

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning 6/01, 2017, and ending 5/31, 2018

**2017**

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501( C )( 6 )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p><input type="checkbox"/> Check box if name changed and see instructions.</p> <p>METROPOLITAN RICHMOND WOMEN'S BAR ASSOCIATION P O BOX 3945 RICHMOND, VA 23235</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.) <b>54-1077057</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.) <b>511120</b></p>
--	----------------------	--	--

<p><b>C</b> Book value of all assets at end of year <b>71,914.</b></p>	<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type. . . . <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	
--	---	--

**H** Describe the organization's primary unrelated business activity.  
▶ **ADVERTISING**

**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 ▶ **OFFICERS** Telephone number ▶ **804-358-9900**

		(A) Income	(B) Expenses	(C) Net
<b>Part I Unrelated Trade or Business Income</b>				
<b>1 a</b> Gross receipts or sales . . . . .				
<b>b</b> Less returns and allowances . . . . . <b>c</b> Balance ▶	<b>1 c</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>4 a</b> Capital gain net income (attach Schedule D) . . . . .	<b>4 a</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	<b>4 b</b>			
<b>c</b> Capital loss deduction for trusts . . . . .	<b>4 c</b>			
<b>5</b> Income (loss) from partnerships and S corporations (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 controlled organizations (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>	7,650.	323.	7,327.
<b>12</b> Other income (See instructions; attach schedule) . . . . .	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b>	7,650.	323.	7,327.

<b>Part II Deductions Not Taken Elsewhere</b> (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) . . . . .	<b>18</b>			
<b>19</b> Taxes and licenses . . . . .	<b>19</b>			346.
<b>20</b> Charitable contributions (See instructions for limitation rules) . . . . .	<b>20</b>			
<b>21</b> Depreciation (attach Form 4562) . . . . .	<b>21</b>			
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>22 a</b>		<b>22 b</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>			554.
<b>28</b> Other deductions (attach schedule) . . . . .	<b>28</b>			
<b>29 Total deductions.</b> Add lines 14 through 28 . . . . .	<b>29</b>			900.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 . . . . .	<b>30</b>			6,427.
<b>31</b> Net operating loss deduction (limited to the amount on line 30) . . . . .	<b>31</b>			
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . . .	<b>32</b>			6,427.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .	<b>33</b>			1,000.
<b>34</b> Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .	<b>34</b>			5,427.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ _____ (2) Additional 3% tax (not more than \$100,000) ..... \$ _____ <b>c</b> Income tax on the amount on line 34 ..... SEE STATEMENT 1		<b>35c</b>	949.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).....		<b>36</b>	
<b>37 Proxy tax.</b> See instructions.....		<b>37</b>	
<b>38 Alternative minimum tax.</b> .....		<b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions.....		<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies.....		<b>40</b>	949.

**Part IV Tax and Payments**

<b>41 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)...	<b>41 a</b>		
<b>b</b> Other credits (see instructions).....	<b>41 b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions).....	<b>41 c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827).....	<b>41 d</b>		
<b>e Total credits.</b> Add lines 41a through 41d.....	<b>41 e</b>		0.
<b>42</b> Subtract line 41e from line 40.....	<b>42</b>		949.
<b>43 Other taxes.</b> 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>43</b>		
<b>44 Total tax.</b> Add lines 42 and 43.....	<b>44</b>		949.
<b>45 a</b> Payments: A 2016 overpayment credited to 2017.....	<b>45 a</b>	158.	
<b>b</b> 2017 estimated tax payments.....	<b>45 b</b>		5.
<b>c</b> Tax deposited with Form 8868.....	<b>45 c</b>	367.	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions).....	<b>45 d</b>		
<b>e</b> Backup withholding (see instructions).....	<b>45 e</b>		
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941).....	<b>45 f</b>		
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total... ▶	<b>45 g</b>		
<b>46 Total payments.</b> Add lines 45a through 45g.....	<b>46</b>		525.
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached..... <input checked="" type="checkbox"/>	<b>47</b>		3.
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed.....	<b>48</b>		432.
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid.....	<b>49</b>		
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2018 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>50</b>		

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

<b>51</b> At any time during the 2017 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
		X
<b>52</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.		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____ 0.		

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** Signature of officer: *Joanna Luongo* Date: 12/21/2018 Title: PRESIDENT

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

**Paid Preparer Use Only**

Print preparer's name: ELAINE M. RAGLAND, CPA Preparer's signature: ELAINE M. RAGLAND, CPA Date: 12/14/18 Check  if self-employed PTIN: P00291584

Firm's name: STEPHEN M. RAGLAND, LTD. Firm's EIN: 54-1477796

Firm's address: 7204 GLEN FOREST DRIVE, SUITE 300 RICHMOND, VA 23226 Phone no.: 804-288-8516

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

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					
5	Total. Add lines 1 through 4b	5		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
							X

**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		
(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)

**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 sch)	(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 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x 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).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions 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)					
<b>Totals</b> .....			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).	

**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 (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A).	Enter here and on page 1, Part I, line 9, column (B).	

**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 columns 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)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).			Enter here and on page 1, Part II, line 26.

