

**MARYLAND
FORM
500**

**CORPORATION INCOME
TAX RETURN**



205000049

2020

OR FISCAL YEAR BEGINNING _____ 2020, ENDING _____

\$

46-3828587 8-1-13
 Federal Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY)

8-1-13 611000
 Date of Organization or Incorporation (MMDDYY) Business Activity Code No. (6 digits)

AMERICANS ALL BENEFIT CORPORAT

Name

7723 GROTON ROAD

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

BETHESDA

MD

20817

2036

City or town

State

ZIP Code

+4

Do not write in this space.

WE

YE

Amended Return

CHECK HERE IF:

- Name or address has changed
- Inactive corporation
- First filing of the corporation
- Final Return
- This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

IF FILING TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX Carryback Carryforward
 Attach copies of the federal form for the loss year and Form 1139.

SEE CORPORATION INSTRUCTIONS. ATTACH A COPY OF THE FEDERAL INCOME TAX RETURN THROUGH SCHEDULE M2.

1a. Federal Taxable Income (Enter amount from Federal Form 1120 line 28 or Form 1120-C line 25c.) See Instructions. Check applicable box:
 1120 1120-REIT 990T
 Other: _____ IF 1120S, FILE ON FORM 510.....1a. _____ .00

1b. Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.)1b. _____ .00

1c. Federal Taxable Income before net operating loss deduction
 (Subtract line 1b from 1a) 1c. -0-.00

MARYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME

(All entries must be positive amounts.)

ADDITION ADJUSTMENTS

2a. Section 10-306.1 related party transactions 2a. _____ .00

2b. Decoupling Modification Addition adjustment
 (Enter code letter(s) from instructions.) 2b. _____ .00

2c. Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b) 2c. _____ .00

SUBTRACTION ADJUSTMENTS

3a. Section 10-306.1 related party transactions 3a. _____ .00

3b. Dividends for domestic corporation claiming foreign tax credits
 (Federal form 1120/1120C Schedule C line 18) 3b. _____ .00

3c. Dividends from related foreign corporations
 (Federal form 1120/1120C Schedule C line 14, 16b and 16c) 3c. _____ .00

3d. Decoupling Modification Subtraction adjustment
 (Enter code letter(s) from instructions.) 3d. _____ .00

3e. Total Maryland Subtraction Adjustments to Federal Taxable Income
 (Add lines 3a through 3d.) 3e. _____ .00

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205000149

2020
page 2

NAME AMERICAN ALL BENEVOLENT CORPORATION

FEIN 46-3828587

- 4. Maryland Adjusted Federal Taxable Income before NOL deduction is applied
(Add lines 1c and 2c, and subtract line 3e.) 4. -0-.00
- 5. Enter Adjusted Federal NOL Carry-forward available from previous tax years (including
FDSC Carry-forward) on a separate company basis (Enter NOL as a positive amount.) 5. .00
- 6. **Maryland Adjusted Federal Taxable Income** (If line 4 is less than or equal to zero,
enter amount from line 4.) (If line 4 is greater than zero, subtract line 5 from line 4 and
enter result. If result is less than zero, enter zero.) 6. .00

MARYLAND ADDITION MODIFICATIONS
(All entries must be positive amounts.)

- 7a. State and local income tax 7a. .00
- 7b. Dividends and interest from another state, local or federal tax
exempt obligation 7b. .00
- 7c. Net operating loss modification recapture (Do not enter NOL carryover.
See instructions.) 7c. .00
- 7d. Domestic Production Activities Deduction 7d. .00
- 7e. Deduction for Dividends paid by captive REIT 7e. .00
- 7f. Other additions (Enter code letter(s) from
instructions and attach schedule) 7f. .00
- 7g. Total Addition Modifications (Add lines 7a through 7f.) 7g. .00

MARYLAND SUBTRACTION MODIFICATIONS
(All entries must be positive amounts.)

- 8a. Income from US Obligations 8a. .00
- 8b. Other subtractions (Enter code letter(s) from
instructions and attach schedule) 8b. .00
- 8c. Total Subtraction Modifications (Add lines 8a and 8b.) 8c. .00

NET MARYLAND MODIFICATIONS

- 9. Total Maryland Modifications (Subtract line 8c from 7g. If less than zero,
enter negative amount.) 9. .00
- 10. Maryland Modified Income (Add lines 6 and 9.) 10. .00

APPORTIONMENT OF INCOME

(To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 13.)

