Form 990-T	Exempt Organization Bus			ax Return	ı ļ	OMB No 1545-0047	
*	(and proxy tax under section 6033(e))						
* /	For calendar year 2019 or other tax year beginning		, and eliding		/	2019	
Department of the Treasury Internal Revenue Service	► Go to www irs gov/Form990T for i ► Do not enter SSN numbers on this form as it ma	y be mad	le public if your organiz			Open to Public Inspection for 501(c)(3) Organizations Only	
A Check box if address changed	Name of organization (Check bux if name changed and see instructions) INIVERSAL COMMUNICATIONS					D Employer identification number (Employees' trust, see instructions)	
B Exempt under section	Print NETWORK INC				22-3850071		
X 501(c)(\begin{cases} \begin{cases} \chi_1 \\ \begin{cases} \chi_2 \\ \chi_2 \\ \end{cases} \end{cases} \end{cases} \text{ (c)} \text{ (b)}	Or Number, street, and room or suite no. If a P.O. bo					ated business activity code nstructions)	
408(e) 2220(e)	229 W ZOTH STREET, /TH				-		
408A 530(a) 529(a)	City or town, state or province, country, and ZIP (NEW YORK, NY 10001	or foreigr	postal code				
C Book value of all assets at end of year	F Group exemption number (See instructions.)	<u> </u>					
14,931,0	00. G Check organization type ► X 501(c) cor	poration	501(c) trust	401(a)	trust	Other trust	
	organization's unrelated trades or businesses	1	·	the only (or first) un			
	TELEVISION AND WEB ADVERT			complete Parts I-V.			
	ank space at the end of the previous servence, complete P	arts I and	i II, complete a Scheduli	e M for each addition	al trade	or	
business, then complete I	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		d		-	s X No	
	the corporation a subsidiary in an affiliated group or a pare	ะทร-รนกรา	alary controlled group?	▶ 1	Ye	S A NO	
J The books are in care of	nd identifying number of the parent corporation		Taluch	ione number			
	Trade or Business Income		(A) Income	(B) Expenses		(C) Net	
1a Gross receipts or sale		T		4	, ' j		
b Less returns and allov		10		一般的	y (122	
2 Cost of goods sold (S	chedule A, line 7)	2		\$94P.13.53	',		
3 Gross profit Subtract	line 2 from line 1c	3		3.0			
4 a Capital gain net incom	e (attach Schedule D)	48		स्मि, अहर ह	•		
	4797, Part II, line 17) (attach Form 4797)	4b		385 30 G			
c Capital loss deduction	for trusts	4c		314111 -4	· ·		
	partnership or an S corporation (attach statement)	5					
6 Rent income (Schedul	•	6		/			
	ed income (Schedule E)	7	·	/			
•	alties, and rents from a controlled organization (Schodule F)	—	<i></i>				
	a section 501(c)(7), (9), or (17) organization (Schedule G) http://www.come.com/schedule I)	9	2,090,123.	 		2,090,123.	
11 Advertising income (S	- '	111	a,osoyizsi	{		2,050,125.	
• •	tructions, attach schedule)	12		492, "85",157/4	U. P.3		
13 Total. Combine lines			2,090,123.			2,090,123.	
	ns Not Taken Elsewhere (See iristructions for	or lunitat	tions on deductions)	CEPAP PA (Planes, at pas 1 maintainin) 40	~		
(Deductions	must be directly connected with the unrelated busin	aess inc	onie)				
14 Compensation of offi	cers, directors, and mustees (Schedule K)				14		
15 Salaries and wages					15		
16 Repairs and maintena	ance				16		
17 Bad debts	/ [5	2ECI	EIVED		17		
,	dule) (see instructions)		10		18	250.	
19 Taxes and licenses	Form 45(2)		18		19 >(230.	
20 Depreciation (attach l21 Less depreciation cla	Form 4562) Imed on Schedule A and elsewhere on return	JEU 1	18 2020 200 1		21b		
22 Depletion	inited on schedule A and cisewistic (in return	,	<u></u>		22		
'	rred compensation plans	GDE	EN, UT		23		
24 Employee benefit pro		***			24		
25 Excess exempt expen			•		25	2,090,123.	
26 Excess readership co	sts (Schedule J)				26		
27 Other deductions (att			SEE STAT	TEMENT 1	27	1,500.	
,	ld lines 14 through 27				28	2,091,873.	
,	xable income before net upurating loss deduction. Subtract				29	-1,750.	
,	erating loss arising in tax years beginning on or after 3, min	iry 1 20 l		יוניאו בייאנידי י	.	0	
(see instructions)	Cubract Inc. 22 (co. 1 20)		SEE STAT	.PMEN.I. ₹	30	-1,750.	
	xable income. Subtract line 30 from the 29 Paperwork Reduction Act Notice, see instructions		and the second like the second	PYN.ST 1124 112-24-25-25-25-25-25-25-25-25-25-25-25-25-25-	31	Form 990-T (2019)	
CENTRAL CONTRACTOR LABOR 101	- aparment tresention riot isonae, dee it ditum one					1 (2010)	



