Cand proxy tax under section 6033(e)   Cand proxy tax u	Form <b>990-T</b>	E	OMB No 1545-0687								
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B sample under gates of the Company of the State of the State of the Company of the State of the Company of the State of		<b>•</b>	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).  Open to Public Inspection for 501(c)(3).								
Semiple under system   Semiple			loyees' trust, see								
X   Sort   X   Z   Z   Z   Z   Z   Z   Z   Z   Z		Print			•						
4084 303(a) 4084		1	Of Number street and room or suite no. If a D.O. box soci instructions.								
Observation and allowances are the new of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, their complete Parts III-V. II more than one, describe the nonly (or first) unrelated reservations, which is the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, their complete Parts III-V. II more than one, describe the first make and denthing number of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, their complete Parts III-V. II more than one, describe the first make and denthing number of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, their complete Parts III-V. II more than one, describe the first III-V. II more than one, described the first III-V. II more than one and the first III-V. II more than one of a section 501(c)ft, (9) or (17) organization (Schedule 6) ii III-V. III more than one of a section 501(c)ft, (9) or (17) organization (Schedule 6) ii III-V. III more than one of a section 501(c)ft, (9) or (17) organization (Schedule 6) ii I		Туре	(300 1132 0 0								
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Enter the number of the organization's unrelated trades or businesses.	Book value of all assets	ok value of all assets F Group exemption number (See instructions.)									
Einer the number of the organization's unrelated trades or business New   Nonce		874.			501(c) trust	401(a)	trust	Other trust			
describe the first in the blanks space at the end of the prevous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts III-V.    During the tax year, was the comporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?    Yes   X   No   If Yes, enter the name and identifying number of the parent corporation.											
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	trade or business here	NONE			. If only on	e, complete Parts I-V.	If more	than one,			
Durning the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	describe the first in the b	lank spa	ce at the end of the previous sentence, complete Pa	rts I an	d II, complete a Schedu	ile M for each addition	al trade	: or			
If "Yes', enter the name and videnthying number of the parent corporation. ▶    The blooks are in care of ▶ LOURDES DIAZ   Telephone number ▶ (305) 674-2032	business, then complete	Parts III	-V								
Telephone number   C305   674-2032				nt-subs	idiary controlled group?	▶	Ye	es X No			
Part I   Unrelated Trade or Business Income   (A) Income   (B) Expenses   (C) Net			, ,		<del></del>		2051	674 0020			
1					<u></u>		<del></del>				
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Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)   9   10   10   11   11   12   12   12   12	7 Unrelated debt-finance	ed incor	ne (Schedule E)	7		<u> </u>					
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Part II   Deductions Not Taken Elsewhere (See instructions for limitations on deductions)   (Except for contributions, deductions must be directly connected with the unrelated business income)    Compensation of officers, directors, and trustees (Schedule K   RECEIVED   15   15   15   16   16   17   17   18   18   18   18   18   18					0	_					
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17 Bad debts   17   18   Interest (attach schedule) (see instructions)   18   19   20   20   20   20   20   20   20   2	15 Salaries and wages		I KEU	FIV	EU		15				
Taxes and licenses  Charitable contributions (See instructions for limitation rules)  OGDEN, UT  20  Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess feadership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Unrelated business taxable income. Subtract line 31 from line 30  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  19  OGDEN, UT  20  20  21  22b  22b  23  24  25  25  26  Excess feadership costs (Schedule A and elsewhere on return  22a  23  24  25  Employee benefit programs  25  Excess feadership costs (Schedule I)  27  28  Other deductions (attach schedule)  29  0.  10  11  11  12  12  13  14  15  16  17  18  19  19  19  19  19  19  19  19  19	16 Repairs and mainter	nance	<u>@</u>	S							
Taxes and licenses  Charitable contributions (See instructions for limitation rules)  OGDEN, UT  20  Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess feadership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Unrelated business taxable income. Subtract line 31 from line 30  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  19  OGDEN, UT  20  20  21  22b  22b  23  24  25  25  26  Excess feadership costs (Schedule A and elsewhere on return  22a  23  24  25  Employee benefit programs  25  Excess feadership costs (Schedule I)  27  28  Other deductions (attach schedule)  29  0.  10  11  11  12  12  13  14  15  16  17  18  19  19  19  19  19  19  19  19  19		Bad debts NOV 63 2019 9									
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32 Unrelated business taxable income. Subtract line 31 from line 30 32 0.								<u> </u>			
de dinalità bannos taxasi monto, castiasi mico i non mico				ry 1, 20	118 (see instructions)			<del>                                     </del>			
							<u> 32</u>				