- 11. Maryland apportionment factor (from page 4 of this form)
(If factor is zero, enter .000001.) 11.
- 12. Maryland apportionment income (Multiply line 10 by line 11.) 12. .00

- 13. Maryland taxable income (from line 10 or line 12, whichever is applicable.) 13. .00
- 14. Tax (Multiply line 13 by 8.25%) 14. .00
- 15a. Estimated tax paid with Form 500D, Form MW506NRS and/or credited
from 2019 overpayment 15a. .00
- 15b. Tax paid with an extension request (Form 500E) 15b. .00
- 15c. Nonrefundable business income tax credits from Part AAA. (See instructions for Form 500CR.)
- 15d. Refundable business income tax credits from Part DDD. (See instructions for Form 500CR.)
- 15e. The Heritage Structure Rehabilitation Tax Credit is claimed on line 1 of Part DDD on Form 500CR.
Check here if you are a non-profit corporation.
- 15f. Nonresident/Resident tax paid on behalf of the corporation by pass-through entities
(Attach Maryland Schedule K-1.) 15f. .00
- 15g. If amending, total payments made with original plus additional tax paid
after original was filed. 15g. .00
- 15h. Total payments and credits (add lines 15a through 15g) 15h. .00
- 16. Balance of tax due (If line 14 exceeds line 15h enter the difference.) 16. .00
- 17. Overpayment (If line 15h exceeds line 14, enter the difference.) 17. .00

You must file this form electronically to claim business tax credits from Form 500CR.



205000249

NAME AMERICAN ALL BENEFIT CORPORAT FEIN 46-3828587

- 17a. If amending prior overpayment (Total all refunds previously issued.) 17a. _____ . 00
- 18. Interest and/or penalty from Form 500UP _____ or late payment interest
_____ for original return. ▶ 18. _____ . 00
- 19. Total balance due (Add lines 14, 17a and 18. Subtract line 15h.) 19. _____ . 00
- 20. Amount of overpayment from original return to be applied to estimated tax for 2021
(not to exceed the net of lines 17 minus 17a and 18.) ▶ 20. _____ . 00
- 21. Amount of overpayment TO BE REFUNDED
(Add lines 18 and 20, and subtract the total from line 17.)
(If amending subtract lines 17a and 18 from line 17.) ▶ 21. _____ . 00

DIRECT DEPOSIT OF REFUND (See Instructions.) **Be sure the account information is correct.**
To comply with banking and **NACHA (National Automated Clearing House Association)** rules, if this refund will go to an account outside of the United States, place "Y" in this box ▶ or if you authorize the State of Maryland to direct deposit your refund, check this box ▶ and complete the following information clearly and legibly.

22a. Type of account: ▶ Checking Savings

22b. Routing Number (9-digits): ▶ _____

22c. Account number: ▶ _____

22d. Name as it appears on the bank account: _____

INFORMATIONAL PURPOSES ONLY (LINES 23 & 24)

- 23. NOL generated in Current Year - Carryforward 20 years and carry back 2 years (farming loss **ONLY**).
(If line 6 is less than zero, enter on line 23.) 23. _____ . 00
- 24. NAM generated in Current Year - Carried Forward/Back with Loss on Line 23 per
Section 10-205(e) (If line 6 is less than zero AND line 9 is greater than zero, enter the
amount from line 9 on line 24.) 24. _____ . 00

FOR USE IF AMENDING THE RETURN

Explanation of Changes to Income, Modifications, Apportionment Factor and Credits. Show the computation in detail and attach schedules as necessary. Check the box or boxes that reflect the reason for filing this amended return and explain in the space provided below the checkboxes. If more space is needed, you may attach additional pages.

