		EX	TENDED TO NO	VEMBE	R 16, 2020		. , ,
Form <b>990-T</b>		Exempt Org	ganization Bu	ısines	s Income 1	ax Return	OMB No 1545-0047
for the second		•	(and proxy tax un	der sec	tion 6033(e))	1912	2040
	For ca	alendar year 2019 or other t	· · · · · · <del> · · · · · · · · · · ·</del>		, and ending		2019
Department of the Treasury		•	www.irs.gov/Form990T for mbers on this form as it m				Open to Public Inspection for 501(c)(3) Organizations Only
Internal Revenue Service		¥ · · · · · · · · · · · · · · · · · · ·	<del></del>		<del></del>		ployer identification number
A Check box if address change	ed	Name of organization	n ( Land Check box if name	e Changeo ai	na see mstructions.)	(Er	mployees' trust, see structions )
B Exempt under section	n Print	ROADTRIP	26-3889207				
X 501(cQ3_)	or	Number, street, and	room or suite no. If a P O. b	ox, see inst	ructions.		related business activity code se instructions )
408(e) 220	e) Type		ENTIA AVE.	·		1,36	io instructions j
408A 530	(a)		province, country, and ZIP		postal code		
529(a)		COSTA MES	<del>`</del>	<del></del>		<u></u> 90	0099
C Book value of all assets at end of year	000	F Group exemption	number (See instructions )	<u> </u>	1 1 22 11 11	[	· · · · · · · · · · · · · · · · · · ·
45,501	909.	G Check organization	n type ► X 501(c) co		501(c) trust	401(a) trus	<del></del>
H Enter the number of t			s or businesses.		<del></del>	the only (or first) unrelat	
trade or business here				Dorto Lond		complete Parts I-V. If mo	
business, then compl			evious sentence, complete	Paris I and	ii, complete a Scrieduit	e ivi for each additional tra	10 to 01
			n an affiliated group or a pa	rent-subsidi	ary controlled group?		Yes X No
		ntifying number of the p	_		, co coo g, oup:		110
J The books are in care					Teleph	one number 🕨 (94	9)764-9121
Part I Unrela	ted Tra	de or Business	Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or	sales						
<b>b</b> Less returns and a	llowances		c Balance	- 1c		· · · · · · · · · · · · · · · · · ·	
2 Cost of goods sold	d (Schedul	e A, line 7)	$\langle \alpha u, \alpha C \rangle$	2			
3 Gross profit. Subti			121620	3			
4a Capital gain net in				4a			\\
		Part II, line 17) (attach	Form 4797)	4b		1/RECEN	<del>2</del>
c Capital loss deduc 5 Income (loss) from		rship or an S corporation	on (attach etatement)	4c 5		THE COLD	<del>\</del>
6 Rent income (Sch		Silly of all 5 corporation	on (attach statement)	6		E DFC 162	กาก
7 Unrelated debt-fin	•	me (Schedule E)		7	*1	B LUEL 1 1 2	<del>40 /</del>
		• •	olled organization (Schedule I	F) 8		OGDE	
			17) organization (Schedule				f. ·
10 Exploited exempt	activity inc	ome (Schedule I)		10	668,281.	7,36	-348,455.
11 Advertising incom	e (Schedul	le J)		11			
		ins; attach schedule)		12		1.016.526	240 455
13 Total. Combine li			da	13	668,281.		-348,455.
Part II Deduction	tions N	ot Taken Elsew	<b>There</b> (See instructions ed with the unrelated bu	tor limitati siness inco	øns on deductions.) ome l		
		firectors, and trustees (	<del>,</del>			14	1
15 Salaries and wag		inectors, and irostees (	Schedule IV)			15	<del></del>
16 Repairs and mair						16	
17 Bad debts						17	7
18 Interest (attach s	chedule) (s	see instructions)				18	3
19 Taxes and license	es					19	)
20 Depreciation (atta		•			20		
	claimed c	on Schedule A and else	where on return		21a	21	
22 Depletion						22	
		ompensation plans				23	
24 Employee benefit						24	
<ul><li>25 Excess exempt ex</li><li>26 Excess readershi</li></ul>		. /				25	
27 Other deductions		. /				27	
28 Total deductions		/				28	
		, ·	rating loss deduction. Subti	ract line 28 f	rom line 13	29	
		/	s beginning on or after Jan				
(see instructions	/					30	
		income. Subtract line 3			<del></del>	3	•
923701 01-27-20 LHA	For Pape	rwork Reduction Act N	lotice, see instructions.				Form <b>990-T</b> (2019)

