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Exempt Organization Business Income Tax Return (and proxy tax under section 60336) One-proxy tax under section 60336	000 T	NOTICE 201		v Poturn	OMB No 1545-0687
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1.05., 927, 1.23. I 6 Check regeneration type ■ X 591(c) corporation 591(c) frust 401(a) trust 0 ther trust 1 tester the number of the originarious invaridant dates or business. ▶ □ Describe the only (or first) unrelated trade or business here ▶ NONE 1 forth one, complete Parts I.v. If more than one, describe the treat in the blank spear at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III.V 1 During the lax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X No III.Yes, and the name and identifying number of the parent corporation. ▶ Yes III.Yes are made or Dustiness Income (3) factors receipts or sales. ▶ □ The books are in care of ▶ PALESA MOHASOA Telephone number ▶ 617-774-0110 13 direct receipts or sales. ▶ □ The Pale of Pale or Business Income (3) factors receipts or sales. ▶ □ Lears return and allux and the part of the parent corporation. ▶ 1 to some or the parent corporation or th	C Book value of all assets	L			
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	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	62,900.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
•	lines 33 and 34	36	62,900.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	. 38	61,900.
	V Tax Computation		12 000
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	▶ 39	12,999.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	le to	
	Tax rate schedule or Schedule D (Form 1041)	40	
	Proxy tax See instructions	► 41 · · ·	
	Alternative minimum tax (trusts only)	42	
	Tax on Noncompliant Facility Income See instructions	43	12,999.
Part V	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments	44	12,333.
		3736Ze	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
	Other credits (see instructions)		
C	General business credit. Attach Form 3800		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	A6588	
	Total credits. Add lines 45a through 45d	45e	12,999.
46	Subtract line 45e from line 44 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (ent	46	14,333.
47		ach schedule) 47	12,999.
	Total tax Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	<u> </u>
	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments 50b	6,500.	
	· · · · · · · · · · · · · · · · · · ·	<u>0,300.</u>	
	Foreign organizations: Tax paid or withheld at source (see instructions) Seeking withheld as (see instructions) 50d		
	Backup withholding (see instructions) 50e 50e 50e		
	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments; Form 2439		
9			
		51	26,500.
	Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	20,300.
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	► 53	
53	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	13,501.
54 55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	· ·	0.
Part.V			
<u> </u>	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
30	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 ► SEE STATEMENT 1		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	on trust?	x
5,	If "Yes," see instructions for other forms the organization may have to file.	gi, i, 50 1	
58	Enter the amount of tax-exempt interest received or accrued outing the tax year		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be-	st of my knowledge and belief	, it is true,
Sign	correct, and complete Declaration of preparer (other than toxpayer) is based on all information of which preparer has any knowledge CHIEF EXECUTIVE	T	
Here		May the IRS dis	cuss this return with
	Signature of officer Date Title	instructions)?	
·		neck If PTIN	
Paid		If- employed	
Prepa	DDATO MIRTH //4 \$ [1 7 . 11/12/10		734640
Use O	- CDTZ MDV TTC		3753134
USE C	500 BOYLSTON STREET		
		Phone no. 617-76	1-0600
		_	000 T

Schedule A - Cost of Goods Sold. Enter	method of invent	ory va	aluation > N/A					
1 Inventory at beginning of year 1		_	Inventory at end of yea			6		
2 Purchases 2					ine 6			
3 Cost of labor 3			from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs	· <u>-</u>	1	line 2			7		
(attach schedule) 4a		8	Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule) 4b			property produced or a	cquired	for resale) apply to			
5 Total Add lines 1 through 4b			the organization?					
Schedule C - Rent Income (From Real (see instructions)	Property and	Pers	sonal Property L	.ease	d With Real Prop	erty)		
1 Description of property								
(1)								
(2)	•							
(3)								
(4)								
······································	ed or accrued				1			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	` of rent for pe	ersonal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connected 2(b) (ted with the income i attach schedule)	n
(1)								
(2)								
(3)								
(4)								
Total 0.	Total			0.				
(c) Total income Add totals of columns 2(a) and 2(b). Enhere and on page 1, Part I, line 6, column (A)	•			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>	·	0.
Schedule E - Unrelated Debt-Financed	Income (see	nstru	ctions)	,	,			
		, ا	Gross income from		Deductions directly control to debt-finance			
Description of debt-financed property		_	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)						1		
(2)		-				\top		
(3)								
(4)	***************************************							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5	•	7. Gross income reportable (column 2 x column 6)		8. Allocable deduc column 6 x total of co 3(a) and 3(b))	
(1)			%			\top		
(2)			%					
(3)			%					
(4)			%		-			
		-	<u> </u>		nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals			_		0	.		0.
Total dividends-received deductions included in column	n 8					\top		0.

Form 990-T (2018)

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Columns 2 timoagn	, on a	inic by inic 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)		<u> </u>					
(2)	i		·				
(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)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 1

NAME OF COUNTRY

CAMBODIA

CAMEROON

ETHIOPIA

INDIA

INDONESIA

KENYA

LESOTHO

LIBERIA

MALAWI

MOZAMBIQUE

NIGĒRĪĀ

PAPUA-NEW GUINEA

RWANDA

SOUTH AFRICA

SWAZILAND

ΤΑΝΖΛΝΙΛ

UKRAINE UGANDA

VIETNAM

ZAMBIA

ZIMBABWE

LAOS

SIERRA LEONE

HAITI

CONGO, DEM REP

BURMA