- 1. Amended to claim a Net Operating Loss Deduction
- ▶ 2. Amended to report a federal adjustment or an RAR (Revenue Agent Report)
- 3. Amended to claim Business Tax Credit.
- 4. Amended to claim nonresident PTE Tax Credit
- 5. Amended to report income omitted on previous filing
- 6. Amended to change apportionment factor
- 7. Amended for another reason stated below: _____



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NAME AMERICANS ALL BENEFIT CORPORAT

FEIN 46-3828587

Schedule A - COMPUTATION OF APPORTIONMENT FACTOR (Applies only to multistate corporations. See instructions.)

| | Column 1 TOTALS WITHIN MARYLAND | Column 2 TOTALS WITHIN AND WITHOUT MARYLAND | Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places) |
|--|---------------------------------------|--|--|
| NOTE: Special apportionment formulas are required for rental/leasing, financial institutions, transportation and manufacturing companies. Worldwide headquartered companies see instructions. | | | |
| 1A. Receipts | | | |
| a. Gross receipts or sales less returns and allowances | .00 ▶ | .00 | |
| b. Dividends | .00 | .00 | |
| c. Interest | .00 | .00 | |
| d. Gross rents | .00 | .00 | |
| e. Gross royalties | .00 | .00 | |
| f. Capital gain net income | .00 | .00 | |
| g. Other income (Attach schedule.) | .00 | .00 | |
| h. Total receipts (Add lines 1A(a) through 1A(g), for Columns 1 and 2.) | .00 ▶ | .00 | ← |
| 1B. Receipts Multiply factor on line 1A, Column 3 by 4. Disregard this line if special apportionment formula is used. | | | ← |
| 2. Property | | | |
| a. Inventory | .00 | .00 | |
| b. Machinery and equipment | .00 | .00 | |
| c. Buildings | .00 | .00 | |
| d. Land | .00 | .00 | |
| e. Other tangible assets (Attach schedule.) | .00 | .00 | |
| f. Rent expense capitalized (multiply by eight) | .00 | .00 | |
| g. Total property (Add lines 2a through 2f, for Columns 1 and 2.) | .00 ▶ | .00 | ← |
| 3. Payroll | | | |
| a. Compensation of officers | .00 | .00 | |
| b. Other salaries and wages | .00 | .00 | |
| c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) | .00 ▶ | .00 | ← |
| 4. Total of factors (Add entries in Column 3.) | | | ← |
| 5. Maryland apportionment factor Divide line 4 by seven for three-factor formula, or by the number of factors used if special apportionment formula required. (If factor is zero, enter .000001 on line 11 page 2.) | | | ← |

▶ Check here if special apportionment formula is used.

ANNUAL REPORT
MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION
 Taxpayer Services - Charter Division P.O. Box 17052, BALTIMORE, MARYLAND 21297-1052

2020
Form 1
 Due April 15th
 Date Received
 by Department

| Type of Business Check one business type below | Dept. ID Prefix | Filing Fee | Type of Business Check one business type below | Dept. ID Prefix | Filing Fee |
|--|--------------------|---------------|---|-----------------------|---------------|
| <input checked="" type="checkbox"/> Domestic Stock Corporation | (U) | \$300 | <input type="checkbox"/> Domestic Limited Liability Company | (W) | \$300 |
| <input type="checkbox"/> Foreign Stock Corporation | (F) | \$300 | <input type="checkbox"/> Foreign Limited Liability Company | (Z) | \$300 |
| <input type="checkbox"/> Domestic Non-Stock Corporation | (D) | -0- | <input type="checkbox"/> Domestic Limited Partnership | (M) | \$300 |
| <input type="checkbox"/> Foreign Non-Stock Corporation | (F) | -0- | <input type="checkbox"/> Foreign Limited Partnership | (P) | \$300 |
| <input type="checkbox"/> Foreign Insurance Corporation | (F) | \$300 | <input type="checkbox"/> Domestic Limited Liability Partnership | (A) | \$300 |
| <input type="checkbox"/> Foreign Interstate Corporation | (F) | -0- | <input type="checkbox"/> Foreign Limited Liability Partnership | (E) | \$300 |
| <input type="checkbox"/> SUIA Certified Family Farm (A,U,M,W) | (A,U,M,W) | \$100 | <input type="checkbox"/> Domestic Statutory Trust | (B) | \$300 |
| <input type="checkbox"/> Real Estate Investment Trust | (D) | \$300 | <input type="checkbox"/> Foreign Statutory Trust | (S) | \$300 |

SECTION I - ALL BUSINESS ENTITIES COMPLETE

PLEASE CHECK HERE IF THIS IS AN AMENDED REPORT

NAME OF BUSINESS

Americans All Benefit Corporation

MAILING ADDRESS

7723 Groton Road

Check here if this is a change of mailing address.

