								1963	a	
	Form	990-T	i E	Exempt Organization Bus	sine	ss Inco	me T	ax Return	, [†]	OMB No 1545-0687
	p	,		(and proxy tax und	ler se	ction 603	3(e))			0040
4			For cal	endar year 2018 or other tax year beginning $\overline{ ext{OCT}}$ 1 ,					<u>.9</u>	2018
		ment of the Treasury Revenue Service	•	► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may					. }	Open to Public Inspection for 50 t(c)(3) Organizations Only
	A□	Check box if	<u> </u>	Name of organization (Check box if name of				- (-,(-,	DEmp	loyer identification number
		address changed							instr	uctions)
		empt under section	Print	WINDING TRAILS, INC.						06-0670252 lated business activity code
	X 501(c)(3 05 or Number, street, and room or suite no. If a P.O. box, see instructions.									instructions)
	408(e) 220(e) 50 WINDING TRAILS DRIVE 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code FARMINGTON, CT 06032-1420								┨	
									900	099
	C Book	k value of all assets	l	F Group exemption number (See instructions.)	>			·	<u> </u>	
	at en	7,198,0	68.	G Check organization type ► X 501(c) cor	poration	n 50	1(c) trust	401(a)	trust	Other trust
			_	tion's unrelated trades or businesses.	2		Describe	the only (or first) un	related	
_	trad			EE STATEMENT 1	·		-	complete Parts I-V.		
วูกิวก	desc			ce at the end of the previous sentence, complete Pa	arts I an	id II, complete	a Schedule	M for each addition	nai trad	e or
		iness, then complete							1,7	es X No
9				oration a subsidiary in an affiliated group or a parel tifying number of the parent corporation.	nt-subs	idiary controlle	ea group?	▶ 1		es X No
er	J The			SCOTT BROWN			Teleph	one number > 8	60-	677-8458
MA				de or Business Income	_	(A) Inc		(B) Expense		(C) Net
80		Gross receipts or sale	s	116,432.				5	,	
Ü	b L	ess returns and allow	wances	c Balance	10		,432.			
Z	; 2 (Cost of goods sold (S	chedule	A, line 7)	2		,274.			<u> </u>
Ş	3 (Gross profit. Subtract	line 2 fr	rom line 1c	3	51	,158.			51,158.
C	24a (Capital gain net incon	16 (attac	n Schedule D) 'art II, line 17) (attach Form 4797)	4a					
_	- 0 (Cost of goods sold (S Gross profit. Subtract Capital gain net incon Net gain (loss) (Form Capital loss deduction	4/3/, F	ete	4b 4c	<u> </u>				
	5 1	ncome (loss) from a	partners	ship or an S corporation (attach statement)	5			P .		
		Rent income (Schedu	-	on an o outpotation (characteristics)	6	<u> </u>				
		Unrelated debt-financ		ne (Schedule E)	7					
	8 1	nterest, annuities, roy	/alties, a	and rents from a controlled organization (Schedule F)	8					
				on 501(c)(7), (9), or (17) organization (Schedule G)	9					
		Exploited exempt acti	•	,	10					
		Advertising income (S		e J) is; attach schedule) STATEMENT 2	11	57	E 2 1	F T U 20		67 521
		omer income (See ins Fotal. Combine lines			12		,531. ,689.			118,689.
	Par					ations on de	ductions.)		-	1 110/003.
		(Except for a	contribi	ot Taken Elsewhere (See instructions for utions, deductions must be directly connected	a Will	the unrelate	d busines:	s income.)		
	14	Compensation of off	icers, di	rectors, and trustees (Schedule ()		100			14	
	15	Salaries and wages		FEB () 4 2	020 RS-0S			15	104,435.
		Repairs and mainten	ance			≅			16	
	17	Bad debts	م/ ۱ا	ee instructions) OGDI	FN	UT			17	
		Interest (attach sche Taxes and licenses	ouie) (s	ee instructions)			ŧ.		18	
			ons (Sei	e instructions for limitation rules)					20	
		Depreciation (attach		·		ı	21			
				n Schedule A and elsewhere on return		•	22a		22b	
	23	Depletion							23	
	24	Contributions to defe	erred co	mpensation plans					24	
		Employee benefit pro	_						25	
		Excess exempt expe							26	
		Excess readership of				ਕਾਬਾਨ	GW 2 W	כ הואקואקו	27	53,373.
		Other deductions (at Total deductions. A				SEE	STAT	EMENT OS	28 29	157,808.
				ncome before net operating loss deduction. Subtra	ct line 2	9 from line 13		,40	30	-39,119.
				loss arising in tax years beginning on or after Janua				- •	31	1
	32			ncome. Subtract line 31 from line 30				<u> </u>	32	-39,119.
	823701			work Reduction Act Notice, see instructions.						Form 990-T (2018)

