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Marrier Section Sect	A Check box if address changed		Name of organization (Check box if name changed and see instructions.) (Employees' trust, see							
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HE Ente the number of the organization's unrelated trades or biosinesses. ▶ 1 Describe the only for Irist) unrelated trade or business here ▶ SEE STATEMENT*1 1. If only one, compiler Parts I/I more than one, describe the first in the blank space at the end of the previous serience, compilete Parts in an ill, compilete a Schedule M for each additional trade or business, then compilete Parts III more than one, describe the first in the blank space at the end of the previous serience, compilete Parts is and ill, compilete a Schedule M for each additional trade or business, then the name and destining number of the parent (coproration). 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes IX No III was, enter the name and destining number of the parent (coproration). 1 The books are in care of ▶ KATHY VAN VALKENBURG Telephone number ▶ 561-210-2032. Part I Unrelated Trade or Business income (A) income (B) Expenses (C) Net I a Gross recepts or sales 80,316. 1 Gross recepts or sales 80,316. 2 Cost of goods old (Schedule A) Ine 7) 3 Gross profits. Subtract line 2 from line 1c 3 80,316. 4 Capital pane incomer (statch of Schedule C) 4 District of the part of the pa			City or town, state or province, country, and ZIP or foreign postal code							
H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the first in the blank space at the and of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts IIII. I Conyon, one, complete Parts IV. If more than one, describe the first in the blank space at the and of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts IIII. I During the tax year, was the corporation a subsidiary in an affishated group or a parent-subsidiary controlled group? ▶ Yes	C Book value of all assets		F Group exemption num	ber (See instructions.)	>		-			
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Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13MAY (2.4) 2021 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 30 from line 29 22 23 24 7,032. 25 26 27 28 52,654. 29 27,662.				· · ·						
Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13MAY (2.4) 2021 See instructions) Unrelated business taxable income. Subtract line 30 from line 29										
Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13MAY (2.4) 2021 Obelication for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 30 from line 29								·		
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26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 27 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13MAY (2 4) 2021 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 31 Unrelated business taxable income. Subtract line 30 from line 29 26 27 28 52,654. 29 27,662.		,-	L - 4 1 - 1\							7,032.
Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13MAY 2 4 2021 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 30 from line 29										
Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13MAY 24 2021 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 30 from line 29 28 52,654. 29 27,662.						RECE	VED	-		
(see instructions) 31 Unrelated business taxable income. Subtract line 30 from line 29 31 27,662.	<i>,</i>		•				5 781			2 654
(see instructions) 31 Unrelated business taxable income. Subtract line 30 from line 29 31 27,662.	20 local deductions. Ad	Hardered business tayable uncome before not approximations Subtract long 28 taxable 12MAY (2 in 2021 28 32,65							74,034.	
(see instructions) 31 Unrelated business taxable income. Subtract line 30 from line 29 31 27,662.	29 Unrelated dusiness to	29 One gard outsiness taxable income before her operating loss beginning to several parameters for not operating loss origins in the upper beginning to several parameters for not operating loss origins in the upper beginning to several parameters for not operating loss origins in the upper beginning to several parameters for not operating loss origins in the upper beginning to several parameters for not operating loss origins in the upper beginning to several parameters for not operating loss or operating loss								1,002.
31 Unrelated business taxable income. Subtract line 30 from line 29	/	eraung l	uss arising in tax years be	Jimming on or after Jahua	ry 1, 20	10	1 2-	,,		Λ
	<i>,</i> • • • • • • • • • • • • • • • • • • •	vahla in	icoma. Subtract line 20 fro	m line 20		,		_		
						Married Married Married Bases		<u> </u>		

