

**LARRY SAUNDERS & ASSOCIATES  
2902 CHAMBERLAYNE AVE  
RICHMOND, VA 23222  
(804) 321-8512  
jeb@lsacpas.com**

March 24, 2020

JUNIOR LEAGUE OF RICHMOND, INC.  
2605 WEST CARY STREET  
RICHMOND, VA 23220

Dear Client,

Enclosed is the 2018 U.S. Form 990-T, Exempt Organization Business Income Tax Return, for JUNIOR LEAGUE OF RICHMOND, INC. for the tax year ending May 31, 2019.

The return should be signed and dated by an authorized officer or fiduciary and mailed on or before April 15, 2020 to:

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

No payment is required. You will receive a refund of \$657.

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

James E. Benson

**LARRY SAUNDERS & ASSOCIATES  
2902 CHAMBERLAYNE AVE  
RICHMOND, VA 23222  
(804) 321-8512  
jeb@lsacpas.com**

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March 24, 2020

JUNIOR LEAGUE OF RICHMOND, INC.  
2605 WEST CARY STREET  
RICHMOND, VA 23220

**Statement of Charges for Services Rendered:**

**Tax Preparation Fees:**

Tax return preparation fee	\$	350.00
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<b>Total fee</b>	<b>\$</b>	<b>350.00</b>
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**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2018**Department of the Treasury  
Internal Revenue ServiceFor calendar year 2018 or other tax year beginning Jun 1, 2018, and ending May 31, 20 19.▶ 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).

Open to Public Inspection for  
501(c)(3) Organizations Only**A** ☐ Check box if  
address changed**B** Exempt under section☒ 501(c)(3)☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a)**C** Book value of all assets  
at end of year

3,772,697.

Print  
or  
TypeName of organization ( ☐ Check box if name changed and see instructions.)

JUNIOR LEAGUE OF RICHMOND, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.

2605 WEST CARY STREET

City or town, state or province, country, and ZIP or foreign postal code

RICHMOND, VA 23220

**D** Employer identification number  
(Employees' trust, see instructions.)

54-0519575

**E** Unrelated business activity code  
(See instructions.)

541800

**F** Group exemption number (See instructions.) ▶**G** Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Enter the number of the organization's unrelated trades or businesses. ▶ Describe the only (or first) unrelated trade or business here ▶ ADVERTISING IN NEWSLETTERS. If only one, complete Parts I–V. If more than one, describe the first in the blank space 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.**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation. ▶**J** The books are in care of ▶ JUNIOR LEAGUE OF RICHMOND, INC. Telephone number ▶ (804) 643-4886**Part I Unrelated Trade or Business Income**

(A) Income

(B) Expenses

(C) Net

<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances				
<b>c</b> Balance ▶	<b>1c</b>			
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>			
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>			
<b>6</b> Rent income (Schedule C)	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>			
<b>11</b> Advertising income (Schedule J)	<b>11</b>	5,975	4,044	1,931
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>			
<b>13</b> Total. Combine lines 3 through 12	<b>13</b>	5,975	4,044	1,931

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		
<b>16</b> Repairs and maintenance	<b>16</b>		
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	193	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		
<b>23</b> Depletion	<b>23</b>		
<b>24</b> Contributions to deferred compensation plans	<b>24</b>		
<b>25</b> Employee benefit programs	<b>25</b>		
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>		
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>		
<b>28</b> Other deductions (attach schedule)	<b>28</b>		
<b>29</b> Total deductions. Add lines 14 through 28	<b>29</b>	193	
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	1,738	
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>		
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30	<b>32</b>	1,738	

**Part III Total Unrelated Business Taxable Income**

<b>33</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>33</b>	1,738
<b>34</b>	Amounts paid for disallowed fringes	<b>34</b>	
<b>35</b>	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	<b>35</b>	
<b>36</b>	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	<b>36</b>	1,738
<b>37</b>	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<b>37</b>	1,000
<b>38</b>	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	<b>38</b>	738

**Part IV Tax Computation**

<b>39</b>	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	<b>39</b>	155
<b>40</b>	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>40</b>	
<b>41</b>	<b>Proxy tax.</b> See instructions	<b>41</b>	
<b>42</b>	Alternative minimum tax (trusts only)	<b>42</b>	
<b>43</b>	<b>Tax on Noncompliant Facility Income.</b> See instructions	<b>43</b>	
<b>44</b>	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<b>44</b>	155

**Part V Tax and Payments**

<b>45a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>45a</b>	
<b>b</b>	Other credits (see instructions)	<b>45b</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>45c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>45d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 45a through 45d	<b>45e</b>	
<b>46</b>	Subtract line 45e from line 44	<b>46</b>	155
<b>47</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>47</b>	
<b>48</b>	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	<b>48</b>	155
<b>49</b>	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	<b>49</b>	
<b>50a</b>	Payments: A 2017 overpayment credited to 2018	<b>50a</b>	
<b>b</b>	2018 estimated tax payments	<b>50b</b>	812
<b>c</b>	Tax deposited with Form 8868	<b>50c</b>	0
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>50d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>50e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>50f</b>	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>50g</b>	
<b>51</b>	<b>Total payments.</b> Add lines 50a through 50g	<b>51</b>	812
<b>52</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>52</b>	
<b>53</b>	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<b>53</b>	
<b>54</b>	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	<b>54</b>	657
<b>55</b>	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> <b>Refunded</b>	<b>55</b>	657