	990-TOMOUNIVERSAL COMMUNICATIONS NETWORK INC	22-38500/1 Page 2
Pa	rt III Total Unrelated Business Taxable Income	
32	Interest of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	$\frac{1}{2}$ $-1,750$.
-33	Amounts paid for disallowed fringes	33
/34/	Charitable contributions (see instructions for limitation rules)	34 0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract lyre 44 from the sum of lines 32 and 33	4 7 7 7
/36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see) estrictions)	36
/36	\ // \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
' 37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from In 33	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1 1 1
	enter the smaller of zero or line 37	39 -1,750.
Pá	rt IV Tax Computation	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	► 40 O.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from	
71		→ 41
	Tax rate schedule or Schedule D (Form 1041)	
42	Proxy tax. See instructions	→ 42
43	Alternative minimum tax (trusts only)	43
44	Tax on Noncompliant Facility Income See instructions	44
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.
	∕t V │ Tax and Payments \	,
46		. ;
	Other credits (see instructions)	
		
(General business credit. Attach Form 3800	- ∮
	d Credit for prior year minimum tax (attach Form 8801 or 8827)	
	e Total credits. Add lines 46a through 46d	46e
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 schedule) 48 'T
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	(.
	-	ᅴ ㅣ
	c Tax deposited with Form 8868 5/1c	1
	d Foreign organizations Tax paid or withheld at source (see instructions)	⊣ .;'
	e Backup withholding (see instructions)	- .
	f Credit for small employer health insurance premiums (attach Form 8941)	
	g Other credits, adjustments, and payments Forin 2439	74 -
	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
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	> 54
54	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	
1 55	·	55 56 4
	Enter the amount of line 55 you want. Credited to 2020 estimated tax	2 30 "
	t VI Statements Regarding Certain Activities and Other Information (see instructions)	<u> </u>
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	100
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	31*
	here >	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?	Х
	If "Yes," see instructions for other forms the organization may have to file.	
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$	1, 1
	Under penalties of persury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know	vledge and belief, it is true,
Sigr	1 1 1 District on of account (ather then towns and an all information of which property has now knowledge	
Her		May the IRS discuss this return with
	Signature of officer Date Title	the preparer shown below (see instructions)? X Yes No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN
Pai		
Pre	parer J. CALVIN MARKS marker 11/16/2020	P01226973
	e Only Firm's name ► JOHNSON LAMBERT/LLP Firm's EIN	► 52-1446779
	4242 SIX FOLKS ROAD, SUITE 1500	_
	Firm's address ► RALEIGH, NC 27609 Phone no.	<u> 919-719-6400</u>
22224	01-27-20	Form 990-T (2019)

1 Inventory at beginning of year 2 Purchases 2 Purchases 3 Cost of labor 4s Additional section 263A costs (attach schedule) 4s 8 0 to the rules of section 263A (with respect to property produced or acquired for resalle) apply to 1/2 Note	Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation N/	A				
3 Cost of labor 4 Additional section 263A costs (attach schedule) 4 B	1 Inventory at beginning of year	_1					6		
Line 2 Additional section 263A costs (attach schedule) 4a	2 Purchases	2		7 Cost of goods sold Subtract line 6					
(attach schedule) 4a	3 Cost of labor	_3		from line 5 Enter hère and in Part I,		Part I,			
b Other costs (attach schedule) 5 Total income Add totals of columns 2(a) and 2(b). Enter lated and page 1, Part I, line 5, columns 6 1. Dascr phon of dubt-financed property 2. Gross recome from 1. Dascr phon of dubt-financed property 2. Gross recome from 1. Dascr phon of dubt-financed property 2. Gross recome from 2. Gross recome from 3. Deductions directly connected with the income in columns 2(a) and 2(b). Enter lated and on page 1, Part I, line 5, column 6, distorb schedule) 2. Gross recome from 3. Deductions directly connected with or allocable to debt-financed property 3. Deductions directly connected with the income in columns 2(a) and 2(b). Enter lated and on page 1, Part I, line 6, columns (A) 3. Deductions directly connected with the income in columns 2(a) and 2(b). Enter lated and on page 1, Part I, line 6, columns (A) 3. Deductions directly connected with or income in columns 2(a) and 2(b). Enter lated and on page 1, Part I, line 6, columns (A) 3. Deductions directly connected with the income in columns 2(a) and 2(b). Enter lated and no page 1, Part I, line 6, columns (A) 3. Deductions directly connected with or income in columns 2(a) and 2(b). Enter lated and no page 1, Part I, line 6, columns (A) 3. Deductions directly connected with or allocable to debt-financed property 4. Amount of average accusation debt or allocable to debt-financed property 4. Amount of average accusation debt or allocable to debt-financed property (allocab schedule) 4. Amount of average accusation debt or allocable to debt-financed property (allocab schedule) 4. Amount of average accusation debt or allocable to debt-financed property (allocab schedule) 5. Average adjusted base of a allocable to debt-financed property (allocab schedule) 6. Column 5. Schedule (A) 6. Column 6. Schedule (A) 7. Gross schedule 8. Allocable deductions (column 6 total follows) 8. Allocable deductions (column 6 total follows) 9. Better have and on page 1, Part I, line 7, column (B) 1. Dasseption of dubt-financed property (alloc	4a Additional section 263A costs	1 1		line 2			7		
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4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 5 7. Gross income reportable (column 2 x column 6) 8. Allocable deductions (column 6 x total of columns 3(e) and 3(b)) (1) (2) (3) (4) Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B)	(3)								
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(2) % (3) % (4) % Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals O • O •	debt on or allocable to debt-financed of or allocable to property (attach schedule) debt-financed property		illocable to nced property			reportable (column		(column 6 x total of columns	
(2)	(1)			%					
(3)							1		
(4) % Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals									
Totals Enter here and on page 1, Part I, line 7, column (A) Enter here and on page 1, Part I, line 7, column (B)		1							
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		noluded in column	. 0	•			: 	 -	0

