

Form **990-T**  
Department of the Treasury  
Internal Revenue Service

**Exempt Organization Business Income Tax Return**  
**(and proxy tax under section 6033(e))**  
For calendar year 2023 or other tax year beginning 01-01-2023 and ending 12-31-2023  
**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).**

OMB No. 1545-0047  
**2023**  
**Open to Public Inspection for 501(c)(3) Organizations Only**

- A**  Check box if address changed.
- B** Exempt under section
  - 501(c3)
  - 408(e)  220(e)
  - 408A  530(a)
  - 529(a)  529A

**Print or Type**

Name of organization ( Check box if name changed and see instructions.)  
MUSCULAR DYSTROPHY ASSOCIATION  
INC

Number, street, and room or suite no. If a P.O. box, see instructions.  
1016 W JACKSON BLVD 1073

City or town, state or province, and ZIP or foreign postal code  
CHICAGO, IL 60607

- D** Employer identification number  
13-1665552
- E** Group exemption number  
(see instructions)
- F**  Check box if an amended return.

**C** Book value of all assets at end of year . . . . . 66,561,388

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust  State college/university  
 6417(d)(1)(A) Applicable entity

**H** Check if filing only to claim  Credit from Form 8941  Refund shown on Form 2439  Elective payment amount from Form 3800

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . .

**J** Enter the number of attached Schedules A (Form 990-T) . . . . . 1

**K** 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

**L** The books are in care of JON VAN COTT VP OF FINANCE CONTR Telephone number (646) 713-2020  
1016 W JACKSON BLVD 1073  
CHICAGO, IL 60607

**Part I Total Unrelated Business Taxable Income**

<b>1</b> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) . . . . .	<b>1</b>	0
<b>2</b> Reserved . . . . .	<b>2</b>	
<b>3</b> Add lines 1 and 2 . . . . .	<b>3</b>	0
<b>4</b> Charitable contributions (see instructions for limitation rules) . . . . .	<b>4</b>	0
<b>5</b> Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .	<b>5</b>	
<b>6</b> Deduction for net operating loss. See instructions . . . . .	<b>6</b>	
<b>7</b> Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	<b>7</b>	
<b>8</b> Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	<b>8</b>	1,000
<b>9</b> Trusts. Section 199A deduction. See instructions . . . . .	<b>9</b>	
<b>10</b> Total deductions. Add lines 8 and 9 . . . . .	<b>10</b>	1,000
<b>11</b> Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero . . . . .	<b>11</b>	0

**Part II Tax Computation**

<b>1</b> Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) . . . . .	<b>1</b>	0
<b>2</b> Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . .	<b>2</b>	
<b>3</b> Proxy tax. See instructions . . . . .	<b>3</b>	
<b>4</b> Other tax amounts. See instructions . . . . .	<b>4</b>	
<b>5</b> Alternative minimum tax . . . . .	<b>5</b>	
<b>6</b> Tax on noncompliant facility income. See instructions . . . . .	<b>6</b>	
<b>7</b> Total. Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	<b>7</b>	0

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
1b Other credits (see instructions)
1c General business credit. Attach Form 3800 (see instructions)
1d Credit for prior year minimum tax (attach Form 8801 or 8827)
1e Total credits. Add lines 1a through 1d
2 Subtract line 1e from Part II, line 7
3a Amount due from Form 4255
3b Amount due from Form 8611
3c Amount due from Form 8697
3d Amount due from Form 8866
3e Other amounts due (see instructions)
3f Total credits. Add lines 3a through 3e
4 Total tax. Add lines 2 and 3f (see instructions). Check if includes tax previously deferred under section 1294. Enter the tax amount here
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)
6a Payments: Preceding year's overpayment credited to the current year
6b Current Year's estimated tax payments. Check if section 643(g) election applies
6c Tax deposited with Form 8868
6d Foreign organizations: Tax paid or withheld at source (see instructions)
6e Backup withholding (see instructions)
6f Credit for small employer health insurance premiums (attach Form 8941)
6g Elective payment election amount from Form 3800
6h Payment from Form 2439
6i Credit from Form 4136
6j Other (see instructions)
7 Total payments. Add lines 6a through 6j
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid
11 Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded

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

1 At any time during the 2023 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
2 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.
3 Enter the amount of tax-exempt interest received or accrued during the tax year
4 Enter available pre-2018 NOL carryovers here. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.
Business activity code Available post-2017 NOL carryover
6a Reserved for future use
6b Reserved for future use

Part V Supplemental Information

Provide any additional information. See instructions.

