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923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2019)

Part/III Total Unrelated Business Taxable Income		46-	1561597
		1 A	•
32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see	instructions)	. \$2	259
33 Amounts paid for disallowed fringes		83	
34 Charitable contributions (see instructions for limitation rules)		84	
·	2.1 from the e im of lines 35		259
Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line	tone)	36	259
36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruc		· 10 30 1	
37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35			10
38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	•	8 38	
39 Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 3	7,		
enter the smaller of zero or line 37 Part IV Tax Computation		39	
40 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 of	n line 39 from		
Tax rate schedule or Schedule D (Form 1041)		▶ 41	
		42	
42 Proxy tax. See instructions		· +	
43 Alternative minimum tax (trusts only)		43	
44 Tax on Noncompliant Facility Income. See instructions		44	
45 Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	 	45	
Part V Tax and Payments	Y Y	, ,	
46a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a		
b Other credits (see instructions)	46b		
c General business credit. Attach Form 3800	46c]	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	46d		
e Total credits Add lines 46a through 46d		46e	
47 Subtract line 46e from line 45		47	
48 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 88	366 Other (a) tech s	 	
49 Total tax. Add lines 47 and 48 (see instructions)	On Contradiction	49	
·		50	
50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	1 64- 1	30	
51 a Payments A 2018 overpayment credited to 2019	51a		
b 2019 eshmated tax payments	51b		
c Tax deposited with Form 8868	51c		
d Foreign organizations. Tax paid or withheld at source (see Instructions)	51d		
e Backup withholding (see instructions)	51e		
f Credit for small employer health insurance premiums (attach Form 8941)	511		
g Other credits, adjustments, and payments Form 2439			
	51g	1	
Form 4136 Other Total		52	
Form 4136 Other Total Total payments. Add lines 51a through 51g)	
		53	
52 Total payments. Add lines 51a through 51g	•	53	
Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions) Check if Form 2220 is attached Tax due If line 52 is less than the total of lines 49, 50, and 53 enter amount owed		▶ 54	
Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due If line 52 is less than the total of lines 49, 50, and 53 enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	Refunded	► 54 ► 55	
Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due If line 52 is less than the total of lines 49, 50, and 53 enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	Refunded On (see instructions)	▶ 54 ▶ 55 ▶ 56	
52 Total payments. Add lines 51a through 51g 53 Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ 54 Tax due If line 52 is less than the total of lines 49, 50, and 53 enter amount owed 55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 56 Enter the amount of line 55 you want Credited to 2020 estimated tax Part VI Statements Regarding Certain Activities and Other Informati 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature of	on (see instructions) r other authority	▶ 54 ▶ 55 ▶ 56	Yes
52 Total payments. Add lines 51a through 51g 53 Estimated tax penalty (see instructions) Check if Form 2220 is attached 54 Tax due If line 52 is less than the total of lines 49, 50, and 53 enter amount owed 55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 56 Enter the amount of line 55 you want Credited to 2020 estimated tax Part VI Statements Regarding Certain Activities and Other Informati	on (see instructions) r other authority	▶ 54 ▶ 55 ▶ 56	Yes
52 Total payments. Add lines 51a through 51g 53 Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ 54 Tax due If line 52 is less than the total of lines 49, 50, and 53 enter amount owed 55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 56 Enter the amount of line 55 you want Credited to 2020 estimated tax Part VI Statements Regarding Certain Activities and Other Informati 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature of	on (see instructions) r other authority may have to file	▶ 54 ▶ 55 ▶ 56	Yes
Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions) Check if Form 2220 is attached Tax due If line 52 is less than the total of lines 49, 50, and 53 enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want Credited to 2020 estimated tax Part VI Statements Regarding Certain Activities and Other Informati At any time during the 2019 calendar year, did the organization have an interest in or a signature of over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization of FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fellows.	On (see instructions r other authority may have to file preign country	► 54 ► 55 ► 56	Yes
Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions) Check if Form 2220 is attached Tax due If line 52 is less than the total of lines 49, 50, and 53 enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want Credited to 2020 estimated tax Part VI Statements Regarding Certain Activities and Other Informati At any time during the 2019 calendar year, did the organization have an interest in or a signature of over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization of FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fellows.	On (see instructions r other authority may have to file preign country	► 54 ► 55 ► 56	Yes
Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions) Check if Form 2220 is attached Tax due If line 52 is less than the total of lines 49, 50, and 53 enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid. Enter the amount of line 55 you want. Credited to 2020 estimated tax. Part VI Statements Regarding Certain Activities and Other Information over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization of FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the financial tax year, did the organization receive a distribution from, or was it the grantor of, or transport that tax year, did the organization receive a distribution from, or was it the grantor of, or transport to the financial tax year, did the organization receive a distribution from, or was it the grantor of, or transport to the financial tax year, did the organization receive a distribution from, or was it the grantor of, or transport to the financial tax year, did the organization receive a distribution from, or was it the grantor of, or transport to the financial tax year, did the organization receive a distribution from, or was it the grantor of, or transport to the financial tax year.	On (see instructions r other authority may have to file preign country	► 54 ► 55 ► 56	Yes