		ROADTRIP NATION, LID.		40	- 388920 / Page 2
P	art //lí	Total Unrelated Business Taxable Income	_		
	7 Total of	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		,32	517,454.
3		ts paid for disallowed fringes	1	33	<del></del>
		ole contributions (see instructions for limitation rules)		34	0.
		· · · · · · · · · · · · · · · · · · ·	,	. <del> </del>	517,454.
		orelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of line 34 from th	nes 32 and 33		517,454.
3	36 Deducti	on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		36	
3	37 Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 35	7	3/7	517,454.
3	38 Specific	deduction (Generally \$1,000, but see line 38 instructions for exceptions)	Ζ̈́	38	1,000.
3	39 Unrelat	led business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	,		
		e smaller of zero or line 37	- /1	39	516,454.
II P	aft IV	Tax Computation		1.35	
, , , <del>, ,</del>				40-	108-455.
' ' V		zations Taxable as Corporations: Multiply-line 39 by 21% (0.21)		- -40-	1007455
4		Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from.		- -	
		ex rate schedule or Schedule D (Form 1041)	•	41	
4	l2 Proxy t	ax. See instructions	<b>&gt;</b>	42	
4	13 Alternat	ive minimum tax (trusts only)		43	
4	4 Tax on	Noncompliant Facility Income. See instructions		44	
15 4	5 Total. A	dd lines 42, 43, and 44 to line 40 or 41, whichever applies	ブ	45	108,455.
		Tax and Payments		1	
11		tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		<del>-</del>	
		redits (see instructions)		-i l	
		,		-	
	-	business credit. Attach Form 3800		<b>⊣</b> 1 [	
		or prior year minimum tax (attach Form 8801 or 8827)		- - -	
		edits. Add lines 46a through 46d		46e	
4	7 Subtrac	t line 46e from line 45		47	108,455.
4	8 Other ta	xes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (at	tach schedule)	48	
4	9 Total ta	x. Add lines 47 and 48 (see instructions)	4	49	108,455.
5	i <b>0</b> 2019 ne	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	ļ	50	0.
5	1 a Paymer	its: A 2018 overpayment credited to 2019 6G 51a	1,210	$\cdot \Box$	
	<b>b</b> 2019 es	stimated tax payments 5 tb	5,840	.	
	c Tax dep	osited with Form 8868 51c		7	
		organizations; Tax paid or withheld at source (see instructions) 510		7	
		withholding (see instructions)  51e		1	
	-	or small employer health insurance premiums (attach Form 8941)  51		┥ , 1	
		edits, adjustments, and payments: Form 2439		-	
	_				
-		<del></del>		<del> </del>	7 050
_	· ·	ayments. Add lines 51a through 51g	$\nabla$	52	7,050.
5		ed tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖	\$	53	847.
5		2. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	9	1 34	102,252.
/\ ·	•	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	· •	55	
11_5		e amount of line 55 you want; Credited to 2020 estimated tax		56	
	art VI	Statements Regarding Certain Activities and Other Information (see Instruct	ions)	•	
5	7 At any t	ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a f	nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			'
	here	<b>•</b>			X
5	8 During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	trust?		X
	_	see instructions for other forms the organization may have to file.			
5		e amount of tax-exempt interest received or accrued during the tax year > \$			
_		der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the rrect, and complete Declaration of pleaarer (other than taxpayer) is based on all information of which preparer has any knowledge	best of my kn	owledge an	id belief, it is true,
Sig	gn 🗀	rrect, and complete. Declaration of plesarer (other than taxpayer) is based on all information of which preparer has any knowledge	, 		
He		RI-1/12/20 VICE PRESIDENT		-	discuss this return with
		Signature of officer Date Title			shown below (see
				if PTIN	l
P	aid		elf- employed		20206656
P	reparer	DONITA M. JOSEPH DONITA M. JOSEPH 11/05/20			00286656
U	se Only		irm's EIN	95	5-3001179
	-	P.O. BOX 87			
		Firm's address ► LONG BEACH, CA 90801-0087	Phone no.	(562)	435-1191
9237	711 01-27-20	_			Form <b>990-T</b> (2019)
		2			

