2939321900036 Form **990-T Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) n 6033(e)) , and ending SEP 302020 For calendar year 2019 or other tax year beginning OCT 1, 2019 ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury ▶ 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 to 501(c)(3) Organizations Only Internal Revenue Service DEmployer identification number Check box if Name of organization ( Check box if name changed and see instructions.) (Employees' trust, see address changed **B** Exempt under section Print WINDING TRAILS, INC. 06-0670252 Unrelated business activity code (See instructions) X 501(c0)(3) Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 7220(e) 50 WINDING TRAILS DRIVE 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 06032-1420 ]529(a) FARMINGTON, CT 900099 C Book value of all assets F Group exemption number (See instructions.) 374,306. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here > SEE STATEMENT 1 . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V X No 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of SCOTT BROWN Telephone number ► 860-677-8458 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 78,534. 78,534 b Less returns and allowances c Balance 47,716 Cost of goods sold (Schedule A, line 7) 2 30,818 30,818 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 .11 سر، Other income (See instructions; attach schedule) STATEMENT 2 .0.,288 10,288. 12 **CT** 12 . 1.06 41,106. 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See Instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 FEB **2 6** 2021 78,274. 15 Salaries and wages 15 16 Repairs and maintenance 16 17 OGDEN Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 Depreciation (attach Form 4562) 20 21 Less depreciation claimed on Schedule A and elsewhere on return 21b 22 Depletion 22 23 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 25 Excess exempt expenses (Schedule I 25 26 Excess readership costs (Schedule J) 26 27 Other deductions (attach schedule) SEE STATEMENT 3 29,268. 27 Total deductions. Add lines 14 through 27 107,542. 28 28 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 29 -66,436. Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) SEE STATEMENT 4 30 Unrelated business taxable income. Subtract line 30 from line 29 31 -66,436. 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions. 36

Form 99		WINDING TRAILS, INC.		·	06	<u>-0670</u>	<u> 1252</u>	Page
Part	JII \	Total Unrelated Business Taxable Income						
32 /	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see instruc	ctions)		32			0.
33	Amoun	nts paid for disallowed fringes			33			
34	Charital	ble contributions (see instructions for limitation rules)			34			0.
35		nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from	n the sum o	of lines 32 and 33	35			
36		tion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		STMT 5	36		-	0.
37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	_	A)	37			
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)		4	28		1 0	00.
	•			$\boldsymbol{\mathcal{U}}$			<del></del>	-00.
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		•				0.
r <del></del>		he smaller of zero or line 37		···	39			
		Tax Computation			1 1			
40	_	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)		<b>•</b>	40			0.
41	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 3	9 from:					
	L Ta	ax rate schedule or Schedule D (Form 1041)		<b>&gt;</b>	41			
42	Proxy t	tax. See instructions		<b>&gt;</b>	42			
43	Alternat	itive minimum tax (trusts only)			43			
44	Tax on	Noncompliant Facility Income. See instructions			44			
45	Total. A	Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45			0.
Part	: V   -	Tax and Payments	-					
46a	Foreign	n tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	Ĭ					
	-	credits (see instructions) 46b	1		7			
		Il business credit. Attach Form 3800 46c			1			
		for prior year minimum tax (attach Form 8801 or 8827)	+		1			
		redits. Add lines 46a through 46d			46e			
		ct line 46e from line 45			47			0.
		axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other	(attach schedule)	48			<del></del>
48				(attach schedule)	49			0.
49		ax. Add lines 47 and 48 (see instructions)			\ <del></del>			<del>0.</del>
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	ı		50			
	-	nts: A 2018 overpayment credited to 2019	+		<b>⊣</b> ∤	ı		
		stimated tax payments 51b	<del>†                                      </del>		-			
		posited with Form 8868 51c	ļ		_			
d	Foreign	n organizations: Tax paid or withheld at source (see instructions) 51d	<u> </u>		_			
е	Backup	withholding (see instructions) 51e		· · · · · ·	J			
f	Credit for	for small employer health insurance premiums (attach Form 8941) 51f						
9	Other co	credits, adjustments, and payments: Form 2439	1					
	Fo	orm 4136 □ Other Total ▶ 51g						
52	Total p	ayments. Add lines 51a through 51g			52			
53	Estimat	ted tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲			53			
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		•	54			
55		syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		•	55			
56		he amount of line 55 you want: Credited to 2020 estimated tax	Re	funded 🕨	56			
Part		Statements Regarding Certain Activities and Other Information (s			1 1			
		time during the 2019 calendar year, did the organization have an interest in or a signature or other					Yes	No
••		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may ha						
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign is						
	here	Trong 114, Report of Foreign bank and Financial Accounts. If Tes, enter the name of the foreign t	Journay					X
EO								X
		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	to, a forei	gn trust?				<u> </u>
		" see instructions for other forms the organization may have to file.						
59		he amount of tax-exempt interest received or accrued during the tax year					<u> </u>	L
Q:~~	co	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has a	nts, and to any knowle	tne best of my kno dge	wiedge ar	nd belief, it is	s true,	
Sign		Of Orok White		N	lay the IRS	S discuss th	s return	with
Here			DIRE		-	r shown belo		_
		Signature of officer Date Title		ır	structions	s)? X Y	es 🔃	No
		Print/Type preparer's name Preparer's signature Date		Check	if PTII	N		
Paid	l			self- employed				
	arer	MARY KAY CURTISS MARY KAY CURTISS 02/09	/21			01551	484	
•	Only	CUTEMONI ADCOMATION TO		Firm's EIN ▶		1-074		
USE	Jilly	29 SOUTH MAIN STREET, 4TH FLOOR						
		Firm's address ► WEST HARTFORD, CT 06107	-	Phone no. (	860	) 561	-40	0.0
923711	01-27-20		<del></del>	1		Form 9		
		^=				Louin A	30- I	(2019)

