Open to Public Inspection for 501(c)(3) Organizations Only mployer identification numb (Employees' trust, see instructions ) 23-1370500 Unrelated business activity code

-4,103.

624410

at end of year 266, 352, 093. 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 ▶ OUTSOURCED SUMMER CAMP & DAYCARE . 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 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. The books are in care of BUSINESS OFFICE Telephone number  $\triangleright$  484-424-1420 (A) Income Part I Unrelated Trade or Business Income (B) Expenses (C) Net 123,839. 1a Gross receipts or sales

1c

2

3 4a

4b

4c

5 6

10

11

b Less returns and allowances c Balance 2 Cost of goods sold (Schedule A, line 7) Gross profit, Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts

CANNED 1 Income (loss) from a partnership or an S corporation (attach statement)

Rent income (Schedule C)

Unrelated debt-financed income (Schedule E)

Interest, annuities, royalties, and rents from a controlled organization (Schedule F)

Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)

Ø 10 Exploited exempt activity income (Schedule I)

Advertising income (Schedule J) 11

Other income (See instructions; attach schedule)

Total, Combine lines 3 through 12 Part II

Salaries and wages

Bad debts

Repairs and maintenance

12 13 -4,103.-4,103.Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) RECEIVED 15 16 SEP 2 7 2021 17 18 19 OGDEN, UT 20 78,575

78,575.

23

24

25

26

27

28

29

30

31

32

123,839

127,942

-4,103.

19 Taxes and licenses Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562)

22 Less depreciation claimed on Schedule A and elsewhere on return

Compensation of officers, directors, and trustees (Schedule K)

23 Depletion

14

15

16

17

18

0

Interest (attach schedule) (see instructions)

Contributions to deferred compensation plans 24

Employee benefit programs 25

26 Excess exempt expenses (Schedule I)

27 Excess readership costs (Schedule J)

Other deductions (attach schedule) 28

Total deductions. Add lines 14 through 28 29

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31

Unrelated business taxable income. Subtract line 31 from line 30

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

-4,103.

-4,103.

O.

FOITH 990-	TEPISCOPAL ACADEMI		23-13	0300	<u> </u>
Part	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	ee instru	ictions)	33	-4,103.
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr	35	0.		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s				
	lines 33 and 34	36	<u>-4,103.</u>		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37.	1,000.		
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line				
	enter the smaller of zero or line 36	\	38	-4,103.	
Part	V Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		<b></b>	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	<b>&gt;</b>	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			44	0.
Part \	V Tax and Payments				
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b		]	
С	General business credit. Attach Form 3800	45c		]	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		][	
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 88	66	Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)			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			
b	2018 estimated tax payments	50b		]	
C	Tax deposited with Form 8868	50c		] [	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		]	
е	Backup withholding (see instructions)	50e		]	
1	Credit for small employer health insurance premiums (attach Form 8941)	50f		]	
g	Other credits, adjustments, and payments: Form 2439			]	
	Form 4136 Other Total	50g		][	
51	Total payments, Add lines 50a through 50g			51	
52	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		<b>&gt;</b>	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded <b>&gt;</b>	55	
Part \	/I Statements Regarding Certain Activities and Other Information	on (se	e instructions)		
56	At any time during the 2018 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	n may ha	ave to file		
	$\label{lem:fincential} \textbf{FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes,"} \ enter the name of the$	foreign	country		<u>  </u>
	here				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor	to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.				
58	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 s	statement	s, and to the best of my know	wledge and	d belief, it is true,
Sign	correct, and complete. Declaration of prepare other than taxpayer) is based on all information of which prepare CHIEF F	'INAI	NCIAL	av the IRS	discuss this return with
Here	Variable 1/2-21. // OFFICER			-	shown below (see
	Signature of officer Date Title		ins	structions)	? 🗶 Yes 🗌 No
	Print/Type preparer's name Preparer's signature Dat	te	Check r	PTIN	
Paid			self- employed		
Prepa	TOP DENNITED DODGE	2/21/	19		0749373
Use C	Inly Firm's name ► BBD, LLP		Firm's EIN	23	3-2896692
J36 (	1835 MARKET STREET, 3RD FLOOR				
	Firm's address ► PHILADELPHIA, PA 19103		Phone no. 2	<u>15-</u> 5	67-7770
823711 01					Form <b>990-T</b> (2018)

