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		•	,		ENDED TO NO						
	Form	990-T	E	Exempt Orga	nization Bu	sines	s Inco	ome T	「ax Returr	า	OMB No 1545-0047
				(a	nd proxy tax une	der sect	ion 603	3(e))	101	) _	2040
			For cal	eadar year 2019 or other tax y	ear beginning		, and en	iding	10/1/		2019
	Denai	tment of the Treasury		Go to www	v.irs.gov/Form990T for i	instructions	and the la	test inform	nation.	_ [	
	Intern	al Revenue Service		Do not enter SSN numbe	ers on this form as it ma	y be made	public if yo	ur organiz	ation is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
,	A	Check box if		Name of organization (	Check box if name	changed an	d see instru	ictions.)	·	D Empl	oyer identification number loyees' trust, see
,		address changed								instru	ictions)
	B E	xempt under section	Print	THE MUSEUM	STORE ASSO	CIATIO	II , NC	NC.		5	2-6044269
	X	]501(c)(3 <b>93</b>	or	Number, street, and roor	n or suite no If a P.O. bo	ox, see instr	uctions.				ated business activity code nstructions)
	$\overline{}$	408(e) 220(e)	Туре	2025 M ST.	NW, NO. 800	0					<del></del>
		□408A □□530(a)		City or town, state or pro	vince, country, and ZIP	or foreign p	ostal code			]	
		3529(a)		WASHINGTON,	DC 20036					541	800
	C Bo	ok value of all assets end of year		F Group exemption num	ber (See instructions )	<b>&gt;</b>					
h		760,2	36.	G Chećk organization typ	pe ► X 501(c) co	rporation	50 ·	I(c) trust	401(a)	) trust	Other trust
27	H En	ter the number of the o	organiza	tion's unrelated trades or	businesses	1		Describe	the only (or first) un	related	<del></del> -
/,८	tra	de or business here 🕨	<u> ADV</u>	VERTISING			h	f only one,	complete Parts I-V	If more	than one,
\ /	de	scribe the first in the bl	ank spa	ce at the end of the previo	us sentence, complete P	arts I and II	l, complete	a Schedule	e M for each addition	nal trade	e or
١.		siness, then complete l									
K				oration a subsidiary in an		ent-subsidia	ry controlle	d group?	<b>▶</b> Ł	Ye	s X No
				tifying number of the pare							
				ORGANIZATION					one number 🕨 2		
	Pa	rt:[] Unrelated	Trac	de or Business Inc	come	., .	(A) Inco	me	(B) Expenses	<u> </u>	(C) Net
	1 a	Gross receipts or sale:	S	<u></u>							
2022	b	Less returns and allow		,	c Balance	10				Topler	
22	2	Cost of goods sold (Se		1	f'	2			3075	A Property	是語言的語彙的複雜
24	3	Gross profit. Subtract		14	1	3					
		Capital gain net incom	•		_	4a			/ 334 43	<b>经基础</b>	
FEB		- , , ,		art II, line 17) (attach Forn	n 4797)	4b					
II.		Capital loss deduction				4c		_/			
SCANNED	5			ship or an S corporation (a	ittach statement)	5		/	金色的	经报告	
Щ	5	Rent income (Schedul	-	(O-b-d-t-E)		7	/				
Ź	7	Unrelated debt-finance				<del></del>					
Ķ	0			ind rents from a controlled	•		/				<del></del>
2	10	Exploited exempt activ		on 501(c)(7), (9), or (17) c	irganization (Schedule G	10/	•				
€.6	11	Advertising income (S	-			<b>1</b> 11	7	500.	10,0	00.	-2,500.
	12	Other income (See ins		· • • • • • • • • • • • • • • • • • • •	4	12		, 300.			
		Total. Combine lines				13	7	500.	10.0		-2,500.