Form 990-1	111111111111111111111111111111111111111	06-06	70252	Page
Part I	Total Unrelated Business Taxable Income		_	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instruction	ons)	33	0.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	STMT 4	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	المديمة	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38	\$ 7	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	20		
	enter the smaller of zero or line 36		88	0.
Part I	V. Tax Computation		ł	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	40 >	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38	from:		
	Tax rate schedule or 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	45	44	0.
Part V	Tax and Payments		* *	,
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
b	Other credits (see instructions) . 45b	-	٦ []	
C	General business credit. Attach Form 3800 45c		7: ~1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d		1 . l	
е	Total credits. Add lines 45a through 45d	·	45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 (Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	UA	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.
50 a	Payments: A 2017 overpayment credited to 2018 50a	<i></i>		
	2018 estimated tax payments 50b			
c	Tax deposited with Form 8868 50c		1√1	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		1	
	Backup withholding (see instructions) 50e		┨	
	Credit for small employer health insurance premiums (attach Form 8941) 50f		1. վ	
	Other credits, adjustments, and payments: Form 2439			
•	Form 4136 Other Total > 50g			
51	Total payments. Add lines 50a through 50g	:	51	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached		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	
	Enter the amount of line 54 you want: Gredited to 2019 estimated tax	Refunded >	55	
Part V			1 00 1	
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other al			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have	-		3
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign co			7 7
	here >	,		$\frac{1}{X}$
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	a foreign trust?		- X
	if "Yes," see instructions for other forms the organization may have to file.	, a lordigit trast		7,
	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any k	and to the best of my kno	owledge and belief,	It is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any k	p=		
Here	Seddillea 1/27/20 EXECUTIVE D	TDDDDDD I	May the IRS discuss	
	Signature of officer Date Title		he preparer shown to nstructions)?	· —
	Print/Type preparer's name Preparer's signature Date	_	if PTIN	.50 100
ь	1 Topator 3 Signature Date	self- employed	1	
Paid	rer MARY KAY CURTISS MARY KAY CURTISS 01/23/		P0155	1484
Prepa	DITTO CHAPTED C COMPANY D C CDALC			09205
Use O	29 S. MAIN STREET, P.O. BOX 272000	Firm's EIN	00-10	03403
	Firm's address WEST HARTFORD, CT 06127-2000	Phone so	260 EC1	4000
823711 01-		Tanone no.	<u>860 561-</u>	
SESTITUT.	vu-10		Form	990-T (2018

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory v	aluation N/A				· -	
1 Inventory at beginning of year	1		$\overline{}$	Inventory at end of year	r		6		
2 Purchases	2		7	Cost of goods sold. Su	ıbtract I	ine 6		_	
3 Cost of labor	3		7	from line 5. Enter here	and in F				
4a Additional section 263A costs			1	line 2					
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes No	
b Other costs (attach schedule)	4b		1	property produced or a	-			 	
5 Total. Add lines 1 through 4b	5		7	the organization?	•	,,			
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	pert	y)	
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)							_		
(4)									
	2. Rent recelv	ed or accrued				0(-)0			
rent for personal property is more than				onal property (if the percental property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) ar	rd 2(b) (attach schedule)	
(1)									
(2)									
(3)									
(4)							-		
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.	
Schedule E - Unrelated Del	ot-Finance	Income (see	ınstru	ictions)		 		_	
			T^{-}	2. Gross income from		3. Deductions directly conto debt-finance			
1. Description of debt-fi	nanced property		or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)	
(1)	·		1				_		
(2)			T^{-}				1		
(3)		·	1				1	· · · · · · · · · · · · · · · · · · ·	
(4)			†-				1		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)		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)	<u> </u>			%					
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Totals				•		0		0.	
Total dividends-received deductions in	icluded in column	18						0.	
		-						Form 990-T (2018)	

