•	~	ı				29	39334	100	1745 NB NO 1545-0687 9
Form	.990 - T	For cal	Exempt Organization Bus (and proxy tax undendar year 2018 or other tax year beginning	sines der se	ctic	ncome Tax Ret	turn		2018
-	artment of the Treasury		Go to www irs gov/Form990T for i		ns a	and the latest information			o Public Inspection for
A	nal Revenue Service	D0	Name of organization (Check box if name				D Employer Iden		3) Organizations Only
╶╌	address changed Exempt under section		Name of organization (Check box is frame	e changed a	#10 St	se insudcuons)	(Employees' trus		
	X 501(C)(Q 3.)	Print	THE ROBERTS FAMILY	FOUNI	DAC	TION			·
	408(e) 220(e)	or	Number, street, and room or suite no If a PO box, see i				74-22	6966	50
	408A 530(a)	Туре	1811 S. SHERIDAN AVE	ENUE			E Unrelated busi	ness act	ivity code
	529(a)		City or town, state or province, country, and ZIP or for	reign postal	code		(See instruction	s)	•
	Book value of all assets		SHERIDAN_	W	Y	82801	53112	0	
	at end of year		roup exemption number (See instructions)						
_	1,603,439		heck organization type X 501(c) c			501(c) trust	401(a) trust	\Box	Other trust
H E			ation's unrelated trades or businesses	<u>4</u> De	escri	be the only (or first) unre	elated trade or bi	usiness	here
	ALTERNATIV		NVESTMENTS					•	one, complete
			cribe the first in the blank space at the end	•	revio	ous sentence, complete	Parts I and II, co	mplete	
_			trade or business, then complete Parts III-\						
			poration a subsidiary in an affiliated group on ntifying number of the parent corporation	or a pare	ent-s	subsidiary controlled grou	ib ₃		Yes No
	The books are as =	; F	ONAID B DODEDMC		_	<u></u>	nono resultat	307	1-672-0705
	The books are in care of art I Unrelated		ONALD B ROBERTS				none number	<u> 30 /</u>	7-672-0785
1 Pa	Gross receipts or sale		e or Business Income		-	(A) Income	(B) Expenses	-	(C) Net
la b	Less returns and allow		c Balance	1.	1c			1	1
2	Cost of goods sold (So			-	2			- -	
3	Gross profit Subtract I		•	├	3				
4a	Capital gain net incom				4a			\dashv	
b		•	line 17) (attach Form 4797)	⊢	4b				
c	Capital loss deduction		, ,	<u> </u>	4c				
5	Income (loss) from partnership				5				
6	Rent income (Schedule		,	Г	6				
7	Unrelated debt-finance	d incom	e (Schedule E)		7				
8	Interest, annuities, royalties	s, and rea	nts from controlled organization (Schedule F)		8				
9	Investment income of a s	ection 50°	1(c)(7), (9), or (17) organization (Schedule G)	L	9				
10	Exploited exempt activ	ity incor	ne (Schedule I)	<u> </u>	10				
11	Advertising income (Se	chedule	•	_	11		· · · · · · · · · · · · · · · · · · ·		
12	Other income (See ins	structions	s, attach schedule) $$		12	16,906	<u> </u>		16,906
13	Total. Combine lines 3				13	16,906			16,906
	art II Deduction	ns Not	t Taken Elsewhere (See instruction be directly connected with the unr	ns tor	imi	tations on deduction	ns.) (Except fo	or cor	itributions,
<u>C</u> 14			ctors, and trustees (Schedule K)	Clatoa	Du	Siness income.		14	
▶15	Salaries and wages	515, Gile	stors, and tradices (concadic Ty				-	15	
\mathbf{Z}_{16}	Repairs and maintena	nce					<u> </u>	16	
ANNIE 15 NN 16 NN 17 NN 17 NN 17 NN 18	Bad debts						<u> </u>	17	
111	Interest (attach schedu	ule) (see	e instructions)					18	
	Taxes and licenses	. `	·				<u> </u>	19	
19 00 17 00 20 20 20 20 20 20 20 20 20 20 20 20	Chantable contributions (S	See instru	ctions for limitation rules)					20	
21	Depreciation (attach Fe	orm 456	2)			21			
22	Less depreciation clain	ned on S	Schedule A and elsewhere on return			22a	2	2b	0
23	Depletion		RECEIVE	ED	Ì			23	
₹24	Contributions to deferr	ed comp	pensation plans		ပ္က		<u> </u>	24	
	Employee benefit prog		NOV 2 5 20	019	SOS		<u> -</u> :	25	
26	Excess exempt expens		leadle I)	· · · ·	SS			26	
27	Excess readership cos	•	edule J)		=	ann a	<u> </u>	27	
28	Other deductions (atta			UI		SEE STATEME	_	28	6,427
29	Total deductions. Add		_					29	6,427
30			ome before net operating loss deduction S				 	30	10,479
31		_	s arising in tax years beginning on or after	January	1, 2	(see instructions)	<u> </u>	31	10.470
32			ome Subtract line 31 from line 30					32	10,479 Form 990-T (2018)
DAA	For Paperwork Redu	ction A	ct Notice, see instructions.					ŀ	·om 330-1 (2018) ✓

