	<u></u>	ring the tax year, was the corporation a subsidiary in an affiliated group or a parer Yes," enter the name and identifying number of the parent corporation be books are in care of Kim Laube	ıt-subs	-	one numi
		rt I Unrelated Trade or Business Income		(A) Income	(E
	ا	Gross receipts or sales		(it) income	 ``
		Less returns and allowances c Balance	10		*
	2	Cost of goods sold (Schedule A, line 7)	2		<u> </u>
	3	Gross profit Subtract line 2 from line 1c	3		7.7
	-	Capital gain net income (attach Schedule D)	4a		ï
(0)		Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
SCANNED	C	Capital loss deduction for trusts	4c		
≱	5	Income (loss) from a partnership or an S corporation (attach statement)	5		
Ź	6	Rent income (Schedule C)	6		
面	7	Unrelated debt-financed income (Schedule E)	7		
O	8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		<u> </u>
C	-		9		
130	9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	10		
	,10	Exploited exempt activity income (Schedule I)	11		
0 5	11	Advertising income (Schedule J) Other income (See instructions; attach schedule) Statement 2	12	22,824.	
	12	,	13/	22,824.	-
2021	13 Pa	Total Combine lines 9 through 12 (See instructions fo	<u> </u>		l
12		(Deductions must be directly connected with the unrelated business			
	8				
	T-1	Compensation of the constant o			
	[3]	Sälaries and wages Repairs and maintenance			
	17	Bad Geoth EN, UT			
	1	Interest (attach schedule) (see instructions)			

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

For calendar year 2019 or other tax year beginning

Total Living International, Inc.

Number, street, and room or suite no. If a P O. box, see instructions.

City or town, state or province, country, and ZIP or foreign postal code

25553 Wolf's Crossing, No. A

G Check organization type ► X 501(c) corporation

Plainfield, IL 60585

F Group exemption number (See instructions)

Department of the Treasury

Check box if address changed

Exempt under section

] 408(e) [___220(e) 408A ____530(a)

X 501(c**0/3**)

529(a)

19

20

21

22

23

24

25

26

27

28

29

Taxes and licenses

(see instructions)

Depletion

Depreciation (attach Form 4562)

Employee benefit programs

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions Add lines 14 through 27

Other deductions (attach schedule)

Less depreciation claimed on Schedule A and elsewhere on return

Unrelated business taxable income Subtract line 30 from line 29

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions

Book value of all assets at end of year 1,303

Print

Type

303,443.

01

H Enter the number of the organization's unrelated trades or businesses

trade or business here ightharpoonup See Statement 1

2939314213036 **Exempt Organization Business Income Tax Return** OMB No 1545-0047 (and proxy tax under section 6033(e)) 2019 ► Go to www irs gov/Form990T for instructions and the latest information Open to Public Inspection for 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number (Employees' trust, see Name of organization (Check box if name changed and see instructions) instructions) 36-2785784 Unrelated business activity code (See instructions) 515100 501(c) trust 401(a) trust Other trust Describe the only (or first) unrelated 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 X No Yes ber ▶ (630) 801-3682) Expenses (C) Net 22,824. 22,824. 14 15 16 17 18 19 21b 22 23 24 25 26 20,596. See Statement 3 27 20,596. 28 2.228. 29 0. See Statement 4 30

> $\overline{2}$ Form 990-T (2019

,228.

