## 2939322803426 \*Amended Return - Section 512(a)(7) Repeal\*

**	990-T		Exempt Organization Busin			Returi	ո	ОМЕ	3 No 1545-0687	
Form	JJU-1	(and press) state and the second second								
		For cale	ndar year 2017 or other tax year beginning 07/0				18		2017	
•	rtment of the Treasury al Revenue Service	N. D	Go to www.irs.gov/Form990T for instru					Open to I	Public Inspection for Organizations Only	
		P D0 1	not enter SSN numbers on this form as it may be			ion is a 50°				
	Check box if address changed	4	Name of organization ( Check box if name ch	angeu and	see instructions )				ntification number ust, see instructions)	
_	empt under section	Print		000 1001-	untinen.	·	,- ,-	-	,	
	501( C )( 3 )	or	Number, street, and room or suite no. If a P O. box. 65 S. DREXEL AVE	, see instri	uctions		F Unrela		379452 iness activity codes	
_	408(e) 220(e) 408A 530(a)	Туре	City or town, state or province, country, and ZIP or	foreign no	estal code			nstructio		
	529(a)		COLUMBUS, OH 43209	ioreign po	ostal code					
	ok yalue of all assets end of year	F Gr	oup exemption number (See instructions.	1 🕨						
aı	46,209,282		neck organization type > 7 501(c) corp		☐ 501(c) tru	st 🗀	401(a)	trust	Other trust	
H (			n's primary unrelated business activity.				` ` '			
			e corporation a subsidiary in an affiliated grou		arent-subsidiary co	ntrolled g	roup? .	. ▶	Yes No	
		E	and identifying number of the parent corp		•	J	·			
J	The books are in o	care of	▶ JULIE EIKENBERRY		Telephor	e numbe	r ▶	(61	14) 453-4503	
Pa	rt Unrelate	d Trad	e or Business Income		(A) Income	(B) Ex	penses		(C) Net	
1:	a Gross receipts	s or sale	es0							
1	b Less returns and a	allowance	es 0 c Balance ►	1c	0					
2	Cost of goods	sold (S	Schedule A, line 7)	2	0					
3	Gross profit S	Subtract	t line 2 from line 1c	3	0				0	
4			me (attach Schedule D)	4a	0				0	
ı	b Net gain (loss)	(Form	4797, Part II, line 17) (attach Form 4797)	4b	0				0	
•	•		n for trusts	4c	0				0	
5	· ·	-	erships and S corporations (attach statement)	5	0				0	
6	Rent income (		-	6	0		0		0	
7			ced income (Schedule E) . '	7	0		- 0		0	
1 8		•	and rents from controlled organizations (Schedule F)	8	0		0	_	0	
9			ction 501(c)(7), (9), or (17) organization (Schedule G)	9	0		0		0	
10			vivity income (Schedule I)	10	0		0		0	
11	•	•	Schedule J)	11	0		0	_	0	
) 12 ) 13	•		tructions, attach schedule)	12	0		0		0	
			3 through 12		<u></u>	ns ) (Evo		ontrib		
			be directly connected with the unrelate			13.) (LAC	spt ioi t	OHUID	utions,	
14	Compensation	n of offi	cers, directors, and trustees (Schedule K)		1		1	4	0	
15	Salaries and w	vages	· · · · · · · · · · · · · · · · · · ·					5	0	
16	Repairs and m	naintena	ance	NEF			. 1	6	0	
17	Bad debts .		REUL		. <b> </b> %		. 1	7	0	
18	Interest (attacl	h sched	ance	n 20	50 <b>/</b> 87/		. 1	8	0	
19	Taxes and lice	enses .	<b>\\</b> \ \ \ \ \	11.	٠. ١٠٠٠		_1	9	0	
20	Charitable cor	ntributio	ons (See instructions for limitation rules). Form 4562). Illimed on Schedule A and elsewhere of the control of		TUT		. 2	0	0	
21	Depreciation (	attach I	Form 4562)	DEM	21	0				
22	Less deprecia	tion cla	imed on Schedule A and elsewhere	LUPTT .	. 22a	0	22		0	
23	Depletion						<b>⊢</b>	3	0	
24	Contributions	to defe	rred compensation plans				<u> </u>	4	0	
25	Employee ben	etit pro	ograms				<b>—</b>	5	0	
26	•		nses (Schedule I)					6	0	
27			osts (Schedule J)						0	
28		-	ach schedule)					8	0	
29			<del>-</del>		0			_	0	
30			exable income before net operating loss de						0	
31			eduction (limited to the amount on line 30)				_		0	
32			exable income before specific deduction.					_	0	
33 34			Generally \$1,000, but see line 33 instruction taxable income. Subtract line 33 from line.					ა	0	
54			ero or line 32					<u>.</u>	o	
							·   3	₩	VΙ	

For Paperwork Reduction Act Notice, see instructions.

