Extended to May 15, 2020

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

2939305303521

OMB No 1545-0687

32 Unrelated business taxable income. Subtract line 31 from line 30

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

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 instructions)

Less depreciation claimed on Schedule A and elsewhere on return

Contributions to deferred compensation plans

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Form 990-T

22

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24

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28

29

30

31

Depletion

22a

22b

23

24

25

26

27 28

30

18,305.

18,305.

-73.814.

-73,814.

Form 990-T (2018)

Form 990-			23-73	<u>80554</u>		1	Page 2
Part	II Total Unrelated Business Taxable Income						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (s	ee instructio	ons)	33	-7	3,8	14.
34	Amounts paid for disallowed fringes			34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr	ructions)	Stmt 1	35			0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the	sum of					
	lines 33 and 34		20	36	-7	3,8	14.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		<i>*</i>	37		1,0	00.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,	20	al I			
	enter the smaller of zero or line 36		マ	- 3,8	-7	3,83	14.
Part I	V Tax Computation						
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		•	39			0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38 f	rom:				
	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			44			0.
Part \			•	1			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	**				
ь	Other credits (see instructions)	45b		7			
c	General business credit. Attach Form 3800	45c		7]			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		1 1			
e	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	366 🗀 o	ther (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.
	Payments: A 2017 overpayment credited to 2018	50a		 ''			
	2018 estimated tax payments	50b		1			
	Tax deposited with Form 8868	50c		-			
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		⊣ ∣			
	Backup withholding (see instructions)	50e		- 1			
	Credit for small employer health insurance premiums (attach Form 8941)	50f		-			
		301		⊣			
9	Form 4136 Other Total	50g					
51		309		51			
	Total payments. Add lines 50a through 50g			52			
52 53	Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		_	53			
				+			
54 55	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want: Credited to 2019 estimated tax	1	Refunded >	55		-	
Part \		i on (see in		33			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature				1	Yes	No
50	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization		•		ŀ	163	110
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	•				ŀ	
	here	i lui c igii cuu	iiii y		ŀ		X
57			a farasan tesat?				$\frac{\mathbf{x}}{\mathbf{x}}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ransieror io,	a toreign trust?		ŀ		
58	If "Yes," see instructions for other forms the organization may have to file.					- 1	
	Enter the amount of tax-exempt interest received or accrued during the tax year S Under penalties of person, I declare that I have examined this return, including accompanying schedules and	statements, ar	nd to the best of my kno	owledge and	belief it is	true.	
Sign	Under penalties of perury, I declare that I have examined this return, including accompanying schedules and correct, and complete. Declaration of preparer (other than bat payer) is based on all information of which preparer	rer has any kn	owledge				
Here	TALL TALL 2 20 N CEO			May the IRS d			ith
	Signature of Officer Date / Title			he preparer s nstructions)?			No
	1/2-3				IA IE	<u> </u>	110
	Print/Type preparer's name Preparer's signature Da	ue		ıf PTIN			
Paid	Jie Chen. CPA / Sen / 101	/21/2	self- employed		1040	760	
Prepa	rer E - O O O O O O O O O O O O O O O O O O	L/31/2	 		1049		
Use C	nly Firm's name ▶ Rogers & Company PLLC	10	Firm's EIN	58	-267	0461	<u> </u>
	8300 Boone Boulevard, Suite 60	טע		/ II O O S	000	000	١.
	Firm's address ► Vienna, VA 22182		Phone no.	(703)			
823711 01	-09-19			(Form 99	1 0-T (2	2018)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	valuation N/A					
1 Inventory at beginning of year	1			Inventory at end of yea	ır		6		
2 Purchases	2		7	Cost of goods sold. St	ubtract	line 6			
3 Cost of labor	3]	from line 5. Enter here	and in I	Part I,			
4 a Additional section 263A costs				line 2			7		
(attach schedule)	48		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		_	property produced or a	acquire	d for resale) apply to			ı <i>-</i>
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty)	
Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				2(a) Dadwellers direct		acted with the leasure is	_
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	` of rent for	personal	sonal property (if the percente I property exceeds 50% or if sed on profit or income)	199	3(a) Deductions directi columns 2(a) a		ected with the income in (attach schedule)	1
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.] .			
(c) Total income. Add totals of columns		iter			_	(b) Total deductions. Enter here and on page 1,			•
here and on page 1, Part I, line 6, column Schedule E - Unrelated Del		Income (see	instru	ictions)	0.	Part I, line 6, column (B)	<u> </u>		0.
		(000	1 .			3. Deductions directly co			
• • • • • • • • • • • • • • • • • • • •			'	Gross income from or allocable to debt-	(a)	to debt-finan Straight line depreciation	cea pro	(b) Other deductions	
1. Description of debt-fi	nanced property			financed property	(-/	(attach schedule)		(attach schedule)	•
(1)									
(2)									
(3)			1						
(4)	·								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis allocable to nced property n schedule)	6	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)				%_			╧		
(2)				%					
_(3)				%					
(4)	<u> </u>			%			\bot		
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (E	
Totals				▶		. 0	•		0.
Total dividends-received deductions in	icluded in column	18							0.