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

<b>56</b>	At any time during the 2018 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	<b>Yes</b>	<b>No</b>
<b>57</b>	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.		<b>X</b>
<b>58</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		<b>X</b>

**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

Date

Controller

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

James E. Benson

Preparer's signature

James E. Benson

Date

03/24/2020

Check ☐ if self-employed

PTIN

P00175791

Firm's name ▶ LARRY SAUNDERS &amp; ASSOCIATES

Firm's EIN ▶ 20-0592958

Firm's address ▶ 2902 CHAMBERLAYNE AVE, RICHMOND, VA 23222

Phone no. (804) 321-8512

**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation ►

<b>1</b>	Inventory at beginning of year	<b>1</b>		<b>6</b>	Inventory at end of year . . . . .	<b>6</b>		
<b>2</b>	Purchases . . . . .	<b>2</b>		<b>7</b>	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .	<b>7</b>		
<b>3</b>	Cost of labor . . . . .	<b>3</b>		<b>8</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .		<b>Yes</b>	<b>No</b>
<b>4a</b>	Additional section 263A costs (attach schedule) . . . . .	<b>4a</b>						
<b>b</b>	Other costs (attach schedule)	<b>4b</b>						
<b>5</b>	<b>Total.</b> Add lines 1 through 4b	<b>5</b>						

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

<b>1.</b> Description of property		
(1)		
(2)		
(3)		
(4)		
<b>2.</b> Rent received or accrued		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</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)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ►
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ►		

**Schedule E—Unrelated Debt-Financed Income** (see instructions)

<b>1.</b> Description of debt-financed property		<b>2.</b> Gross income from or allocable to debt-financed property	<b>3.</b> Deductions directly connected with or allocable to debt-financed property	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
<b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> Column 4 divided by column 5	<b>7.</b> Gross income reportable (column 2 × column 6)	<b>8.</b> Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . . ►			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8 . . . . . ►				

**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** . . . . . ▶**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** . . . . . ▶**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** . . . . . ▶**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)						
<b>Totals</b> (carry to Part II, line (5)) . . . . . ▶						

**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) Touch a Truck Ads	1,600.	2,319.	-719.	0.	0.	
(2) B&A Program	4,375.	1,725.	2,650.	0.	0.	
(3)						
(4)						
<b>Totals from Part I</b> . . . . . ▶						
	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.
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶	5,975.	4,044.				

**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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions
<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. JUNIOR LEAGUE OF RICHMOND, INC.	Employer identification number (EIN) or 54-0519575
	Number, street, and room or suite no. If a P.O. box, see instructions. 2605 WEST CARY STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RICHMOND VA 23220	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► JUNIOR LEAGUE OF RICHMOND, INC. \_\_\_\_\_

Telephone No. ► (804) 643-4886 \_\_\_\_\_ Fax No. ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box . . . . . ► ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . . . ► ☐. If it is for part of the group, check this box . . . ► ☐ and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until Apr 15, 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20 \_\_\_\_ or

► ☒ tax year beginning Jun 1, 20 18, and ending May 31, 20 19.

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

<b>3a</b>	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b>	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b>	<b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



**990-EZ, 990, 990-T and 990-PF  
Information Worksheet**

**2018**

**Part I – Identifying Information**

Employer Identification Number . 54-0519575

Name . . . . . JUNIOR LEAGUE OF RICHMOND, INC.

Doing Business As . . . . . \_\_\_\_\_

Address . . . . . 2605 WEST CARY STREET Room/Suite . \_\_\_\_\_

City . . . . . RICHMOND State . . . VA ZIP Code . . . 23220

Province/State . . . . . \_\_\_\_\_ Foreign Postal Code . . \_\_\_\_\_

Foreign Code . . . . . \_\_\_\_\_ Foreign Country \_\_\_\_\_

Telephone Number . . . . . (804) 643-4886 Extension . . . . . \_\_\_\_\_

Fax . . . . . \_\_\_\_\_ E-Mail Address . . \_\_\_\_\_

☐ **Eligible for hurricane tax relief legislation benefits, check here**

**Part II – Type of Return**

- |  |   |
|--|---|
| <input type="checkbox"/> Form 990-EZ <b>only</b>           | <input type="checkbox"/> Form 990-EZ <b>with</b> Form 990-T   |
| <input type="checkbox"/> Form 990 <b>only</b>              | <input type="checkbox"/> Form 990 <b>with</b> Form 990-T  |
| <input type="checkbox"/> Form 990-PF <b>only</b>           | <input type="checkbox"/> Form 990-PF <b>with</b> Form 990-T   |
| <input checked="" type="checkbox"/> Form 990-T <b>only</b> | <input type="checkbox"/> Form 990-N (gross receipts \$50,000 or less) <b>for Electronic Filing only</b> |

