

EXTENDED TO NOVEMBER 16, 2020

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

2019

Form 990-T

For calendar year 2019 or other tax year beginning 1912 and ending

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

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions)

D Employer identification number (Employees trust, see instructions)

B Exempt under section X 501(c)(3) 408(b) 220(e) 408A 530(a) 529(a)

Print or Type

T1D EXCHANGE INC.

45-1623549

Number, street, and room or suite no If a P.O. box, see instructions. 11 AVENUE DE LAFAYETTE, 5TH FLOOR

E Unrelated business activity code (See instructions)

City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02111

C Book value of all assets at end of year 10,850,233.

F Group exemption number (See instructions)

G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses Describe the only (or first) unrelated trade or business here 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 business, then complete Parts III-V

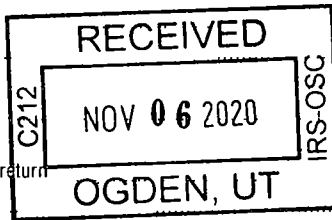
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation Yes No

J The books are in care of BRANDON MAAKE Telephone number 617-892-6100

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

Table with 2 columns: Description, Amount. Rows include 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Depreciation, 21 Less depreciation claimed on Schedule A, 22 Depletion, 23 Contributions to deferred compensation plans, 24 Employee benefit programs, 25 Excess exempt expenses, 26 Excess readership costs, 27 Other deductions, 28 Total deductions, 29 Unrelated business taxable income before net operating loss deduction, 30 Deduction for net operating loss, 31 Unrelated business taxable income.



62 Received in Batch in Ogden SCANNED MAY 20 2021

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 for Total Unrelated Business Taxable Income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 for Tax Computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a-56 for Tax and Payments.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 57-59 regarding foreign activities and tax-exempt interest.

Sign Here: Declaration of preparer (other than taxpayer) based on all information of which preparer has any knowledge. Includes signature of Brenda L. Booth, Chief Operating Officer, dated 11/06/20.

Paid Preparer Use Only: Print/Type preparer's name (BRENDA L. BOOTH), Preparer's signature, Date (09/28/20), Check self-employed, PTIN (P01342395), Firm's name (CBIZ MHM, LLC), Firm's address (500 BOYLSTON STREET, BOSTON, MA 02116), Firm's EIN (26-3753134), and Phone no (617-761-0600).