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Fam 990-T	ехте Exempt Orga	NDED TO FEBR Inization Bus			ax Re	turn	1	OMB No	1545-0687
Form JJU-1		nd proxy tax unde		ction 6033(e))	19	103		-01	240
-,	For calendar year 2018 or other tax year beginning APR 1, 2018 and ending MAR 31, 2019								
Department of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information. Open to Public Inspection for								
Internal Revenue Service	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) Open to Public Insp								
A Check box if address changed	Name of organization (Check box if hame changed and see histractions.)								, see
B Exempt under section	Print THE METHWICK COM							2-0838	3541 ss activity code
X 501(c)(3 () 5	l Tvog l	m or suite no. If a P O. box	k, see in	structions				structions)	
408(e) 220(e)	1224 131H ST NW			nantal anda					
408A 530(a) 529(a)	City or town, state or pro	ovince, country, and ZIP or 52405-2404	roreigi	postal code			531120)	
C Book value of all assets at end of year	F Group exemption num		<u> </u>	F04/-> 11		1 404(2)			1 045
37,068,	7.5		oration		*	401(a)			Other trust
	organization's unrelated trades or ► ROOFTOP LICENSING		<u> </u>		the only (or	•		han ana	
	lank space at the end of the previo		eta Lane	If only one,					ı
business, then complete		ous sentence, complete ra	11514111	in, complete a schedule	IVI IOI GACII	auuitioni	ii ii auc u	"	
	the corporation a subsidiary in an	affiliated oroup or a paren	ıt-subsi	diary controlled group?		— [Yes	X	No
	and identifying number of the pare		5055	diary controlled group					,
J The books are in care of			_	Telepho	one number	▶ 31	19-297	-8601	
	d Trade or Business Inc	come	_	(A) Income	(B) E	хрепѕеѕ		(C) Net
1a Gross receipts or sale	s								
b Less returns and allow	vances	c Balance	1c						
2 Cost of goods sold (S	ichedule A, line 7)		2						
3 Gross profit Subtract	line 2 from line 1c		3						
4a Capital gain net incon	ne (attach Schedule D)		48						
b Net gain (loss) (Form	4797, Part II, line 17) (attach For	m 4797)	4b						
c Capital loss deduction			4c						
` '	partnership or an S corporation (attach statement)	5				\rightarrow		
6 Rent income (Schedu	·		6						
٦	ed income (Schedule E)		7						
M	valties, and rents from a controlled	=	8				+		
	f a section 501(c)(7), (9), or (17)	organization (Schedule G)	9				+		
1	vity income (Schedule I)		10				-+		
Advertising income (Social	•	ATEMENT 1 ,	12	44,087.					44,087.
13 Other income (See in Total, Combine lines	sa detions, attaon sonedate,		13	44,087.					44,087.
	ns Not Taken Elsewhe	re (See instructions fo			L				
(Except for	contributions, deductions mus	t be directly connected	l with t	ne unrelated buşinéss	income)	İ			
14 Compensation of off	icers, directors, and trustees (Sch	edule K)	7		70		14		
15 Salaries and wages	, , ,	•	C14	SEP 1 0 20	19 RS-0S(15		
16 Repairs and mainter	nance		10	021 10 20	S		16		314.
17 Bad debts				OCOENI	1≝		17		
18 Interest (attach sche	dule) (see instructions)		L_	OGDEN, L	JT		18		
19 Taxes and licenses				· · · · · · · · · · · · · · · · · · ·			19		2,292.
20 Charitable contribution	ons (See instructions for limitatio	n rules)					20		
21 Depreciation (attach	Form 4562)			21		2,016.			
•	aimed on Schedule A and elsewhe	re on return		22a			22b		2,016.
23 Depletion							23		
	erred compensation plans						24	-	
25 Employee benefit pr	-						25		
26 Excess exempt expe	· ·	,					26		
27 Excess readership c	·			SEE STATEMEN	IT 2		27		2,025.
28 Other deductions (a	•			SEE STRIBBE			28		6,647.
	dd lines 14 through 28	na lace deduction. Cubtrac	t lina Of) from line 12			29 30		37,440.
	axable income before net operation	~					31		
	erating loss arising in tax years b		ıy I, ZU	10 (255 111211 00110112)			32		37,440.
	axable income. Subtract line 31 fr or Paperwork Reduction Act Notic				_		JE	Form !	990-T (2018)
823/01 01-09-19 LMA P	JI FAPEIWOIK NEGUCLION ACL NOTH	e, ace manuchuma.						1 011111	(2010)