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity Part	Schedule F - Interest,	Annuitie	s, Royal	ties, an					ation	1S (see ins	truction	ns)
Description of months Description Description of months Description Desc	1 Name of access 11 1		2	.lavar			 		E		bad is	6 Dadwater to the
(2) (3) (4) Nonexempt Controlled Organizations 7. Takelie income 8. Net unrelated roome (book) (bee instructions) 9. Total of secretic payments (c) (1) (2) (3) (4) Add columns and to Eather here and on page 1, Fart I, Ere 8, column (A) (a) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (gee instructions) 1. Description of microns 2. Amount of microns (c) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of microns 2. Cross unrelated beginners (see instructions) 3. Expenses (c) (d) (d) (e) (d) (e) (e) (first here and on page 1, Fart I, Ere 8, column (A) (c) (d) (d) (e) (e) (first here and on page 1, Fart I, Ere 8, column (A) (d) (d) (e) (e) (first here and on page 1, Fart I, Ere 8, column (A) (d) (e) (first here and on page 1, Fart I, Ere 8, column (A) (e) (e) (first here and on page 1, Fart I, Ere 8, column (A) (e) (e) (first here and on page 1, Fart I, Ere 8, column (A) (e) (first here and on page 1, Fart I, Ere 8, column (A) (e) (first here and on page 1, Fart I, Ere 8, column (A) (e) (first here and on page 1, Fart I, Ere 8, column (A) (e) (first here and on page 1, Fart I, Ere 8, column (A) (e) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I Investment (A) (first here and on page 1, Fart I Investment (A) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Er	Name of controlled organiza	ition	identific	ation	(loss) (see	elated income instructions)	4. Гота рауп	al of specified nents made	include	ed in the contr	olling	connected with income
(2) (3) (4) Nonexempt Controlled Organizations 7. Takelie income 8. Net unrelated roome (book) (bee instructions) 9. Total of secretic payments (c) (1) (2) (3) (4) Add columns and to Eather here and on page 1, Fart I, Ere 8, column (A) (a) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (gee instructions) 1. Description of microns 2. Amount of microns (c) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of microns 2. Cross unrelated beginners (see instructions) 3. Expenses (c) (d) (d) (e) (d) (e) (e) (first here and on page 1, Fart I, Ere 8, column (A) (c) (d) (d) (e) (e) (first here and on page 1, Fart I, Ere 8, column (A) (d) (d) (e) (e) (first here and on page 1, Fart I, Ere 8, column (A) (d) (e) (first here and on page 1, Fart I, Ere 8, column (A) (e) (e) (first here and on page 1, Fart I, Ere 8, column (A) (e) (e) (first here and on page 1, Fart I, Ere 8, column (A) (e) (first here and on page 1, Fart I, Ere 8, column (A) (e) (first here and on page 1, Fart I, Ere 8, column (A) (e) (first here and on page 1, Fart I, Ere 8, column (A) (e) (first here and on page 1, Fart I, Ere 8, column (A) (e) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I Investment (A) (first here and on page 1, Fart I Investment (A) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Ere 8, column (B) (first here and on page 1, Fart I, Er	(1)								 			
(d) Nonexempt Controlled Organizations 7. Totals's known 8. Net irrelated converted basis 9. Total of secolar payments (d) (1) (2) (3) (4) Totals is second and payments (see instructions) 1. Description of notions (see instructions) 2. Amount of notions (see instructions) 3. Dedoctives (pittals schedule) (pittals sche					_				_			
(d) Nonexempt Controlled Organizations 7. Tabable income 8. Net unrelated receive (sees estructurari) 9. Total of especified payments in the controlled geganization's gross brooks (do a column 5 and 10 Enter here and on page 1, Part I, Interes and page 1, Part I,			_	_					_			
Nonexempt Controlled Organizations S. Naturalization income (food) (too inteructions) S. Total of specified payments made payments made (too inteructions) S. Total of specified payments made (too inteructions) S.			_						 -			
7, Taxable Income 8, Not unrelated income (leas) 9, Total of expended payments 10, Part of column 9 bits in neckode of the controlling apparation's grown income in column 10 of the column 5 of the column 5 of the column 5 of the column 5 of the column 6 of the c		izations										
(1) (2) (3) (4) (5) (6) (6) (7) (8) (8) (9) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9			related incom	e (loss)	9 Total	of specified pay	ments	10 Part of colu	mn 9 that	t is included	11 De	ductions directly connected
2 3 4 Add columne 5 and 10 Enter here and on page 1, Part I, line 8, column (8) 0 0	.,					made		in the controlli	ing organ	nzation's	with	n income in column 10
2 3 4 Add columne 5 and 10 Enter here and on page 1, Part I, line 8, column (8) 0 0	(1)											
(g)												
Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Enter here and on page 1, Part I, line 8, column (B) O . O . O . O . O . O . O . O . O . O					_					1		
Add columns 6 and 10 Enter here and on page 1, Part I, line 8, column (A) Columns 6 and 10 Enter here and on page 1, Part I, line 8, column (B) O .	_	+	_		_	-	İ			-		