	organisalist Andrew's school of Boca Raton, inc.	59-0942383 _{Page 2}
Part		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 27,662.
33	Amounts paid for disallowed fringes	33
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 33	35 27,662.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37 27,662.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
83/	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1 1 25 662
	enter the smaller of zero or line 37	39 26,662.
	Tax Computation	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40 5,599.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	<u> _ _ </u>
	Tax rate schedule or Schedule D (Form 1041)	4 1 1
42	Proxy tax. See instructions	42
49	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 5,599.
	▼ Tax and Payments	40 3,333.
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	
	Other credits (see instructions) 46b	· ·
	General business credit, Attach Form 3800 46c	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	j -
е	Total credits. Add lines 46a through 46d	46e
47	Subtract line 46e from line 45	47 5,599.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48
49	Total tax. Add lines 47 and 48 (see instructions)	5,599.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
51 a	Payments: A 2018 overpayment credited to 2019	1
Ь	2019 estimated tax payments 5,600.	, -
	Tax deposited with Form 8868	h '
	Foreign organizations: Tax paid or withheld at source (see instructions) 5/1d	
	Backup withholding (see instructions) 51e	L .
	Credit for small employer health insurance premiums (attach Form 8941)	i i
		1
y		·
	☐ Form 4136 ☐ Other ☐ Total ► 51g	
	Total payments. Add lines 51a through 51g	<u>\$2</u> 5,600.
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	64
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55 1.
56	Enter the amount of line 55 you want. Credited to 2020 estimated tax ▶ 1. Refunded ▶	56 0.
Part		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes No
	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 >	$\frac{x}{x}$
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X
	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 > \$	· 6
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	
Here	N = 7 AN = A / /	y the IRS discuss this return with
		preparer shown below (see
		tructions)? X Yes No
	Print/Type preparer's name Preparer's Signature Date Check if	PTIN
Paid	self- employed	
Prep		P00640853
•	Only Firm's name ► VERDEJA, DE ARMAS & TRUJILLO, LLP Firm's EIN ►	20-4989621
	255 ALHAMBRA CIR STE 560	
	Firm's address ► CORAL GABLES, FL 33134-7417 Phone no. 30	<u>05-446-3177</u>
923711	01-27-20	Form 990-T (2019)

Form 990-T (2019) INC.

, /

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	raluation N/A				
1 Inventory at beginning of year 1			6 Inventory at end of year 6					
2 Purchases 2			7	Cost of goods sold. Su	ıbtract I	ine 6		
3 Cost of labor	3	····	1	from line 5. Enter here	and in I	Part I,		
4 a Additional section 263A costs			1	line 2		·	7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Yes No	
b Other costs (attach schedule)	4b		1	property produced or a				
5 Total. Add lines 1 through 4b	5		7	the organization?		, , , , , ,		
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Prop	perty)	
(see instructions)							···	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
		ed or accrued				3/a) Deductions directly of	connected with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` 'of rent for	personal	sonal property (if the percental property exceeds 50% or if sed on profit or income)	ige	columns 2(a) and	I 2(b) (attach schedule)	
(1)								
(2)								
(3)								
(4)	•							
Total	0.	Total			0.			
(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	ot-Financed	Income (see	ınstru	ctions)		 		
			7	Gross income from		3. Deductions directly connuto debt-finance	ected with or allocable d property	
1. Description of debt-fir	nanced property			or allocable to debt- financed property (a		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
			<u> </u>					
(1)			1					
(2)			1			. <u> </u>		
(3)	. 		-					
(4)			ļ					
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis illocable to nced property i 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)			\prod	%				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals				•		0.	l 0.	
Total dividends-received deductions included in column 8					•	0.		
							Form 990- T (2019	

Schedule J - Advertising Income (see instructions)

Part I. 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)						<u> </u>
Totals (carry to Part II, line (5))	0.	0.				0.

0.

Form 990-T (2019)

0.

Totals

	000 Т	(0010)	TNO
orm	990-1	(2019)	INC.

59-0942383

Page 5

10111 330 1 (2013) 114C :							J raye
Part II Income From Perio columns 2 through 7 on a			arate Basis (For ea	ach perio	dical listed in	Part II, fill in	
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.		culation	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			<u> </u>				
(2)	-						
(3)						-	-
(4)							
Totals from Part I	0.	0	• 異称音響於可思力	STATE OF	Maria Program	The said	0.
Totala Dart II (kana 1.5)	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) ► Schedule K - Compensatio	0.	Directors or	• Andrews Comment		- / でき取り下野の高	Ball Land	0.
Schedule K - Compensation	n or Onicers,	Directors, ar	Trustees (see in	istruction			
1. Name			2. Title		 Percent of time devoted to business 		ensation attributable related business
(1)			-			%	
(2)						%	
(3)		I				%	····
(4)			-			%	· · · · · · · · · · · · · · · · · · ·
Total. Enter here and on page 1, Part II, II	ne 14		·-···			>	0.

Form 990-T (2019),

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FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

RENTAL OF POOL TO OUTSIDE ORGANIZATIONS
TO FORM 990-T, PAGE 1