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	Form 990-T		xempt Orga	INDED TO NO			ax Return		OMB No 1545-0047
•	B		. (8	and proxy tax ur		ction 6033(e))	1912		2010
		For cal	lendar year 2019 or other tax y		r instructio	, and ending	nation	-	20 19
	Department of the Treasury Internal 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)					Op 50	en to Public Inspection for (c)(3) Organizations Only
	A Check box if address changed		Name of organization (Check box if nam	e changed	and see instructions)		D Employe (Employe instruction	r identification number les trust, see
	B Exempt under section	Print	T1D EXCHANG	E INC.					-1623549
	X 501(cu(3))	or	Number street and room or suite no. If a P.O. how see instructions					E Unrelated	d business activity code
408(E) [408A [Туре	11 AVENUE DE LAFAYETTE, 5TH FLOOR					·	•
	408A530(a)529(a)	530(a)	City or town, state or pr BOSTON, MA	ovince, country, and ZII 02111	P or foreigr	n postal code			
	C Book value of all assets at end of year	1	F Group exemption num		>				
	10,850,2		G Check organization ty	·	corporation		401(a)		Other trust
	H Enter the number of the	-	ition's unrelated trades or	businesses -			the only (or first) unr		20.000
	trade or business here describe the first in the b		ace at the end of the previo	ous sentence, complete	Parts I and		, complete Parts I-V I e M for each additiona		
	business, then complete	•	•	,					
			poration a subsidiary in an		arent-subsi	diary controlled group?	▶ [Yes	X No
			tifying number of the pare BRANDON MAAK			Teleph	none number > 6	17-89	92-6100
	Part Unrelated					(A) Income	(B) Expenses		(C) Net /
	1a Gross receipts or sale	es			_			7	1
	b Less returns and allow		A line 7)	c Balance	► 1c				/
	2 Cost of goods sold (S3 Gross profit Subtract		•		3				<i>_</i>
	4a Capital gain net incon				4a		,		
	b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b								
	c Capital loss deduction for trusts								
	5 Income (loss) from a partnership or an S corporation (attach statement) 5								
	6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7						_		
	8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)								
	9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)								
	10 Exploited exempt activity income (Schedule I)								
	11 Advertising income (S		•		11/				
	12 Other income (See in: 13 Total Combine lines	instructions; attach schedule) es 3 through 12 13 0 •							
	Part Deductions Not Taken Elsewhere (See instructions for limitations on deductions)								
	(Deductions must be directly connected with the unrelated business income)								
		icers, di	rectors, and trustees (Sch	nedule K)			}	15	
	•								
	17 Bad debts	RECEIVED							
		est (attach schedule) (see instructions)							
3	19 Taxes and licenses								
0 2 WAS		and description also and an Cabedula A and also where an altitude							
9	2 Depletion OGDEN, UT							21b 22	
۳	23 Contributions to deferred compensation plans							23	
ונר	24 Employee benefit programs							24	
	25 Excess exempt expenses (Schedule I)							25	
5	26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule)							26 27	
နှင့် နှင့်	28 Total deductions Add lines 14 through 27							28	0.
Batching Ogden	29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13							29	0.
ĔŖ.	30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018								
8	(see instructions)							30	0.
