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٠,	Form 990=	Į l			anization Bus			ı ax Ketur	n	CIVID IVO	1343-0087	
,	020				and proxy tax und			04 00		20	10	
	()	\	For cale		year beginning $\overline{\mathtt{SEP}}$ 1,				<u> 19</u>	ZU	18	
	Department of the	Treasury	▶ 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)(:)							Open to Publ	ic Inspection fo	
	Internal Revenue-88		_					ization is a 5U (c)(3			ic Inspection to inizations Only	
	A Check b	ox if changed							DEmployer Identification number (Employees' trust, see Instructions)			
				Managhua C	lonton Inc					•	6224	
	B Exempt under		rint or		enter, Inc.					54-143 elated business		
	X 501(c)(I T	ype		om or suite no. If a P.O. bo					instructions)	dollyn, occo	
	408(e) L	=======================================	}		ngton Blvd,				-			
	408A 529(a)	530(a)		Arlington,	rovince, country, and ZIP o	-	n postal code					
	C Book value of all	assets	_		mber (See instructions.)				1			
	at end of year		-		ype X 501(c) cor		501(c) trust	401(a	ı) trust		Other trust	
	H Enter the num	ber of the ora	anızat	ion's unrelated trades of		poratio		e the only (or first) u				
	trade or busine							e, complete Parts I-V				
			k snar	e at the end of the orev	rious sentence, complete P	arts I ar						
	business, then				Todo domainos, dompioto	u. 10 . u.	,					
					in affiliated group or a pare	nt-subs	idiary controlled group?	•	Y	es	No	
	If "Yes," enter	the name and	identi	fying number of the pa	rent corporation.		,					
	J The books are	n care of 🕨	· T	he Center				hone number 🕨 🕹	703-	-993-4	930	
	Part I U	nrelated 1	Γrad	e or Business I	ncome		(A) Income	(B) Expense	S	(C) Net	
	1a Gross rece	ipts or sales										
	b Less return	ns and allowar	ices		c Balance	1c						
	2 Cost of goo	ods sold (Sch	edule .	A, line 7)		2				ļ		
	3 Gross prof	ıt. Subtract lın	e 2 fro	om line 1c		3						
	4a Capital gair			•		48				-		
				art II, line 17) (attach Fo	rm 4797)	4b		ļ				
	c Capital loss					4c		 		ļ		
	,			hip or an S corporation	(attach statement)	5		 		 		
		t income (Schedule C)				7						
	_		inanced income (Schedule E)									
		-	es, royalties, and rents from a controlled organization (Schedule F)					 		 	-	
		nent income of a section 501(c)(7), (9), or (17) organization (Schedule G ed exempt activity income (Schedule I)				10				 		
	•	income (Sch		•		11						
	_	•		•		12				1		
								,				
					ere (See instructions fo	or limita	ations on deductions)		•		
	(E)	cept for cor	ntribu	tions, deductions mi	ust be directly connecte	d with	the unrelated busine	ss_income.)——				
	14 Compens	ation of officei	rs, dır	ectors, and trustees (So	chedule K)		RECEI	<u>VED</u>	14			
	15 Salaries a	nd wages						——————————————————————————————————————	15			
	16 Repairs ar	nd maintenand	ce				FEB 2 5	5 2020 .	16	_		
	17 Bad debts						ιο, 'EΒ' .	,	17	ļ		
	•		e) (se	e instructions)			2005	. 114	18			
	19 Taxes and						OGDE	N, U1	19	 		
			-	instructions for limitati	on rules)				20	-		
	•	on (attach For		•			21		 	-		
		eciation claim	ea on	Schedule A and elsewh	iere on return		22a		22b	+	 -	
	23 Depletion	one to defer-	d oor	nancation plans					23			
		benefit progra		npensation plans					25	-		
		empt expense		hedule I)					26	 		
		adership costs	•	•					27	+		
		uctions (attacl		•					2)8	 		
,		uctions. Add I		•					129	 	0.	
,				-	ing loss deduction. Subtrac	ct line 2	9 from line 13		30		0.	
				· ·	peginning on or after Janua				3			
				come. Subtract line 31			<u> </u>		32		0.	
					1					- 00	A T (0040	