Form 990-T (2018) INSURANCE TRUST

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	,		6		
2 Purchases	2 7 Cost of goods sold Subtra					line 6			
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 :	with respect to		Yes	No	
<b>b</b> Other costs (attach schedule)	4b		╛	property produced or ac	l for resale) apply to			.	
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?					Х
Schedule C - Rent Income (see instructions)  1. Description of property	(From Real	Property and	l Per	sonal Property Lo	ease ———	d With Real Prop	ert	V)	
(1)									
(2)		,							
(3)			<del>-</del>	<del></del>					
(4)					-				
(1)	2. Rent receive	ed or accrued				T			
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for p	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	je	3(a) Deductions directly columns 2(a) ai	conn nd 2(b	ected with the income ii ) (attach schedule)	a
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns	n (A)	<b>&gt;</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from or allocable to debt-	4-1	3. Deductions directly con to debt-finance		operty	
1. Description of debt-f		,		financed property	(a)	Straight line depreciation (attach schedule)		(D) Other deduction (attach schedule)	ns
(1)			1				$\top$	,	
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	tions olumns
(1)				%				-	
(2)				%					
(3)				%					
(4)				%					
						Enter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				<b>▶</b>		0			0.
Total dividends-received deductions	included in column	n 8		•			•		0.

Sche	dule F - Interest, A	nnuities, Ro	yalties, an	d Rents	From Co	ntrolle	d Organiza	tions	see ins	structions	s)
	· · · · · ·			Exempt	Controlled O	rganizatio	ons	-			
1 1	. Name of controlled organizate	on 2	Employer entification number	Net unrelated income (loss) (see instructions)		4. Tot payn	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)				<del> </del>			· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>			
(2)	·			†							
(3)											
(4)					,						
	empt Controlled Organiz	zations						•		•	
	7. Taxable income	8. Net unrelated i (see instrui		9., Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 tha ng organ s income	nization's		ductions directly connected income in column 10
(1)				1			<del></del>				
(2)	_									_	
(3)				Ī							
(4)		-				Ĭ					
							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			<del> </del>			<u>▶</u>			0.	L	0.
Sche	dule G - Investmer (see instr		a Section	501(c)(7	'), (9), or ('	17) Org	anization				•
	1. Descr	iption of income			2. Amount of	income	<ol> <li>Deduction directly conne (attach sched)</li> </ol>	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)									L		
					Enter here and Part I, line 9, co		*		~ î	۰, ۰	Enter here and on page 1, Part I, line 9, column (B)
Totals	<del> </del>				<u> </u>	0.					0.
Sche	dule I - Exploited I (see ınstru	<del>-</del>	ity Incom	e, Other	Than Adv	ertisin	g Income				
	Description of exploited activity	2. Gross unrelated business income from trade or business	directly of unit	openses connected oduction related as income	4. Net incom from unrelated business (co minus colum gain, compute through	I trade or Ilumn 2 n 3) If a a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	<b>6.</b> Exp attribut colui		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)		Enter here and on page 1, Part I, line 10, cot (A)	page '	ere and on 1, Part I, , col (B)				<del></del>	<u></u>		Enter here and on page 1, Part II, line 26
Totals	<u> </u>		0.	0.	L						0.
	dule J - Advertisir										
Part	I Income From F	eriodicals R	eportea o	n a Con	solidated	Basis					
	1. Name of periodical	2. Gro advertis incom	ing adv	3. Direct vertising costs	4. Advert or (loss) (co col 3) If a go cols 5 th	ol 2 minus sin, compute	5. Circulat		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
	carry to Part II, line (5))	<b>&gt;</b>	0.	(	).						0.

## Part II 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.)

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.				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)	<b>•</b>	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		<b>&gt;</b>	0.

Form 990-T (2018)