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.

Sign Here MICHAEL J KENNEDY 2024-05-01 CFO
Signature of officer Date 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 LORI ROTHE YOKOBOSKY CPA
Preparer's signature
Date 2024-04-22
Check if self-employed
PTIN P01273422
Firm's name COHNREZNICK LLP
Firm's EIN 22-1478099
Firm's address 14 SYLVAN WAY PARSIPPANY, NJ 070543801
Phone no. (973) 228-3500

# TY 2023 OtherDeductionSchedule

**Name:** MUSCULAR DYSTROPHY ASSOCIATION  
INC

**EIN:** 13-1665552

**Form 4562 amount:**

**Form 8873 amount:**

**Management fees (non-employees):**

**Legal fee amount:**

**Accounting amount:**

**Lobbying amount:**

**Investment management amount:**

**Advertising and promotion amount:**

**Insurance amount:**

**Occupancy amount:**

**Travel amount:**

**Information technology amount:**

**Office expenses amount:**

Other type of deduction	Other type deduction amount
TAX PREP FEE	1,250

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

**Go to [www.irs.gov/Form990T](http://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**

<b>A</b> Name of the organization MUSCULAR DYSTROPHY ASSOCIATION INC	<b>B</b> Employer identification number 13-1665552
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<b>C</b> Unrelated business activity code (see instructions) 541800	<b>D</b> Sequence: 1 of 1
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**E Describe the unrelated trade or business ADVERTISING**

<b>Part I</b> 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 (Part III, line 8)	<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 Sch D (Form 1041 or Form 1120)) (see instructions)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<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 (Part IV)	<b>6</b>	0	0
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>	0	0
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>	0	0
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>	0	0
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>	593,965	538,899
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	593,965	538,899

<b>Part II</b> Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income		
<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	0
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	55,066
<b>14</b> Other deductions (attach statement)	<b>14</b>	1,250
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>	56,316
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	-1,250
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>	0
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	-1,250

**Part III Cost of Goods Sold** Enter method of inventory valuation

<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>	
<b>2</b>	Purchases . . . . .	<b>2</b>	
<b>3</b>	Cost of labor . . . . .	<b>3</b>	
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b>	
<b>5</b>	Other costs (attach statement) . . . . .	<b>5</b>	
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>	
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .	<b>8</b>	
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

**A**  \_\_\_\_\_

**B**  \_\_\_\_\_

**C**  \_\_\_\_\_

**D**  \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<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>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .				
<b>3</b> Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . . . . .				<b>0</b>
<b>4</b> Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .				
<b>5</b> <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . .				<b>0</b>

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

**A**  \_\_\_\_\_

**B**  \_\_\_\_\_

**C**  \_\_\_\_\_

**D**  \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<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 statement)				
<b>b</b> Other deductions (attach statement) . . . . .				
<b>c</b> Total deductions (add lines 3a and 3b, columns A through D) . . . . .				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .				
<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .				
<b>6</b> Divide line 4 by line 5 . . . . .	%	%	%	%
<b>7</b> Gross income reportable. Multiply line 2 by line 6				
<b>8</b> <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .				<b>0</b>
<b>9</b> Allocable deductions. Multiply line 3c by line 6				
<b>10</b> <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . .				<b>0</b>
<b>11</b> <b>Total dividends-received deductions</b> included in line 10 . . . . .				<b>0</b>

**Part VI 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)				
<b>Totals</b> . . . . .			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			0	0

**Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . .		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		0		0

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity: _____	2	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . . . .	3	
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) . . . . .	4	
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 . . . . .	5	
5 Gross income from activity that is not unrelated business income . . . . .	6	
6 Expenses attributable to income entered on line 5 . . . . .	7	
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 . . . . .		



Form **4626**  
Department of the Treasury  
Internal Revenue Service

# Alternative Minimum Tax—Corporations

OMB No. XXXX-XXXX  
**2023**

Attach to the corporation's tax return.  
Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.