☐ **QuickBooks Import Users & 990 to 990-EZ Data Transfer Option:** Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

**IMPORTANT**

Before transferring data from Form 990 to Form 990-EZ , refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

**Part III – Type of Organization**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association | <u>3</u> (subsection number)                     | <input type="checkbox"/> 220(e) Trust       |
| <input type="checkbox"/> 501(c) Trust                              | _____ (subsection number)                        | <input type="checkbox"/> 408A Trust         |
| <input type="checkbox"/> 4947(a)(1) Trust                          |  | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust                              |  | <input type="checkbox"/> 529(a) Trust       |
| <input type="checkbox"/> 401(a) Trust                              |  | <input type="checkbox"/> 530(a) Trust       |
| <input type="checkbox"/> Other _____ (describe)                    | <input type="checkbox"/> Corporation/Association | <input type="checkbox"/> 527 Organization   |
|  | <input type="checkbox"/> Or Trust . . . . .      | <input type="checkbox"/> 501(c) Association |

**Part IV – Tax Year and Filing Information**

- ☐ Calendar year
- ☒ Fiscal year — Ending month . . . 5
- ☐ Short year — Beginning date . . \_\_\_\_\_ Ending date . . . \_\_\_\_\_

☒ Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

**Part V – 2018 Estimated Taxes Paid**

☐ Check this box if the organization is a private foundation

Form 990-T

Form 990-PF

Amount of 2017 overpayment credited to 2018 estimated tax . . . . .

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	09/17/18	09/17/18	203.		
2nd Quarter Payment	11/15/18	11/15/18	203.		
3rd Quarter Payment	02/15/19	02/15/19	203.		
4th Quarter Payment	05/15/19	05/15/19	203.		
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

**Part VI - Taxpayer Signature Information**

Officer's Name . . . . . Ann Michele Sweeney  
 Officer's Title . . . . . Controller

**Part VII – Electronic Filing Information**

**IMPORTANT:** Do **not** use the Miscellaneous Statement **or** Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

**QuickZoom** to the Electronic Filing Information Worksheet . . . . . ►

**Electronic Filing:**

- ☐ File the federal return electronically  
☐ File the state(s) electronically

\* Select the state or states to file electronically. (Multiple states can be entered)

State(s) *

☐ File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Practitioner PIN program:**

- ☐ Sign this return electronically using the Practitioner PIN  
☐ ERO entered PIN

Officer's PIN (enter any 5 numbers) . . . . .

Date PIN entered . . . . .

**Electronic Filing of Extensions:**

☐ Check this box to file **Form 8868** (application for extension of time to file return) electronically

**Electronic Filing of Amended Return:**

- ☐ Check this box to file **amended return** electronically
- ☐ Check this box to file the state and/or city amended return(s) electronically
- \* Select the state and/or city amended return(s) to file electronically.

State(s) *

- ☐ File Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Part VIII – Electronic Funds Withdrawal Information (Form 990PF filers only)**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <b>Yes</b>               | <b>No</b>                |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Use <b>electronic funds withdrawal</b> of <b>federal balance due</b> (EF only)?        |
| <input type="checkbox"/> | <input type="checkbox"/> | Use <b>electronic funds withdrawal</b> of <b>Form 8868 balance due</b> (EF only)?      |
| <input type="checkbox"/> | <input type="checkbox"/> | Use <b>electronic funds withdrawal</b> of <b>amended return balance due</b> (EF only)? |

**Bank Information**

Check to confirm transferred account information (which appears in green) is correct . . . ☐

Name of Financial Institution (optional) . . .

Check the appropriate box . . . ☐ Checking ☐ Savings

Routing number . . .

Account number . . .

**Payment Information**

Enter the payment date to withdraw tax payment . . .

Balance due amount from this return . . .

Enter an amount to withdraw tax payment . . .

If partial payment is made, the remaining balance due . . .

Payment date for amended returns . . .

Balance due amount for amended returns . . .

**Part IX – Information for Client Letter**

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date . . .			04/15/20

Letter Salutation . .

**Part X – Return Preparer**

Enter preparer code from Firm/Preparer Info (See Help) . . . 1

**QuickZoom** to Firm/Preparer Info . . . ►

**QuickZoom** to Form 990-EZ, Pages 1 through 4 . . . ►

**QuickZoom** to Form 990, Page 1 . . . ►

**QuickZoom** to Form 990-PF, Page 1 . . . ►

**QuickZoom** to Form 990-T, Page 1 . . . ►

**QuickZoom** to Form 990-N, e-PostCard . . . ►

**QuickZoom** to Client Status . . . ►



## Smart Worksheets from your 2018 Federal Exempt Tax Return

SMART WORKSHEET FOR: Form 8868, page 1: Application for Extension of Time to File an Exempt Organization Return

### Filing Address Smart Worksheet

Send Form 8868 to: Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0045

SMART WORKSHEET FOR: Exempt Organization Information Wks

**2017 Tax Cuts & Jobs Act**  
**Apply 15-year recovery period to qualified improvement property**  
**(asset types J2, J3, J4 and J5)**  
**placed in service after December 31, 2017?**

Yes ☒ No ☐  
Refer to Tax Help