**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 (col. 6 minus col. 5, but not more than col. 4).
(1) NEWSLETTER	7,650.	323.		512.	1,066.	
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)).	7,650.	323.	7,327.	512.	1,066.	554.

**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 (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	7,650.	323.				554.
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1– 5)</b> .....	7,650.	323.				554.

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

**Underpayment of Estimated Tax by Corporations**

Department of the Treasury  
Internal Revenue Service

► Attach to the corporation's tax return.  
► Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

**2017**

Name <b>METROPOLITAN RICHMOND WOMEN'S BAR ASSOCIATION</b>	Employer identification number <b>54-1077057</b>
--	---

**Note:** Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1 Total tax (see instructions) .....		<b>1</b>	949.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2 a</b>		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2 b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2 c</b>		
d Total. Add lines 2a through 2c .....		<b>2 d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation doesn't owe the penalty .....		<b>3</b>	949.
4 Enter the tax shown on the corporation's 2016 income tax return. See instructions. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5.</b> .....		<b>4</b>	292.
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	292.

**Part II Reasons for Filing** – Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a 'large corporation' figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>9</b>	9/15/17	11/15/17	2/15/18	5/15/18
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	<b>10</b>	73.	73.	73.	73.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>	158.			
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>		85.	12.	
13 Add lines 11 and 12 .....	<b>13</b>		85.	12.	
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>				61.
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	158.	85.	12.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		0.	0.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>			61.	73.
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>	85.	12.		

Go to **Part IV** on page 2 to figure the penalty. Do not go to **Part IV** if there are no entries on line 17 – no penalty is owed.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. ( <i>C Corporations with tax years ending June 30 and S corporations:</i> Use 3rd month instead of 4th month. <i>Form 990-PF and Form 990-T filers:</i> Use 5th month instead of 4th month.) See instructions. ....	19		10/15/18	10/15/18
20 Number of days from due date of installment on line 9 to the date shown on line 19. ....	20		242	153
21 Number of days on line 20 after 4/15/2017 and before 7/1/2017. ....	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 4% (0.04)	22			
23 Number of days on line 20 after 6/30/2017 and before 10/1/2017. ....	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 4% (0.04)	24			
25 Number of days on line 20 after 9/30/2017 and before 1/1/2018. ....	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 4% (0.04)	26			
27 Number of days on line 20 after 12/31/2017 and before 4/1/2018. ....	27		44	
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 4% (0.04)	28		0.29	
29 Number of days on line 20 after 3/31/2018 and before 7/1/2018. ....	29		91	46
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x 5% ....	30		0.76	0.46
31 Number of days on line 20 after 6/30/2018 and before 10/1/2018. ....	31		92	92
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x 5% ....	32		0.77	0.92
33 Number of days on line 20 after 9/30/2018 and before 1/1/2019. ....	33		15	15
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x 5% ....	34		0.13	0.15
35 Number of days on line 20 after 12/31/2018 and before 3/16/2019. ....	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x % ....	36			
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36. ....	37		1.95	1.53
38 <b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns. ....	38			3.

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

STATEMENT 1  
FORM 990-T, PART III, LINE 35C  
COMPUTATION OF TAX

BLENDING TAX COMPUTATION

1. UNRELATED TAXABLE INCOME.....	\$	5,427.
2. TAX ON LINE 1 FIGURED USING TAX RATE BEFORE JANUARY 1, 2018.....		814.
3. TAX ON LINE 1 FIGURED USING THE 21% RATE.....		1,140.
4. RATIO OF DAYS BEFORE JANUARY 1, 2018.....		0.5863
5. RATIO OF DAYS AFTER DECEMBER 31, 2017.....		0.4137
7. MULTIPLY LINE 2 BY LINE 4.....		477.
8. MULTIPLY LINE 3 BY LINE 5.....		472.
9. TOTAL TAX (ADD LINES 7 AND 8).....	\$	<u>949.</u>

STATEMENT 2  
FORM 990-T, PART IV  
OTHER CHARGES AND PAYMENTS

LATE INTEREST.....		\$	<u>4.</u>
	TOTAL	\$	<u>4.</u>



2017

**GENERAL ELECTIONS**  
METROPOLITAN RICHMOND WOMEN'S  
BAR ASSOCIATION

PAGE 1

CLIENT 6011

54-1077057

12/13/18

01:42PM

**SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION**

THE ORGANIZATION HEREBY MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER REGULATION 1.263(A)-1(F).

METROPOLITAN RICHMOND WOMEN'S  
P O BOX 3945  
RICHMOND, VA 23235  
54-1077057

**SECTION 1.263(A)-3(H) SAFE HARBOR ELECTION FOR SMALL TAXPAYERS**

THE ORGANIZATION HEREBY MAKES THE SAFE HARBOR ELECTION FOR SMALL TAXPAYERS UNDER REGULATION 1.263(A)-3(H).

DESCRIPTION OF ELIGIBLE PROPERTY:  
ALL

METROPOLITAN RICHMOND WOMEN'S  
P O BOX 3945  
RICHMOND, VA 23235  
54-1077057