|            | . [  |          |                                    |                   | _  |               |
|------------|--|----------|------------------------------------|-------------------|--|---------------|
|            | 90-T (2019) LEO, INC.  |          | 04-                                | 237888            | 35 F   | age 2         |
| Par        | <del>' </del>  |          | T 20 T                             |                   |  | 0.            |
| 32<br>33   | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)  Amounts paid for disallowed fringes  |          | 32                                 |                   |  | <u> </u>      |
| 34         | Charitable contributions (see instructions for limitation rules)   |          | 34                                 |                   |  | 0.            |
| 35         | Total unrelated business taxable income before pre-2018 NOLs and specific deduction  Subtract line 34 from the sum of lines 32 and specific deduction.   | nd 33    | 35                                 |                   |  | <del></del>   |
| 36         | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  |          | 36                                 |                   |  |               |
| 37         | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35  |          | 37                                 |                   |  |               |
| 38         | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)  | 8        | 38                                 | 1                 | , 00   | 00.           |
| 39         | Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,  |          |                                    |                   |  |               |
|            | enter the smaller of zero or line 37   |          | 39                                 |                   |  | 0.            |
| Part       |  |          | 1 1                                |                   |  |               |
| 40         | Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)   |          | 40                                 | <del></del>       |  | 0.            |
| 41         | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:   | _        | H                                  |                   |  |               |
|            | Tax rate schedule or Schedule D (Form 1041)  |          | 41                                 |                   |  |               |
| 42         | Proxy tax See instructions   |          | 42                                 |                   |  |               |
| 43         | Alternative minimum tax (trusts only)  |          | 43                                 |                   |  |               |
| 44         | Tax on Noncompliant Facility Income. See instructions Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies  |          | 44                                 |                   |  | 0.            |
| 45<br>Part |  |          | 1 40 1                             |                   |  | <u> </u>      |
|            | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  46a   |          |                                    |                   |  |               |
| b          |  |          | 1                                  |                   |  |               |
| c          | Occupation and American 2000   |          | 1                                  |                   |  |               |
| d          | Credit for prior year minimum tax (attach Form 8801 or 8827)   |          |                                    |                   |  |               |
| е          | The Addition 40s through 40d   |          | 46e                                | <b>.</b>          |  |               |
| 47         | Subtract line 46e from line 45   |          | 47                                 | _                 |  | 0.            |
| 48         | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach so   | hedule)  | 48                                 |                   |  |               |
| 49         | Total tax. Add lines 47 and 48 (see instructions)  |          | 49                                 |                   |  | 0.            |
| 50         | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3   |          | 50                                 |                   |  | 0.            |
|            | a Payments: A 2018 overpayment credited to 2019  |          | <i>√</i>                           |                   |  |               |
|            | b 2019 estimated tax payments 51b  |          | 1 1                                |                   |  |               |
|            | c Tax deposited with Form 8868   |          | 1 1                                |                   |  |               |
|            | d Foreign organizations: Tax paid or withheld at source (see instructions)  51d  |          | 1 1                                |                   |  |               |
|            | e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (attach Form 8941)  516  517  |          | 1                                  |                   |  |               |
|            | r Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments: Form 2439  |          | 1                                  |                   |  |               |
| y          | Form 4136 Other Total 51g  |          |                                    |                   |  |               |
| 52         | Total payments. Add lines 51a through 51g  |          | 52                                 |                   |  |               |
| 53         | Estimated tax penalty (see instructions). Check if Form 2220 is attached   |          | 53                                 |                   |  |               |