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Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions) Check if Form 2220 is attached Tax due If line 52 is less than the total of lines 49, 50, and 53 enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want Credited to 2020 estimated tax Part VI Statements Regarding Certain Activities and Other Informati At any time during the 2019 calendar year, did the organization have an interest in or a signature of over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization of FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the financial transfer in the tax year, did the organization receive a distribution from, or was it the grantor of, or transfer 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.	On (see instructions) r other authority may have to file preign country isferor to, a foreign trus	54 55 56 56	
Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions) Check if Form 2220 is attached Tax due If line 52 is less than the total of lines 49, 50, and 53 enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want. Credited to 2020 estimated tax Part VI Statements Regarding Certain Activities and Other Informati At any time during the 2019 calendar year, did the organization have an interest in or a signature of over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization of FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fethere During the tax year, did the organization receive a distribution from, or was if the grantor of, or transit "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. Sign Under penalties of perfury. I doctare that I have examined this return, including accompanying schedules and correct, and complete. Declaration of perfure (other than payneyer) is based on all information or which prepare.	On (see instructions) r other authority may have to file preign country isferor to, a foreign trus	54 55 56 56 of my knowledge and	belief it is true
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Total payments. Add lines 51a through 51g 53 Estimated tax penalty (see instructions) Check if Form 2220 is attached 54 Tax due If line 52 is less than the total of lines 49, 50, and 53 enter amount owed 55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 56 Enter the amount of line 55 you want Credited to 2020 estimated tax Part VI Statements Regarding Certain Activities and Other Informatic 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature of over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization of FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the financial Accounts If "Yes," enter the name of the financial transplayment of tax-exempt interest receive a distribution from, or was it the grantor of, or transplayment of the financial account of tax-exempt interest received or accrued during the tax year 58 Sign 59 Enter the amount of tax-exempt interest received or accrued during the tax year 50 Signature of officer 50 Print/Type preparer's name 60 Preparer 60 Jane 60 Print/Type preparer's name 60 Preparer 60 Jane 60 Jane	on (see instructions) r other authority may have to file preign country isferor to, a foreign trus statements and to the best rer has any snowledge te Check	of my knowledge and May the IRS or the preparer's mstructions;? If PTIN mployed	belief it is true Discuss this return shown bollow (see X Yes
Total payments. Add lines 51a through 51g 53 Estimated tax penalty (see instructions) Check if Form 2220 is attached 54 Tax due If line 52 is less than the total of lines 49, 50, and 53 enter amount owed 55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 56 Enter the amount of line 55 you want Credited to 2020 estimated tax Part VI Statements Regarding Certain Activities and Other Informatic 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature of over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization over a financial account (bank, securities, or other) in a foreign country? If "Yes," enter the name of the finance. 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transit "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. Sign CFO Signature of officer Print/Type preparer's name Preparer's signature Jennifer Rhoderick Print/Type preparer's name Preparer's signature Jennifer Rhoderick Print's name Ernst and Young U.S. LLP	On (see instructions) r other authority may have to file preign country Insteror to, a foreign trus statements and to the best rer has any snowledge Ite Check Self- er	of my knowledge and May the IRS of the preparer's instructions)? If PTIN inployed P0	oiscuss this return shown below (see
Total payments. Add lines 51a through 519 Estimated tax penalty (see instructions) Check if Form 2220 is attached Tax due If line 52 is less than the total of lines 49, 50, and 53 enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want Credited to 2020 estimated tax Part VI Statements Regarding Certain Activities and Other Informatic The control of Foreign Bank and Financial Accounts of Yes," enter the name of the formatic lines. The control of Foreign Bank and Financial Accounts of Yes," enter the name of the formatic lines are entertied by the control of the formatic lines are entertied by the control of the formatic lines are examined that the see instructions for other forms the organization may have to file. The control of perkey of doctore that has a examined this return, including accompanying schedules and correct, and complete Declaration of prefers fother than payment in based on all information of which preparer. Print/Type preparer's name Preparer Preparer's signature Jennifer Rhoderick Preparer's signature Preparer's signature Date of the control of th	On (see instructions) r other authority may have to file preign country Insteror to, a foreign trus statements and to the best rer has any snowledge Ite Check Self- er	of my knowledge and May the IRS of the preparer's instructions)? If PTIN inployed P0	belief it is true Discuss this return shown below (see X Yes 0 3 9 5 7 3 5