Totals								A		440		44
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 checkled (intach schedule) (in								Enter here and	on page	1, Part I,		nere and on page 1, Part I,
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 checkled (intach schedule) (in	Totals									0.		0.
Cost		ant Incor	ne of a	Section	501/01/	7) (0) 0=	/17) O-	ganization		<u> </u>		
1. Description of income 2. Amount of income 3. Description of directify connected d			ile oi a .	Section	301(0)(<i>r</i> ,, (9), Or	(17) OF	yanızador	1			
1. Description of income 2. Amount of income directly connected (attach schedule) (a	(366 1136							3 Daductio	ne 1			5 Total doductions
(1) (2) (3) (4) Pent t Ins 9, colon page 1, Part I, Ins 9 (a) (5) (6) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (See instructions) 1. Description of exploited exempt Activity Inspection of unrelated business income business inc	1. Desc	cription of incor	me			2. Amount of	income	directly conne	cted			and set-asides
(4) Enter here and on page 1,								(attach sched	11/10)			(col 3 plus col 4)
Enter here and on page 1 Pert I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity income hom trade or business income brown trade or business income in page 1, Part I, line 10, col (A) (1) (2) (3) (4) Enter here and on page 1 Pert I, line 9, column (A) A Net income (loss) from unrelated trade or business attributable to column 5 business income in trade or business	(1)											
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Enter here and on page 1 Pert I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity income hom trade or business income brown trade or business income in page 1, Part I, line 10, col (A) (1) (2) (3) (4) Enter here and on page 1 Pert I, line 9, column (A) A Net income (loss) from unrelated trade or business attributable to column 5 business income in trade or business	(3)				_							
Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity interested business income form trade or business income (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (8) Income From Periodical Reported on a Consolidated Basis 1. Name of periodical 2. Gross and surveiting income (see instructions) Enter here and on page 1, Part I, line 10, col (8) Income From Periodical Reported on a Consolidated Basis 7. Excess exempt expenses (column 5, but not more than column 4) 7. Excess exempt expenses (column 5, but not more than column 4) 8. Enter here and on page 1, Part I, line 10, col (8) Ine 10, col (8) 1. Name of periodical 2. Gross advertising income (see instructions) 7. Excess exempt expenses (column 5, but not more than column 4) 8. Enter here and on page 1, Part I, line 10, col (8) In 1. Name of periodical 2. Gross advertising income (see instructions) 7. Excess exempt expenses (column 2, and the page 1, Part I, line 10, col (8) In 1. Name of periodical 7. Excess exempt expenses (column 5, but not more than column 4) 7. Excess exempt expenses (column 5, but not more than column 4) 7. Excess exempt expenses (column 2, and the page 1, Part I, line 10, col (8) In 1. Name of periodical (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9	(4)											
Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross income two muretated trade or business (column 5 through 7 is not unsellated business income than column 5 through 7 is not unsellated business income attributable to column 5 through 7 is not unsellated business income attributable to column 5 through 7 is not unsellated business income attributable to column 5 through 7 is not unsellated business income attributable to column 5 through 7 is not unsellated business income attributable to column 6 income attributable to col						Enter here and	on page 1,	· 				
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity Part						at 1, 1110 0, C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Tatt, into 3, column (b)
(See instructions) 1. Description of exploited activity 2. Gross urrelated business clotum of urrelated business income from trade or business income born trade or business income born trade or business income (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income (5) Gross income from activity that is not urrelated business income or business (column 1) if agan, compute coils 5 (through 7) (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising costs attributable to column 5 3. Direct advertising gain or foss) (col 2 minus col 3) if a gain, compute coils 5 (through 7) (1) (2) (3) (4) 7. Excess readership costs (column 6 minus column 1) if agan or foss) (col 2 minus col 3) if a gain, compute coils 5 (through 7) (4) 7. Excess readership costs (column 6) (5) Readership costs (column 6 minus column 5) (6) Readership costs (column 6 minus column 4) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9	Totals .				>		0.					0.