| 54         | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  |          | 54                                 |                   |  |               |
| 55         | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid  |          | 55                                 |                   |  |               |
| 56         | Enter the amount of line 55 you want: Credited to 2020 estimated tax   |          | 56                                 |                   |  |               |
| Par        | t VI Statements Regarding Certain Activities and Other Information (see instructions)  |          |                                    |                   |  |               |
| 57         | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority  |          |                                    | <u> </u>          | es   | No            |
|            | 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  |          |                                    | _                 | $\dashv$                                     | <del></del> - |
|            | here   | ,        |                                    |                   | $\dashv$                                     | $\frac{x}{x}$ |
| 58         | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust   | •        |                                    |                   | $\dashv$                                     | <u> </u>      |
| 50         | If "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year \$  |          |                                    | -                 | ı  | 1             |
| 59         | Under penalties of periury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of n  | y knowle | dge and be                         | lief, it is true, |  | <u> </u>      |
| Sign       | to the property of the state of |          |                                    |                   |  | <del></del>   |
| Here       |  | -        | discuss this ret<br>shown below (s |                   | th   |               |
|            | Signature of Officer Dale Title  |          | 7 X Yes                            |                   | No   |               |
|            | Print/Type preparer's name Preparer's signature Date Check   | _        | ıf PTIN                            |                   |  | السحر         |
| Paid       |  | nployed  |                                    |                   |  |               |
|            | parer JEFFREY ALVANAS 02/19/21   |          |                                    | 19883             |  |               |
|            | e Only Firm's name ► CITRIN COOPERMAN & COMPANY, LLP Firm's  | 22       | 2-24289                            | 965               | <u>;                                    </u> |               |
|            | 10 FORBES ROAD WEST  |          |                                    |                   |  |               |
|            | Firm's address ► BRAINTREE, MA 02184 Phone   | no. 7    | <u> 781 – 3</u>                    | 56-200            |  |               |
| 923711     | 1 01-27-20   |          |                                    | Form <b>990</b>   | -T (2  | 2019)         |

| Schedule A - Cost of Goods   | Sold. Enter   | method of inven   | tory valuation   N/A  | Ā                    |  |  |  |   |
|--|---|---|---|----------------------|--|--|--|---|
| 1 Inventory at beginning of year   | 1   | 6 Inventory at end of ye                                    | ar  |                      | 6  |  |  |   |
| 2 Purchases  | 7 Cost of goods sold Subtract line 6  |   |   |                      |  |  |  |   |
| 3 Cost of labor  | Cost of labor 3   |   |   |                      | Part I,  | L                                      |  |   |
| 4 a Additional section 263A costs  |   |   | line 2  |                      | 7  |  |  |   |
| (attach schedule)  | 4a  |   | 8 Do the rules of section   | n 263A (v            | with respect to  |  | Yes  | N |
| <ul><li>Other costs (attach schedule)</li></ul>  | 4b  |   | property produced or  | for resale) apply to |  | <u> </u>                               | ᆫ  |   |
| 5 Total Add lines 1 through 4b   | 5   | the organization?   |   | ····                 |  |  |  |   |
| chedule C - Rent Income (<br>(see instructions)  | (From Real I  | Property and  | Personal Property I   | Lease                | d With Real Prop   | erty)                                  |  |   |
| Description of property  |   |   |   |                      |  |  |  |   |
| 1)   |   |   |   |                      |  |  |  |   |
| (2)  |   |   |   |                      |  |  |  |   |
| (3)  |   |   |   |                      |  |  |  |   |
| (4)  |   |   |   |                      |  |  |  |   |
|  | 2. Rent receive   | ed or accrued   |   |                      | 0/-12  |  |  |   |
| (a) From personal property (if the per<br>rent for personal property is more<br>10% but not more than 50%) | nd personal property (if the percenta<br>ersonal property exceeds 50% or if<br>it is based on profit or income) | age   | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |                      |  |  |  |   |
| 1)   |   |   |   |                      |  |  |  |   |
| (2)  |   |   |   |                      |  |  |  |   |
| (3)  |   |   |   |                      |  |  |  |   |
| (4)  | •   |   |   |                      |  |  |  |   |
| l otal   | 0.  | Total   |   | 0.                   |  |  |  |   |
| r) Total income Add totals of columns ere and on page 1, Part I, line 6, column                            |   | er<br>•   |   | 0.                   | (b) Total deductions.<br>Enter here and on page 1,<br>Part I, line 6, column (B) | <b>&gt;</b>                            |  | 0 |
| chedule E - Unrelated Deb  | t-Financed  | Income (see   | instructions)   | ,                    |  |  |  |   |