Bethesda, MD 20817

PLEASE NOTE: This will not change your principal office address. You must file a Resolution to Change a Principal Office Address.

DEPARTMENT ID NUMBER

(Letter Prefix followed by 8-digits)

D-15378326

FEDERAL EMPLOYER IDENTIFICATION NUMBER

(9-digit number assigned by the IRS)

46-3828587

FEDERAL PRINCIPAL BUSINESS CODE

(If known, the 6-digit number on file with the IRS)

611000

NATURE OF BUSINESS

Education Marketing

TRADING AS NAME

N/A

EMAIL ADDRESS

Include an email to receive important reminders from the Department of Assessments and Taxation

allantapco02@gmail.com

SECTION II - ONLY CORPORATE ENTITIES COMPLETE

A. Corporate Officers (names and mailing addresses)

President Allan Kullen 7723 Groton Road, Bethesda, MD 20817

Vice President Todd Kullen 1818 Cliffe Hill Way, Potomac, MD 20854

Secretary Diane Kullen 7723 Groton Road, Bethesda, MD 20817

Treasurer Allan Kullen 7723 Groton Road, Bethesda, MD 20817

B. Directors (names only)

Allan Kullen

Todd Kullen

Diane Kullen

***Required information for certain corporations, MD Code, Tax Property Article §11-101 - Please see instructions**

***Total number of directors** 3

***Total number of female directors** 1

Department ID # D-15378326

2020
Form 1
Annual Report

SECTION III – ALL BUSINESS ENTITIES COMPLETE

A. Does the business own, lease, or use personal property located in Maryland?

If you answered **yes**, but your entity* is exempt, or has been granted an exemption from business personal property assessment by the Department. DO NOT complete the Personal Property Tax Return.

For religious groups, charitable or educational organizations, the form SD-1 is optional.

Yes No

B. Does the business require or maintain a trader's (retail sales) or other license with a local unit of government?

Example: Clerk of the Court or Liquor Board

Yes No

C. Did the business have gross sales in Maryland?

If yes, \$ _____ total or amount of business transacted in MD.

Yes No

D. Did the entity dispose, sell, or transfer ALL of its business personal property prior to January 1?

If you answered yes, please complete form SD-1. Do not complete the Personal Property Tax Return.

Yes No

If you answer "Yes" to questions A or B in Section III, and are not exempt as described in question A, please complete the Business Personal Property Tax Return, (Form 1 Sections V through VII) and return it, along with this Annual Report to the Department. The Personal Property Tax Return and important instructions can be found online at <https://dat.maryland.gov/Pages/sdatforms.aspx#BPP>

If you answer "No" to the questions A and B in Section III, above you DO NOT need to complete the Personal Property Tax Return. Please complete Section IV below, sign and return this Annual Report to the Department:

**Department of Assessments and Taxation, Charter Division
Box 17052, Baltimore, Maryland 21297-1052**

Questions? Contact Charter at 410-767-1340 • 888-246-5941 within Maryland • Email: sdat.charterhelp@maryland.gov

SECTION IV – ALL BUSINESS ENTITIES COMPLETE

By signing this form below, you declare, under the penalty of perjury, and pursuant to Tax-Property Article 1-201 of the Annotated Code of Maryland, that this Annual Report, including any accompanying forms, schedules, and/or statements, has been examined by you and, to the best of your knowledge and belief, is a true, correct, and complete Annual Report for the Entity listed in Section I.

A. Corporate Officer or Principal of Entity:

PRINT NAME _____

X SIGNATURE _____ **DATE** _____

MAILING ADDRESS 7723 Groton Road, Bethesda, MD 20817

EMAIL ADDRESS allantapco02@gmail.com PHONE NUMBER 301-520-8242

B. Firm or Individual, other than taxpayer, preparing this Annual Report/Personal Property Tax Return:

PRINT NAME _____

X SIGNATURE _____ **DATE** _____

MAILING ADDRESS _____

EMAIL ADDRESS _____ PHONE NUMBER _____

PLEASE BE SURE TO SIGN THIS ANNUAL REPORT TO AVOID REJECTION BY THE DEPARTMENT!