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuation N/A			<u> </u>	
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6	
2 Purchases	2		7 Cost of goods sold. Si	ubtract I	ine 6		
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a '		8 Do the rules of section	with respect to		Yes No	
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?		,		
Schedule C - Rent Income	(From Real	Property and	Personal Property	Leas	ed With Real Pro	perty)	•
(see instructions)							
1. Description of property							
(1)							
(2)							
(3)							
(4)							
		ed or accrued			2/0\0-4		laaama la
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than than	` 'of rent for p	nd personal property (if the percent ersonal property exceeds 50% or if t is based on profit or income)	age	3(a) Deductions directly columns 2(a) ar	nd 2(b) (attach schedi	ule)
(1)							
(2)							
(3)						•	
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter 🕨		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	<b>&gt;</b>	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)				
		· · · · · ·	2. Gross income from		3. Deductions directly con to debt-finance		ble
1. Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other d (attach so	
(1)							
(2)							
(3)							
(4)			1	İ			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property a schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x to	e deductions otal of columns nd 3(b))
(1)			%	<del> </del>			
(2)			%			1	
(3)			%			1	
(4)	. — . —		%			1	
	•				nter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7,	
Totals			<b>.</b>		0		0.
Total dividends-received deductions in	cluded in column	ı 8				<u>-</u>	0.
	1.1300 00101111	· <del>-</del>					

Schedule F - Interest, A	Annuitie	s, Roya	lties, ar	nd Rent	s From C	ontroll	ed Organiz	zatio	<b>1S</b> (see ins	struction	ns)
				Exempt (	Controlled O	rganızatı	ons				
Name of controlled organizat	ion	identif	ployer ication iber	3. Net uni (loss) (see	related income e instructions)	4. Tot payr	al of specified nents made	ınçlud	t of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)											
(2)		-									
(3)											-
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income		nrelated incor se instruction		~ 9. Total	of specified pay made	ments *-	10. Part of colu in the controll gross	mn 9 tha ing organ income	tization's	11. De wit	eductions directly connected to hincome in column 10
/4\						-					
(1)				<del> </del>			·				
(2)					•						
(3) (4)	<del></del>	•									
(4)	<u> </u>				,		Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme (see instr		ne of a	Section	501(c)(	(7), (9), or	(17) Or	ganization	1			
1. Desc	ription of inco	me			2. Amount of	income	<ol> <li>Deduction directly connected (attach schedule)</li> </ol>	ected	4. Set- (attach s	asides schedule)	5, Total deductions and set-asides (col 3 plus col 4)
(1)			-								
(2)											
(3)					ļ						
(4)					<u> </u>					·	
					Enter here and Part I, line 9, co		,				Enter here and on page 1, Part I, line 9, column (B)
Totals			_	<u> </u>		0.					0.
Schedule I - Exploited (see instru	•	Activity	y Incom	e, Othe	r Than Ad	dvertisi	ing Income	<del>)</del>			· · · · · · · · · · · · · · · · · · ·
Description of exploited activity	2. G unrelated income trade or b	business e from	directly of with pro	penses connected oduction related s Income	4. Net incor from unrelated business (or minus colum gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity is not unrela- business inco	that ted	attribut	penses lable to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) WEBSITE	668	,281.	1,016	,736.	-348,	455.					
(2)											
(3)											
(4)	Enter her page 1, line 10,	, Part I,	page 1	re and on I, Part I, col (B)			<u>-</u>				Enter here and on page 1, Part II, line 25
Totals -	668	,281.	1,016	,736.							0.
Schedule J - Advertisi											
Part I Income From					nsolidated	l Basis					
1. Name of periodical		2 Gross advertising income		3. Direct ertising costs	or (loss) (c cot 3) If a g	tising gain of 2 minus ain, comput hrough 7			6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											]
(3)		*****									]
(4)											<u>l</u>
Totals (carry to Part II, line (5))	<b>•</b>		0.	0	).						0.
							_			_	5 000 T (0040)

Form 990-T (2019) ROADTRIP NATION, LTD. 26 – 38892

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)			<del></del>				
(2)							
(3)							
(4)	ĺ			i			
Totals from Part I	<b>•</b>	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)	ا پستانو بنیاز دیند در ا	ere e e e e e e e e e e e e e e e e e e		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.	,,*	*	· ·	0.
Schedule K - Compe	nsatio	n of Officers,	Directors, and	d Trustees (see in	nstructions)		
				2 Title	3 Percer time devot	adia   4. Comp	ensation attributable

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		<b>•</b>	0.