|  |   |   | 2. Gross income from  |                      | 3 Deductions directly control to debt-finan                                      |  |  |   |
| 1 Description of debt-financed property  |   |   | or allocable to debt-<br>financed property  | (a)                  | Straight line depreciation<br>(attach schedule)                                  | (b) Other deductions (attach schedule) |  | s |
| (1)  |   |   |   |                      |  |  |  | _ |
| (2)  |   |   |   |                      |  |  |  |   |
| 3)   |   |   |   |                      |  |  |  |   |
| (4)  |   |   |   | 1                    |  |  |  |   |
| debt on or allocable to debt-financed of or allo property (attach schedule) debt-financed                  |   | adjusted basis<br>llocable to<br>nced property<br>schedule) | by column 5   |                      | 7. Gross income reportable (column 2 x column 6)                                 |  | 8. Allocable deduct<br>(column 6 x total of co<br>3(a) and 3(b)) |   |
|  |   |   | %   |                      |  |  |  |   |
|  |   |   | %   |                      |  |  |  |   |
|  |   |   |   |                      |  |  |  |   |
| (2)  |   |   | %   |                      |  |  |  |   |
| (2)<br>(3)   |   |   | <del>                                     </del>  |                      |  |  |  | _ |
| (2)<br>(3)   |   |   | %   |                      | nter here and on page 1,<br>Part I, line 7, column (A)                           |  | Enter here and on page<br>Part I, line 7, column (i              |   |
| (1)<br>(2)<br>(3)<br>(4)   |   |   | %   |                      |  |  |  |   |

| Schedule F - Interest,                     |  | .,                                | , ui  |  |   |  |   |  | (556 1115                            | struction |   |
|--|--|-----------------------------------|---|--|---|--|---|--|--------------------------------------|-----------|---|
|  | -  |                                   |   | Exempt C   | ontrolled O   | rganizatio   | ons   |  |                                      |           |   |
| 1 Name of controlled organization          |  | ıdentıfic                         | Employer identification number  3. Net un (loss) (see |  |   |  | al of specified<br>nents made   | 5. Part of column 4 that included in the controll organization's gross included. |                                      | rolling   | 6. Deductions directly connected with income in column 5                                    |
|  |  |                                   |   | <u> </u>   |   |  |   |  |                                      |           |   |
|  |  |                                   | _   | +  |   |  |   | 1  |                                      |           |   |
| (2)  |  |                                   |   | 1  |   |  |   |  |                                      |           |   |
| (3)  |  |                                   |   | <del></del>  |   |  |   |  |                                      |           | <del></del>   |
| (4)  |  |                                   |   | <u> </u>   |   |  | ·   |  |                                      |           | <del></del>   |
| Ionexempt Controlled Organ                 | 1  |                                   |   |  |   | ··   | -   |  |                                      |           | <del></del>   |
| 7. Taxable Income                          |  | nrelated incom<br>ee instructions |   | 9. Total o   | of specified payi<br>made   | nents  | in the controlli  | mn 9 that is<br>ing organiz<br>s income  | ganization's with                    |           | eductions directly connected<br>h income in column 10                                       |
| (1)  |  |                                   |   |  |   |  |   |  |                                      |           |   |
| (2)  |  |                                   |   |  |   |  |   |  |                                      |           |   |
| (3)  |  |                                   |   |  |   | 1  |   |  |                                      |           |   |
| (4)  | <u> </u>   |                                   |   |  |   | <u> </u>   |   |  |                                      |           |   |
|  | 1  |                                   |   |  |   |  | Enter here and  | nns 5 and<br>I on page 1<br>column (A)   | , Part I,                            |           | dd columns 6 and 11<br>nere and on page 1, Part I,<br>line 8, column (B)                    |
| otals                                      |  |                                   |   |  |   | <b>_</b>   |   |  | 0.                                   |           | 0 .   |
| Schedule G - Investme                      | nt Incon   | ne of a S                         | Section   | 501(c)(7   | ), (9), or (  | 17) Org  | anization   |  |                                      |           |   |
| (see inst                                  | ructions)  |                                   |   |  |   |  |   |  |                                      |           | <u> </u>  |
| 1 Des                                      | cription of incor                                | me                                |   |  | 2. Amount of  | income   | <ol><li>Deduction<br/>directly conne</li></ol>                        |  | 4. Set-                              |           | <ol> <li>Total deductions<br/>and set-asides</li> </ol>                                     |
|  |  |                                   |   |  | <u>.</u>  |  | (attach sched   |  | (attach s                            | schedule) | (col 3 plus col 4)  |
| (1)  |  |                                   |   |  |   |  |   |  |                                      |           |   |
| (2)  |  |                                   |   |  |   | ]  |   |  |                                      |           |   |