1 5 2 5 0 0 0 0 0 0 5 4 4 0 1:1m + 0 0 1

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation N/A			
1 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	line 6	
3 Cost of labor	3		from line 5. Enter here	and in I	Part I,	
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	1 263A (	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or	acquire	d for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Leas	ed With Real Pro	perty)
(see instructions)	•					
Description of property						
(1)					<u> </u>	
(2)						
(3)						
(4)						
	2. Rent receiv	red or accrued				
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	` of rent for	and personal property (if the percent personal property exceeds 50% or if int is based on profit or income)	age		connected with the income in d 2(b) (attach schedule)
(1)	<u>-i</u>	<del> </del>			<del></del>	<del></del>
(2)			<del></del> -			· <del>-</del> , ,
(3)					<u> </u>	
(4)		,				
Total	0.	Total		0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		nter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b> 0
Schedule E - Unrelated De		Income (see	e instructions)	<u> </u>	Part I, IMB 6, COOMIN (B)	<u> </u>
		<u>\</u> _	2. Gross income from		3. Deductions directly cont to debt-finance	nected with or allocable
1. Description of debt-fi	inanced property		or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions
To best priority a dept-	manced property		financed property		(attach schedule)	(attach schedule)
(1)					<del></del>	
(2)						
(3)				<u> </u>		
(4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fine	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)		- · · - · - · · · · · · · · · · · ·	%	1		
(2)		·= ·= ·	%		····-	<del></del>
(3)	<u> </u>		%			
(4)	<del></del>		%			
	· · · · · · · · · · · · · · · · · · ·	<del> =</del>			inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Tatala				'		
Totals  Total dividends received deductions of	noludod in onlices	. 0	•	Щ.	0	0 0
Total dividends-received deductions in	nciuaea in columi	וא				1 0

Form 990-T (2019)

1 E 2 E 0 2 0 0 7 E E A A 0 13 TOT T 0 0 1

-				Exempt	Controlled C	rganızatı	ons					
Name of controlled organic	zation	identif	nployer lication nber		related Income e instructions)	4. Tot payr	al of specified nents made	Part of column 4 that is included in the controlling organization's gross income		rolling	6. Deductions directly connected with income in column 5	
(1)				<u> </u>								
(2)												
(3)												
(4)						<u> </u>						
Nonexempt Controlled Orga	inizations					<del></del>						
7 Taxable Income		unrelated Incor see instruction		9. Total	of specified pay made	ments	10. Part of column in the controll gross		nization's	11. De wit	eductions directly connected h income in column 10	
(1)												
(2)												
(3)												
(4)											· · · · · · · · · · · · · · · · · · ·	
							Add colun Enter here and line 8, c		e 1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals						<b>&gt;</b>			0.		0.	
Schedule G - Investm		me of a	Section	1 501(c)(	(7), (9), or	(17) Or	ganization	1				
(see ins	structions)						0		ı		1 5	
1. De	scription of inco	eme			2. Amount of	income	<ol> <li>Deduction</li> <li>directly connected</li> <li>(attach sched</li> </ol>	cted	4. Set-	asides chedule)	5. Total deductions and set-asides	
(1)							(attach sched	iule)	<u> </u>	····	(col 3 plus col 4)	
(2)							• • •					
(3)											+	
(4)											-	
(-)					Enter here and Part I, line 9, co				<u> </u>		Enter here and on page 1 Part I, line 9, column (B)	
Totals				•		٥.					0.	
Schedule I - Exploited	d Exempt	t Activity	y Incom	e, Othe	r Than Ac		ng Income	•			1	
Description of exploited activity	unrelated incom	àross I business ne from business	directly of with proof un	penses connected oduction related s Income	4. Net incomfrom unrelated business (commune colum gain, comput through	trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(1) (2) (3) (4)												
(4)												
Totals		re and on I, Part I, col (A)	page '	re and on 1, Part I, , col (B)	***		3				Enter here and on page 1, Part II, line 25	
Schedule J - Advertis	sing Inco		ınstructıcı									
Part I Income From					solidated	Basis			-			
1. Name of periodical		2 Gross advertising income	adv	3. Direct ertising costs	or (loss) (c		5. Circulat income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)						•					`x	
(2)												
(3)												
(4)						<del></del>						
otals (carry to Part II, line (5))	<b>•</b>		0.	0							0.	
											Form <b>990-T</b> (2019)	