Cat No 11291J

Form **990-T** (2017)



Estimated tax penalty (see instructions). Check if Form 2220 is attached	Form 99	D-T (2017	)								Page 2
Trusts 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) S S S S S S S S S S S S S S S S S S S					<del></del>						
till  s		Organ	zations Taxable as Corporations.			ion. C	Controlled gro	oup			
(2) Additional 3% tax (not more than \$100,000)	а					kets (	in that order)	:			
Trusta Texable 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   38   38   37   38   38   37   38   38		(2) Add	litional 3% tax (not more than \$100,0	00)		\$					
the amount on line 34 from:	C								35c	(	
Alternative minimum tax  Tax on Non-Compliant Facility Income. See instructions  Tax on Non-Compliant Facility Income. See instructions  Tax on Non-Compliant Facility Income. See instructions  Tax and Payments  Tax and Payments  Tax and Payments  Tax credit (corporations attach Form 1118; trusts attach Form 1116)  Other credits (see instructions)  General business credit. Attach Form 3800 (see instructions)  General business credit. Attach Form 3800 (see instructions)  General business credit. Attach Form 3801 or 8827)  Total credits. Add lines 41a through 41d  Subtract line 41e from line 40  Subtract line 41e from line 40  Total tax. Add lines 42 and 43  Total payments: A 2016 overpayment credited to 2017  Sample stimated tax payments  Tax deposited with Form 8868  Foreign organizations: Tax paid or withheld at source (see instructions)  Credit for small employer health insurance premiums (Attach Form 8941)  Gredit for small employer health insurance premiums (Attach Form 8941)  Gredit for small employer health insurance premiums (Attach Form 8941)  Gredit for small employer health insurance premiums (Attach Form 8941)  Gredit for small employer health insurance premiums (Attach Form 8941)  Gredit for small employer health insurance premiums (Attach Form 8941)  Gredit for small employer health insurance premiums (Attach Form 8941)  Gredit for small employer health insurance premiums (Attach Form 8941)  Gredit for small employer health insurance premiums (Attach Form 8941)  Gredit for small employer health insurance premiums (Attach Form 8941)  Gredit for small employer health insurance premiums (Attach Form 8941)  Gredit for small employer health insurance premiums (Attach Form 8941)  Gredit for small employer health insurance premiums (Attach Form 8941)  Gredit for small employer health insurance premiums (Attach Form 8941)  Gredit for small employer h	36				•			_	36		
Tax on Non-Compliant Facility Income. See instructions  738 and 39 to line 35c or 36, whichever applies  750 total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies  750 total and Payments  751 Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  751 b Other credits (see instructions)  752 c General business credit. Attach Form 3800 (see instructions)  753 d Total business credit. Attach Form 3800 (see instructions)  754 c General business credit. Attach Form 3800 (see instructions)  755 d Credit for prior year minimum tax (attach Form 8801 or 8827)  755 d Total credits. Add lines 41 at through 41 d  755 d Total credits. Add lines 41 at through 41 d  755 d Total tax. Add lines 42 and 43  755 d Total tax. Add lines 42 and 43  755 d Total tax. Add lines 42 and 43  756 d Foreign organizations: Tax paid or withheld at source (see instructions)  757 d Form 4136 d Foreign organizations: Tax paid or withheld at source (see instructions)  758 d Foreign organizations: Tax paid or withheld at source (see instructions)  759 d Credit for small employer health insurance premiums (Attach Form 8941)  750 d Foreign organizations: Tax paid or withheld at source (see instructions)  750 d Foreign organizations: Tax paid or withheld at source (see instructions)  750 d Foreign organizations: Tax paid or withheld at source (see instructions)  750 d Foreign organizations: Tax paid or withheld at source (see instructions)  750 d Foreign organizations: Tax paid or withheld at source (see instructions)  750 d Foreign organizations: Tax paid or withheld at source (see instructions)  750 d Foreign organizations: Tax paid or withheld at source (see instructions)  751 d Foreign 416 d Foreign 416 d Foreign organization foreign for	37	Proxy	tax. See instructions					<b>•</b>	37		
Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies									38		
Tax and Payments  41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  b Other credits (see instructions)  c General business credit. Attach Form 8800 (see instructions)  d Credit for prior year minimum tax (attach Form 8801 or 8827)  41d	39	Tax on	Non-Compliant Facility Income. So	ee instructions					39		
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Subtract line 41e from fine 40  Other taxes. Check if from: □ Form 4255 □ Form 8611 □ Form 8697 □ Form 8866 □ Other (attach schedule) . 43 □ 0  Total tax. Add lines 42 and 43 . 44 □ 0  Payments: A 2016 overpayment credited to 2017 . 45a □ 44 □ 0  Total tax. Add lines 42 md 43 . 44 □ 0  Payments: A 2016 overpayment credited to 2017 . 45a □ 45b □ 0  Tax deposited with Form 8868 □ 45c □ 45b □ 0  Backup withholding (see instructions) . 45c □ 45d □ 45c □ 45f □ 45g □ 1,896 □ 45f □ 45g □ 1,896 □ 45f			, ,						<b>!</b>		j