Form	990-T (2018) THE ROBERTS FAMILY FOUNDATION	74	-2269660		Page 2
Pa	rt III Total Unrelated Business Taxable income				
33	Total of unrelated business taxable income computed from all unrelated trades or business	inesses (s	see		
	instructions)			33	13,582
34	Amounts paid for disallowed fringes			34	13/302
35	Deductions for net operating loss arising in tax years beginning before January 1, 201	8 (500			
33		0 (366		ا ء ا	ì
20	Instructions)	6		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35	trom the	sum		12 500
	of lines 33 and 34			36	13,582
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater	er than lin	e 36,		10 500
	enter the smaller of zero or line 36			_38	12,582
1 Pa	rt IV Tax Computation Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)				
	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		•	_39_	2,642
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	4044)		40	
44	the amount on line 38 from Tax rate schedule or Schedule D (Form	1041)		40	
41	Proxy tax. See instructions		•	41	
42	Alternative minimum tax (trusts only)		i	42	
43	Tax on Noncompliant Facility Income. See Instructions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		· -	44	2,642
	rt V Tax and Payments	T.: I			
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a		}	
b	Other credits (see instructions)	45b			
С	General business credit Attach Form 3800 (see instructions)	45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			ì
е	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	2,642
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att.	sch)		_47	
48	Total tax. Add lines 46 and 47 (see instructions)			48	2,642
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line	2		49	<u></u> -
50a	Payments A 2017 overpayment credited to 2018	50a			1
b	2018 estimated tax payments	50b			
С	Tax deposited with Form 8868	50c			1
d	Foreign organizations Tax paid or withheld at source (see instructions)	50d]	ì
e	Backup withholding (see instructions)	50e]	1
f	Credit for small employer health insurance premiums (attach Form 8941)	50f			
g	Other credits, adjustments, and payments. Form 2439				ì
	Form 4136 Other Total	50g			1
51	Total payments. Add lines 50a through 50g			51	:
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached		\overline{X}	52	110
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53	2,752
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount of	verpaid		54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	•	Refunded	55	
Pa	rt VII Statements Regarding Certain Activities and Other Inform	nation (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or				Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "YES," the	organizati	on may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the here	e name of	the foreign country		- X
E 7	•		constant to a farage tru	10t2	$\frac{1}{X}$
57	During the tax year, did the organization receive a distribution from, or was it the grant If "YES," see instructions for other forms the organization may have to file	or or, or tr	ansieror to, a toreign tro	15(*	
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		3,403		
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statement	ents and to the	e hest of my knowledge and helic	fik	
C:~	to a second and complete Destruction of any complete their terms and a bound on all afformation of which process			-, " -	May the IRS discuss this return
Sig	- 1/ 18/ 1 1-1				with the preparer shown below (see instructions)?
Her					X Yes No
	Signature of officer Date Title		Date .	Γ	
_	Print/Type preparer's name Praparer's signature	A. (L	1/13/19	Check	□ "
Paid	ALICIA I COX, CPA	TH		self-emp	- 1
Prep			Firm's	EIN	83-0276355
Use	Only 1811 S SHERIDAN AVE.				005 050 555
	Firm's address SHERIDAN, WY 82801-6103		Phone	no	307-672-0785
					Form 990-T (2018)

DAA 11/15 INT

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FTP

79 TOT 2,902

Form	990-T (2018) THE R	ROBERTS FAM	1 <u>ILY</u>	FOUNDA	rion	-	<u>7</u> 4-2	269660	Page 3		
Sch	edule A - Cost of Go	ods Sold. Enter	metho	od of invento	ory valuation						
1	Inventory at beginning of y	rear 1		6	Inventory at end	of y	ear		6		
2	Purchases	2	_	7	Cost of goods s	sold.	. Subtra	oct			
3	Cost of labor	3			line 6 from line 5	. En	ter here	and _			
4a	Additional sec 263A costs				ın Part I, line 2			Ī	7		
	(attach schedule)	4a		8	Do the rules of s	ectio	on 263A	(with respect to	Yes No		
Ь	Other costs	4b						ed for resale) apply	100 140		
5	(attach schedule) Total. Add lines 1 through				to the organization		acquire	od for resale, apply			
	edule C – Rent Incon		roper	ty and Pers			asad	With Real Proper	tv)		
	ee instructions)	ile (i foili iteal i	Topei	ty and reis	onal i topcity	LC	ascu	with Real Froper	·y/		
(1)	N/A				 						
											