| (3)  |  | _                                 |   |  |   |  | •   |  |                                      |           |   |
| (4)  |  |                                   |   |  |   |  |   |  |                                      |           |   |
|  |  |                                   |   |  | Enter here and<br>Part I, line 9, co  | lumn (A)   |   |  |                                      |           | Enter here and on page<br>Part I, line 9, column (B)  |
| Totals                                     |  |                                   |   | <b>&gt;</b>  |   | 0.   |   |  |                                      |           | 0.  |
| Schedule I - Exploited                     | _  | Activity                          | Incom   | e, Other   | Than Adv  | ertisin  | g Income  |  |                                      |           |   |
| (see instr                                 | uctions)   | <del></del>                       |   | 1  |   |  |   | -  |                                      |           | 1   |
| Description of exploited activity          | unrelated  | e from                            | directly<br>with p<br>of u                            | xpenses<br>connected<br>roduction<br>nrelated<br>ss income | 4 Net incon<br>from unrelated<br>business (co<br>minus colum<br>gain, comput<br>through | trade or<br>dumn 2<br>n 3) If a<br>e cols 5          | 5. Gross inco<br>from activity to<br>is not unrelate<br>business inco | that<br>ted  | 6. Expenses attributable to column 5 |           | 7. Excess exempt<br>expenses (column<br>6 minus column 5,<br>but not more than<br>column 4) |
| (1)  |  |                                   |   |  |   |  |   |  |                                      |           |   |
| (2)  | <b>—</b>   |                                   |   |  |   |  |   |  |                                      |           | - <del> </del>  |
| (3)  | <del>                                     </del> | <u> </u>                          |   |  |   |  |   |  |                                      |           | <b>†</b>  |
| (4)  | <del>                                     </del> |                                   |   |  |   |  |   |  |                                      |           |   |
|  | Enter her page 1 line 10,                        | , Part I,                         | page  | ere and on<br>1, Part I,<br>0, col (B)                     |   |  |   | L  |                                      |           | Enter here and<br>on page 1,<br>Part II, line 25  |
| <sup>Totals</sup> ► Schedule J - Advertisi | ng Incor   |                                   | nstructio   |  |   |  |   |  |                                      |           |   |
| Part I Income From                         |  |                                   |   |  | olidated  | Basis  |   |  |                                      | _         |   |
|  |  |                                   |   |  |   |  |   |  |                                      |           |   |
| 1. Name of periodical                      |  | 2. Gross<br>advertising<br>income | ad  | 3. Direct vertising costs                                  | or (loss) (c<br>col 3) If a g   | ising gain<br>of 2 minus<br>ain, compute<br>arough 7 | 5. Circulal income  |  | 6 Read<br>cos                        |           | 7. Excess readership costs (column 6 minus column 5, but not more than column 4)            |
| (1)  | =  |                                   |   |  |   |  |   |  |                                      |           |   |
|  |  |                                   |   |  | _]  |  |   |  |                                      |           |   |
| (2)  |  |                                   |   |  | 7   |  |   |  |                                      |           | 1   |
| (4)  |  |                                   | $\neg$  |  | <b></b>   |  |   | <del>-  </del>   |                                      |           | 1   |
| V-7  |  | _                                 |   |  |   |  | 1   |  |                                      |           |   |
| Totals (carry to Part II, line (5))        | <b></b>  |                                   | 0.  | 0  |   |  |   |  |                                      |           | O Form <b>990-T</b> (2019   |

Total. Enter here and on page 1, Part II, line 14

(3)

| <u> </u>                    |  |  |  |   |                    |                  |  |
|-----------------------------|--|--|--|---|--------------------|------------------|--|
| Part II Income From Perio   | · · · · · · · · · · · · · · · · · · ·              |  | rate Basis (For ea   | ch period                                   | dical listed in Pa | art II, fill in  |  |
| 1. Name of periodical       | 2. Gross<br>advertising<br>income                  | 3 Direct advertising costs                               | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 |   | culation 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.   |
|                             | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (B) |  | •   |                    |                  | Enter here and<br>on page 1,<br>Part II, line 26                                 |
| Totals, Part II (lines 1-5) | 0.   | 0  |  |   |                    |                  | 0.   |
| Schedule K - Compensation   | n of Officers, I                                   | Directors, and   | Trustees (see in   | nstruction                                  | ns)                |                  |  |
| 1. Name                     |  |  | 2 Title  | pensation attributable<br>nrelated business |                    |                  |  |
| (1)                         |  |  |  |   | %                  |                  |  |
| (2)                         |  | ·  | ·  |   | %                  |                  |  |

Form 990-T (2019)