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1,896 Enter the amount of line 49 you want: Credited to 2018 estimated tax ▶ 0 Refunded 50 1,896  Part V Statements Regarding Certain Activities and Other Information (see instructions)  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 ▶  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.  Enter the amount of tax-exempt interest received or accrued during the tax year ▶  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 be true, correct, and complete. Occlaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  May the IRS discuss this with the preparer shown (see instructions)? ✓ Yes  CHIEF FINANCIAL OFFICER  Title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature	47	Estima	ted tax penalty (see instructions). Che	eck if Form 2220 is atta	ached				47		
The street the amount of line 49 you want: Credited to 2018 estimated tax ▶ 0 Refunded 50 50 1,896  Part V Statements Regarding Certain Activities and Other Information (see instructions)  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 ▶  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.  Enter the amount of tax-exempt interest received or accrued during the tax year ▶  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 be true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Way the IRS discuss this with the preparer shown (see instructions)? ✓ Yes Significture of officer  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Englished Print/Englished Print Print Print/Englished P	48	Tax du	e. If line 46 is less than the total of lin	es 44 and 47, enter ar	nount owed			•	48		
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here  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.  Enter the amount of tax-exempt interest received or accrued during the tax year ▶  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 be true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  May the IRS discuss this with the preparer shown (see instructions)? ✓ Yes  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature		over a	financial account (bank, securities, o	r other) in a foreign co	ountry? If YES	S, the	organization	may	have to	file	
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.  Enter the amount of tax-exempt interest received or accrued during the tax year   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 be true, correct, and complete. Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge.  May the IRS discuss this with the preparer shown (see instructions)? Yes  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name				and Financial Accoun	is. If YES, en	ter tn	e name or th	e tor	eign coui	ntry	-
# YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  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 be true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Have the amount of tax-exempt interest received or accrued during the tax year ▶ \$  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 be true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  May the IRS discuss this with the preparer shown (see instructions)? ☐Yes  Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name											1
Enter the amount of tax-exempt interest received or accrued during the tax year   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 be true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Have the amount of tax-exempt interest received or accrued during the tax year   Signature, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Have the amount of tax-exempt interest received or accrued during the tax year   Signature correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Have the tax year   Signature of officer  Date  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name						ot, or	transteror to,	a tore	eign trust?	·	1
Under penalties of perjuny, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  May the IRS discuss this with the preparer shown (see instructions)? The CHIEF FINANCIAL OFFICER  Print/Type preparer's name  Preparer's signature						_	•				1
true, correct, and complete. Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge.  May the IRS discuss this with the preparer shown (see instructions)?   The Chief Financial Officer  Print/Type preparer's name  Freparer's signature  Preparer's signature	53							ha han	t of my know	dedge and b	oficef et in
lere   1	Sian	true, c	penalities of perjury, i declare that I have examined prect, and complete. Declaration of preparer (other	than texpayer) is based on all i	nformation of which	th buebs	rer has any knowl	edge.			
Signature of officer  Date  Titte  Print/Type preparer's name  KIM SCIERES  Preparer's signature  Preparer's s	_	N 1	1. 1. 7. 11. King								
Print/Type preparer's name  Preparer's signature  Preparer's name	rere		ure of officer	Date	Title	UML	OFFICER				
KIM SCIERES 4/20/20 Check I P01316		7.9.12.		Prepareris signature -	• _	—	Date	T-	. 🗀	PTIN	
		<b>,</b>		Your So	. معمليا		4/20/20				6095