Schedule F - Interest,	- 1			Controlled O				(
1. Name of controlled organizat		Employer htification number	3. Net unr	elated income instructions)	4. Tota	al of specified nents made	include	of column 4 od in the cont ition's gross	rolling	6. Deductions directly connected with income in column 5
(1)			1					 -		
(2)	-									
(3)			1							
(4)								_		
Nonexempt Controlled Organi	zations		•							
7. Taxable Income	8. Net unrelated in (see instruct		9. Total	of specified pay made	ments	10. Part of column in the controllingross			11. Dec	ductions directly connected income in column 10
(1)			1							
(2)								-		
(3)	•		1					-		
(4)										
			-			Add colum Enter here and line 8, c		1, Part I,)	Enter h	id columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					▶			0.		0.
Schedule G - Investme		a Sectio	n 501(c)(7), (9), or	(17) Or	ganization)			
(see instr	ription of income			2. Amount of	income	3. Deduction	cted	4. Set-		5. Total deductions and set-asides
(1)						(attach sched	uie)	((col 3 plus col 4)
(1) (2)							-			+
										
(3)										-
(4)				Enter here and Part I, line 9, co	on page 1, lumn (A).		i			Enter here and on page 1, Part I, line 9, column (B).
Totals					0.					0.
Schedule I - Exploited (see instru		ity Incon	ne, Other	r Than Ac		ng Income	•			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p of ur	expenses connected roduction related ss income	4. Net incom from unrelated business (co minus colum gain, compute through	trade or lumn 2 n 3). If a cots 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attribute colun Stmt	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) Online										
(2) advertising	134,253	. 11:	5,948.	18,	305.			45	,000	. 18,305.
(3)						·····				
(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
Totals ► Schedule J - Advertising	134,253	• <u> </u>	5,948.							18,305.
Part I Income From F				solidated	Basis					
1	2. Gross advertisin	~ I	3. Direct	4. Advert	l 2 minus	5. Circulati	ion	6. Reade		7. Excess readership costs (column 6 minus
1. Name of periodical	Income	adv	vertising costs	cot 3), If a ga	in, compute rough 7	Income		costs	•	column 5, but not more than column 4).
(1)				-						ļ
(2)				-						
(3)		-+		-						
(4)	_			 			$-\downarrow$			
Totals (carry to Part II, line (5))	<u> </u>	0.	0							0.
										Form 990-T (2018)

Form 990-T (2018) Sojourners, Inc. 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	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) Sojourners						,	
(2) Magazine		161,719.	235,533.	-73,814.			
(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 27
Totals, Part II (lines 1-5)	▶	161,719.	235,533.				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 (2018)

Form 990-T	Net	Operating L	oss Dedu	ction	Statement	1
Tax Year	Loss Sustained	Loss Previousl Applied		Loss Remaining	Available This Year	
06/30/11	4,031.	-	<u> </u>	4,031.	4,031	<u> </u>
06/30/13	39,578.		0.	39,578.	39,578	
06/30/14	2,007.		0.	2,007.	2,007	
06/30/16	19,787.		0.	19,787.	19,787	
06/30/17	19,292.		0.	19,292.	19,292	
06/30/18	36,963.		0.	36,963.	36,963	
NOL Carryov	ver Available This	Year		121,658.	121,658	- -
Form 990-T	Schedule I - 1	Expenses Dir			Statement	2
	Production	of Unrelate				
Description		of Unrelate	d Busine Activit Number	у	Total	
Description Direct onli	n - Ine advertising ex		Activit Number	у		8.
Direct onli	n - Ine advertising ex	pense - SubTotal -	Activit Number	y Amount		
Direct onli	n - Ine advertising ex	pense - SubTotal - e I, Column Expenses Not	Activit Number 1 3	y Amount 115,94	115,94	
Direct onli	Schedule I - I	pense - SubTotal - e I, Column Expenses Not	Activit Number 1 3	Y Amount 115,94 y Connected ness Income	115,94	8.
Direct onli Total of Fo Form 990-T	Schedule I - 1 with Production	pense - SubTotal - e I, Column Expenses Not	Activit Number 1 3 Directl ted Busi Activit Number	Y Amount 115,94 y Connected ness Income	115,94 115,94 Statement	3