Form 990-T (2019)

FORM 990-T		ON OF UNRELAT			STATEMENT	
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL	
SALARIES AND AMORTIZATION				237,260. 383,816.		
GENERAL EXPEN	SE	- SUBTOTAL	- 1	— — 395-,660 <del>-</del>	1,016,73	36
TOTAL OF FORM	990-T, SCHEDU	JLE I, COLUMN	3		1,016,73	 36

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

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

ENTITY OMB No 1545-0047

2

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning , and ending

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

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

	of the organization ROADTRIP NATION, LTD.			Employer identific 26-3889	
	nrelated Business Activity Code (see instructions) > 90009		<del></del> «		
	escribe the unrelated trade or business   DEVELOPME	N.T. 1	FEES		
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
þ	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			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			<u> </u>
c	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)				
	organization (Schedule G)	9	634 536	004 050	400 076
10	Exploited exempt activity income (Schedule I)	10	634,526.	234,250	400,276.
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12	634 536	004 050	400 076
<u>13</u>	Total, Combine lines 3 through 12	13	634,526.	234,250	. 400,276.
	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in	ions to	e)	·	
14	Compensation of officers, directors, and trustees (Schedule K)			14	<del>-  </del>
15	Salaries and wages			15	
16	Repairs and maintenance			17	<del></del>
17	Bad debts			18	
18	Interest (attach schedule) (see instructions)			19	
19	Taxes and licenses		20		<u></u>
20	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return		21a	21	<del>-</del>
21		ı	214	22	
22	Depletion			23	
23	Contributions to deferred compensation plans			24	
24	Employee benefit programs  Excess exempt expenses (Schedule I)			25	
25 26	Excess readership costs (Schedule J)			26	
	Other deductions (attach schedule)			27	****
27 28	Total deductions. Add lines 14 through 27			28	<u> </u>
28 29	Unrelated business taxable income before net operating loss dedu	iction 1	Subtract line 28 from line	<del></del>	100 076
	Deduction for net operating loss arising in tax years beginning on a			· -	
30	instructions)	or anter	Junuary 1, 2010 (366	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29			31	100 000
31 LHA			<del></del>	· · · · · · · · · · · · · · · · · · ·	dule M (Form 990-T) 2019

26-3889207

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Page	4

	Ailliaities, Noya		Controlled Organ				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·	
1. Name of controlled organizat	ion 2. Em identifi num	ployer 3. Net un (loss) (se		4. Total	of specified nts made	include	t of column 4 t ad in the contr ation's gross i	alling	6. Deductions directly connected with income in column 5	
	<del></del>				<del> </del>					
(2)			<u> </u>							
							•			
(3)			<del>                                     </del>							
(4) Nonexempt Controlled Organiz	zations		I							
7. Taxable Income	8. Net unrelated incor (see instruction		of specified payments made	1	0. Part of colur in the controlli gross	nn 9 thai ng organ i income	ıızation's	11. Ded with (	uctions directly connected ncome in column 10	
(1)										
(2)										
(3)			1.77							
(4)				<u></u>					· · · · ·	
Totals			,		Enter here and on page 1, Part I, Enter he			Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Schedule G - Investme		Section 501(c)	(7), (9), or (17)	) Org	anization	)	1	-	<del></del>	
1. Descr	ription of income		2. Amount of incom	ne	3. Deduction directly connect (attach schedu	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)	
(1)										
(2)	· · · · · · · · · · · · · · · · · · ·									
(3)										
(4)		-			-					
Totals		<b>&gt;</b>	Enter here and on pa Part I, line 9, column	(A)					Enter here and on page 1 Part I, line 9, column (8)	
Schedule I - Exploited (see instru	-	/ Income, Othe	er Than Adve	rtisin	g Income	•				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated husiness income	4. Net income (los from unrelated tradi business (column minus column 3) t gain, compute cols through 7	e or 2 fa	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colun	ible to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) DEVELOPMENT			1	$\neg$					<del> </del>	
(2) FEES	634,526.	234,250.	400,27	6.		0.		0.		
(3)			1				<u> </u>		<u> </u>	
(4)			<del>- </del>	$\dashv$					<del>                                     </del>	
	Enter here and on page 1, Part I, line 10, col. (A)	Enter here and on page 1, Part I, line 10, col (B)					<u>.</u>		Enter here and on page 1, Part II, line 25	
Totals	634,526.	234,250.	<u> </u>						0	
Schedule J - Advertisi	ng Income (see Periodicals Rep		nsolidated Ba	asis						
		<del></del>	4. Advertising	cole 1				I	7. Excess readership	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	or (loss) (col 2 r	ninus ompute	5. Circulat Income		6. Reade costs		costs (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)									,	
(4)										
Totals (carry to Part II, line (5))	<b>•</b>									
									Form <b>990-T</b> (2019	

	DIRECTLY CONNECTED WIT	H STATEMENT 2
DESCRIPTION	ACTIVITY NUMBER AMOUNT	TOTAL
SALARIES AND WAGES - SUBTO	234, AL - 2	234,250.
TOTAL OF FORM 990-T, SCHEDULE I, CO	лми 3	234,250.