Form 99		Total Living International Total Unrelated Business Taxab		.c.			36	-27857	784	Page 2
32	Votal o	f unrelated business taxable income computed	from all unrelated trade:	s or businesses (s	ee instructions)	i	32	-	2.2	28.
33		its paid for disallowed fringes	The state of the s		,	•	38		•	
` 34		ble contributions (see instructions for limitatio	n rules)		Stmt 6		. 34			0.
35	,								2.2	28.
36		ion for net operating loss arising in tax years b				Stmt 50	1 1			28.
37		f unrelated business taxable income before spe				201110 00	37		- /	
38		c deduction (Generally \$1,000, but see line 38)			00	8	38	1	0	00.
39		ted business taxable income Subtract line 38	•	•	n 27	O	 		., .	
39		ne smaller of zero or line 37	o iroin inte or triine oo	is greater than inte	: J/,		39			0.
Dart		Tax Computation								<u> </u>
			20 by 219/ (0.21)				40	-		0.
40	-	zations Taxable as Corporations Multiply line Taxable at Trust Rates See instructions for ta		tay on the amount	t on line 20 from:		1			- • •
41		ax rate schedule or Schedule D (Form	•	lax on the amount	i on inic 39 nom.	_	,			
40		•	1041)				41			—
42	-	ax See instructions						······································		—
43		tive minimum tax (trusts only)					43			
44		Noncompliant Facility Income See instruction Add lines 42, 43, and 44 to line 40 or 41, which					44			0.
Part	_	Tax and Payments	evei applies				45			
			ata attach Corm 1116)		1466		T 1			
		tax credit (corporations attach Form 1118; tru	SIS attach Form 1116)		46a		-l l			
		redits (see instructions)			46b		-			
C		I business credit Attach Form 3800	0007)		46c		-			
		for prior year minimum tax (attach Form 8801 o	or 8827)		46d					
-		redits Add lines 46a through 46d					46e			0.
47		ct line 46e from line 45	r 2011				47			<u> </u>
48			Form 8611 Form	8697 Form	8866 Other	(attach schedule)	48			
49		ax Add lines 47 and 48 (see instructions)	205 D D . II .				49			0.
50		et 965 tax liability paid from Form 965-A or For	m 965-B, Part II, colum	n (k), line 3	1 1		50			<u> </u>
		nts. A 2018 overpayment credited to 2019			51a		-			
		stimated tax payments			51b		-			
		posited with Form 8868			51c		-			
	_	organizations. Tax paid or withheld at source	(see instructions)		51d		-			
	•	withholding (see instructions)			51e		-l l			
		or small employer health insurance premiums	,		51f		-			
g			rm 2439		.					
			her	Total	► 51g					
	•	ayments Add lines 51a through 51g					52			
		ed tax penalty (see instructions) Check if Form				_	53			
		e If line 52 is less than the total of lines 49, 50					54			
55		yment If line 52 is larger than the total of lines		mount overpaid	_		55			
		ne amount of line 55 you want: Credited to 202		har Informat		efunded >	56			
Part		Statements Regarding Certain A				ictions)		T		
		time during the 2019 calendar year, did the org							Yes	No
		inancial account (bank, securities, or other) in	•	-	*			1	i	
		Form 114, Report of Foreign Bank and Financi	al Accounts If "Yes," ent	er the name of the	toreign country			Ì	ŀ	v
	here -	>		 				⊦		<u>X</u>
58	-	the tax year, did the organization receive a disti		he grantor of, or t	ransferor to, a fore	ign trust?			\dashv	<u></u>
		see instructions for other forms the organizati	•							
59		e amount of tax-exempt interest received or ac								
Sign	CC	nder penalties of perjury, I declare that I have examined I irrect and complete Declaration of preparer (other than	his return including accomp taxpayer) is based on all info	anying schedules and rmation of which prep	i statements, and to th parer has any knowledg	e best of my knowl je	edge and b	elief, it is true,		
Here		L. J.	Literian	\ ~-~		[·	May the IRS	discuss this r	eturn w	ith
11010			17100	CFO Title				shown below	_	, . I
		Signatur of officer	Date	ritte		L'	nstructions		i	No
		Print/Type preparer's name	Preparer's signature	ļ	Date	Check	If PTIN	J		
Paid		L , , ,	Rebakuh	Cley		self- employed				
Prep	arer	Rebekuh Eley	Mami	<u> </u>	10/26/20			012476		
Use	Only	Firm's name ► RSM US LLP				Firm's EIN	4:	2-0714	32	<u> </u>
	-		r Drive, Su	ite 800			242			
		Firm's address ► Chicago, I	և 60606			Phone no	312-6	<u> 534 - 34</u>		
923711 (1-27-20							Form 99	0-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation > N/	A			<u> </u>	
`1 Inventory at beginning of year	1			Inventory at end of ye	ear		6		
2 Purchases	2	7 Cost of goods sold Subtract line 6			line 6				
3 Cost of labor	3		from line 5 Enter here and in Part I,			Part I,			
4a Additional section 263A costs	1 1			line 2			_7_		
(attach schedule)	4a		8	Do the rules of section	n 263A (with respect to		Yes	No
Other costs (attach schedule)	4b		_	property produced or	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5		<u> </u>	the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property	Lease	d With Real Prop	erty)		
1 Description of property									
(1)		······································							
(2)									
(3)									
(4)						· ·			
	2 Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	` of rent for	personal	onal property (if the percent property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) ar		ted with the income in attach schedule)	
(1)				-					
(2)		l							
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6 column (B)	•		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			2	Gross income from		3 Deductions directly cont to debt-finance			
1 Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	;
(1)		· · · · · · · · · · · · · · · · · · ·	+		t		+-		
(2)					1		†		
(3)					1		1		
(4)							7		
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 a schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(4	8 Allocable deduction of x total of column 6 x total of column 3(a) and 3(b))	
(1)			1	%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7 column (A)		inter here and on page Pert I, line 7, column (B	
Totals				•		0 .	.		0.
Total dividends-received deductions in	icluded in column	8				•			0.