923731 01-27-20

	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
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-l	ine basis )	

1 Name of penodical		2. Gross advertising income	3. Direct adverbsing 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	<b>•</b>	0.	0.				0
	ś	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col. (B).1				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.	<u>.</u>	•		0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

Form 990-T (2019)

FORM 990-T	DESCRIPTION C	OF ORGANIZATION'S BUSINESS ACTIVIT	PRIMARY UNRELATED	STATEMENT	1
RETAIL SA	LES/FACILITY RENTA	LS TO NONMEMBERS			
TO FORM 99	O-T, PAGE 1				
FORM 990-T		OTHER INCOME		STATEMENT	2
DESCRIPTION	4			AMOUNT	
NON-MEMBER	RENTALS			10,28	88.
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 12		10,28	88.
FORM 990-T		OTHER DEDUCTI	ONS	STATEMENT	3
DESCRIPTION	1			AMOUNT	
OVERHEAD MANAGEMENT	COSTS			11,78 17,48	
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 27		29,26	58.
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT	4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	v
09/30/19	39,119.	0.	39,119.		<u> </u>

39,119.

39,119.

NOL CARRYOVER AVAILABLE THIS YEAR

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/09	33,137.	1,122.	32,015.	32,015.
09/30/10	38,067.	0.	38,067.	38,067.
09/30/12	20,931.	0.	20,931.	20,931.
09/30/13	19,578.	0.	19,578.	19,578.
09/30/14	35,689.	0.	35,689.	35,689.
09/30/15	22,453.	0.	22,453.	22,453.
09/30/16	28,281.	0.	28,281.	28,281.
09/30/17	47,692.	0.	47,692.	47,692.
09/30/18	43,496.	0.	43,496.	43,496.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	288,202.	288,202.

Employer identification number

## **SCHEDULE M** (Form 990-T)

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury

Name of the organization

For calendar year 2019 or other tax year beginning OCT~1, 2019, and ending SEP~30, 2020

Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

	WINDING TRAILS, INC.			06-06702	52
l	Unrelated Business Activity Code (see instructions) ▶ 45300				
	Describe the unrelated trade or business   RETAIL SA	LES			
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 78,534.				
b	Less returns and allowances c Balance	1c	78,534.		
2	Cost of goods sold (Schedule A, line 7)	2	47,716.		
3	Gross profit. Subtract line 2 from line 1c	3	30,818.		30,818.
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		·		
	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)		Í		
	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			0.0.04.0
<u>13</u>	Total. Combine lines 3 through 12	13	30,818.	· · <del>- · · · · · · · · · · · · · · · · ·</del>	30,818.
	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			, ,	ons must be
14	Compensation of officers, directors, and trustees (Schedule K)			14	42 122
15	Salaries and wages			15	43,132.
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses		1 }	19	
20	Depreciation (attach Form 4562)		20		
21	Less depreciation claimed on Schedule A and elsewhere on return	1	21a	21b	
22	Depletion			22	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

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

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

Employee benefit programs

Schedule M (Form 990-T) 2019

23

24

25

26

27

28

29

STMT 7

SEE STATEMENT 6

instructions)

23

24

25

26

27

28

29

30

17,619.

60,751

-29,933.