(614) 469-0001 Form **990-T** (2017)

35-0921680

Firm's EIN ▶

Phone no.

**Preparer** 

**Use Only** 

155 WEST NATIONWIDE BLVD, SUITE 500, COLUMBUS, OH 43215-2570

CROWE LLP

Firm's name ▶

Hrm's address ▶

1 01111 30	30-1 (2017)							r age o
Sche	dule A—Cost of Goods S	<b>Sold.</b> En	ter method of i	nventory	valuation ▶			
1	Inventory at beginning of ye	ear	1 (	6	Inventory a	at end of year	6	0
2	Purchases		2 (	7	Cost of	goods sold. Subtract	R.7. * 3 32	
3	Cost of labor		3 (		line 6 from	n line 5. Enter here and		
4a	Additional section 263A	costs			ın Part I, lır	ne 2	7	0
	(attach schedule)	. 4	la (	) 8	Do the rul	les of section 263A (wi	th respect to	Yes No
b	Other costs (attach schedul	le)	lb (			roduced or acquired for		31 to
5	Total. Add lines 1 through 4		~ 1	j		anization?		
	dule C—Rent Income (Fi	rom Re	al Property and	d Person	al Property	Leased With Real Pro	operty)	
	ription of property							
(1)	F F-F- /							
(2)						<del> </del>	<del></del>	<del></del>
(3)			• -					
(4)							<del></del>	
<u>, ,</u>	2. 1	Rent receiv	ed or accrued			-		
	om personal property (if the percenta personal property is more than 10% more than 50%)		(b) From real a percentage of rent 50% or if the ren	for personal	property exceeds	3(a) Deductions directly in columns 2(a) an	y connected with th d 2(b) (attach sched	
(1)				•	<del>-</del> .	•		
(2)			-					
(3)								
(4)								
Total		0	Total			0 (b) Total deductions.		
(c) Tot	tal income. Add totals of column	ns 2(a) an	d 2(b) Enter			Enter here and on page	e 1,	
here a	nd on page 1, Part I, line 6, colur	mn (A)	<b>•</b>			Part I, line 6, column (B	) <b>&gt;</b>	0
Sche	dule E—Unrelated Debt-	-Financ	ed Income (see	instructio	ns)			
	Description of debt-fine	anced prop	erty		income from or to debt-financed		ced property	
				1	property	(a) Straight line depreciation (attach schedule)	(b) Other de (attach sc	
(1)								
(2)								
(3)								
(4)		- A						
	Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fin	e adjusted basis allocable to anced property th schedule)	4	. Column I divided r column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable of (column 6 × tota 3(a) and	al of columns
(1)					%			
(2)					%			
(3)					%			
(4)					%			·
						Enter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7,	
Totals								0
	dividends-received deductions	ıncluded	ın column 8				<u> </u>	0
							Form !	990-T (2017)