Form 990-1	(2018) THE METHWICK COMMUNITY INC 42-0838	541		Page 2
Part I	II Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	37,	440.
34	Amounts paid for disallowed fringes	34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
•	lines 33 and 34	36	37,	440.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,			
•	enter the smaller of zero or line 36	38	36,	440.
Part I	V Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	7,	652.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:	[
	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	7,	652.
Part \				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
b	Other credits (see instructions) 45b	1		
c	General business credit Attach Form 3800 45c	1		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1		
e	Total credits. Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44	46	7.	652.
47	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47		
48	Total tax Add lines 46 and 47 (see instructions)	48	7,	652.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		Ō.
50 a	3 000	 		
	2 000	1		
b	Tax deposited with Form 8868 50c 3,750.	1		
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	1		
	Backup withholding (see instructions) 50e	1		
	Credit for small employer health insurance premiums (attach Form 8941) 50f	1 1		
	Other credits, adjustments, and payments: Form 2439	1		
g	Form 4136 Other Total 50g	1 1		
	Total payments Add lines 50a through 50g	51	9	648.
51	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52		
52 50		53		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	1	996.
54	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	,	0.
Part \	2 The state of the	1 22 1		<u> </u>
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		1.00	1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country			
	here			
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			x
31	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year \\$			
	Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle	dge and belief, it is tru	ι ο ,	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Here		lay the IRS discuss this se preparer shown belo		/itn
			es	No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN		
Deid	self- employed	"		
Paid	Supra 1940 1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1	P01315330	0	
Prepa	h nav na TID			
Use (201 FIRST ST SE, STE 800			
	· · · · · · · · · · · · · · · · · · ·	19-298-5333		
	Thomas			

Form 990-T (2018) THE METHWICK COMMUNITY INC

1.,

Page 3

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year	1		1	Inventory at end of year	r		6		
2 Purchases	2		_ 7	Cost of goods sold Su	ıbtract l	ine 6			
3 Cost of labor	3		╛	from line 5. Enter here	Part I,				
4a Additional section 263A costs				line 2			7	<u></u>	
(attach schedule)	4a		_ 8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		4	property produced or a	cquirec	I for resale) apply to		ļ	
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)	
Description of property								<u>-</u> -	
(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%)	centage of than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	conne nd 2(b)	cted with the income in (attach schedule)	(
(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	t-Financed	Income (see	ınstru	ctions)					
			2	2. Gross income from		Deductions directly con to debt-finance	nected ced pro	with or allocable perty	
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	IS
(1)			Ī						
(2)									
(3)									
(4)						. <u> </u>	\perp		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	e adjusted basis allocable to inced property h schedule)	6	Golumn 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		 Allocable deducts (column 6 x total of column 6 x total of column 3(a) and 3(b)) 	
(1)				%					
(2)				%			\perp		
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (
Totals				▶			<u>. </u>		0.
Total dividends-received deductions	ncluded in columi	n 8		•			•		0.

*1

					rganizatio		T			
Name of controlled organization		2 Employer identification number		3 Net unrelated income (loss) (see instructions)		Il of specified ents made	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
1)										
2)										
3)										
4)										
onexempt Controlled Organia	zations						<u> </u>	_		
7 Taxable Income		lated income (los	e) O Total	of specified pays	nents	10 Part of colu	mn 9 that is	included	11 Ded	uctions directly connecte
, Taxable income		instructions)	o, grown	made		in the controlli				ncome in column 10
1)										
2)										
3)										
(4)										
						Enter here and	nns 5 and 1 on page 1, column (A)		Enter he	d columns 6 and 11 re and on page 1, Part I, ine 8, column (B)
otals					▶			0.		
Schedule G - Investme	nt Income	of a Sec	tion 501(c)(7	7), (9), or (17) Org	anization				
(see insti	ructions)									
1. Desc	ription of income			2. Amount of	псоте	 Deduction directly connected (attach schedule) 	cted	4. Set-a (attach sc		5 Total deductions and set-asides (col 3 plus col 4)
1)									-	
2)				i						
3)										
(4)	····									
			<u> </u>	Enter here and Part I, line 9, co			<u>_</u>			Enter here and on page Part I, line 9, column (8
otals			>		0.					
Schedule I - Exploited (see instru		ctivity Inc	ome, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Gros unrelated bu income fr trade or bus	siness a	3 Expenses irectly connected with production of unrelated ousiness income	4. Net inconfrom unrelated business (cominus colum gain, comput through	I trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	that ted	6 Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								_		
(2)	†						$\overline{}$	_		1
(3)	-				 					<u>† </u>
	 			 		·	-+			
(4)	Enter here a page 1, Pa line 10, co	art I,	inter here and on page 1, Part I, line 10, col (B)				<u></u>			Enter here and on page 1, Part II, line 26
otals -	<u>L</u>	0.	0.	l						
Schedule J - Advertisii										
Part I Income From I	Periodical	s Reporte	ed on a Con	solidated	Basis					
1. Name of periodical		2 Gross dvertising income	3 Direct advertising costs	or (loss) (c	tising gain of 2 minus ain, compute arough 7	5. Circula income		6. Reader		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)	-			\dashv			- 			
<u> </u>	\longrightarrow					 				
	ı	ı		1		I				

0 000 .		
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 27
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	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** (2018)

FORM 990-T	OTHER	INCOME	STATEMENT 1
DESCRIPTION			AMOUNT
ROOFTOP LICENSING - ANTEND	44,087.		
TOTAL TO FORM 990-T, PAGE	1, LINE 12		44,087.
FORM 990-T	OTHER	DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT
ELECTRICITY			2,025.
TOTAL TO FORM 990-T, PAGE	1, LINE 28		2,025.