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation N/A	1				
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6		
2 Purchases	2	 	7 Cost of goods sold. Si	ubtract li	ine 6			
3 Cost of labor	3		from line 5. Enter here	and in P	Part I,			
4a Additional section 263A costs			line 2		7			
(attach schedule)	4a		8 Do the rules of section	with respect to		Yes	No	
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to			:] i
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Lease	ed With Real Pro	pert	y) 	
Description of property								
(1)								
(2)								
(3)								
(4)								
		ed or accrued			3(a) Deductions directly	connec	cted with the income	e in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	tage f	columns 2(a) ai	nd 2(b) (a	attach schedule)	
(1)				—				
(2)								
(3)								
(4)								
Total	0.	Total		0.	<u>-</u>			
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter •		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)					
			2. Gross income from		3. Deductions directly con to debt-finance	nected ced prop	with or allocable perty	
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule	
(1)								
(2)	•							
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable deduc column 6 x total of c 3(a) and 3(b))	olumns
(1)			%					
(2)			%	Ţ				
(3)			%					
(4)			%			7		
					nter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I, line 7, column	
Totals			•		0			0.
Total dividends-received deductions in	cluded in column	8						0.

Name of controlled organiz	zation 2. Ex	mployer ification	3. Net un	Controlled O related income e instructions)	4 . To	ital of specified	5. Par	5. Part of column 4 that is included in the controlling		6. Deductions directly connected with income
		mber	(1033) (30	o madendia,	μω	mono mado		ation's gross		ın column 5
(1)						-				
(2)									_ 1	
(3)			· ·							
(4)			-							
Nonexempt Controlled Organ	nizations					-				
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total	of specified payi made	ments	10. Part of colur in the controlli gross	nn 9 tha ng organ income	าเzation's	11. Dec with	fuctions directly connected income in column 10
(1)						_			_	
(2)			1				-			
(3)		<u> </u>	1						-	
(4)			1							
						* Add colum Enter here and line 8, c		e 1, Part I, A)	Enter he	d columns 6 and 11 are and on page 1, Part I, ine 8, column (B)
Totals								0.		0
Schedule G - Investm		Section	1 501(c)((7), (9), or	(17) Oı	rganization	l			r
(see ins	structions)			i						
1 . Des	scription of income			2. Amount of	ıncome	 Deduction directly conne (attach sched) 	cted	4. Set-	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)			-	,					•	
(2)										
(3)										
(4)										
otals				Enter here and o Part I line 9 co		t.				Enter here and on page 1 Part I, line 9, column (8)
Schedule I - Exploited	•	y Incom	e, Othe	r Than Ad		ing Income	(**\$348\$\$ }	<u> </u>	racestractra.	<u> </u>
(see insti	ructions)									
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with pro of unr	penses connected oduction related s income	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	ʻ 6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
		 						Δ.		
(2)	<u> </u>	†		1						1
(3)			-							
(4)		†								
	Enter here and on page 1, Part I, line 10 col (A)	page 1	re and on , Part I, col (B)							Enter here and on page 1, Part II line 25
otals	0.		0.							ο.
Schedule J - Advertis		Instruction		Dan strain	5.368.6003 451.0	2012-1-02-1-02-1-02-1-0-1-0-1-0-1-0-1-0-	(KG73×AF + 7	de de Nesterons. € 6t de t€	obstructions	,,
Rantil Income From				solidated	Basis	···				
1. Name of periodical	2. Gross advertising		3. Direct	4. Adverti	1 2 minus	5. Circulati	on	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more
,	income		- 3	cols 5 th					·	than column 4)
(1)						<u>*</u>				
(2)										
(3)						*				
(4)						*			Š	
otals (carry to Part II, line (5))	•	0	0							0.
						1				Form 990-T (2019

