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Form 990-T
AMENDED RETURN-SECTION 512(A)(7) REPEAL
Exempt Organization Business Income Tax Return
 (and proxy tax under section 6033(e))
 For calendar year 2018 or other tax year beginning and ending
 OMB No 1545-0607
2018
 Department of the Treasury Internal Revenue Service
 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(a) 408A 529(a)
 C Book value of all assets at end of year 857,492.
 F Group exemption number (See instructions) 480000
 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 1 Describe the only (or first) unrelated trade or business here SEE STATEMENT 1
 I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 J The books are in care of THE CENTER Telephone number (202) 966-7338

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule K)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions, attach schedule)			
13	Total. Combine lines 3 through 12	0.		

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)			
14	Compensation of officers, directors, and trustees (Schedule K)		14
15	Salaries and wages		15
16	Repairs and maintenance		16
17	Bad debts		17
18	Interest (attach schedule) (see instructions)		18
19	Taxes and licenses		19
20	Charitable contributions (See instructions for limitation rules)		20
21	Depreciation (attach Form 4562)		21
22a	Less depreciation claimed on Schedule A and elsewhere on return		22b
23	Depletion		23
24	Contributions to deferred compensation plans		24
25	Employee benefit programs		25
26	Excess exempt expenses (Schedule I)		26
27	Excess readership costs (Schedule J)		27
28	Other deductions (attach schedule)		28
29	Total deductions. Add lines 14 through 28		29 0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30 0.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31
32	Unrelated business taxable income. Subtract line 31 from line 30		32 0.

50 Received In APR 26 2021

48 Received In APR 27 2021

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Part III Total Unrelated Business Taxable Income

33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34 Amounts paid for disabled wages	34	
35 Deduction 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 lines 33 and 34	36	
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	0.

Part IV Tax Computation

39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40 Trusts Taxable at Trust Rates. 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)	40	
41 Proxy tax. See instructions	41	
42 Alternative minimum tax (trusts only)	42	
43 Tax on Noncompliant Facility Income. See instructions	43	
44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments

45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b Other credits (see instructions)	45b	
c General business credit. Attach Form 3800	45c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e Total credits. Add lines 45a through 45d	45e	
46 Subtract line 45e from line 44	46	0.
47 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8811 <input type="checkbox"/> Form 8607 <input type="checkbox"/> Form 8856 <input type="checkbox"/> Other (attach schedule)	47	
48 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	0.
50a Payments. A 2017 overpayment credited to 2018	50a	
b 2018 estimated tax payments	50b	
c Tax deposited with Form 8878	50c	
d Foreign organizations. Tax paid or withheld at source (see instructions)	50d	
e Backup withholding (see instructions)	50e	
f Credit for small employer health insurance premiums (attach Form 8941)	50f	
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 4136 <input checked="" type="checkbox"/> Other 266. Total 266.	50g	266.
51 Total payments. Add lines 50a through 50g	51	266.
52 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	266.
55 Enter the amount of line 54 you want credited to 2018 estimated tax: <input type="checkbox"/> Refunded <input type="checkbox"/>	55	266.

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

56 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: _____	Yes	No
57 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		X
58 Enter the amount of tax-exempt interest received or accrued during the tax year: \$ _____		

Sign Here

Under penalties of perjury, I declare that I have prepared 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: *[Signature]* Title: **FOUNDER AND DIRECTOR**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
SALTI & ASSOCIATES, LLC	SALTI & ASSOCIATES, LLC	11/24/20		P01482194
Firm's name	Firm's EIN	Firm's address		
SALTI & ASSOCIATES, LLC	20-3551532	1310 L STREET, NW		
Firm's address		Phone no		
WASHINGTON, DC 20005		202-728-3312		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1) _____

(2) _____

(3) _____

(4) _____

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(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)	
(1)		
(2)		
(3)		
(4)		
Total 0. Total		0.

(c) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 8, column (A) **0.**

(b) Total deductions Enter here and on page 1 Part I, line 9, column (B) **0.**

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

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Unpaid income reportable (column 2 x column 6)	8 Allocable deductions (column 8 a total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1 Part I, line 7, column (A) 0.	Enter here and on page 1 Part I, line 7, column (B) 0.
Total dividends-received deductions included in column 8			0.	0.

Form 990-T (2018)

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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 (gross) (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 (gross) (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)					
Totals			Add columns 9 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).	
			0.	0.	

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-aside (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
		0.		0.

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, complete 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)						
Totals		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 20.
		0.	0.			0.

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, complete 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)						
Totals (carry to Part II, line (5))		0.	0.			0.

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)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
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	4 Compensation attributable to related business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

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THE CENTER FOR MIND-BODY MEDICINE

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FORM 990-T OTHER CREDITS AND PAYMENTS STATEMENT 3

DESCRIPTION	AMOUNT
REPEAL OF SECTION 512 (A)(7)	266.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G	266.

PAID BY CHECK
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47 STATEMENT(S) 3
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