_				ot Taken Elsewhe	re (See instructions f				2070	000	273000
1	111900	(Deductions	must b	pe directly connected w	with the unrelated bus	iness incor	me)	,			
_	14			rectors, and trustees (Sch						14	
	15	Salaries and wages	<b>,</b>							15	· · · · · · · · · · · · · · · · · · ·
/	16	Repairs and maintena	ance			070	571			16	<del></del>
0	17	Bad debts				0 10				17	
ڋ	18	Interest (attach sched	dule) (se	ee instructions)						18	
,	19	Taxes and licenses								19	
)	20	Depreciation (attach I	Form 45	562)			L	20			
5	21	Less depreciation cla	ımed on	n Schedule A and elsewhei	re on return			21a		21b	
•	22	Depletion							-	22	
-	23	Contributions to defe	rred cor	mpensation plans						23	
	24	Employee benefit pro	grams							24	
1	25	Excess exempt exper	ises (Sc	chedule I)						25	
3	26	Excess readership co						<b>~-</b>		26	<del></del>
Ć	27	Other deductions (att					SEE	STAT	EMENT 1	27	1,000.
<b>S</b>	28	Total deductions. Ad								28	1,000.
_	29		,	ncome before net operation			om line 13			29	-3,500.
)	30		fating l	oss arısıng ın tax years be	ginning on or after Janua	ary 1, 2018			-		•
,		(see instructions)							-	30	0.
	31			come. Subtract line 30 fro				<del></del>		31	-3,500.
	92370	1 01-27-20 LHA FO	r Papen	work Reduction Act Notic	e, see instructions.	3.0					Form <b>990-T</b> (2019)

	Q-T(2019) THE MUSEUM STORE ASSOCIATION, INC.	5∠-	-6044269 Page 2
Pari	t III Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-3,500.
33	Amounts paid for disallowed fringes	38	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 32 a	35	-3,500.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  STMT 2	36	0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	. —	-3,500.
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		1,000.
38	· · · · · · · · · · · · · · · · · · ·	´ <del>  'i'  </del>	1,000.
39	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,	1 1 1	-3,500.
11		39	-3,300.
	t IV Tax Computation		
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 from:	ļ.	
	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	
11) 45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Par	Tax and Payments		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
	Other credits (see instructions) 46b	<b>-</b>	
c	400	_	
-	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>⊣</b> ∣	
	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48		49	0.
49	Total tax. Add lines 47 and 48 (see instructions)	50	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	1 30	<u> </u>
	a Payments A 2018 overpayment credited to 2019		
	2019 estimated tax payments	-	
C	: Tax deposited with Form 8868	-	
d	f Foreign organizations: Tax paid or withheld at source (see instructions)	<b>→</b> 1	
٥	e Backup withholding (see instructions)		
·	Backup withholding (see instructions)	<b>⊣</b> 1	
	Credit for small employer health insurance premiums (attach Form 8941)  516	]	
	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments: Form 2439		
f	Credit for small employer health insurance premiums (attach Form 8941)  51f		
f 9	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments: Form 2439	52	
f 9	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments: Form 2439  Form 4136 Other Total   Total payments. Add lines 51a through 51g	52 53	
f 9	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments: Form 2439  Form 4136 Other Total  51f  51g		
52 53 54	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Other  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	53	
52 53	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments: Form 2439  Form 4136  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	53 54	
52 53 54 55 56	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments: Form 2439  Form 4136  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  Refunded	53 54 55	
52 53 54 55 56	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments: Form 2439  Form 4136 Other 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  Refunded  TXI Statements Regarding Certain Activities and Other Information (see instructions)	53 54 55	Yes No
52 53 54 55 56	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Other  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  Refunded  **Total**  **To	53 54 55	Yes No
52 53 54 55 56	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Other  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  Refunded  TVI Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	53 54 55	Yes No
52 53 54 55 56	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Other  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  Refunded  Tax y time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file  FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	53 54 55	
52 53 54 55 56 Pari	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Other  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  Refunded  TYI Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file  FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	53 54 55	x
52 53 54 55 56	Credit for small employer health insurance premiums (attach Form 8941)  Gother credits, adjustments, and payments:  Form 2439  Form 4136  Other  Total  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  Refunded  Time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file  FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	53 54 55	
52 53 54 55 56 Part 57	Credit for small employer health insurance premiums (attach Form 8941)  Gother credits, adjustments, and payments:  Form 2439  Form 4136  Other  Total  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  Refunded  Time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file  FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file.	53 54 55	x
