	Form	990-T	E	Exempt Orga	nization Bus	sine		Г ээвэ О; Гах Returr		OMB No 1545-0047
-سر -	-			(a allendar year 2019 or other tax ye	nd proxy tax und	er se	ction 6033(e))	1912		2019
		^	roca			etructio	, and ending	nation	-	ZU 13
		tment of the Treasury al Revenue Service	 ▶ 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	
	A [Check box if address changed		Name of organization (Check box if name o	hanged	and see instructions.)		(Emp	oyer identification number loyees' trust, see actions)
	B Ex	xempt under section	3	9-1249426						
	X 501(C 03) or Number, street, and room or suite no. If a P.O. box, see instructions.									ated business activity code
	408(e) 220(e) 728 NORTH JAMES LOVELL STREET 1408A 530(a) City or town, state or province, country, and ZIP or foreign postal code									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
										099
	C Book value of all assets at end of year F Group exemption number (See instructions.)									
	are	9,997,3	16.	G Check organization typ	e ► X 501(c) cor	poration	501(c) trust	401(a) trust	Other trust
				ation's unrelated trades or t		1	Describe	e the only (or first) u	nrelated	·
	tra	de or business here 🕨	<u> </u>	EE STATEMENT	1 1		. If only one	e, complete Parts I-V	If more	than one,
			•	ace at the end of the previo	us sentence, complete Pa	arts I an	d II, complete a Schedul	e M for each addition	nal trade	or
		siness, then complete I								.
				poration a subsidiary in an		nt-subs	diary controlled group?	•	Ye	es X No
				tifying number of the parer			Toloni	hone number	111-	270-2945
	J IN	Unrelated	Trac	WILLIAM KOCH de or Business Inc	ome		(A) Income	hone number > 4 (B) Expense		(C) Net
		Gross receipts or sale	_	uo o, Buomoco me		T	(A) moonie	- (D) EXPONDO	•	(0/324
		Less returns and allow			c Balance	1c				
	2	Cost of goods sold (S		A line 7)	Dalanoc	2	 -	1 - 1		, 3
	3	Gross profit Subtract				3				
		Capital gain net incom				4a				
•	b	Net gain (loss) (Form	4797, P	Part II, line 17) (attach Forn	n 4797)	4b				
	C	Capital loss deduction	for trus	sts		4c				
	5	Income (loss) from a	partners	ship or an S corporation (a	ttach statement)	5		<u>D</u>		
	6	Rent income (Schedul	le C)			6		1/)	
	7	Unrelated debt-finance		•		7	<u> </u>	1	,	
	8	• •		and rents from a controlled		8/	8 -	2021	<u> </u>	}
	9			on 501(c)(7), (9), or (17) o	rganization (Schedule G)			GDEN U		
	10	Exploited exempt active Advertising income (S	-	· ·		10		AGDEIX, D]
	11 12	Other income (See ins		•		11				
		Combine lines				13	0.			
				ot Taken Elsewher	e (See instructions fo)		
				pe directly connected w						
	14 Compensation of officers, directors, and trustees (Schedule K)									
21	15	Salaries and wages							15	
202	16	Repairs and maintena	ance						16	
6	17	Bad debts			17					
03	18	Interest (attach sched	dule) (s	ee instructions)					18	
APR	19	Taxes and licenses	- 4	500)			Local		19	
Ā	20	Depreciation (attach		/	o on return		20			
\circ	21		imea or	n Schedule A and elsewher	e on return		21a		21b 22	
Ī	22 23	Depletion Contributions to defe	rred co	mnensation nians					23	<u>.</u>
CANNED	23 24	Employee benefit pro	/	mponoution plans					24	
Æ	25	Excess exempt exper		chedule I)					25	
ပ္	26	Excess readership co							26	
`	27	Other deductions (att								
	28	Total deductions Ad						•	28	0.
	29	Unrelated business ta	axable II	ncome before net operating	gloss deduction Subtrac	t line 28	3 from line 13		29	0. A
	30	Beduction for net ope	erating l	loss arısıng ın tax years be	ginning on or after Janua	ry 1, 20	18			
		(see instructions)		_					30	0.
	31			ncome. Subtract line 30 fro				 .	31	0. Form 990-T (2019)
	92370	1 01-27-20 LHA Fo	r Paper	rwork Reduction Act Notice	e, see instructions					Form 220-1 (2019) 1