Form 990-T (2019) US Chamber of Commerce Foundation 46-15615
Rartill 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.			W X X X X X X X X X X X X X X X X X X X	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	Income (Loss) from Partnerships	State	ement	1
Description			Income (Loss)	
Antero - Other income (loss) Buckeye Partners LP - Other income (loss) Cominion Midstream - Other income (loss) Enterprise Products Partners LP - Other income (loss) EQT Midstream Partners LP - Other income (loss) Magellan Midstream Partners LP - Other income (loss) MapLX LP - Other income (loss) Moble Midstream Partners - Other income (loss) Enlink Midstream - Other income (loss) Enlink Midstream - Other income (loss) Enlink All American Pipeline LP - Other income (loss) Enlink Midstream - Other income (loss) Endeavor Logistics - Other income (loss) Enlink Midstream Partners LP - Other income (loss) Enlink Midstream - Other income (loss) Enlink Midstream - Other income (loss) Enlink Midstream Partners LP - Other income (loss)			-37	555. 20. 78. 147. 1555. 16. 16. 16. 172. 172. 173. 174. 175.
Form 990-T	Parent Corporation's Name and Identifying Number	State	ement	2
Corporation's	Name	Identif	ying N	- 10
Chamber of Com	merce of the USA	53-0045	720	

ŞCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

311 C T	L y	٠.
	OMB No	1545-0047

18 NO 1545-0047

2019

Department of the Treasury Internal Revenue Service and ending _____, and ending _____, 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

Name	of the organization . US Chamber of Commerce	Fou	ndation	Employer ider 46-15		
	Jurelated Business Activity Code (see instructions) ► 54180			1 20 20		
			income from	periodica	1s	
	们》 Unrelated Trade or Business Income		(A) Income	(B) Expense		(C) Net
1 a	Gross receipts or sales					
þ	Less returns and allowances c _Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2		**************************************		
3	Gross profit. Subtract line 2 from line 1c	3		70072844		
4 a	Capital gain net income (attach Schedule D)	4a		******		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c	•			_
5	Income (loss) from a partnership or an S corporation (attach statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9		,		
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11	18765.			18765.
12	Other income (See instructions; attach schedule)	12				
13	Total. Combine lines 3 through 12	13	18765.			18765.
	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			eductions.) (Dec	r	ons must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses		1 1		19	
20	Depreciation (attach Form 4562)		20	-		
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	-	21b	
22	Depletion				22	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I) Excess readership costs (Schedule J)

Other deductions (attach schedule)

Total deductions. Add lines 14 through 27

Employee benefit programs

Schedule M (Form 990-T) 2019

18765.