52 53 54 55 56 Pari	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  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  Refunded  ▼VI Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file  FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  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  \$   Statements   Statem	53 54 55 55 56	X
52 53 54 55 56 Par 57	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Other  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  Refunded  TVI Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file  FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  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  Under penalties of perjuy, I declare that I have examined this return, Including accompanying schedules and statements, and to the best of my knowledge.	53 54 55 55 56	X
52 53 54 55 56 Part 57	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Other  Total   Total   Total   Total   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  Refunded  TVI Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file  FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  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  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my k correct, and complete Declaration of preparer (other than taxpeyer) is based on all information of which preparer has any knowledge	53 54 55 55 56 May the IRS	X X X A A A A A A A A A A A A A A A A A
52 53 54 55 56 Par 57	Other credits, adjustments, and payments:    Form 2439	53 54 55 55 56 May the IRS the preparer	X X X A X A A A A A A A A A A A A A A A
52 53 54 55 56 Part 57	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments: Form 2439  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   Refunded  TVI Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file  FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  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  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my k correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Signature of officer  Date  BOARD PRESIDENT  Title	53 54 55 55 56 May the IRS the preparer instructions	X  X  Ad belief, it is true,  6 discuss this return with shown below (see )?  X  Yes No
52 53 54 55 56 Part 57	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments: Form 2439  Form 4136  Other Total   Statements. 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   Refunded  **TVI Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file  FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 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  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my k correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Signature of officer  Date  Print/Type preparer's name  Preparer's signature  Date  Check	53 54 55 55 56 May the IRS the prepare instructions:	X  X  Ad belief, it is true,  6 discuss this return with shown below (see )?  X  Yes No
52 53 54 55 56 Part 57	Credit for small employer health insurance premiums (attach Form 8941)  Gother credits, adjustments, and payments: Form 2439  Form 4136 Other Total Form 4136 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  Refunded  **Total Formation**  **Refunded Formation**  **Refunded Formation**  **Refunded Formation**  **Refunded Formation**  **Total Formation**  **Refunded Forma	53 54 55 55 56 May the IRS the preparer instructions:	X  X  X  Ad belief, it is true,  6 discuss this return with shown below (see )  7 X Yes No
52 53 54 55 56 Part 57 58 59 Sign Here	Credit for small employer health insurance premiums (attach Form 8941)  Gother credits, adjustments, and payments:	53 54 55 55 56 May the IRS the preparer instructions of PTIM	X X X  Indicate the structure of the str
52 53 54 55 56 Part 57 58 59 Sign Here	Other credits, adjustments, and payments:	53 54 55 55 56 May the IRS the preparer instructions of PTIM	X  X  X  Ad belief, it is true,  6 discuss this return with shown below (see )  7 X Yes No
52 53 54 55 56 Part 57 58 59 Sign Here	Other credits, adjustments, and payments:	53 54 55 55 56 May the IRS the preparer instructions of PTIM d	X X X  Solicious this return with reshown below (see 1)? X Yes No  01361002 2-1853933
52 53 54 55 56 Part 57 58 59 Sign Here	Other credits, adjustments, and payments:	53 54 55 55 56 May the IRS the preparer instructions of PTIM d	X X X  Indicate the structure of the str

Schedule A - Cost of Good	<b>s Sold.</b> Enter	method of invei	ntory val	uation ► N/A			<del></del>	<del>,</del>
1 Inventory at beginning of year	1		6 1	nventory at end of yea	ır		6	
2 Purchases	2		7 (	Cost of goods sold. St	ubtract l	ine 6		
3 Cost of labor	3		f	rom line 5. Enter here	and in F	Part I,	- 24-24 - 24-24	
4a Additional section 263A costs			7 i	ine 2			7	
(attach schedule)	4a		_ 8 [	Oo the rules of section	263A (\	with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	acquired	I for resale) apply to		ALCOHOL MAN
5 Total Add lines I through 4b	- 5			he organization'?			<u> </u>	
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pers	sonal Property	Lease	ed With Real Pro	perty)	
1. Description of property								
(1)	<del></del>					<del></del>		
(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%	e than	of rent for	personal pi	nal property (if the percent roperty exceeds 50% or if on profit or income)	age	3(a) Deductions directly columns 2(a) an	connected with the connected wit	e income in idule)
(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		ter •			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>	0.