Name  
MUSCULAR DYSTROPHY ASSOCIATION  
INC

Employer identification number  
13-1665552

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52?  Yes  No  
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)?  Yes  No  
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

**Part I** **Applicable Corporation Determination** (Report all amounts in U.S. dollars.)  
*If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.*

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
<b>1</b> Net income or loss per applicable financial statement(s) (AFS) (see instructions):			
<b>a</b> Consolidated net income or loss per the AFS of the corporation . . . . .	<b>1a</b>		
<b>b</b> Include AFS net income or loss of other includible entities (add net income and subtract net loss) . . . . .	<b>1b</b>		
<b>c</b> Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) . . . . .	<b>1c</b>		
<b>d</b> Specified additional net income or loss item A. Reserved for future use	<b>1d</b>		
<b>e</b> Specified additional net income or loss item B. Reserved for future use	<b>1e</b>		
<b>f</b> AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1c . . . . .	<b>1f</b>		
<b>2</b> Adjustments:			
<b>a</b> Financial statements covering different tax years . . . . .	<b>2a</b>		
<b>b</b> Corporations that are not included on the taxpayer's consolidated return (see instructions) . . . . .	<b>2b</b>		
<b>c</b> Pro-rata share of income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0- (see instructions for special rules if completing this form for a FPMG)	<b>2c</b>		
<b>d</b> Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for a FPMG)	<b>2d</b>	( )	( )
<b>e</b> Certain taxes (see instructions) . . . . .	<b>2e</b>		
<b>f</b> Patronage dividends and per-unit retain allocations (cooperatives only)	<b>2f</b>		
<b>g</b> Alaska native corporations . . . . .	<b>2g</b>		
<b>h</b> Certain credits (see instructions) . . . . .	<b>2h</b>		
<b>i</b> Mortgage servicing income . . . . .	<b>2i</b>		
<b>j</b> Tax-exempt entities (organizations subject to tax under section 511)	<b>2j</b>		
<b>k</b> Depreciation . . . . .	<b>2k</b>		
<b>l</b> Qualified wireless spectrum . . . . .	<b>2l</b>		
<b>m</b> Covered transactions . . . . .	<b>2m</b>		
<b>n</b> Adjustments related to bankruptcy and insolvency . . . . .	<b>2n</b>		
<b>o</b> Certain insurance company adjustments . . . . .	<b>2o</b>		
<b>p</b> Adjustment P — Reserved for future use . . . . .	<b>2p</b>		
<b>q</b> Adjustment Q — Reserved for future use . . . . .	<b>2q</b>		
<b>r</b> Adjustment R — Reserved for future use . . . . .	<b>2r</b>		
<b>s</b> Adjustment S — Reserved for future use . . . . .	<b>2s</b>		
<b>z</b> Other (see instructions) . . . . .	<b>2z</b>		
<b>3</b> Specified adjustment. Reserved for future use . . . . .	<b>3</b>		
<b>4</b> Total adjustments. Combine lines 2a through 2z . . . . .	<b>4</b>		
<b>5</b> AFSI. Combine lines 1f and 4 . . . . .	<b>5</b>		
<b>6</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5 . . . . .	<b>6</b>		
<b>7</b> 3-year average annual AFSI (see instructions) . . . . .	<b>7</b>		



**Part I** **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?  
 **Yes.** Continue to line 9.  
 **No.** STOP here and attach to your tax return.
- 9** Is the corporation a member of a FPMG within the meaning of section 59(k)(2)(B)?  
 **Yes.** Continue to line 10.  
 **No.** Continue to Part II.

		(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
<b>10</b>	AFSI for purposes of the \$100 million test before adjustments:			
<b>a</b>	AFSI from line 5 . . . . .			
<b>b</b>	Aggregation differences (see instructions) . . . . .			
<b>c</b>	Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b . . . . .			
<b>11</b>	Adjustments:			
<b>a</b>	Income not effectively connected to a U.S. trade or business . . . . .			
<b>b</b>	Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions) . . . . .			
<b>c</b>	Reserved for future use — Other adjustments 1 . . . . .			
<b>d</b>	Reserved for future use — Other adjustments 2 . . . . .			
<b>12</b>	Total adjustments. Combine lines 11a and 11b . . . . .			
<b>13</b>	Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12 of columns (a), (b), and (c) . . . . .			
<b>14</b>	AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13 . . . . .			
<b>15</b>	3-year average annual AFSI for purposes of the \$100 million test . . . . .			
<b>16</b>	Is line 15 \$100 million or more? <input type="checkbox"/> <b>Yes.</b> Continue to Part II. <input type="checkbox"/> <b>No.</b> STOP here. Attach to your tax return.			