Sche	Schedule F-Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)										
				Exemp	ot Co	ontrolled	Organizations				
	Name of controlled organization		Employer cation number			ed income tructions)	4. Total of specified payments made	5. Part of column included in the corganization's great street in the corganization of the corganization of the corganization of the column included in the corganization of the column included in the column	controlling	conn	eductions directly ected with income in column 5
(1)											
(2)	····										<del></del>
(3)											
(4)				_							
	xempt Controlled Organiz	zations						·•			
	7. Taxable Income	_	Net unrelated ind ss) (see instructi				tal of specified ments made	10. Part of column included in the organization's great	controlling	conne	eductions directly cted with income in column 10
(1)	<del></del>							<del>-  </del>			
(2)										+	
(3)	-				+						
(4)							·				
Totals		<b></b>						Add columns 5 Enter here and 6 Part I, line 8, co	on page 1 olumn (A)	, Enter h Part I,	columns 6 and 11 nere and on page 1, line 8, column (B)
	dule G-Investment	Income	of a Soot	ion 50:	1/0\/	(7) (0)	or (17) Organi	zation (coo unc		0	0
Julie	Description of income		2. Amount of		1(0)(	3. direc	Deductions otly connected ach schedule)	4. Set-aside (attach sched	s	5. To and s	otal deductions et-asides (col. 3 plus col. 4)
(1)			······			(211					
(2)	<b></b>										
(3)								~			
(4)				<del></del>							<del> </del>
7.7		E	nter here and	on page	1.					Enter he	re and on page 1,
			Part I, line 9, c						!		ne 9, column (B)
Totals	·	▶			اه						0
	dule I – Exploited Exe	empt A	ctivity Inco	ome. C	the	r Than	Advertising In	icome (see inst	ructions	s)	
	Description of exploited activ		2. Gross unrelated business incor from trade o business	me co	3. Exp dire onnect roduct unrel	penses ectly ted with ction of lated s 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. Ex	penses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)								***************************************	<u> </u>		
(4)											
Takala			Fnter here and page 1, Part line 10, col. (A	l, p. A) lin	age 1	re and on , Part I, col (R)	-				Fnter here and on page 1, Part II, line 26
Totals	edule J – Advertising i	ncomo	lege instru	0		0	l				0
Pari					2 C	`oncoli	dated Basis				
rail	ill illcome rionir	enouit	Jais nepui	ted on	a C	,0115011	Y		Τ		7 Evenes readember
	1. Name of periodical		2. Gross advertising income	ad	3. Di vertisi	irect ng costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	<u>.</u>			$\perp$					_		. J
(2)										_	
(3)											. l
(4)	- · · · · · · · · · · · · · · · · · · ·			_							
				_							
Totals	(carry to Part II, line (5))	<u> </u>		0		0	0		<u> </u>		0
										F	form <b>990-T</b> (2017)

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	<b>&gt;</b>	0 نہ یہ ـــــ	_ =, = 0	ಚಾರ್ಥನ್ ಕ್ಲ	maga <b>no.</b> Tradar fra.	.s m as-	0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, Ine 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)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0

Form **990-T** (2017)

Form 990T Part IV, Line 45g(iii)	Other Credits and Payments		
Descri	ption	Amount	
TAX REFUNDED WITH ORIGINAL RETURN	FILING	<del> </del>	1,896
	Totals	-	1,896

Columbus School For Girls FEIN, 31-4379452 Tax Year Ending June 30, 2018

The Form 990-T for the tax year ending September 30, 2018 is being amended due to the repeal of Section 512(a)(7) As a result, the following changes have been made

		As		_
	December obsesse	Originally	Not Change	As Amondod
	Reason for change	Filed	Net Change	Amended
Part I - Unrelated Trade or Business Income				
Line 12 - Other Income	Repeal of §512(a)(7)	13,547	(13,547)	
Line 13 - Unrelated business taxable income		13,547	(13,547)	•
Part II - Deductions Not Taken Elsewhere				
Line 28 - Other Deductions	Repeal of §512(a)(7)	2,000	-	2,000
Line 32 - UBI before specific deduction	Repeal of §512(a)(7)	11,547	(13,547)	(2,000)
Line 33 - Specific Deduction	Repeal of §512(a)(7)	(1,000)	3,000	Ò
Line 34 - Unrelated Business Taxable Income		10,547	(12,547)	(2,000)
Part III - Tax Computation				
Line 35c - Income Tax on the amount on Line 34	Repeal of §512(a)(7)	1,896	(1,896)	-
Line 40 - Total	, , , , ,	1,896	(1,896)	-
Part IV - Tax and Payments				
Line 44 - Total Tax	Repeal of §512(a)(7)	1,896	(1,896)	_
Line 45c -Tax Deposited with Form 8868	Repeal of §512(a)(7)	2,344	(2,344)	
Line 45g - Other - Tax Paid with Original Return	Repeal of §512(a)(7)	-	1,896	1,896
Line 50 - Overpayment	Repeal of §512(a)(7)	-	1,896	1,896
Line 50 - Enter the amount of Line 50 you want:			·	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	2018 estimated tax 🕨	-	Refunded 🕨	1,896