## SCHEDULE M (Form 990-T)

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

OMB No 1545-0047

ENTITY

2019

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Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning \_\_\_\_\_\_ , and ending \_\_\_\_\_\_ , and ending \_\_\_\_\_\_ . 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	of the organization ROADTRIP NATION, LTD.		e made public il your organ	Employer identificat 26 – 38892	
	Inrelated Business Activity Code (see instructions) > 90009				
	escribe the unrelated trade or business    WORK FOR	HIR	E		<del>,</del>
Pai	t I Unrelated.Trade or.Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales	T			
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2		<del></del>	!
3	Gross profit Subtract line 2 from line 1c	3			
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		<u> </u>	
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			11000
10	Exploited exempt activity income (Schedule I)	10	204,000.	86,822.	117,178.
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	204,000.	86,822.	117,178.
Pai	TII Deductions Not Taken Elsewhere (See instruct	ions f	or limitations on dec	ductions ) (Deduct	ons must be
	directly connected with the unrelated business in	come	e.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					<u> </u>
14	Compensation of officers, directors, and trustees (Schedule K)			14	<del> </del>
15	Salaries and wages			15	<del></del>
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	<del></del>
19	Taxes and licenses		1 1	19	<del> </del>
20	Depreciation (attach Form 4562)		20	<del></del>	
21	Less depreciation claimed on Schedule A and elsewhere on return	1	21a	21b	
22	Depletion			22	<del> </del>
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)		•	27	0.
28	Total deductions. Add lines 14 through 27	- • .	0	28	117,178.
29	Unrelated business taxable income before net operating loss dedu			13 29	11/,1/0.
30	Deduction for net operating loss arising in tax years beginning on o	or after	r January 1, 2018 (see		0.
<u>.</u> .	instructions)			30	117,178.
31	Unrelated business taxable income Subtract line 30 from line 29			31	lie M (Form 990-T) 2019
LHA	For Paperwork Reduction Act Notice, see instructions.			Schear	iie ivi (Futiti 990-1) 2019

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Schedule F - Interest, A	nnuitie	s, Royal	lties, and	Rents	From Co	ontrolle	ed Organiz	atior	<b>1S</b> (see ins	truction	is)	
			E	xempt C	Controlled O	rganizatio	ons					
Name of controlled organization		2 Emp identific numl					nents made incl		Part of column 4 that is cluded in the controlling anization's gross income		Deductions directly connected with income in column 5	
(1)						-		_				
(2)												
(3)												
(4)											· · · · · ·	
Nonexempt Controlled Organiz	ations											
7 Taxable Income 8. Net unrelated (see instru					of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10			
(1)												
(2)			-									
(3)					·							
(4)						Ī						
Totals					-	<b>•</b>	Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)	
Schedule G - Investme	nt Inco	me of a	Section 8	501(c)(	7), (9), or	(17) Or	ganization	1				
(see instr				` ' ' ' '	,, , ,,	` '	•					
1 Description of Income					2. Amount of Income		3 Deductions directly connected (attach schedule)		4. Set-asides (attach schedule)		5. Total deductions and set-asides (col 3 plus col 4)	
(1)						İ						
(2)												
(3)					·							
(4)												
Totals -					Enter here and Part I, line 9, co		-				Enter here and on page 1 Part I, line 9, column (B)	
Schedule I - Exploited (see instru		Activity	Income	, Other	Than Ac	lvertisi	ng Income	•				
2. Gros 1. Description of exploited activity income fr		business e from	3. Expenses directly connected with production of unrelated histories income		4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cots 5 through 7		from activity ( is not unrelat	is not unrelated business Income colu		enses able to nn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) WORK FOR HIRE	204	,000.	86,	822.	117,	178.		0.		0	•	
(2)												
(3)												
(4)	page 1 line 10,		Enter here page 1, F	Partl, ol(B)							Enter here and on page 1, Part II, line 25	
Totals >		,000.		822.	L							
Schedule J - Advertisir					11.1.4	<b>.</b>						
Part I Income From F	Periodic	als Rep	orted on	a Con	solidated	Basis	<u></u>					
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)					_			]				
(4)												
Totals (carry to Part II, line (5))	•										Farry 990-T (2010	

FORM 990-T (M)	SCHEDULE I - EXPENSES DE PRODUCTION OF UNRELATE			STATEMENT	3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
SALARIES AND WA	68,359. 18,463.	86,83	22. –		
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 3					22.