**Part II Corporate Alternative Minimum Tax**

<b>1</b>	Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
<b>a</b>	Consolidated net income or loss per the AFS of the corporation	<b>1a</b>	-2,250
<b>b</b>	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	<b>1b</b>	
<b>c</b>	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	<b>1c</b>	
<b>d</b>	Specified additional net income or loss item C. Reserved for future use	<b>1d</b>	
<b>e</b>	Specified additional net income or loss item D. Reserved for future use	<b>1e</b>	
<b>f</b>	AFS net income or loss before adjustments. Combine lines 1a through 1c	<b>1f</b>	-2,250
<b>2</b>	Adjustments:		
<b>a</b>	Financial statements covering different tax years	<b>2a</b>	
<b>b</b>	Reserved for future use — Adjustment 2b	<b>2b</b>	
<b>c</b>	Corporations that are not included on the taxpayer's consolidated return (see instructions)	<b>2c</b>	
<b>d</b>	The corporation's distributive share of adjusted financial statement income of partnerships	<b>2d</b>	
<b>e</b>	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-. (See instructions)	<b>2e</b>	
<b>f</b>	Amounts that are not effectively connected to a U.S. trade or business	<b>2f</b>	
<b>g</b>	Certain taxes. Enter the amount from Part III, line 7	<b>2g</b>	
<b>h</b>	Patronage dividends and per-unit retain allocations (cooperatives only)	<b>2h</b>	
<b>i</b>	Alaska native corporations	<b>2i</b>	
<b>j</b>	Certain credits (see instructions)	<b>2j</b>	
<b>k</b>	Mortgage servicing income	<b>2k</b>	
<b>l</b>	Covered benefit plans described in section 56A(c)(11)(B)	<b>2l</b>	
<b>m</b>	Tax-exempt entities (organizations subject to tax under section 511)	<b>2m</b>	
<b>n</b>	Depreciation	<b>2n</b>	
<b>o</b>	Qualified wireless spectrum	<b>2o</b>	
<b>p</b>	Covered transactions	<b>2p</b>	
<b>q</b>	Adjustments related to bankruptcy and insolvency	<b>2q</b>	
<b>r</b>	Certain insurance company adjustments	<b>2r</b>	
<b>s</b>	AFSI adjustment S — Reserved for future use	<b>2s</b>	
<b>t</b>	AFSI adjustment T — Reserved for future use	<b>2t</b>	
<b>u</b>	AFSI adjustment U — Reserved for future use	<b>2u</b>	
<b>z</b>	Other (see instructions)	<b>2z</b>	
<b>3</b>	Total adjustments. Combine lines 2a through 2z	<b>3</b>	
<b>4</b>	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	<b>4</b>	-2,250
<b>5</b>	Financial statement net operating loss (FSNOL) (see instructions)	<b>5</b>	
<b>6</b>	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	<b>6</b>	0
<b>7</b>	Multiply line 6 by 15% (0.15)	<b>7</b>	
<b>8</b>	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see instructions)	<b>8</b>	
<b>9</b>	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-	<b>9</b>	
<b>10</b>	Regular tax liability (see instructions)	<b>10</b>	
<b>11</b>	Base erosion minimum tax (see instructions)	<b>11</b>	
<b>12</b>	Combine lines 10 and 11	<b>12</b>	
<b>13</b>	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<b>13</b>	

**Part III Adjustment for Certain Taxes Under Section 56A(c)(5)**

<b>1</b>	Current income tax provision — Foreign	<b>1</b>	
<b>2</b>	Current income tax provision — Federal	<b>2</b>	
<b>3</b>	Deferred income tax provision — Foreign	<b>3</b>	
<b>4</b>	Deferred income tax provision — Federal	<b>4</b>	
<b>5</b>	Income taxes included in equity method investment income	<b>5</b>	
<b>6a</b>	Adjustment A — Reserved for future use	<b>6a</b>	
<b>b</b>	Adjustment B — Reserved for future use	<b>6b</b>	
<b>c</b>	Adjustment C — Reserved for future use	<b>6c</b>	
<b>d</b>	Adjustment D — Reserved for future use	<b>6d</b>	
<b>e</b>	Adjustment E — Reserved for future use	<b>6e</b>	
<b>f</b>	Adjustment F — Reserved for future use	<b>6f</b>	
<b>g</b>	Adjustment G — Reserved for future use	<b>6g</b>	
<b>h</b>	Adjustment H — Reserved for future use	<b>6h</b>	
<b>z</b>	Income taxes in other places	<b>6z</b>	
<b>7</b>	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	<b>7</b>	