1. Description of exploited activity hat is not unrelated business income from activity that is not unrelated business income from activity that is not unrelated business income attributable to column 5 in miss occlumn 5. But not more than column 4. 1. Description of exploited activity that is not unrelated business income from activity that is not unrelated business income article activity that is not unrelated business income activity that is not unrelated business. 1. Description of the properties of the part of the pa	-	•	Activity	Incom	e, Othe	r Than Ad	vertisi	ng Income	•			
1. Description of exploited activity understand business income from unrelated trade or business income from the exploited activity understand business income from the exploited activity understand business income from the exploited activity that is not unrelated business income from activity that is not unrelated business. 5. Gross is activit		T	_ 		_	A Not Incor	no (loos)	<u> </u>				Т_
with production of unrelated business income income hom add or business income (1) (2) (3) (4) Enter here and on page 1, Part 1, ine 10, cot (8) Totals 7. Excess readership costs (advertising lincome 1. Name of periodical 2. Gross advertising income 2. Gross advertising income 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs 3. Direct advertising gain or (6ss) (col 2 minus col 3) if a gain, compute cols 5 through 7 Totals (2) (3) (4) 7. Excess readership costs (advertising funcome (1) (2) (3) (4) 7. Excess readership costs (advertising gain cond 3) if a gain, compute cols 5 through 7 Totals (carry to Part II, line (5)) 0. 0. 0.	4					from unrelated	trade or			6. Fxn	enses	/ . Excess exempt expenses (column
trade or business business income business income column 4) (1) (2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Income From Periodical Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising gain contest (as divertising costs advertising income) (1) (2) (3) (4) Totals O				with pro	duction					attributa	able to	6 minus column 5,
(1) (2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Totals Description of periodical separations Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs advertising costs advertising costs from the cost (advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) D. O. O. O. O.	, ,	trade or b	ousiness			gain, comput	e cols 5	business inco	ome	colun	nn 5	
(2) (3) (4) Enter here and on page 1, Part I, line 10, cot (A) Totals Totals Enter here and on page 1, Part I, line 10, cot (B) O O O O O O O O O O O O O O O O O O O		 				unougi	<u>'</u>					
Enter here and on page 1, Part I, line 10, col (A) Enter here and on page 1, Part I, line 10, col (B) Part II, line 26	(1)											
Enter here and on page 1, Part I, line 10, cot (A) Enter here and on page 1, Part I, line 10, cot (B)	(2)											
Enter here and on page 1, Part I, line 10, col (A) Enter here and on page 1, Part I, line 10, col (B) Part II, line 26	(3)]									
page 1, Part I, line 10, col (A) page 1, Part I, line 10, col (B)	(4)										-	
Totals												
Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs 0. 3. Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 5. Circulation income 6. Readership costs (column 6 minus column 4) (1) (2) (3) (4) (4) (5) (5) (6) (7)												Part II, line 26
Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs 0. 3. Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 5. Circulation income 6. Readership costs (column 6 minus column 4) (1) (2) (3) (4) (4) (5) (5) (6) (7)	Totals -	.	0.1		0.							l 0.
Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising allow or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) A. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 5. Circulation income 6. Readership costs (column 6 minus column 4) 7. Excess readership costs (column 6 minus column 4) 7. Excess readership costs (column 6 minus column 4) 7. Excess readership costs (column 6 minus column 4) 7. Excess readership costs (column 6 minus column 4) 7. Excess readership costs (column 6 minus column 4) 7. Excess readership costs (column 6 minus column 4) 7. Excess readership costs (column 6 minus column 5, but not more than column 4)	Schedule J - Advertisi	ing Incor		nstruction								
1. Name of periodical advertising lincome advertising costs of (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5))						solidated	Basis					
1. Name of periodical advertising lincome advertising costs of (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5))		- 1		T		1 4	••••		1			7 500000
(2) (3) (4) Totals (carry to Part II, line (5)) 0 0 0 0	1. Name of periodical		advertising			or (loss) (c col 3) If a g	ol 2 minus ain, comput	5. Circulat Income				costs (column 6 minus column 5, but not more
(2) (3) (4) Totals (carry to Part II, line (5)) 0 0 0 0	(1)	- -		-				 	-			
(3) (4) Totals (carry to Part II, line (5)) 0 0 0 0 0				\rightarrow		-		<u> </u>				1
(4) Totals (carry to Part II, line (5)) ▶ 0 . 0 . 0 .						\dashv						1
Totals (carry to Part II, line (5))		\longrightarrow				⊢ .				-		
	(4)	-+						 				<u> </u>
	Takala (asanaka Polikili ku 180)			,	^	.		-				
	i otals (carry to Part II, line (5))	<u> </u>		<u>, •1</u>	0	•						Form 990-T (2018