	-T(2f18) COMMUNITY ADVOCATES, INC.	39-124	9420 Page 2
Part	Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
37		.88	1,000.
38	, ,		
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		0.
	enter the smaller of zero or line 37	39	
Part	Tax Computation	T	
40	Organitations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
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	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Tgtal. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part	∦ ∏ax and Payments		
46 a	For an tax credit (corporations attach Form 1118; trusts attach Form 1116)		
	Other credits (see instructions) 46b	1	
	General business credit. Attach Form 3800	1	
•	Credit for prior year minimum tax (attach Form 8801 or 8827)	1	
	Total credits. Add lines 46a through 46d	46e	
	Subtract line 46e from line 45	47	0.
47	Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
		49	0.
49	Total tax. Add lines 47 and 48 (see instructions)	 	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
	A 4 2 0	-	
		∤	
	Tax deposited with Form 8868	-{	
ď	Foreign organizations: Tax paid or withheld at source (see instructions) 51d	-	
е	Backup withholding (see instructions) 51e	-	
f	Credit for small employer health insurance premiums (attach Form 8941) 51f	↓	
9	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 51g	J	
52	Total payments. Add lines 51a through 51g	\$2	<u>9,536.</u>
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	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	9,536.
	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56	9,536.
Part	VI. Statements Regarding Certain Activities and Other Information (see instructions)	<u> </u>	
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 >	<u> </u>	X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		[
	Under populties of paratry. I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowled	dge and belief, it is to	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	- the IDC desired the	a shara with
Here		lay the IRS discuss th ie preparer shown bel	
	Signature of officer Date Title	structions)? X	Yes 🔣 No
	Print/Type preparer's name Preparer's signature Date Check		
D.: 1	harvelene Man		
Paid	OULOR CUTINATA DO OULOR CUTINATA DO 10/27/20	P01924	1323
Prep	C LED LE	39-07	
use	Only Firm's name WIPFLI LLP 10000 INNOVATION DRIVE, SUITE 250		·
		14.431.9	3300
923711 (990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation ▶ N/A					
1 Inventory at beginning of year 1 6 Inventory at er							6		
2 Purchases	2	•	7	Cost of goods sold Si		ine 6			
3 Cost of labor									
4 a 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		7	property produced or a	acquirec	for resale) apply to			
5 Total. Add lines 1 through 4b	5		7	the organization?		, ,		ľ	
Schedule C - Rent Income	(From Real	Property and	Per		.ease	d With Real Prop	erty)		
(see instructions)				·					
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%)	a than	of rent for p	personal	onal property (if the percental property exceeds 50% or if ed on profit or income)	ge 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)		1							
(2)									
(3)	•					Î			
(4)	•			·				-	
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		nter -			0.	(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)					
			Ι,			3 Deductions directly con to debt-finance	nected v	with or allocable	
4			'	Gross income from or allocable to debt-	(a)	Straight line depreciation	300 prop	(b) Other deduction	18
1 Description of debt-fit	nanced property			financed property	\ '	(attach schedule)		(attach schedule)	
(1)							1		
(2)				· ·			1		
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	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. Allocable deducti column 6 × total of col 3(a) and 3(b))	ions lumns
(1)			1	%			1		
(2)	<u> </u>			%					-
(3)	1		1	%			1		
(4)	T		1	%					
	•					nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (
Totals				.		0	.		0.
Total dividends-received deductions in	ncluded in column	า 8		•		<u> </u>			0.
									

Schedule F - Interest,	ľ			Controlled O	rganizatio	ons					
1 Name of controlled organization		2 Employe identification number	r 3 Net un	related income a instructions)	elated income 4 Tota		ınclud	art of column 4 that is ded in the controlling ization's gross income		6 Deductions directly connected with income in column 5	
(1)						•	 				
(2)								_			
(3)							1				
(4)							·				
Nonexempt Controlled Organi	zations		•								
7 Taxable Income		ited income (los estructions)	ss) 9 Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 that ng organ i income	is included ization's		ductions directly connected income in column 10	
(1)	1					•			-		
(2)	1		1		1						
(3)					1						
(4)										- · · ·	
						Add colun Enter here and line 8, c		1, Part I ()	Enter h	d columns 6 and 11 ere and on page 1, Part I line 8, column (B)	
Totals Schedule G - Investme	nt Income	of a Sa-	tion 501/a\/	7) (0) 07 (1	 	anization	<u>-</u>	0.		0	
(see insti		oi a sec	11011 30 1(0)(7), (9), OI (i <i>r)</i> Org	amzauom					
	ription of income			2 Amount of	income	3 Deduction directly conne (attach sched	cted	4 Set-	asides schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)										1	
(4)					[
				Enter here and o Part I, line 9, co	on page 1, lumn (A)	•		•		Enter here and on page Part I, line 9, column (B)	
Totals				<u>L</u>	0.					0	
Schedule I - Exploited (see instru		tivity Inc	come, Other	Than Adv	ertisin	g Income					
1 Description of exploited activity	2 Gross unrelated busin income froi trade or busin	m m	3 Expenses irectly connected with production of unrelated pusiness income	4 Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a n cole 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attribut: colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	1										
(2)											
(3)											
(4)											
	Enter here and page 1 Part line 10, col ((A)	nter here and on page 1, Part I, fine 10, col (B)						~	Enter here and on page 1 Part II, line 25	
Totals Schedule J - Advertisir	ng Income	0.						-			
Part I Income From I				solidated	Basis						
1 Name of periodical	adv	Gross ertising icome	3. Direct advertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5 Circulat income	ion	6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				4						•	
(2)				4						•	
(3)				⊣ :						-	
(4)				-		 					
Totals (carry to Part II, line (5))	•	0.	0	l						0	

	(2010) COILIOINETE TID (COILLED		<u></u>
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)						
(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. I	Directors, and	Trustees (see in	structions)		

1 Name	2 Title	3. Percent of time devoted to business	4 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 DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

AMOUNTS PAID FOR DISALLOWED FRINGES.

TO FORM 990-T, PAGE 1