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<i>₹</i>	EXTEND Exempt Organi	ED TO NOVE	EMBER 16	, 2020 Some T	1912	OMB No 1545-0047
, Form 990-T		proxy tax unde			ax neturn	GIND NO 1545 CO41
	For calendar year 2019 or other tax year be	-		and ending		2019
		.gov/Form990T for in:			ntion.	- 2013
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers of	_				Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name cl	hanged and see	instructions.)		Employer identification number (Employees' trust, see instructions)
B Exempt under section	Print MASONIC FAMILY HEAL	TH FOUNDATION,	INC.			36-4397387
X 501(c)(3 03	Number, street, and room or	suite no. If a P.O. box	, see instruction	is.	E	Unrelated business activity code (See instructions)
408(e)220(e)	Type 3075 HIGHLAND PARKW	AY, SUITE 600				,
408A530(a)	City or town, state or provinc		r foreign postal o	code		
529(a)	DOWNERS GROVE, IL	 			P	000099
at end of year 100,143	F Group exemption number	<u> </u>	evation -	7 501/a) trust	401(0)	Other truet
	, 788. G Check organization type organization's unrelated trades or busi		1	501(c) trust	the only (or first) unre	
	INVESTMENTS IN PARTNERS:				complete Parts I-V. If	
	plank space at the end of the previous s		rts I and II. com	_	•	•
business, then complete	·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
During the tax year, was	the corporation a subsidiary in an affil	ated group or a paren	t-subsidiary con	trolled group?	▶ [Yes X No
	and identifying number of the parent co		········			<u></u>
	► ADVOCATE AURORA HEAL			<u>`</u>	one number 🕨 636	0-929-6057
	d Trade or Business Incon	ne	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sal						
b Less returns and allo		Balance	10			+
2 Cost of goods sold (3 3 Gross profit. Subtract	•		3	-		
	ne (attach Schedule D)		4a		_/_	'
· -	i 4797, Part II, line 17) (attach Form 47	97)	4b			· · · · · · · · · · · · · · · · · · ·
c Capital loss deductio		,	4c			
,	partnership or an S corporation (attack	h statement)	5	12,255.		-12,255.
6 Rent income (Schedi	ile C)	·	6			
7 Unrelated debt-finance	ced income (Schedule E)		7			
8 Interest, annuities, ro	yalties, and rents from a controlled orga	ınızatıon (Schedule F)	8			
	f a section 501(c)(7), (9), or (17) organ	nization (Schedule G)	9			
•	vity income (Schedule I)		10			
11 Advertising income (•		11			 -
12 Other income (See in	structions; attach schedule)	/	12	-12 255.		-12 255.
	ons Not Taken Elsewhere	(See instructions for		,		1 12,233.
(Deductions	must be directly connected with t	he unrelated busine	ess income)	, ,		•
14 Compensation of of	ficers, directors, and trustees (Schedule	meriai Feven	UN BONICE			14
15 Salaries and wages		Received US E	ank · USB			15
16 Repairs and mainter	iance	934	~			16
17 Bad debts		NOV 30	2020		<u> </u>	17
•	edule) (see instructions)	1104 3 0	LOLU		-	18
19 Taxes and licenses	5			1 1	-	19
20 Depreciation (attach	Form 4362) aimed on Schedule A and elsewhere on	Ogden,	UT	20		044
21 Less depreciation cl 22 Depletion	ainer on Schedule A and eisewhere on	return		21a		21b 2,495.
•	erred compensation plans				-	23
24 Employee benefit pr					<u> </u>	24
25 Excess exempt expe					<u> </u>	25
26 Excess readership of					<u> </u>	26 .
27 Other deductions (a	· ·					27
28 Total deductions. A	dd lines 14 through 27					28 2,495.
/	taxable income before net operating los			e 13		29 -14,750.
	perating loss arising in tax years beginn	ıng on or after Januar	•		_	
(see instructions)		••	S	EE STATEMEN	T 1 -	30 0.4
/	taxable income. Subtract line 30 from li				<u> </u>	34 -14,750. Form 990-T (2019)

