Form	990-T	E	xempt Org	janization Bus	ine	ss Income T	ax Return	ı _	OMB No 1545-0047
	•			(and proxy tax und	er se	ction 6033(e))	10D		2019
7		For cal	endar year 2019 or other ta	· · · · · · · · · · · · · · · · · · ·		, and ending		_	2019
	nent of the Treasury Revenue Service	▶	Do not enter SSN nun	rww irs gov/Form990T for in mbers on this form as it may	be ma	de public if your organiz	ation is a 501(c)(3)	50	pen to Public Inspection for 01(c)(3) Organizations Only
A L	Check box if address changed		Name of organization			and see instructions.)	•		ver identification number yees' trust, see tions)
	empt under section	Print		. WARE CHARIT			N		9-3666403
X	501(c)(3 0) 7	or Type	· · ·	oom or suite no If a P O. box		structions			ed business activity code structions)
\vdash	408(e) 220(e)			GARBERRY DRIV	•	n nostal coda			
	408A530(a) 529(a)		EAGLE, ID	province, country, and ZIP of 83616	rioreigi	i postai code		9000	
C Boot	k value of all assets			umber (See instructions)	>				
				type 🕨 🗶 501(c) corp	oration		401(a)		Other trust
			tion's unrelated trades		<u> 1</u>		the only (or first) un		han one
			EE STATEMEI	NT 12 evious sentence, complete Pa	rte I an		complete Parts I-V		
	iness, then complete		•	evious semence, complete i a	ii to i aii	a ii, compiete a concaute	, in tor cach aboution	ai ii aoc	OI
				an affiliated group or a parer	nt-subsi	diary controlled group?	▶ [Yes	X No
			tifying number of the pa	_					
			THE TRUSTE			Teleph	one number 🕨 2	08-3	
Par	t I Unrelated	d Trac	de or Business	Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sale	S							/
-	_ess returns and allov			c Balance	1c	· ·		-	
	Cost of goods sold (S				2			14004	
-	Gross profit. Subtract				3 4a	HOU	ived U Bank - — S∠6	1 1245	
	Capital gain net incom		art II, line 17) (attach F	Form 4797)	4b		020	$\overline{}$	
	Capital loss deduction			01111 47 07)	4c		XUV 3 - 2114	, 	/
-	•		ship or an S corporation	n (attach statement)	5	163,069.			163,069.
	Rent income (Schedu			120717	6				
37 1	Jnrelated debt-financ	ed incor	ne (Schedule E)	19000	7	4.	Ogden, Ui		
•		-		billed organization (Schedule F)	8	Palma -			
				7) organization (Schedule G)					
	Exploited exempt activ	-	•		10				-
-	Advertising income (S Other income (See ins		•		11	/			
-	Fotal, Combine lines		•		13-	163,069.			163,069.
Par	t II Deductio	ns No	t Taken Elsewl	here (See instructions fo	r limita	tions on deductions)		· · · · · ·	
	(Deductions	must b	e directly connected	d with the unrelated busin	ness in	come)		,	
94	Compensation of off	icers, dii	rectors, and trustees (S	Schedule_K)				14	
A 5	Salaries and wages		_					15	
16	Repairs and mainten	ance						16	
17	Bad debts	4 .1-1 /-						17	
18	Interest (attach sche Taxes and licenses	aule) (Si	e instructions)					19	
19 20	Depreciation (attach	Form 4 ^c	562)			20		13	
21	•		n Schedule A and elsew	vhere on return		21a		21b	
22	Depletion /					<u></u>	·	22	
23	Contributions to defe	erred co	mpensation plans					23	
24	Employee benefit pro	ograms						24	
25	Excess exempt expe							25	
26	Excess readership co							26	
27	Other deductions (at							27	0.
28	Total deductions A			ating loss deduction. Subtrac	t line 29	3 from line 13		28	163,069.
29/ 30			· · · · · · · · · · · · · · · · · · ·	ating loss deduction. Subtracts s beginning on or after Janua				23	103,003.
,u U	(see instructions)	oraung I	oos anonig in lax years	Joganning on or alter ballua	., ,, 20			30	0.
31	•	axable ır	ncome Subtract line 30	0 from line 29				31	163,069.
			work Reduction Act No						Form 990-T (2019)