	31/ Unrelated business I	axable ir	ncome Subtract line 30 fr	om line 29				31	Form 990-T (2019

Form 990-T (2019)		 			45-10	523549 Page
	Total Unrelated Business Taxal				r - r -	
	f unrelated business taxable income computed	from all unrelated trades or businesses (see instructions)		32	0
	ts paid for disallowed fringes	Ω	(+		33	
34 Charita	ble contributions (see instructions for limitatio	n rules) 🐧 🗸	., ,		34	0
	nrelated business taxable income before pre-20	· · · · · · · · · · · · · · · · · · ·		lines 32 and 33	35	
	ion for net operating loss arising in tax years b		•		36	
	f unrelated business taxable income before spe		35	0	37	1 000
•	c deduction (Generally \$1,000, but see line 38	· · ·		0	18 P	1,000
	ted business taxable income Subtract line 3	3 from line 37 If line 38 is greater than lin	ie 37,			0
	ne smaller of zero or line 37 Tax Computation		_ ·		39	0
	zations Taxable as Corporations Multiply line	20 by 219/ (0.21)			40	0
-	Taxable at Trust Rates See instructions for tax		nt on line 30 from		40	
	ax rate schedule or Schedule D (Form	•	it on line 35 hom	_	41	
	ax See instructions	1041)			42	
-	tive minimum tax (trusts only)				43	
	Noncompliant Facility Income. See instruction	ane.			44	
					$\overline{}$	0
	Add lines 42, 43, and 44 to line 40 or 41, which Tax and Payments	ιστοι αμμποσ			45	
	tax credit (corporations attach Form 1118, tru	usts attach Form 1116)	46a			
-	redits (see instructions)	X	46b			
	I business credit. Attach Form 3800	~ (1)	46c	<u> </u>		
	for prior year minimum tax (attach Form 8801	or 8827) \(\sqrt{\lambda}\lambda'\),\\\	46d			
	redits Add lines 46a through 46d	No 16	700		46e	
	ct line 46e from line 45				47	0
		Form 8611 Form 8697 Form	n 8866 Other	(attach schedule)	48	
	ax Add lines 47 and 48 (see instructions)	76111 6611 761111 6667 7611	TOOOD C. OTHER	(andon sonodalo)	49	0
	et 965 tax liability paid from Form 965-A or Fo	rm 965-R Part II column (k) line 3			50	0
	nts: A 2018 overpayment credited to 2019	(2)	OL [518]	7,286.		<u>_</u>
	stimated tax payments	v	51b	,,		
	posited with Form 8868		51c			
	organizations Tax paid or withheld at source	(see instructions)	51d		1	
_	withholding (see instructions)	(000	51e			
	or small employer health insurance premiums	(attach Form 8941)	51f			
		orm 2439				
· —		ther Total	▶ 51g		 	
	ayments Add lines 51a through 51g			,	\$2	7,286
•	ted tax penalty (see instructions) Check if Form	n 2220 is attached 🕨 📗			53	
	e If line 52 is less than the total of lines 49, 50			. •	54	
	yment If line 52 is larger than the total of line			(^O ▶	55	7,286
56 Enter th	ne amount of line 55 you want Credited to 20	20 estimated tax	Re	funded	56	7,286
PartiVII :	Statements Regarding Certain	Activities and Other Informa	ntion (see instru	ctions)		
57 At any	time during the 2019 calendar year, did the org	panization have an interest in or a signatur	e or other authority			Yes No
over a f	inancial account (bank, securities, or other) in	a foreign country? If "Yes," the organizati	on may have to file			
FinCEN	Form 114, Report of Foreign Bank and Financ	al Accounts If "Yes," enter the name of th	ie foreign country			
here	>					x
58 During	the tax year, did the organization receive a dist	ribution from, or was it the grantor of, or	transferor to, a forei	gn trust?		X
If "Yes,	see instructions for other forms the organizat	ion may have to file				
	ne amount of tax-exempt interest received or a					
	nder penalties of perjury, I declare that I have examined priect, and complete. Declaration of preparer (other than	taxnaver) is based on all information of which are	narer has any knowledge	9	dge and belief,	it is true,
ngn	1/Pm	CHIEF	OPERATIN	G –	lay the IRS disc	uss this return with
lere		OFFIC	ER	ti	ne preparer show	vn below (se
	Signature of officer	Date Title	 	ır.	structions)?	X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid		Bruda X. Bask		self- employed	İ	
Preparer	BRENDA L. BOOTH	orman or court	09/28/20			342395
Jse Only	Firm's name ► CBIZ MHM, LL			Firm's EIN ▶	26-3	3753134
· · · · · · · · · · · · · · · · ·	500 BOYLST	ON STREET				
	Firm's address ► BOSTON, MA	02116		Phone no 6	<u> 17-76</u>	
3711 01-27-20			<u> </u>		Fo	rm 990-T (201
711 01-27-20					Fo	_{rm} 990-T (20