	5 (2019) MASONIC PARTIES READER FOUNDATION, INC.	36-439/3	Page 2
• —	Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-14,750.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) STMT 2	<u> </u>	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 3	⋥ [35]	-14,750.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-14,750.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	9 38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	~ 	
	enter_the smaller of zero or line 37	· / *	-14,750.
Part	イゾ Tax Computation	7 11 43 1	
40		10	0:
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	_	•
	Tax rate schedule or Schedule D (Form 1041)	► 41	
42	Proxy tax. See instructions Alternative minimum tax (trusts only) Tax on Noncompliant Facility Income See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Indiana Turning	44	
45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part			
/ 46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see instructions) General husiness credit. Attach Form 3800		
C	General business credit. Attach Form 3800		
d	Other credits (see instructions) General business credit. Attach Form 3800 Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 46a through 46d		
е	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 schedul		
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.
	Payments: A 2018 overpayment credited to 2019		
	2019 estimated tax payments		
	Tax deposited with Form 8868 51c		•
	_ `		•.
		 	
	Credit for small employer health insurance premiums (attach Form 8941) Step and the advertisers and assurance premiums (attach Form 8941)	 	
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 51g	-	
	Total payments. Add lines 51a through 51g	52	1,844.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	► 5 <u>8</u>	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	▶ 55	1,844.
	Enter the amount of line 55 you want: Credited to 2020 estimated tax	▶ 56	0.
Part	VI Statements Regarding Certain Activities and Other Information (see instructions)		
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		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		·
	here	1	х
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.		
	Enter the amount of tax exempt interest received or accrued during the tax year 🕨 \$		•
	Under penalties of peliury, declare that have examined this return, including accompanying schedules and statements, and to the best of my known	wledge and belief, it is tr	ue,
Sign	correst, and complete Declaration of preparer (other trian taxpayer) is based of all into mation of which preparer has any knowledge	***	
Here	MANUAL DE LA LOS PARESUTIVE DIRECTOR	May the IRS discuss the the preparer shown bel	
	Signature of office Date Date		res No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
Paid	self- employ	- 1	
		~	0
Prep	la , k		
Use	Only Prints Civ	-	
	Firm's address Phone no.		
923711 0		(990-T (2019)
		rorm s	(ZUIY)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation N/A					
1 Inventory at beginning of year	1		1	Inventory at end of yea	r		6	T	
2 Purchases	2			Cost of goods sold Su	ubtract	line 6			
3 Cost of labor	3			from line 5. Enter here	and in	Part I,	<u> </u>	_	_
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		_	property produced or a	cquired	d for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	ease	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%)	e than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	дө	3(a) Deductions directl columns 2(a) a	y conne ind 2(b)	ected with the income in (attach schedule)	٠.
(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	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	_		0.
Schedule E - Unrelated Det	ot-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from or allocable to debt-	(0)	3. Deductions directly cor to debt-finan		perty	
Description of debt-fr	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)			 				\top		
(2)			1				\top		
(3)			-				\top		
(4)									•
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property h schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Aliocable deducti (column 6 x total of col 3(a) and 3(b))	
(1)			+	%			+		
(2)	1		1	% %			+		
(3)	!		\top	%			\top	·	
(4)		•		%			\top	·	
• • • • • • • • • • • • • • • • • • • •	<u> </u>			70		inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (
Totals							,		0.
Total dividends-received deductions in	ncluded in column	1 8					-		0.

