orm 990-T.		Exempt Organization Business Income Tax Retu (and proxy tax under section 6033(e)) or catendar year 2019 or other tax year beginning					2019	
199		or other tax year beginning Go to www.irs gov/Form990T fo	r instructi	and ending	mation	-	2019	
epartment of the Treasury ternal Revenue Service		SSN numbers on this form as it n					Open to Public Inspection for 501(c)(3) Organizations Only	
Check box if address changed		enization (-	·	,	(Emp	oyer identification number loyees' trust, see uctions)	
Exempt under section	Print FOUNDA			2-3195349				
X 501(c 03_)	or Number, stre	-		lated business activity code instructions)				
408(e)220(e)		R STREET				1		
408A		state or province, country, and ZII	or foreig	n postal code		900099		
Book value of all assets at end of year	F Group exe	mption number (See instructions.) anization type X 501(c) o	<u> </u>					
			orporation		`) trust	Other trust	
		d trades or businesses.			e the only (or first) ur			
trade or business here			Doute Lea		e, complete Parts I-V.			
		of the previous sentence, complete	Parts I ar	ia II, complete a Schedul	ie ivi for each addition	iai trade	e or	
business, then complete		idiary in an affiliated group or a pa	ront-cube	udiary controlled group?	· · · · · · · · · · · · · · · · · · ·	Ye	es X No	
		of the parent corporation.		iolary controlled group?		I'	UVI (44) UV	
The books are in care of				Telepi	hone number 🕨 (603) 681-4291	
?art.I⊟ Unrelate				(A) Income	(B) Expense		(C) Net	
a Gross receipts or sale	s				WARE CARE	n Mil		
b Less returns and allo	vances	c Balance	► 1c		Same And Service	ning.		
Cost of goods sold (S	chedule A, line 7)	, <u> </u>	2			Z		
Gross profit. Subtrac	line 2 from line 1c		3			AFOLVI AFOLVI		
a Capital gain net incor	ne (attach Schedule D)	,	4a			KW.	/	
b Net gain (loss) (Form	4797, Part II, line 17)	(attach Form 4797)	4b		T. T. T. T. S.			
c Capital loss deduction			4c	<u>-</u>		28 / 26 / 26 / 26 / 26 / 26 / 26 / 26 /		
		rporation (attach statement)	5_		1600 HV / 65		<u> </u>	
Rent income (Schedu		-,	6		 /			
	ed income (Schedule E	•	7		//			
		a controlled organization (Schedule						
	a section 50 f(c)(7), (vity income (Schedule	9), or (17) organization (Schedule	10		 	•		
Exploited exempt acti Advertising income ()		')	11					
,	structions; attach sche	dule)	12	/				
Total. Combine lines		2010)	13	0.		Qq		
art II Deduction	ns Not Taken E	Isewhere (See instructions	for Jimit	ations on deductions)		•	
(Deductions	must be directly co	nnected with the unrelated bu	sinėss in	come)				
Compensation of of	icers, directors, and tr	ustees (Schedule K)				14		
Salaries and wages						15		
Repairs and mainter	ance 🚬 🚬 ,					16		
Bad debts						17	<u>.</u>	
	dule) (see instructions)				18		
Taxes and licenses	5 4500)	/	=11 /5	D leal	•	19		
Depreciation (attach Less depreciation of	•	REC	FIVE	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	***		4	
Depletion	limed on Schedule A a	nd elsewhere on return		20 00 21a		21b 22		
,	erred compensation pla	ans 99 NOV	2 3 20	(V)		23		
Employee benefit pr		1 1		J <u>@</u>	7	24		
Employee benefit pr Excess exempt expe	•	OGD	EN.	<u>UT</u>		25	 	
Excess readership of						26		
Other deductions (a						27		
7 Other deductions (attach schedule) B Total deductions Add lines 14 through 27							0.	
,		net operating loss deduction. Subt	ract line 2	8 from line 13		29	0.	
		tax years beginning on or after Jai						
						30	0.	
(see instructions)						١ ٠ ٠	1 ^	
(see instructions) Unrelated business	axable income. Subtra	ct line 30 from line 29			 	31	Form 990-T (2019	