22-3850071 Form 990-T (2019) NETWORK INC Page 4 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made Part of column 4 that is included in the controlling organization's gross income 6. Deductions directly connected with income in column 5 2. Employer identification 1. Name of controlled organization number (1) (2) (3) (4) Nonexempt Controlled Organizations 10 Part of column 9 that is included in the controlling organization's gross income 11. Deductions directly connected with income in column 10 8. Net unrelated income (loss) 9. Total of specified payments 7. Taxable Income (see instructions) (1) (2) (3) (4) Add columns 6 and 11 Add columns 5 and 10 Enter here and on page 1 Part I, Enter here and on page 1 Part I, line 8 column (A) line 8, column (B) 0 0. Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3. Deductions directly connected 5 Total deductions 4. Set-asides (attach schedule) Amount of income 1. Description of income (attach schedule) (col 3 plus col 4) (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (B) Enter here and on page Part I, line 9, column (A) 0. Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income : ii i (see instructions) 4 Net income (lobs) from incolned trade or business (column 3 minus column 3) If a 7. Excess exempt 3 Expenses , directly connected 2. Gross 5. Gross income & Expenses e, column 6 minus column 5, unrelitted business 1. Description of attributable to with production of unrelated exploited activity income from trade or business is not unrelated column 5 but not more than gain, compute col~ 5 through ? Dusiness Income STMT 3 (1) TV & WEB ADV 3,011,682.2,090,123. 090,123 2,090,123. (2) INCOME (3) (4) Enter here and Enter here and on Enter here and on page 1, Part I, line 10, col (A) page 1, Part I, line 10, col (B) on page 1, Part II, line 25 090,123. 090,123 0 Schedule J - Advertising Income · (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 7. Excess readership costs (column 6 minus 4 Advertising gain 2 Gross 5. Circulation 6. Readership 3 Direct or (loss) (col. 2 minus 1 Name of periodical 3) It a gain, compute costs calumn 5, but not more advertising costs income than column 4) (1) (2) : 5 (3) (4)

0

Form 990-T (2019)

0.

Totals (carry to Part II, line (5))

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

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-line basis) 4. Advertising gain or (loss) (col. 2 minus - col. 3) If a gain, compute cols. 5 through 7 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 3. Direct 5.-Circulation -6. Readership advertising income 1. Name of periodical advertising costs costs ıncome (1) (2) (3) (4) 0. ▶ 0. 0. Totals from Part I 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 5 0. 0 Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to unrelated business 2. Title 1. Name (1) (2) % (3)

Form 990-T (2019)

0.

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(4)

FORM 990-T		OTHER DEDUCT	rions	STATEMENT 1
DESCRIPTIO	N			AMOUNT
TAX PREPAR	ATION FEE			1,500
TOTAL TO F	ORM 990-T, PAGE 1,	LINE 27		1,500
FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
IAA IEAK			4 550	1 750
12/31/18	1,750.	0.	1,750.	1,750.

FORM 990-T SCHEDULE I - EXPENSES NOT WITH PRODUCTION OF UNRELA	STATEMENT 3		
DESCRIPTION	ACTIVITY NUMBER	AMOUNT .:	TOTAL
EXCESS INDIRECT EXPENSES - SUBTOTAL -	- 1	3,011,682.	3,011,682.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN	6		3,011,682.