Interest					Exempt	Controlled O	rganizati	ons					
(2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (8) (9) (10) (10) (11) (12) (13) (14) (14) (15) (15) (16) (16) (17) (17) (18) (18) (18) (18) (18) (18) (18) (18	Name of controlled organiza	Name of controlled organization		ation					included in the controlling		rolling	g connected with income	
(2) (3) (4) (5) (7) (7) (8) (8) (8) (8) (9) (10) (10) (11) (12) (13) (14) (14) (15) (15) (16) (16) (17) (17) (18) (18) (18) (18) (18) (18) (18) (18	(1)												
(3) Vortexempt Controlled Organizations 7. Tasable Income 8. Not revisited income (loss) (see that Uniform) 9. Total of operation payments in the corrections of the interest of the inter													
Act columns 5 met 10				······									
Nonexempt Controlled Organizations 1, Tosable income 1, Tosa			***********	*************	Ì			*** * * * * * * * * * * * * * * * * * *					
(1) (1) (2) (3) (4) Add column 5 and 10 Enter here and on page 1, Part I Inna 8, column (A) (ase instructions) 1. Description of moome 2. Amount of income 2. Amount of income 3. Description of moome 4. Set-andee (statish schedule) (sta		zations			L		.						
Add columns 5 and 10 Enter has and on page 1, Part 1, Ins 8, column 6 and page 1, Part 1, Ins 8, column 6 and page 1, Part 1, Ins 8, column 6 and page 1, Part 1, Ins 8, column 6 and page 1, Part 1, Ins 8, column 6 and page 1, Part 1, Ins 8, column 6 and page 1, Part 1, Ins 8, column 6 and page 1, Part 1, Ins 8, column 6 and page 1, Part 1, Ins 8, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, column 6 and page 1, Part 1, Ins 9, c	7. Taxable Income				9. Total		nents	in the controlli	ng organ	iization's		eductions directly connected n income in column 10	
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Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions descript connected (statch achedule) (statch achedule) 4. Set-asides (cot 3; 10) (cot 3; 10) (d) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (A) Featlas 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Note recome deal) 5. Cross unrelated business income from business income from tade or business income from tade or business income from tade or business income (1) (2) (3) (4) 5. Cross unrelated business income business income from page 1. Part I, line 10, cot (6) (a) (b) 6. Expanses of this business income or page 1. Part I, line 10, cot (6) (cot 3; 10) (d) 5. Cross income to non activity that is not activity that is not activity that is not activity that is not activity and in the page 1. Part I, line 10, cot (6) (d) (e) 1. Name of periodical 2. Cross activity connected with a page 1. Part I, line 10, cot (6) 1. Ine 10, cot (7) 1. Name of periodical 2. Cross activity connected with and activity that in the page 1. Part I, line 10, cot (7) 1. Name of periodical 2. Cross activity connected with and activity that in the page 1. Part I, line 10, cot (7) 1. Name of periodical 2. Cross activity connected with any activity of the page 1. Part I, line 10, cot (8) 1. Name of periodical 2. Cross activity connected with any activity activity connected with any activity connected with activity and activity activity connected with activity activit		•						Enter here and	on page	1, Part I, A)		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
(see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Declaritions described incomes described entered to control of the production of the production of the production of the production of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross urrelated business unclaimed with production business encomes and except years and on page 1. Perit, line 9, 10 on the production of exploited activity or income from bade or business income business encomes and the production of page 1. Perit in the production of the production of page 1. Perit in										0.		0	
1. Description of income 2. Amount of income descript connected (attach schedule) (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (a) (a) revealed business wirelated business wirelated business from page 1. Part I, line 9, column (a) (5) Gross wirelated business wirelated business wirelated business from eachily that gain column 2 gain, compute cols 5 through 7 (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (a) (9) (9) (1) (1) (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column 2 gain, compute cols 5 through 7 (9) (1) (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column 2 gain, compute cols 5 through 7 (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column 2 gain, compute cols 5 through 7 (4) Enter here and on page 1. Part I, line 9, column 2 gain, compute cols 5 through 7 Enter here and on page 1. Part I, line 9, column 2 gain, compute cols 5 through 7 Enter here and on page 1. Part I, line 9, column 5 Enter here and on page 1. Part I, line 9, column 2 gain, compute cols 5 through 