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

0.

0.

(2) (3) (4)

>

Form 990-T (2019) Total Living International, Inc. 36-27857

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 2 Gross advertising income 6 Readership costs 3 Direct advertising costs 5 Circulation income 1 Name of periodical than column 4) (1) (2) (3) (4) 0. 0. Ō. 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 on page 1 Part II, line 26 0._ Totals, Part II (lines 1-5) 0 0 Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable to unrelated business time devoted to business 1 Name 2. Title (1) (2) % (3) (4) % Ō.

Form 990-T (2019)

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

Form 990-T Description of Organization's Primary Unrelated Statement 1
Business Activity

TV airtime and production revenue for non-Christian programming

To Form 990-T, Page 1

Form 990-T		Other	Income		Statement 2
Description	ı				Amount
TV airtime programming	22,82				
Total to Fo	orm 990-T, Page 1,	line 12			22,824
Form 990-T		Other	Deducti	ons	Statement 3
Description	Amount				
TV airtime programming	and production ex	penses for	non-Ch	ristian	20,596
Total to Fo	rm 990-T, Page 1,	line 27			20,596
Form 990-T	Net	Operating	LOSS D	eduction	Statement 4
	Nec	Loss			
Tax Year	Loss Sustained	Previou Appli	sly	Loss Remaining	Available This Year
12/31/18	184,712.	,	0.	184,712.	184,712.
NOL Carryov	er Available This	Year		184,712.	184,712.

Form 990-1	Net	Operating Loss D	Statement 5	
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
12/31/17	184,378.	0.	184,378.	184,378.
NOL Carryo	over Available This	184,378.	184,378.	

Form 990-T	Contributions Summary	7	Statement 6
	Contributions Subject to 100% Limit Contributions Subject to 25% Limit		
For Tax For Tax For Tax For Tax	of Prior Years Unused Contributions Year 2014 Year 2015 Year 2016 Year 2017 Year 2018 25,000 16,666 14,500		
Total Cari	ryover cent Year 10% Contributions	56,166	
	cributions Available ncome Limitation as Adjusted	56,166 0	_
Excess 100	ntributions Of Contributions ess Contributions	56,166 0 56,166	
Allowable	Contributions Deduction		0
Total Cont	cribution Deduction		0