

2018 TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM M-990T

FOR THE YEAR ENDING

June 30, 2019

Prepared for	Peace First, Inc. 25 Kingston Street, 6th Floor Boston, MA 02111
Prepared by	Kevin P Martin & Associates, P.C. 10 Forbes West Braintree, MA 02184
To be signed and dated by	The authorized individual(s).
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 811.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 Overpayment \$ 811.00
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 811.00
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	Mass. Department of Revenue P.O. Box 7067 Boston, MA 02204
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	



**Massachusetts Department of Revenue
Form M-990T
Unrelated Business Income Tax Return**

2018

For calendar year 2018 or taxable period beginning **JULY 1, 2018** and ending **JUNE 30, 2019**

Most corporate excise taxpayers, including tax-exempt corporations and trusts, are subject to the electronic filing requirements. See Technical Information Release 16-9.

Name of company **PEACE FIRST, INC.** Federal Identification number **04-3323467**

Mailing address **25 KINGSTON STREET, 6TH FLOOR**

City/Town **BOSTON** State **MA** ZIP **02111** Phone number **617-261-3833**

Name of treasurer _____ Fill in if a Taxpayer Disclosure Statement is enclosed

Fill in if:
 Amended return (see "Amended return" in instructions) Federal amendment Federal audit Final return

Exempt under IRC section (fill in one only)
 501 408(e) 408A 529(a) 220(e) 530(a)

Organization type (fill in one only)
 501(c) corporation 501(c) trust 401(a) trust Other

Excise calculation. Use whole dollar method.

1	Unrelated business taxable income (from U.S. Form 990T, line 38)	▶	1	<input type="text"/>	
2	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	▶	2	<input type="text"/>	
3	Section 168(k) "bonus" depreciation adjustment	▶	3	<input type="text"/>	
4	Section 31I and 31K intangible expense add back adjustment	▶	4	<input type="text"/>	
5	Federal NOL add back adjustment (from U.S. Form 990T, line 31)	▶	5	<input type="text"/>	
6	Section 31J and 31K interest expense add back adjustment	▶	6	<input type="text"/>	
7	Federal production activity add back adjustment	▶	7	<input type="text"/>	
8	Abandoned Building Renovation deduction	Total cost <input type="text"/> x .10 =	▶	8	<input type="text"/>
9	Other adjustments, including research and development expenses (enclose explanation)	▶	9	<input type="text"/>	
10	Income subject to apportionment. See instructions	▶	10	<input type="text"/>	
11	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	▶	11	<input type="text" value="1.000000"/>	
12	Multiply line 10 by line 11	▶	12	<input type="text"/>	
13	Income not subject to apportionment	▶	13	<input type="text"/>	
14	Add lines 12 and 13	▶	14	<input type="text"/>	
15	Certified Massachusetts solar or wind power deduction	▶	15	<input type="text"/>	
16	Taxable income before net operating loss deduction	▶	16	<input type="text"/>	

Declaration

Under penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.

Signature of appropriate corporate officer (see instructions) _____ Date _____ Social Security number _____ Phone number **617-261-3833**

Signature of paid preparer *[Signature]* Date **07/14/20** Employer Identification number **04-3097400** Address **BRAINTREE, MA 02184**

If you are signing as an authorized delegate of the appropriate corporate officer, check here and enclose Massachusetts Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. Mail to: Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.



Name of company
PEACE FIRST, INC.

Federal Identification number
04-3323467

Excise calculation (cont'd.)

17 Loss carryover deduction (from Schedule NOL)	▶ 17	<input type="text"/>
18 Taxable income. Subtract line 17 from line 16	▶ 18	<input type="text"/>
19 Multiply line 18 by .08	19	<input type="text"/>
20 Credit recapture (enclose Schedule CRS) and/or additional tax on installment sales. See instructions	▶ 20	<input type="text"/>
21 Excise due before credits. Add lines 19 and 20	21	<input type="text"/>

Credits. Any credit being claimed must be determined with respect to the unrelated business activity being reported on this return.

22 Total credits. Enclose Schedule CMS	▶ 22	<input type="text"/>
--	------	----------------------

Excise after credits

23 Excise due before voluntary contributions. Subtract line 22 from line 21. Not less than "0"	23	<input type="text" value="0."/>
24 Voluntary contribution for endangered wildlife conservation	▶ 24	<input type="text"/>
25 Total excise plus voluntary contribution. Add lines 23 and 24	▶ 25	<input type="text" value="0."/>

Payments

26 2017 overpayment applied to 2018 estimated tax	▶ 26	<input type="text"/>
27 2018 Massachusetts estimated tax payments (do not include amount in line 26)	▶ 27	<input type="text"/>
28 Payment made with extension	▶ 28	<input type="text" value="811."/>
29 Payment with original return. Use only if amending a return	▶ 29	<input type="text"/>
30 Pass-through entity withholding	Payer Identification number ▶	<input type="text"/>
31 Total refundable credits. Enclose Schedule CMS	▶ 31	<input type="text"/>
32 Total payments. Add lines 26 through 31	32	<input type="text" value="811."/>

Refund or balance due

33 Amount overpaid. Subtract line 25 from line 32	33	<input type="text" value="811."/>
34 Amount overpaid to be credit to 2019 estimated tax	▶ 34	<input type="text"/>
35 Amount overpaid to be refunded. Subtract line 34 from line 33	▶ 35	<input type="text" value="811."/>
36 Balance due. Subtract line 32 from line 25	▶ 36	<input type="text"/>
37a M-2220 penalty	▶ 37a	<input type="text"/>
37b Other penalties	▶ 37b	<input type="text"/>
37 Total penalty. Add lines 37a and 37b	37	<input type="text"/>
38 Interest on unpaid balance	▶ 38	<input type="text"/>
39 Total payment due at time of filing	▶ 39	<input type="text"/>

FOOTNOTES

STATEMENT 6

ESTIMATED PAYMENTS WERE MADE BY THE ORGANIZATION SOLELY
BASED ON AMOUNTS PAID FOR QUALIFIED TRANSPORTATION
FRINGE BENEFITS. THE ORGANIZATION IS REQUESTING REFUNDS
OF ALL PAYMENTS DUE TO THE REPEAL OF SECTION 512(A)(7).