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Schedule A - Cost of Good	<b>is Sold.</b> Enter	method of invent	ory valuation   N/	A			
1 Inventory at beginning of year	1	0.	6 Inventory at end of	year		6	0.
2 Purchases	2	7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3	9,549.	from line 5. Enter he	ere and in	Part I,		
4a Additional section 263A costs			line 2			7	127,942.
(attach schedule)	4a		8 Do the rules of sect	on 263A (	(with respect to		Yes No
<b>b</b> Other costs (attach schedule)	* * 4b	118,393.	property produced o	or acquire	d for resale) apply to		
5 Total. Add lines 1 through 4b	5	127,942.	the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Propert	y Leas	ed With Real Pro	perty)	
1. Description of property							
(1)							
(2)				<del>-</del>			-
(3)		•		<u> </u>			
(4)			•				
	2. Rent receiv	ed or accrued			1		
(a) From personal property (if the personal property is more 10% but not more than 509	re than	of rent for pe	d personal property (if the percorsonal property exceeds 50% of is based on profit or income)	entage or if	3(a) Deductions directly columns 2(a) an		
(1)							
(2)			······································	_			
(3)	•						
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum		ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	0.
Schedule E - Unrelated De	bt-Financed	<b>l income</b> (see ır	nstructions)			•	
			2. Gross income from		Deductions directly control to debt-finance	ed property	
1. Description of debt-f	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(p)	Other deductions attach schedule)
(1)					· · · · · · · · · · · · · · · · · · ·		
(2)						1	
(3)				1			
(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)		Allocable deductions nn 6 x total of columns 3(a) and 3(b))
(1)		1	%	,			
(2)			%		-	1	
(3)		i	%			1	
(4)			%				
		<del></del>			nter here and on page 1, Part I, line 7, column (A)		here and on page 1, I, line 7, column (B)
Totals					0 .	.l	0.
Total dividends-received deductions in	ncluded in column	. 8	•			1	0.

\*\* SEE STATEMENT 2

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Form 990-T (2018)

			Exempt Controlled Organizations								
1. Name of controlled organiza	iden			inrelated income ee instructions)  4. Tot payr		ments made inclu		Part of column 4 that is included in the controlling ganization's gross income		6. Deductions directly connected with income in column 5	
(1)											
2)											
3)			1							-	
4)			<b>†</b>								
onexempt Controlled Organ	ızatıons										
7. Taxable Income	8. Net unrelated inc		9. Total	l of specified pay made	ments	10. Part of colur in the controlli gross	nn 9 tha ng orgar income	nization's		ductions directly connecte n income in column 10	
1)	<del>                                     </del>										
1)	-									<del>,,</del>	
2)	<del>-</del>		+								
3)	ļ										
4)											
						Add colum Enter here and line 8, c		1, Part I,		ld columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
otals					<b>•</b>			0.		0	
chedule G - Investme		Sectio	n 501(c)	(7), (9), or	(17) Or	ganization	)				
<u> </u>	ructions)			2. Amount of	ıncome	3. Deduction directly conne	cted	4. Set-	asides chedule)	5. Total deductions and set-asides	
<u> </u>		<del>.</del>		1		(attach sched	ule)	(attach s	criedule)	(col 3 plus col 4)	
1)				<del> </del>							
2)	<del></del> · ·	-									
3)											
4)	. =			ļ							
				Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B	
otals			<b>&gt;</b>		0.					0	
chedule I - Exploited (see instru	-	ty Incon	ne, Othe	r Than Ac	lvertisi	ng Income	)				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p of u	expenses connected production nrelated iss income	4. Net incomfrom unrelated business (cominus colum gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Exp attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
1)		<del>                                     </del>									
2)				† ··· - · · · · ·						†	
3)		+		<b>†</b>							
		+	_	<del>                                     </del>						<del>-   </del>	
4)	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, 0, col (B)							Enter here and on page 1, Part II, line 26	
tals ► chedule J - Advertisi	ng Income (see		0.	٠.						0	
Part I Income From				solidated	Basis				-		
1. Name of periodical	2. Gross advertising income	. 1	3. Direct vertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	of 2 minus iln, compute	5. Circulati income	on	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
1)					-						
2)									]		
3)											
)			_								
tals (carry to Part II, line (5))	<u>▶</u>	0.	0							0	
										Form <b>990-T</b> (201	

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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.)

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)					<u> </u>		
(4)	_						
Totals from Part I	<b></b>	0.	0.		<del> </del>	. '	0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, Ine 11, col (B)		•	¥	Enter here and on page 1, Part II, line 27
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	<u> </u>	<b></b>	0.

Form 990-T (2018)

1:

FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/11	230,557.	26,269.	204,288.	204,288.
06/30/12	210,585.	0.	210,585.	210,585.
06/30/13	198,047.	0.	198,047.	198,047.
06/30/14	134,249.	0.	134,249.	134,249.
06/30/15	34,087.	0.	34,087.	34,087.
06/30/16	114,423.	0.	114,423.	114,423.
06/30/17	182,943.	0.	182,943.	182,943.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,078,622.	1,078,622.
FORM 990-T	COST	OF GOODS SOLD - C	OTHER COSTS	STATEMENT 2
DESCRIPTION				AMOUNT
				39,818.
DEPRECIATIO	N			78,575.
TOTAL TO FO	RM 990-T, SCHEDUL	E A, LINE 4B		118,393.