Extended to July 15, 2020

Form 990-1			54-143	86224			Page 2
Part I	11	Total Unrelated Business Taxable Income					
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33			0.
34	Amo	unts paid for disallowed fringes		34			
35	Dedu	ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35			
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		l i			
	lines	33 and 34	بعريس	36			
37	Spec	fic deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38	/3/7		.,0	<u>oo.</u>
38	Unre	lated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,					_
		the smaller of zero or line 36		38			0.
Part I		Tax Computation		,			
39	-	nizations Taxable as Corporations Multiply line 38 by 21% (0.21)		39			0.
40	Trust	s Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:	_	$ \perp \perp $			
	_	Tax rate schedule or Schedule D (Form 1041)		40			
41	-	y tax See instructions		41			
42		native minimum tax (trusts only)		1 2 +			
43 44		In Noncompliant Facility Income. See instructions Add lines 41, 42, and 43 to line 39 or 40, whichever applies		43			0.
Part \	_	Tax and Payments		1 42 1			<u> </u>
		gn tax credit (corporations attach Form 1118; trusts attach Form 1116)		Т			
		credits (see instructions)		1			
c		ral business credit. Attach Form 3800		1			
ď		t for prior year minimum tax (attach Form 8801 or 8827)		1			
		credits Add lines 45a through 45d		45)e			
46		act line 45e from line 44		46			0.
47	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (a	ttach schedule)	47			
48	Total	tax Add lines 46 and 47 (see instructions)		4,8			0.
49	2018	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49			0.
50 a	Paym	ents: A 2017 overpayment credited to 2018		П			
b	2018	estimated tax payments S15 506	10,800.]			
C	Tax d	eposited with Form 8868		1			
d	Forei	gn organizations: Tax paid or withheld at source (see instructions)		. I			
		up withholding (see instructions)		↓			
		t for small employer health insurance premiums (attach Form 8941)		↓			
9		credits, adjustments, and payments: Form 2439					
		Form 4136 Other Total ▶ 50g		ار نے ا	1 (
51		payments Add lines 50a through 50g		51/		8, (00.
52		ated tax penalty (see instructions) Check if Form 2220 is attached		53			
53 54		lue If line 51 is less than the total of lines 48, 49, and 52, enter amount owed payment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	1 (, 8	00
55			ınded	55			00.
Part V		Statements Regarding Certain Activities and Other Information (see instruc		# 3 4 1		, 0	.
56		y time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		<u> </u>		Yes	No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			F		
		N Form 114 Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country				- 1	
	here				1	ĺ	
57	Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?				
	If "Ye	s," see instructions for other forms the organization may have to file.			Γ		
58		the amount of tax-exempt interest received or accrued during the tax year >\$					
0	Ur	der penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	e best of my kno je	wledge and	belief, it is t	чө,	
Sign	١,	(1) (1) (1) (1) (1) (1)	_		discuss this		vith
Here		Signature of officer Date Title			hown below		.
					X Yes		No
		L sylvania sugar		f PTIN			
Paid			elf- employed	חמ	06398	110	
Prepa		- 1710 CO CO CO CO	Fırm's EIN ▶				1
Use Only Firm's name ▶ Rogers & Company PLLC Firm's EIN ▶ 58-2676261							
			Phone no (7031	893-	03	0.0
		The second of th	(. 557		==	- -

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Footnotes

Statement

Form 990-T is being filed only to request a refund of estimated taxes paid for Section 512(a)(7) disallowed fringes repealed in Further Consolidated Appropriations Act 2020 (H.R. 1865).