•		Extended to Nov				_	
Form 990-T	E	Exempt Organization Bus			Γax Returr	1	OMB No 1545-0047
مستنة الما	ļ	(and proxy tax und	ler se	ection 6033(e))	_	- 1	2040
- 9-	For ca	elendar year 2019 or other tax year beginning		, and ending	- Q	<i>[</i> 7]	2019
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990T for ir Do not enter SSN numbers on this form as it may				1	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		Name of organization (Check box if name of			ED - (0)(0)	DEmpl	loyer identification number
address changed		Name of organization (oneck box if finite o	mange	and securisa donors)			ployees' trust, see uctions)
B Exempt under section	Print	The Onion Foundation		12 NOV 2 3	2020 C	4	7-1289795
X 501(c)(3 03	Or Turns	The Onion Foundation Number, street, and room or suite no. If a P.O. bot 414 Hardscrabble Road	x, see ii	nstructions.	ů,		lated business activity code instructions)
408(e)220(e)	Туре] (,
408A 530(a) 529(a)		City or town, state or province, country, and ZIP o Wayne, ME 04284	r foreig	n postal dodo DEN	1, 01	523	000
C Book value of all assets at end of year	L	F Group exemption number (See instructions)				<u> </u>	
11-, 214, 8	98.	G Check organization type ► X 501(c) corp	poratio	501(c) trust	401(a)	trust	Other trust
	-	ation's unrelated trades or businesses.	1	Describe	the only (or first) un	related	<u> </u>
		ee Statement 13	_	 _ · · ·	complete Parts I-V		
describe the first in the b	lank spa	ace at the end of the previous sentence, complete Pa	arts I ar	id II, complete a Schedul	e M for each addition	ial tradi	e or
business, then complete							
		poration a subsidiary in an affiliated group or a parei	nt-subs	idiary controlled group?	▶ 1	Ye	es X No
		tifying number of the parent corporation.		Tolonb	one number 🕨 (207)636-7353
		de or Business Income		(A) Income	(B) Expenses	_	(C) Net
1a Gross receipts or sale	_		Ι -	(.,,	ET THE THE Y	_ <u> </u>	EAT, FRANKS, ON PART
b Less returns and allow		c Balance ▶	1c				
2 Cost of goods sold (S	chedule	A, line 7)	2		10. D 1 10 17 4 1 1 1	, " S	Turk AREL 18
3 Gross profit. Subtract	line 2 fr	rom line 1c	3		多いるのできれて	95.0	
4a Capital gain net incon	ne (attac	ch Schedule D)	4a		22、生夏5月1	مهد سي	
b Net gain (loss) (Form	4797, P	Part II, line 17) (attach Form 4797)	4b		F. F. W. 2	34	
c Capital loss deduction			4c		JOY MANTEN		
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5	<5,456.	> .%Stmt::1	4//	<5,456.>
Rent income (Schedu			6				
7 Unrelated debt-financ		•	7				
		and rents from a controlled organization (Schedule F)	8		/		
		on 501(c)(7), (9), or (17) organization (Schedule G)	_	 _			
10 Exploited exempt active 11 Advertising income (S	•		10				
11 Advertising income (S 12 Other income (See ins		•	12		FINE MEN'S	C 22	
13 Total. Combine lines		·	13	<5,456.		Tex	<5,456.>
		ot Taken Elsewhere (See instructions for					10,1000
		be directly connected with the unrelated busin					
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)				14	
15 Salaries and wages						15	
16 Repairs and mainten	ance					16	
17 Bad debts						17	
18 Interest (attach sche	dule) (s	ee instructions)				18	
19 Taxes and licenses						19	
20 Depreciation (attach		· •		20		37.7.2	
	umed or	n Schedule A and elsewhere on return		21a		216	
22 Depletion						22	
23 Contributions to defe						23	
24 Employee benefit pro25 Excess exempt expe	- /					24	
25 Excess exempt expe26 Excess readership of	/					25 26	
27 Other deductions (at						27	
28 Total deductions. A						28	0.
/		ncome before net operating loss deduction. Subtrac	t line 2	8 from line 13		29	<5,456.>
/		loss arising in tax years beginning on or after Janua					
(see instructions)		5 J				30	0.
·	axable ır	ncome Subtract line 30 from line 29				31	<5,456.>
		work Reduction Act Notice, see instructions.				7	Form 990-T (2019)
	,	•	44	<u>L</u>	(.	A	