7 Enter here and on page 1. Part I, line 9, column 2 gain, compute cols 5 through 7 Enter here and on page 1. Part I, line 9, column 2 gain, compute cols 5 through 7 Enter here and on page 1. Part I, line 9, column 2 gain, compute cols 5 through 7 Enter here and on page 1. Part I, line 9, column 3 Enter here and on page 1. Part I, line 9, column 3 Enter here and on page 1. Part I, line 9, column 2 gain, compute cols 5 through 7 Enter here and on page 1. Part I, line 9, column 2 gain, compute cols 5 through 7 Enter here and on page 1. Part I, line 9, column 2 gain, compute cols 5 through 7 Enter here and on page 1. Part I, line 9, column 2 gain, compute cols 5 through 7 Enter here and on page 1. Part I, line 9, column 2 gain, compute cols 5 through 7 Enter here and on page 1. Part I, line 9, column 2 gain page 1. Part I, line 9, column 2 gain page 1. Part I, line 9, column			ne of a S	ection	501(c)(7	'), (9), or ([·]	17) Org	anization					
(1) 2. Amount of income 3. Expanses 3. Expanse	(see inst	ructions)		_		ı	1	2 2				F ~	
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(2) (3) (4) Enter here and on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity and or business unclaime from add or business income from tadd or business income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Nat recome (loss) from scripting from unrelated trade or business (column 2) minus column 3) flat gan, compute cits 5 through 7. (1) (2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) line 10, col (B) (b) (c) (c) (d) 1. Name of periodical 2. Gross ancome from activity that more income (see instructions) Enter here and on page 1, Part 1, line 10, col (B) (d) 2. Gross ancome from activity that more income in the column 3, bit again, compage after the column 5, bit again, column 5, bit again, compage after the column 5, bit again, compage after the column 5, bit again,	(1)							(=1.0011001100				(ост органия,	
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1. Description of exploited activity and activity that is not urrelated guide or business (column 5 through 7 [1] [2] [1] [2] [3] [4] [4] [4] [4] [4] [4] [4		-	Activity	Income	, Other	Than Adv	ertisin	g Income					
(2) (3) (4) Enter here and on page 1 Part I, line 10, col (B) Inter long (See Instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income In	1. Description of	2. G unrelated income	business e from	directly co with pro of unre	onnected duction elated	from unrelated business (co minus columi gain, compute	trade or lumn 2 n 3) If a n cols 5	from activity to	hat ed	attribut	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(2) (3) (4) Enter here and on page 1 Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3)	(1)												
(3) (4) Enter here and on page 1 Part I, line 10, col (B) Fotals O. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3)													
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Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising an or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7 (1) (2) 5. Circulation income 6. Readership costs (column 5, but than column 1, but than column 1, but than column 1, but than column 2, but than column 1, but than 1, but than column 1, but th	Totals -	<u> </u>				<u> </u>						0	
2. Gross advertising income advertising costs advertising costs of (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3)													
1. Name of periodical advertising income advertising costs of (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3)	Part I Income From	Periodica	als Repo	rted or	a Cons	solidated	Basis						
(2) (3)	1. Name of periodical		advertising			or (loss) (co	ol 2 minus iin, compute		ion			7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(2) (3)	(1)												
	(2)					_]							
				Ì								-	
			NO.					1					
Totals (carry to Part II, line (5)) ► 0. 0.	fotals (carry to Part II. line (5))	▶		0.	0	·.						0	

Form 990-T (2019) MASONIC FAMILY HEALTH FOUNDATION, INC. | Part || 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)							
(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 26
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		•	0.

Form 990-T (2019)

FORM 990-T		NET	OPERATING	LOSS D	EDUCTION	STATEMENT 1
TAX YEAR	LOSS	SUSTAINED	LOSS PREVIOUS APPLIE		LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18		18,377.		0.	18,377.	18,377.
NOL CARRYO	VER AV	AILABLE THIS	YEAR		18,377.	18,377.

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMEN	r 2
-	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT		•
FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2014 YEAR 2015		
FOR TAX	YEAR 2016 YEAR 2017 YEAR 2018		
TOTAL CARE	YOVER 10% CONTRIBUTIONS	168,798	
	TRIBUTIONS AVAILABLE 1 ICOME LIMITATION AS ADJUSTED	L68,798 0	•
EXCESS 100	% CONTRIBUTIONS	L68,798 0 L68,798	•
ALLOWABLE	CONTRIBUTIONS DEDUCTION		0
TOTAL CONT	RIBUTION DEDUCTION		0