<u>ran</u>	t Jlf Total Unrelated Business Tax	xable Income			
'32	Total of unrelated business taxable income compu	ited from all unrelated trades or busine	sses (see instructions)	32 163	, 0
,33	Amounts paid for disallowed fringes			33	
34	Charitable contributions (see instructions for limita	34			
35	Total unrelated business taxable income before pr	e 2018 NOLs and specific deduction S			
36	Deduction for net operating loss arising in tax year		,	TMT $13O_{36}$ 163	<u>, 0</u>
37	Total of unrelated business taxable income before		om line 35	37	
38	Specific deduction (Generally \$1,000, but see line			2 38 1	.,0
39	Unrelated business taxable income Subtract line	e 38 from line 37. If line 38 is greater th	nan line 37,	1	
	enter the smaller of zero or line 37			39	
	t IV Tax Computation	line 20 by 21% (0.21)		▶ 40	
40 41	Organizations Taxable as Corporations Multiply Trusts Taxable at Trust Rates See instructions for		amount on line 39 from	40	
41	Tax rate schedule or Schedule D (Fo		aniount on time 55 ironi	▶ 41	
40	Proxy tax See instructions	31111 104 1)		42	
42				43	
43	Alternative minimum tax (trusts only)	-t		44	
44	Tax on Noncompliant Facility Income See instru			45	
45 Par	Total Add lines 42, 43, and 44 to line 40 or 41, will to a Tax and Payments	ιποπονοι αμμπος		45	
	Foreign tax credit (corporations attach Form 1118	trusts attach Form 1116)	46a		
	Other credits (see instructions)	, a boto attack rown ready	46b		
c	General business credit Attach Form 3800		46c		
ď	0 111	01 or 8827)	46d		
_	Total credits Add lines 46a through 46d	5 · 6 · 552 · ,		46e	
47	Subtract line 46e from line 45			47	
48		Form 8611 Form 8697	Form 8866 Other (a	attach schedule) 48	
49	Total tax Add lines 47 and 48 (see instructions)		, , o oo oo oo. (49	
50	2019 net 965 tax liability paid from Form 965-A or	Form 965-B Part II column (k) line 3	1	50	
51 a			, 51a	33	
	2019 estimated tax payments		51b		
			51c		
	Tax deposited with Form 8868	ree (eee patrustians)	51d		
	Foreign organizations Tax paid or withheld at sou	rce (see insubctions)	51e		
e	Backup withholding (see instructions)	imo (attach Farm 8041)	51f		
ī	Credit for small employer health insurance premiu	7	311	 [
9	Other credits, adjustments, and payments.	Form 2439		6	
		Other	Total ▶ 51g		
52	Total payments Add lines 51a through 51g	0000		52	
53	Estimated tax penalty (see instructions) Check if 8			53	
54	Tax due If line 52 is less than the total of lines 49		ann and	54	
55	Overpayment If line 52 is larger than the total of			55	
56 Dar	Enter the amount of line 55 you want Credited to t VI Statements Regarding Certa			funded 56	
57	At any time during the 2019 calendar year, did the				Yes
37	over a financial account (bank, securities, or other			 	
	FinCEN Form 114, Report of Foreign Bank and Fin				
	here	and a recount of the man	.c or and raining it additing		
58	During the tax year, did the organization receive a	distribution from or was it the granter	of or transferor to a foreign	nn trust?	
JO	If "Yes," see instructions for other forms the organ		o., or transfer to, a foreig	j500	
59	Enter the amount of tax-exempt interest received (
- 53	Under penalties of perjury, I declare that I have exam	nined this return, including accompanying schi	edules and statements, and to t	the best of my knowledge and belief, it is tri	ue,
Sign		than taxpayer) is based on all information of v	which preparer has any knowled	lge	
Here		10000 11 Jul 2020	USTEE	May the IRS discuss this re the preparer shown below (
	Signature of officer	Date Title		instructions)? X Yes	
	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN	
		Tropardi a aignature	1	self- employed	
Paid	DD T 3 37 T 37 T 3 T 3 T 3 T 3 T 3 T 3 T 3	BRIAN J. YEARGA		P000410	171
n	parer BRIAN J. YEARGAIN		<u> </u>	Firm's EIN ► 84-1369	
					4
	Only Firm's name > LITTLE MORI	BANNOCK, SUITE 1	050		

Şchedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A							
1 Inventory at beginning of year	1		6	Inventory at end of year	ar		6				
2 Purchases	2			Cost of goods sold Si	ubtract li	пе 6					
3 Cost of labor	3			from line 5 Enter here	and in F	art I,					
4a Additional section 263A costs				line 2	7						
(attach schedule)	4a		8	Do the rules of section	ction 263A (with respect to Yes No						
 Other costs (attach schedule) 	4b		_	property produced or a	acquired	for resale) apply to					
5 Total Add lines 1 through 4b	. 5			the organization?							
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pei	rsonal Property	Lease	ed With Real Pro	pert	y) 			
1 Description of property											
(1)											
(2)											
(3)											
(4)											
	2 Rent receiv	ed or accrued				3(a) Deductions directl	v conne	cted 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	onal property (if the percent property exceeds 50% or if ed on profit or income)	age			(attach schedule)			
(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)	>	0			
Schedule E - Unrelated Det	ot-Financed	I Income (see	ınstru	ctions)							
	•		2			3 Deductions directly conto debt-finan		perty			
1 Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)				-	 						
(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 illocable to nced property a 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)				%							
					1	nter here and on page 1, lart I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)			
Totals				.		0		0			
Total dividends-received deductions in	cluded in columi	ı 8				•	•	0			

U			Exempt	Controlled O	t Controlled Organizations						
1 Name of control	led organization	2 Employe identification number		related income e instructions)		al of specified nents made	included	of column 4 that in the control sion's gross inc	ling	Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlle	ed Organizations										
7 Taxable Incom		unrelated income (los	es) Q Total	of specified payr	nents	10 Part of colu	mn 9 that i	s included	11 Dedi	actions directly connected	
7 Taxable incom		(see instructions)	35,	made		in the controll	ing organia income	zation's		ncome in column 10	
(1)											
(2)								-			
(3)											
(4)											
X.7	-		'			Add colur Enter here and line 8, 0		I, Part I,	Enter her	columns 6 and 11 re and on page 1, Part I, ne 8, column (B)	
Totals								0.	_	0	
Schedule G - In	vestment Inco (see instructions)	me of a Sec	ction 501(c)(7), (9), or	(17) Or	ganizatior	1			,	
	1 Description of inc	ome	•	2 Amount of	ncome	3 Deduction directly connected (attach scheduler)	ected	4 Set-as (attach sch		5 Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)										<u>.</u>	
(3)	·										
(4)							[
Totals			•	Enter here and o Part I, line 9, co			. 46 	* .		Enter here and on page Part 1, line 9, column (B)	
Schedule I - Ex	oloited Exemp see instructions)	t Activity In	come, Othe	r Than Ad	vertisi	ng Income	•				
1 Description of exploited activity	of unrelate y incor	ne from	3 Expenses lirectly connected with production of unrelated business income	4 Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5 Gross inco from activity is not unrelat business inco	that ted	6 Exper attributab column	le to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)							<u> </u>	_			
(4)	-	 -					-				
(4)	page	1, Part I,	Enter here and on page 1, Part I, line 10, col (B)	- I A A	50g 54¶,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a .	4 A	Fartii, iiile 25	
Totals	<u> </u>	0.	0.	1	4. " 特殊。	4 4 4	# 1 Th	# + + = = = = = = = = = = = = = = = = =		0	
Schedule J - Ac Part I Income				solidated	Basis						
4		2 Gross	3 Direct	4 Advert	1 2 minus	5 Circulai		6 Readers	ship	7 Excess readership costs (column 6 minus	
1 Name of p	eriodical	income	advertising costs	col 3) If a ga		e income		costs		column 5, but not more than column 4)	
(1)				44 " " " " " " " " " " " " " " " " " "	/					************************************	
(2)					<u>.</u>	1			1		
(3)						7				重用 " 表 .	
(4)					ت أ نوا				2.	3 L M /	
										<u></u>	

	i		1			
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	1	~ 1± .	I	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		*,	# H H	0
Schedule K - Compensatio	n of Officers,	Directors, an	d Trustees (see in:	structions)		
1 Name			2 Title	3 Perce time devo busine	ted to	pensation attributable irelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total Enter here and on page 1, Part II, II	ne 14	·		·	•	0 .

Form **990-T** (2019)

FORM 990-T	DESCRIPTION C	OF ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT	12
		BUSINESS ACTIVIT	Ϋ́			

INVESTMENT IN PUBLICLY TRADED PARTNERSHIPS

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 13
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13	217,766.	1,315.	216,451.	216,451.
12/31/14	2,639.	0.	2,639.	2,639.
12/31/15	36,073.	0.	36,073.	36,073.
12/31/16	12,025.	0.	12,025.	12,025.
12/31/17	18,797.	0.	18,797.	18,797.
NOL CARRYO	VER AVAILABLE THIS	YEAR	285,985.	285,985.