that I Ing organia income	is included zation's	11, De wit	eductions directly connected th income in column 10
(1)										
(2)	† · · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·			
(3)						-				······································
	 		+				-			
_(4)	<u> </u>				+					
						Enter here and	nns 5 and I on page ' column (A)	1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					•			0.1		0.
Schedule G - Investme	ent Income o	a Section	n 501(c)(7), (9), or	(17) Or	ganization				
	ructions)		,,, 00 , (0)(. ,, (0,, 0.	(, 0.,	94111241101	•			
	cription of Income	<u>-</u>		2. Amount of	Income	3. Deduction directly connected attach scheduler	cted	4. Set-	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)	·									
(4)				<u> </u>						
(4)			 	Enter here and	on nege 1					Enter here and on page 1,
				Part I, line 9, co						Part I, line 9, column (B)
Totals				L	0.					0.
Schedule I - Exploited (see instru	•	vity Incoi	ne, Othe	r Than Ac	lvertisi	ng Income	9			
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p	Expenses y connected production unrelated ess income	4. Net incomfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity i is not unrelat business inco	that ted	6. Exp attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)	† · · · · · ·			 						
(2)		_			+					
(4)	 			 						
(4)	Enter here and on page 1, Part I, line 10, col (A)	page	nere and on e 1, Part I, I0, col (B).							Enter here and on page 1, Part II, line 26
Totals	1	0.	0.	1						0.
Schedule J - Advertisi										• • • • • • • • • • • • • • • • • • • •
Part I Income From				solidated	Basis	_14				
1. Name of periodical	2. Gro advertis Incom	ing an	3. Direct ivertising costs			5. Circulat income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							$\neg \uparrow$			
(2)				7						1
(3)	- 					 	- -			1
				┥		-				1
(4)				+		<u> </u>				
Totals (carry to Part II, line (5))	•	0.	0							0.
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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.
		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
Totals, Part II (lines 1-5)	•	0.	0.				0.

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

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

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FOOTNOTES

STATEMENT

1

RETURN WAS AMENDED TO REQUEST A TAX REFUND DUE TO THE REPEAL OF SECTION 512(A)(7). CHANGES WERE MADE TO INFORMATION REPORTED IN BOXES C, E, AND H; AND AMOUNTS REPORTED IN PART I, LINES 12(A), 12(C), 13(A), AND 13(C); PART II, LINES 30, 32, AND 34; PART III, LINES 35C AND 40; PART IV LINES 42, 44, 45B, 45G, 46, 47, 49, AND 50.

FORM 990-T	OTHER	CREDITS	AND	PAYMENTS	5	STATEMENT	2
DESCRIPTION						ĀMOUNT	
REPEAL OF SECTION 512(A	.)(7)					4,03	30.
TOTAL INCLUDED ON FORM	990-T, 1	PAGE 2,	PART	IV, LINE	45G	4,03	30.