Form 99	Py2019) The Onion Foundation			47-	1289795 Page 2
Part	III Total Unrelated Business Taxable Income	_			
./32	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	ee instruc	ctions)	/ 3/2	<5,456.>
33	Amounts paid for disallowed fringes		,	33	
34		Stmt	16	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract li			~ 	<5,456.>
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instri		Title suit of lifes 32 and 33.	36	(3, 1301)
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 3		-	7 37	<5,456.>
	·	33			1,000.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	07	<u> </u>	≤ <u>38</u>	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line	37,	1	/].	.E 456
D	enter the smaller of zero or line 37		<u></u>	/ 39	<u><5,456.</u> >
	IV Tax Computation			1	
40	Organizations 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	9 from:		1
	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	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45	0.
Part	V Tax and Payments				
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a		4	
b	Other credits (see instructions)	46b	-	7: :	
С	General business credit. Attach Form 3800	46c		┤ 。 │	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d		- `	
	Total credits. Add lines 46a through 46d	1.111		46e	
47	Subtract line 46e from line 45			47	0.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	8866	Other (attach schedule)	48	
	Total tax. Add lines 47 and 48 (see instructions)		Other (attach schedule)	49	0.
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			50	0.
	Payments: A 2018 overpayment credited to 2019	=10	1	30	<u> </u>
	2019 estimated tax payments	51a 51b	-	ائيم با	
	• •	<u> </u>		⊣. '∶	
	Tax deposited with Form 8868	51c			
	Foreign organizations: Tax paid or withheld at source (see instructions)	51d		⊣ :	
	Backup withholding (see instructions)	51e		- <u>;</u> ;	
	Credit for small employer health insurance premiums (attach Form 8941)	51f		⊿ ′l	
g	Other credits, adjustments, and payments. Form 2439			1.	
	Form 4136 Other Total >	51g			
52	Total payments. Add lines 51a through 51g			52	
	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	
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		>	55	· · ·
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax		Refunded >	56	
Part	VI Statements Regarding Certain Activities and Other Information	tion (se	e instructions)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature	or other a	authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may hav	e to file		, ,
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign c	ountry		
	here >				<u> </u>
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor t	o, a foreign trust?		<u> </u>
	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 penalties of perjury, I declare that I have examined this return, including accompanying schedules and	d statemen	ts, and to the best of my kno	owledge and	belief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prep	arer has a			_
Here	Municipal (1/3/20 Co-Dir	ecto		-	iscuss this return with hown below (see
	Signature of officer Date Title			nstructions)?	
	Print/Type preparer's name Preparer's signature D	ate		ıf PTIN	المحالية المحالية
	Trime Type proparer 3 maine	aic			
Paid	courtney Francis	1/02	self- employed		2032546
Prep	Dalson Norman C Norses	<u> </u>			-0494526
Use	P.O. Box 507		Firm's EIN ▶	OI.	-U474340
			0	(2021	270 2100
	Firm's address ▶ Portland, ME 04112		Phone no. (379-2100
923711 0	1-27-20			F	orm 990-T (2019)

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory valuation N/2	A		<u> </u>	
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar	-	6	
2 Purchases	2		7 Cost of goods sold. S	Subtract I	line 6	,1,	
3 Cost of labor	3	_	from line 5. Enter here and in Part I,				
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	n 263A (1	with respect to	Yes No	
b Other costs (attach schedule)	4b		property produced or	acquired	d for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?	•	, , , ,	القب الساد	
Schedule C - Rent Income (From Real	Property an		Leas	ed With Real Pro	perty)	
(see instructions)			, ,			, ., ,	
Description of property							
(1)							
(2)							
(3)					_		
(4)	-						
	2. Rent receiv	ed or accrued			<u> </u>		
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	entage of than	of rent for p	and personal property (if the percen personal property exceeds 50% or i nt is based on profit or income)	tage f	3(a)Deductions directly columns 2(a) an	connected with the income in d 2(b) (attach schedule)	
(1)					_		
(2)				-		,	
(3)	•		* =		· · · · · ·	——————————————————————————————————————	
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns 2 here 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)		<u> </u>		
		·	Gross income from or allocable to debt-		Deductions directly confit to debt-finance	ed property	
1. Description of debt-fine	anced property		financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)						 	
(2)				1		 	
(3)			<u> </u>			 	
(4)			-	 		 	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis llocable to need property schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%				
(4)			%	T		†	
					nter here and on page 1, art I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals			•	1	0.	0.	
Total dividends-received deductions incl	luded in column	8	•		•	0.	
			- , <u>-</u>			Form 990-T (2019)	