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Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation > N/A				<u> </u>	
1 Inventory at beginning of year	1			Inventory at end of yea	r		6		
2 Purchases	2		_	7 Cost of goods sold Subtract line 6					
3 Cost of labor	3		1	from line 5. Enter here and in Part I,					
4 a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		8	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		1	the organization?	•	,			
Schedule C - Rent Income (F (see instructions)	rom Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)	
1 Description of property									
(1)									
(2)				•				***	
(3)									
(4)								-	
	2 Rent receive	ed or accrued				1			
(a) From personal property (if the perce rent for personal property is more the 10% but not more than 50%)	entage of nan	of rent for p	ersonal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ai	conne nd 2(b)	cted with the income in (attach schedule)	1
(1)									
(2)			-						
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column ((A)	•			0.	(b) Total deductions. Enter here and on page 1 Part I line 6, column (B)	_		0.
Schedule E - Unrelated Debt	-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from or allocable to debt-		3. Deductions directly con to debt-finance	nected ed pro	perty	
Description of debt-fina	nced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)									
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%			\top		
(2)		-		%			\top		
(3)			1	%			╅		
(4)				%			1		
	· - ··		•			nter here and on page 1, Part I line 7 column (A)		Enter here and on pag Part I, line 7 column	-
Totals						0			0.
Total dividends-received deductions inc	luded in column	18				•	-		0.

Schedule F - Interest,	Annuities,	Royalti	ies, and Rent	s From Co	ntrolle	d Organiza	ition	22-31 S (see ins	struction		
			Exemp	t Controlled C	rganızat	ions					
1 Name of controlled organize	ation	2 Employer identification number		3 Net unrelated income (loss) (see instructions)		payments made inclu		Part of column 4 that is luded in the controlling inization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)						·					
(3)					·	-			- 		
(4)						-				·	
Nonexempt Controlled Organ	l nizations				1		Ь.				
7. Taxable Income	8. Net unre	lated income instructions)	(loss) 9 To	tal of specified pay made	ments	10. Part of cotur in the controlli gross		nization's	11 De with	ductions directly connected income in column 10	
(1)	+								,		
(2)						ļ					
(3)									<u> </u>		
(4)	 	<u>-</u> -				-					
						Add colum Enter here and line 8 c		1 Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I line 8 column (B)	
otals	· · · · · · · · · · · · · · · · · · ·							0.		0.	
Schedule G - Investme (see ins	ent Income structions)	e of a Se	ection 501(c)	(7), (9), or (17) Or	ganization		,			
1. Des	scription of income	ı		2. Amount of	income	3 Deduction directly conne (attach sched	cted	4 Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)	<u> </u>										
(4)											
,			_	Enter here and Part I, line 9 co	lumn (A)					Enter here and on page 1 Part I, line 9 column (B)	
^{Totals} Schedule I - Exploited	Evemnt A	ctivity I	ncome Othe	r Than Adv	0.	GERMSON	(California)		Poren.	<u>0.</u>	
(see instr		- Ictivity i		TIME THE	/er tisir	ig income		r-			
1 Description of exploited activity	2 Gros unrelated bu income fr trade or bus	siness om	3 Expenses directly connected with production of unrelated business income	4. Net inconfrom unrelated business (cominus colum gain, comput through	trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Exp attribut colui	able to	7 Excess exempt expenses (column 6 minus column 5 but not more than column 4)	
(1)											
(2)											
(3)											
(4)						_			_		
	Enter here a page 1, Pa line 10 col	art I I (A)	Enter here and on page 1 Part I, line 10 col (B)							Enter here and on page 1 Part II, line 25	
Totals ► Schedule J - Advertisi	ing Income	0.	0 structions)				W.C.			8 0.	
Part I. Income From				nsolidated	Basis						
		2 Gross			ising gain			<u> </u>		7 Excess readership	
1. Name of periodical	a	dvertising income	3. Direct advertising cost	ts col 3) If a g cols 5 ti	rough 7	te income		6. Read		costs (column 6 minus column 5 but not more than column 4)	
(1)				SAME OF		4					
(2)											
(3)	<u>'</u>				hugai, mili						
(4)						ž.					
otals (carry to Part II, line (5))	•	0		0.						0.	
3 3-11							-	·		Form 990-T (2019)	

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	(
Part II	Income From	Periodicals Reported on a S	Separate Basis	(For each periodical listed in Part II, fill in
	columns 2 through	n 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	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 page 1 Part I line 11, col (B)				Enter here and on page 1, Part II line 26
Totals, Part II (lines 1-5)	▶	0.	0.				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		>	Ö.

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FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

QUALIFIED TRANSPORTATION FRINGE BENEFIT

TO FORM 990-T, PAGE 1