Form 990-T (2018) WINDING TRAILS, INC.

Part III 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.	77.	21 9 20	- , 5,	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, Irne 11, col (B)	, , ,			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.		4		0.
Schedule K - Compe	nsatio	n of Officers,	Directors, and	Trustees (see in	nstructions)		

Trustees (see instructions)

1. Name	2, Title		Compensation attributable to unrelated business	9	
(1)		%			
(2)		%			
(3)		%			
(4)		%			
Total. Enter here and on page 1, Part II, line 14		•		0.	

Form 990-T (2018)

FORM 990-T	DESCRIPTION OF	F ORGANIZATION'S BUSINESS ACTIVIT	PRIMARY UNRELATED Y	STATEMENT	1
RETAIL SA	LES/FACILITY RENTA	LS TO NONMEMBERS			
TO FORM 99	0-T, PAGE 1				
FORM 990-T		OTHER INCOME		STATEMENT	2
DESCRIPTION	N			AMOUNT	
NON-MEMBER	RENTALS			67,5	31.
TOTAL TO F	ORM 990-T, PAGE 1,	LINE 12		67,5	31.
FORM 990-T	STATEMENT :				
DESCRIPTIO	N			AMOUNT	
OVERHEAD MANAGEMENT	COSTS			27,8 25,5	
TOTAL TO F	ORM 990-T, PAGE 1,	LINE 28		53,3	73.
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT	4
may WEAD	TORG GWGMATNAD	LOSS PREVIOUSLY	LOSS	AVAILABLE	
TAX YEAR	LOSS SUSTAINED	APPLIED	REMAINING	THIS YEAR	
09/30/09	33,137.	1,122. 0.	32,015.	32,01	
09/30/10	38,067.	38,067.	38,06		
09/30/12 09/30/13			20,931. 19,578.	20,93	
09/30/13	35,689.	35,689.	19,578. 35,689.		
09/30/15	22,453.	0. 0.	22,453.	22,45	
09/30/16	28,281.	0.	28,281.	28,28	
09/30/17	47,692.	0.	47,692.	47,69	2.
09/30/18	43,496.	0.	43,496.	43,49	6.
NOL CARRYO	VER AVAILABLE THIS	YEAR	288,202.	288,20	2.
NOL CARRYO	VER AVAILABLE THIS	YEAR	288,202.	288,20 =	2 •

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY 1

OMB No 1545-0687

0040

2018

Department of the Treasury Internal Revenue Service (99)

Name of the organization

For calendar year 2018 or other tax year beginning $\underline{OCT\ 1,\ 2018}$, and ending $\underline{SEP\ 30,\ 2019}$