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instructions)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

Ent	ity	2
	OMB No	1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning ______, and ending ______, and ending ______, and the latest information.

| 2013

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 50 (c)(3) Organizations Only

ivame	US Chamber of Commerce	Fou	ndation	-	46-1		97
	Jurelated Business Activity Code (see instructions) ▶ 90009	9		•			
	Describe the unrelated trade or business > Sales pro	mot	ion effort				
Pa	আই Unrelated Trade or Business Income		(A) Income	(1	3) Expense	es	(C) Net
1 a	Gross receipts or sales			1888			
b	Less returns and allowances c Balance ▶	1c		10.3			
2	Cost of goods sold (Schedule A, line 7)	2		\$3.50 m			學學學學和學學的學學
3	Gross profit Subtract line 2 from line 1c	3		\$\$\$\$.36\		4450E	
4 a	Capital gain net income (attach Schedule D)	4a					
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				XXXII	
С	Capital loss deduction for trusts	4c			XXX DYS		
5	Income (loss) from a partnership or an S corporation (attach			交数数			
	statement)	5					
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7		1			
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11					
12	Other income (See instructions, attach schedule) Stmt 3	12	19500		数金额的	***	19500.
13	Total. Combine lines 3 through 12	13	19500	•			19500.
Pai	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in	ions f	for limitations on de.)	educti	ons.) (De		ons must be
14	Compensation of officers, directors, and trustees (Schedule K)					14	4712.
15	Salaries and wages					15	4/12.
16	Repairs and maintenance					16	
17	Bad debts					17	
18	Interest (attach schedule) (see instructions)					18	
19	Taxes and licenses		1 1			19	
20	Depreciation (attach Form 4562)		20			Ž.Š	
21	Less depreciation claimed on Schedule A and elsewhere on return	1	21a			21b	
22	Depletion					22	
23	Contributions to deferred compensation plans					23	
24	Employee benefit programs					24	
25	Excess exempt expenses (Schedule I)					25	

31 Unrelated business taxable income. Subtract line 30 from line 29 LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

Schedule M (Form 990-T) 2019

757**5**.

7213.

12287.

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See Statement 4

instructions)

Form 990-T (M)	Other	Income	Statement	
Description			Amount	
Insperity			195	00.
Total to Schedule M, Par	rt I, line 12		195	00.
Form 990-T (M)	Other	Deductions	Statement	4
Description			Amount	
Employee benefits Travel Consultants			27	14. 93. 68.
Total to Schedule M, Par	ct II, line 27		75	75.

US Chamber of Commerce Foundation

Schedule J - Advertising Income (see instructions) Part Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5))	0.	0.				0.
Partill Income From Perio columns 2 through 7 on	-	-	rate Basis (For ea	ch periodical liste	d in Part II, fill in	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	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)		<u>-</u>				
(2)						
(3)		,				
(4) Statement 5						
Totals from Part !	0.	0.	24 - 24 m	***	******	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)	18765	Ο.				l n.

Form 990-T (M) So	chedule J - Income from Periodicals Reported on a Separate Basis				Statement 5	
Name of Periodical	Gross Adv Income	Direct Adv Cost	Gain (Loss)	Circ Income	Rdrship Costs	Excess Rdrship Costs
Meeting program advertising for corporate	18765.	0.	18765.			
To Fm 990-T, Sch J	18765.	0.	18765.			

US Chamber of Commerce Foundation IRC Section 751 Statement Form 990T December 31, 2019

EIN: 46-1561597 Statement 9

IRC Section 751 Statement:

The taxpayer has reported ordinary income upon disposition of units of the partnerships listed on statement 6 as provided by the General Partners of the partnerships listed. The amounts were determined in accordance with Internal Revenue Code Section 751 and the detailed information is available in the offices of the General Partners of these partnerships upon request.

US Chamber of Commerce Foundation IRC Section 751 Statement Form 990T December 31, 2019

EIN: 46-1561597 Statement 10

IRC Section 5713 Statement:

The member attached to its return an certificate stating that Form 5713 was filed on member's behalf.

Stan M Harrell SVP & CFO Chamber of Commerce of the USA CFO of US Chamber of Commerce Foundation US Chamber of Commerce Foundation Form 990T December 31, 2019 EIN: 46-1561597

Statement 11

Section 1.263(a)-3(n) Election Statement

The above referenced taxpayer is making the election to capitalize repair and maintenance costs under Section 1.263(a)-3(n) for its tax year ending 12/31/2019.