**Part IV Alternative Minimum Tax — Corporations Foreign Tax Credit**

**Section I — AMT Foreign Tax Credit**

<b>1</b>	Domestic corporation AMT foreign income taxes:			
<b>a</b>	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j) . . . . .	<b>1a</b>		
<b>b</b>	Adjustment _____	<b>1b</b>		
<b>c</b>	Adjustment _____	<b>1c</b>		
<b>d</b>	Adjustment _____	<b>1d</b>		
<b>e</b>	Adjustment _____	<b>1e</b>		
<b>f</b>	Adjustment _____	<b>1f</b>		
<b>g</b>	Adjustment _____	<b>1g</b>		
<b>2</b>	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g . . . . .			<b>2</b>
<b>3</b>	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:			
<b>a</b>	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line 11, column (n) . . . . .	<b>3a</b>		
<b>b</b>	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii)) . . . . .	<b>3b</b>		
<b>c</b>	Total CFC AMT foreign income taxes. Add lines 3a and 3b . . . . .			<b>3c</b>
<b>d</b>	Percentage specified in section 55(b)(2)(A)(i) . . . . .	<b>3d</b>	15%	
<b>e</b>	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j) . . . . .	<b>3e</b>		
<b>f</b>	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e) . . . . .			<b>3f</b>
<b>g</b>	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f) . . . . .			<b>3g</b>
<b>4</b>	CAMT FTC Line 4 — Reserved for future use . . . . .			<b>4</b>
<b>5</b>	CAMT FTC Line 5 — Reserved for future use . . . . .			<b>5</b>
<b>6</b>	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8 . . . . .			<b>6</b>

**Part IV Alternative Minimum Tax – Corporations Foreign Tax Credit (continued)**

**Section II – Allowable CFC AMT Foreign Income Taxes**

	(a) Name of CFC	(b) EIN or Reference ID Number of CFC	(c) CFC Income	(d) Foreign taxes for which credit is allowed	(e) Adjustment	(f) Adjustment
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						

**11** Total. Combine lines 1 through 10 . . . . .

	(g) Adjustment	(h) Adjustment	(i) Adjustment	(j) Adjustment	(k) Adjustment	(l) Total (combine columns (d) through (k))	(m) Pro-rata share percentage	(n) Pro-rata share of CFC AMT foreign income taxes (multiply column (l) by column (m))
<b>1</b>								
<b>2</b>								
<b>3</b>								
<b>4</b>								
<b>5</b>								
<b>6</b>								
<b>7</b>								
<b>8</b>								
<b>9</b>								
<b>10</b>								
<b>11</b>								

**Part IV Alternative Minimum Tax – Corporations Foreign Tax Credit (continued)**

**Section III – AMT Foreign Tax Credit Carryover for Controlled Foreign Corporations** (Report all amounts in U.S. dollars.)

Foreign Tax Carryover Reconciliation	<b>(i)</b> 5th Preceding Tax Year	<b>(ii)</b> 4th Preceding Tax Year	<b>(iii)</b> 3rd Preceding Tax Year	<b>(iv)</b> 2nd Preceding Tax Year	<b>(v)</b> 1st Preceding Tax Year	<b>(vi)</b> Current Tax Year	<b>(vii)</b> Total (add columns (i) through (vi))
<b>1</b> Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Form 4626, Part IV, Section III (see instructions)) . . . . .							
<b>2</b> Adjustments to line 1 (enter description — see instructions):							
<b>a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> _____							
<b>g</b> _____							
<b>3</b> Total. Combine lines 2a through 2g . . . . .							
<b>4</b> Adjusted foreign tax carryover from prior tax year (combine lines 1 and 3). If zero or less, enter -0- . . . . .							
<b>5</b> Foreign tax carryover used in current tax year (see instructions) . . . . .							
	()	()	()	()	()	()	()
<b>6</b> Foreign tax carryover expired and unused in current tax year (see instructions) . . . . .							
	()						()
<b>7</b> Foreign tax carryover generated in current tax year (see instructions) . . . . .							
<b>8</b> Foreign tax carryover to the following tax year. Combine lines 4 through 7. If zero or less, enter -0- . . . . .							

**Part V Members of a Controlled Group Treated as a Single Employer and Foreign-Parented Multinational Group (FPMG) Members Taken Into Account in "Applicable Corporation" Determination**

	(a) Name of member	(b) EIN of member	(c) Check if the entity is a member of a 59(k)(1)(D) group	(d) Check if the entity is a member of a 59(k)(2)(B) group	(e) EIN/FTIN of the U.S. return (if any) on which the majority of the member's income is reported	(f) Member's financial statement income/(loss)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						