► 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

Employer identification number

	WINDING TRAILS, INC.			06-06	702	52
$\overline{}$	Inrelated business activity code (see instructions) > 45300	0				
	escribe the unrelated trade or business RETAIL SA	LES				
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales 116,432.					
b	Less returns and allowances c Balance ▶	1c	116,432.			
2	Cost of goods sold (Schedule A, line 7)	2	65,274.			
3	Gross profit. Subtract line 2 from line 1c	3	51,158.			51,158.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
C	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	_9		·		
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11			_	
12	Other income (See instructions; attach schedule)	12		<u> </u>		
13	Total. Combine lines 3 through 12	13	51,158.			51,158.
	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the				1	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	39,708.
15	Salaries and wages				15	39,700.
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)		1 1		20	
21	Depreciation (attach Form 4562)		21		 	
22	Less depreciation claimed on Schedule A and elsewhere on return	ו	22a		22b	
23	Depletion Control of the second of the secon				23	
24	Contributions to deferred compensation plans				24	
25 26	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)		SEE STAT	EMENT 5	27	22,748.
28	Other deductions (attach schedule)		DEE DIAT.	EMENI 3	28	62,456.
29	Total deductions. Add lines 14 through 28				29	04,430.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

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31

instructions)

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31

-11,298.

WINDING T	RAILS,	INC.			06-0670	252			
Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuation						
 Inventory at beginning of year 	1		6 Inventory at end of year	ar		6			
2 Purchases	2		7 Cost of goods sold. S	ubtract l	ine 6				
3 Cost of labor	3		from line 5. Enter here	n line 5. Enter here and in Part I,					
4a Additional section 263A costs			line 2			7			
(attach schedule)	4a		8 Do the rules of section	1 263A (1	with respect to	Yes No			
b Other costs (attach schedule)	4b		property produced or	acquired	i for resale) apply to				
5 Total. Add lines 1 through 4b	5		the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property	Leas	ed With Real Prop	erty)			
Description of property			-	-					
(1)		 _		-					
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued		_					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	and personal property (if the percent personal property exceeds 50% or in this based on profit or income)	0% carif							
(1)									
(2)									
(3)		Ì	-						
(4)									
Total	0.	Total		0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.			
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)						
		•	T		3. Deductions directly conne to debt-financed	cted with or allocable			
1. Description of debt-fi	nanced property		Gross income from or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)									
(2)	-	-							
(3)				Ì					
(4)						<u>-</u> "			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property h 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)			%						
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)			
Totals			•	·L	0.	0.			
Total dividends-received deductions in	cluded in columi	18	<u></u>			0.			
						Form 990-T (2018)			

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
MANAGEMENT COSTS OVERHEAD		16,102. 6,646.
TOTAL TO SCHEDULE M, PART II,	LINE 28	22,748.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning OCT~1, 2018, and ending SEP~30, 2019

► 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

Name	of the organization WINDING TRAILS, INC.			Employer ide		
ī	Unrelated business activity code (see instructions) > 90009		· 			
	Describe the unrelated trade or business NON-MEMBE	R R	ENTALS			
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				, ,
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach				İ	
	statement)	5			i	
6	Rent income (Schedule C)	6	67,531.			67,531.
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled				I	
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)				į	
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12	68 504			
<u>13</u>	Total. Combine lines 3 through 12	13	67,531.			67,531.
	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the understanding the second second second second second second second second second second second second second second second sec	ons f unrela	for limitations on deductated business income.)	tions.) (Ex		or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	CA 707
15	Salaries and wages				15	64,727.
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)		11		20	
21	Depreciation (attach Form 4562)		21			
22 23	Less depreciation claimed on Schedule A and elsewhere on return		. 22a		22b	
	Depletion Contributions to deferred access and the second access to the				23	
24	Contributions to deferred compensation plans		•		24	
25 26	Employee benefit programs				25	
26 27	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)		opp onsmove	entm <i>e</i>	27	20 625
28	Other deductions (attach schedule)		SEE STATEME	ENT 6	_28	30,625.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Total deductions. Add lines 14 through 28

Schedule M (Form 990-T) 2018

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instructions)

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95,352.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
MANAGEMENT COSTS OVERHEAD		9,422. 21,203.
TOTAL TO SCHEDULE M, PART II, L	INE 28	30,625.