FORM 990-T (M)	OTHER DEDUCT	TIONS	STATEMENT 6
DESCRIPTION			AMOUNT
MANAGEMENT COSTS OVERHEAD			12,825. 4,794.
TOTAL TO SCHEDULE M, PART	II, LINE 27		17,619.
SCHEDULE M	NET OPERATING LOSS	DEDUCTION	STATEMENT 7
TAX YEAR LOSS SUSTAINED	LOSS PREVIOUSLY	DEDUCTION  LOSS REMAINING	STATEMENT 7  AVAILABLE THIS YEAR
	LOSS PREVIOUSLY APPLIED	LOSS	AVAILABLE

Form 990-T (2019) <b>WINDING T</b>	י אדד פי	TNC			06-06	70252	Page 3	
Schedule A - Cost of Good			ton valuation		00-00	/ 0 2 3 2	<del></del>	
1 Inventory at beginning of year	J J Linter	metriod or inver	6 Inventory at end of ye	225				
2 Purchases	2		7 Cost of goods sold.		lina 6	6	· · · · · · · · · · · · · · · · · · ·	
3 Cost of labor	3		<b>-</b>					
4a Additional section 263A costs			from line 5. Enter here and in Part I, line 2  8 Do the rules of section 263A (with respect to			7		
(attach schedule)	4a						Yes No	
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to				100 1.00	
5 Total. Add lines 1 through 4b	5	<del></del>	<b>-</b> ' ' ' ' '	acquire	a for resale, apply to		h	
<u> </u>		Property and	the organization? nd Personal Property Leased With Real			Property		
(see instructions)	(Fioili neai	Property and	u Personai Property	Leas	eu willi neai Fi	operty		
(See instructions)		<del> </del>	<del></del>					
1. Description of property								
(1)					·			
(2)								
(3)					•			
(4)					<del></del>			
	2. Rent receiv	ed or accrued	w		<u> </u>			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	s than "	of rent for p	and personal property (if the percer personal property exceeds 50% or at is based on profit or income)	ntage If	3(a) Deductions direc columns 2(a)	fly connected ward and 2(b) (attach		
(1)	<del> </del>					· · · · · ·	<u></u>	
(2)	-		<del></del>					
(3)								
(4)								
Total	0.	Total		0.			•	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columr		ter		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 co		r allocable	
1. Description of debt-fit	nanced property	,	Gross income from or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b)	Other deductions ttach schedule)	
(1)				<del> </del>				
(2)			1	1		<del>                                     </del>		

Form 990-T (2019)

0.

0.

8. Allocable deductions (column 6 x total of columns

3(a) and 3(b))

Enter here and on page 1,

Part I, line 7, column (B)

(3) (4)

(1)

(2)

(3)

(4)

Totals

6. Column 4 divided by column 5

%

%

%

%

7. Gross income reportable (column

2 x column 6)

Enter here and on page 1,

Part I, line 7, column (A)

0 .

Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

Total dividends-received deductions included in column 8

Average adjusted basis of or allocable to debt-financed property (attach schedule)

2

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury

For calendar year 2019 or other tax year beginning OCT 1, 2019, and ending SEP 30, 2020

Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name	WINDING TRAILS, INC.	06-067	06-0670252		
	Inrelated Business Activity Code (see instructions)   90009				
	Describe the unrelated trade or business NON-MEMBE	R RE	NTALS		
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales	r			
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			
ь	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				
	statement)	5			
6	Rent income (Schedule C)	6	10,288.		10,288.
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			
13	Total. Combine lines 3 through 12	13	10,288.		10,288.
	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			, .	
14	Compensation of officers, directors, and trustees (Schedule K)			<del></del>	14   3   1   1   2
15	Salaries and wages			1	35,142.
16	Repairs and maintenance				16
17	Bad debts				17
18	Interest (attach schedule) (see instructions)				18
19	Taxes and licenses		1 1	1	19
20	Depreciation (attach Form 4562)		20		
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		1b
22	Depletion			<del></del>	22
23	Contributions to deferred compensation plans				23
24	Employee benefit programs			<del>                                     </del>	24
25	Excess exempt expenses (Schedule I)			1 2	25 i

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

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

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

Schedule M (Form 990-T) 2019

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SEE STATEMENT 8

instructions)

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11,649.

46,791.

-36,503.

FORM 990-T (M)	OTHER DEDI	UCTIONS	STATEMENT	8
DESCRIPTION			AMOUNT	
MANAGEMENT COSTS OVERHEAD			4,66 6,98	
TOTAL TO SCHEDULE M, PART II	, LINE 27		11,64	9.
SCHEDULE M NET	OPERATING LO	SS DEDUCTION	STATEMENT	9
SCHEDULE M NET TAX YEAR LOSS SUSTAINED	OPERATING LOSS PREVIOUSLY APPLIED	SS DEDUCTION  LOSS REMAINING	STATEMENT  AVAILABLE THIS YEAR	9
	LOSS PREVIOUSLY	LOSS	AVAILABLE	

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