Schedule F - Interest,	1			Controlled O				-9 (300 1115	LI GOLIOTIS	3)
1. Name of controlled organiza		nployer fication mber	3. Net unre	elated income instructions)	4. To	tal of specified ments made	includ	t of column 4 t ed in the contr ation's gross in	olling	6. Deductions directly connected with income in column 5
(1)					_		_		_	
(2)										
(3)										
(4)			.							
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total o	of specified payi made	nents	10. Part of colur in the controlli gross	nn 9 tha ng orgar income	ization's		ductions directly connected income in column 10
(1)										
(2)										
(3)		-		-						
(4)				<u>_</u>						
						Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals	-4	Caption	504/-V	7) (0) 07	(47) 0"					
Schedule G - Investme		Section :	5U1(C)(/	r), (9), or	(1 /) Or	ganization	l			
	ription of income			2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides
(1)					-	(attach sched	ut o)			(col 3 plus col 4)
(1)										
(2)										
(3)										
				Enter here and	n naga 1			t- 1- 12		Enter here and on page 1,
Totals				Part I, line 9, co		· " " " " " " " " " " " " " " " " " " "	34 A		eran -	Part I, line 9, column (B)
Schedule I - Exploited	•	y Income	, Other	Than Ad	vertisi	ng Income	;			
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3 Experdirectly conwith produof unrelabusiness if	nnected uction ated	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	hat ed	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										1
(4)										
Totals	Enter here and on page 1, Part I, Ine 10, col (A)	Enter here a page 1, P line 10, co	Part I,		بالمدادة		الله سيم المراجع في ال			Enter here and on page 1, Part II, line 25
Schedule J - Advertisi	ng Income (see	instructions))	<u> </u>			· · ·		 	<u> </u>
	Periodicals Rep			solidated	Basis					
1. Name of periodical	2. Gross advertising income		Direct ising costs	4. Advertor (loss) (cocol 3) If a ga	l 2 minus in, comput	5. Circulati	on	6 Reader costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				77,77	£ ~ £.				$\neg \uparrow$	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
(2)										
Totals (carry to Part II, line (5))	•	0.	0	1	8° - 2° 7					0.
(va) to . art ny (v))		- +1,,,		-1	-	, L				Form 990-T (2019)

| Part | I | 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 (foss) (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 from Part I	0.	0.	38188 F. 88386	点的最近的 是	Z"ZSFFFAXE	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.	O.	KAY STAN		然就会是	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	Description of Organization's Primary Unrelated Business Activity	Statement	13

Passthrough unrelated business income from qualifying partnership interests as defined under IRC Section 512(a)(6).

To Form 990-T, Page 1

Form 990-T Income	(Loss) from Partnerships	Statement	14
Description		Net Incom or (Loss	
Unrelated business income from interest - Ordinary Bu	qualifying partnership	<5,4	56.>
Total Included on Form 990-T,	Page 1, line 5	<5,4	56.>
Form 990-T	Contributions	Statement	15
Description/Kind of Property	Method Used to Determine FMV	Amount	
Various qualifying charitable organizations	N/A	1,700,2	75.
Total to Form 990-T, Page 2, 1	ine 34	1,700,2	75.

Form 990-T	Contributions Sum	mary	Statement	16
	butions Subject to 100% Limbutions Subject to 25% Lim			
Carryover of Pri For Tax Year 2 For Tax Year 2 For Tax Year 2 For Tax Year 2	015 016 017	ns		
Total Carryover Total Current Ye	ear 10% Contributions	1,700,275		
Total Contributi Taxable Income I	ons Available imitation as Adjusted	1,700,275		
Excess Contribut Excess 100% Cont Total Excess Con	ributions	1,700,275 0 1,700,275		
Allowable Contri	butions Deduction			0
Total Contributi	on Deduction			0