Schedule E - Unrelated Del	ot-Financed	I Income (see	e instruct	tions)				
						Deductions directly control to debt-finance		cable
1 5			0	Gross income from allocable to debt-	(a)	Straight line depreciation		deductions
Description of debt-fit	nanced property			financed property	(-,	(attach schedule)		schedule)
(4)			-	·				<del></del>
(1)							<del> </del>	
(3)					<del> </del>	<del></del>		
(4)		<del>-</del>		<del></del>	-		+	
4. Amount of average acquisition	E Average	adjusted basis	+	Column 4 divided	<u> </u>	7. Gross income	9 Allocal	ble deductions
debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	0.	by column 5		reportable (column 2 x column 6)	(column 6 x	total of columns and 3(b))
(1)				%				
(2)				%				
(3)			T	%				
(4)				%				
	-					nter here and on page 1, art I, line 7, column (A)		ind on page 1, 7, column (8)
Totals				•		0	.	0.
Total dividends-received deductions in	cluded in column	18		- 1		<b>•</b>		0.
				+			Eor	m 000-T/2010\

1. Name of controlled organizat	.   2 -							
•	identif		unrelated income see instructions)	4. Total	l of specified ents made	5. Part of column 4 included in the cororganization's gross	ntrolling	6 Deductions directly connected with income in column 5
1)						····		
2)								
3)								
4)				- ·				
onexempt Controlled Organiz	zations							
7. Taxable Income	8. Net unrelated incor (see instruction		tal of specified paym made	nents	10. Part of colum in the controllin gross i	n 9 that is included g organization's ncome		luctions directly connect income in column 10
1)					<del></del>	· · · · · · · · · · · · · · · · · · ·		
2)		<u> </u> _					<u> </u>	
(3)							<u> </u>	<del></del>
(4)	. <u></u>						ļ	
					Add column Enter here and co line 8, co	on page 1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I ine 8, column (B)
otals						0.		(
chedule G - Investme		Section 501(c	)(7), (9), or (	17) Org	ganization		<u> </u>	
1 Descr	ription of income		2. Amount of i	ncome	3. Deductions directly connec- (attach schedu	ted 4. Set	-asides schedule)	5. Total deduction and set-asides
1)	<del></del>			<del></del>	(auach schedu	10)		(col 3 plus col 4
2)								
3) .	<del></del>		+					
4)				<del></del>				<del> </del>
otals			Enter here and o Part I, line 9, cold					Enter here and on pag Part I, line 9, column
chedule I - Exploited (see instru		/ Income, Oth	er Than Ad	vertisin	ng Income		,	
Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income from unrelated business (coliminus column gain, compute through 7	trade or umn 2 3) If a cols 5	5. Gross incom from activity the is not unrelated business incom	at attribu	penses table to imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
1)								
2)			1					
3)					-			
4)			1					
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)						Enter here and on page 1, Part II, line 25
tals	0.	0		AND THE PARTY	<b>第165年来到196</b> 5	的主義的特殊的	WAR TO THE REAL PROPERTY.	· .
chedule J - Advertisir			noolidata d	Pacia	·	-		<u> </u>
Part্যুর Income From F	-eriodicais Rep	orted on a Co	nsolidated	basis				
1. Name of periodical	2. Gross advertising income	3. Direct advertising cos	cols 5 thr	2 minus n, compute ough 7	5. Circulatio income	n <b>6.</b> Read		7 Excess readership costs (column 6 minu column 5, but not mor than column 4)
1)			THE REAL PROPERTY.				3	
2)						İ		
3)								
ა)			160. CTTV SA. WEY	M. Land Sections				THE HY THE LAW SOLL ST.
				<b>网络宝宝</b>			4	
4)							1.00	

## Part III 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	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.	<b>神经</b> 的连续 <b>不</b> 可以连	PER STATE OF THE		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	4 Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)	,		%	
(4)			%	
Total. Enter here and on page 1, Part II, line 1	4	·	<b>&gt;</b>	<u></u>

Form 990-T (2019)

FORM 990-T		OTHER DEDUCTI	ONS	STATEMENT	1
DESCRIPTION				AMOUNT	
TAX PREP FE	ES			1,00	00.
TOTAL TO FOI	RM 990 T, PAGE 1,	-LINE 27		1,00	00.
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT	2
FORM 990-T	NET	OPERATING LOSS D  LOSS PREVIOUSLY APPLIED	EDUCTION  LOSS REMAINING	STATEMENT  AVAILABLE THIS YEAR	2
		LOSS PREVIOUSLY	LOSS	AVAILABLE	