U.S. Corporation Income Tax Return

For calendar year 2020 or tax year beginning _____, 2020, ending _____, 20

2020

Go to www.irs.gov/Form1120 for instructions and the latest information.

| | | | |
|---|----------------------|--|--|
| A Check if: 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/> | TYPE OR PRINT | Name AMERICANS ALL BENEFIT CORPORATION Number, street, and room or suite no. If a P.O. box, see instructions. 7723 GROTON ROAD City or town, state or province, country, and ZIP or foreign postal code BETHESDA, MD 20817 | B Employer identification number 46-3828587 C Date incorporated 8-1-2013 D Total assets (see instructions) \$ -0- |
| E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change | | | |

| | | | | |
|---|---|--|--------------|-----|
| Income | 1a | Gross receipts or sales | 1a | -0- |
| | 1b | Returns and allowances | 1b | |
| | 1c | Balance. Subtract line 1b from line 1a | 1c | |
| | 2 | Cost of goods sold (attach Form 1125-A) | 2 | |
| | 3 | Gross profit. Subtract line 2 from line 1c | 3 | |
| | 4 | Dividends and inclusions (Schedule C, line 23) | 4 | |
| | 5 | Interest | 5 | |
| | 6 | Gross rents | 6 | |
| | 7 | Gross royalties | 7 | |
| | 8 | Capital gain net income (attach Schedule D (Form 1120)) | 8 | |
| | 9 | Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) | 9 | |
| 10 | Other income (see instructions—attach statement) | 10 | | |
| 11 | Total income. Add lines 3 through 10 | 11 | -0- | |
| Deductions (See instructions for limitations on deductions.) | 12 | Compensation of officers (see instructions—attach Form 1125-E) | 12 | |
| | 13 | Salaries and wages (less employment credits) | 13 | |
| | 14 | Repairs and maintenance | 14 | |
| | 15 | Bad debts | 15 | |
| | 16 | Rents | 16 | |
| | 17 | Taxes and licenses | 17 | |
| | 18 | Interest (see instructions) | 18 | |
| | 19 | Charitable contributions | 19 | |
| | 20 | Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) | 20 | |
| | 21 | Depletion | 21 | |
| | 22 | Advertising | 22 | |
| | 23 | Pension, profit-sharing, etc., plans | 23 | |
| | 24 | Employee benefit programs | 24 | |
| | 25 | Reserved for future use | 25 | |
| 26 | Other deductions (attach statement) | 26 | SEE ATTACHED | |
| 27 | Total deductions. Add lines 12 through 26 | 27 | 1,097.65 | |
| 28 | Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11. | 28 | (1,097.65) | |
| 29a | Net operating loss deduction (see instructions) | 29a | | |
| 29b | Special deductions (Schedule C, line 24) | 29b | | |
| 29c | Add lines 29a and 29b | 29c | | |
| Tax, Refundable Credits, and Payments | 30 | Taxable income. Subtract line 29c from line 28. See instructions | 30 | |
| | 31 | Total tax (Schedule J, Part I, line 11) | 31 | |
| | 32 | 2020 net 965 tax liability paid (Schedule J, Part II, line 12) | 32 | |
| | 33 | Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23) | 33 | |
| | 34 | Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/> | 34 | |
| | 35 | Amount owed. If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed | 35 | |
| | 36 | Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid | 36 | |
| 37 | Enter amount from line 36 you want: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 37 | | |

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 _____ Date _____ | Title PRESIDENT | May the IRS discuss this return with the preparer shown below? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------|---------------------------------------|------------------------|---|

| | | | | |
|-----------------------------------|----------------------------|------------------|---|------------|
| Print/Type preparer's name | Preparer's signature _____ | Date _____ | Check <input type="checkbox"/> if self-employed | PTIN _____ |
| | Firm's name _____ | Firm's EIN _____ | | |
| | Firm's address _____ | Phone no. _____ | | |