(2)											
(3)											
(4)	 	2 Rent receive					-				
			o or accn								
(a) From personal property (if the percentage of rent				• •	nd personal property (if th			3(a) Deductions directly connected with the income			
	for personal property is more that more than 50%)	1			for personal property exc is based on profit or incor			in columns 2(a)	and 2(b) (attach schedule)		
	more train 50%)			50% of it the tent	is based on profit or incom	1116)	-				
<u>(1)</u>											
(2)											
(3)											
(4)											
<u>Total</u>	<u></u>		Total					(b) Total deductions.			
(c) T	otal income. Add totals of o	columns 2(a) and 2(b) Enter					Enter here and on page			
here	and on page 1, Part I, line 6	S, column (A)						Part I, line 6, column (E	3)		
Sch	edule E - Unrelated	Debt-Financed I	ncom	e (see instru	ctions)			·			
						1		3 Deductions directly con	nected with or allocable to		
	1 Description of debt-fi	inacced property			s income from or to debt-financed	L		debt-financ	ed property		
	Description of debt-si	manoed property		allocable	property	ſ	(a) S	traight line depreciation	(b) Other deductions		
						1		(attach schedule)	(attach schedule)		
(1)	N/A	<u> </u>									
(2)											
(3)											
(4)						一					
<u></u>	4 Amount of average	5 Average adjusted b	asis			_			8 Allocable deductions		
	acquisition debt on or	of or allocable to			6 Column 4 divided]	7 G	ross income reportable	(column 6 x total of columns		
	allocable to debt-financed property (attach schedule)	debt-financed prope (attach schedule)		b	y column 5	ł	(0	column 2 x column 6)	3(a) and 3(b))		
	property (attaun serieusie)	(dissil delicatio)				%					
(1)						\rightarrow			 		
(2)						%					
(3)						%					
(4)		<u> </u>		L		%					
								here and on page 1,	Enter here and on page 1,		
						-	Part	I, line 7, column (A)	Part I, line 7, column (B)		
Tota	ls					Ĺ					
Tota	I dividends-received dedu	ctions included in co	olumn 8								

Schedule F - Interest, Ann	uities, Roya	Ities, and Re						(see instruc	ctions)		
•	1		Exemp	ot Controlled	Orgai	nization	ns				
Name of controlled organization	organization identification number 3		II.	related income ee instructions)		4 Total of specified payments made		5 Part of column included in the organization's gro	controlling	6 Deductions directly connected with income in column 5	
(<u>1)</u> N/A			<u> </u>					· ·			
(2)			<u> </u>								
(3)											
(4)							_				
Nonexempt Controlled Organiz	ations										
7 Taxable Income		8 Net unrelated income (loss) (see instructions)		9 Total of specified payments made		10 Part of column included in the coorganization's gros		e controlling	l .	Deductions directly nnected with income in column 10	
<u>(1)</u>							_				
(2)											
(3)	,										
(4)	I										
Totals						Add columns 5 Enter here and or Part I, line 8, col		d on page 1, column (A)	Ente	dd columns 6 and 11 ler here and on page 1, art I, line 8, column (B)	
Schedule G - Investment I	ncome of a	Section 501(c	:)(7), (9)	, or (17) O	rganiz	ation	(see II	nstructions)			
1 Description of income	•	2 Amount of	income	directly	ductions connected schedule)			4 Set-asides tach schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1) N/A											
(2)									$_{\perp}$ T $_{\perp}$		
(3)											
(4)											
Totals		Enter here and o Part I, line 9, co					•	-		ter here and on page 1, art I, line 9, column (B)	
Schedule I - Exploited Exe	mpt Activity	Income, Oth	er Thar	<u>Advertisi</u>	ng Inc	ome	(see in	structions)			
1 Description of exploited activity	2 Gross unrelated business incor from trade of business	production	ly d with on of ed	4 Net income (from unrelated or business (co. 2 minus column If a gain, composes 5 through	trade lumn n 3) oute	from a	ss income covity that unrelated ss income	attnbut	enses able to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A						-				<u> </u>	
(2)	 										
(3)	1										
(4)											
Totals	Enter here and page 1, Part I line 10, col (A	, page 1, F	Part I,		· •		,		· .	Enter here and on page 1, Part II, line 26	
Schedule J - Advertising I	ncome (see	nstructions)									
Part I Income From			a Conso	olidated Ba	asis						
1 Name of penodical	2 Gross advertising income	3 Dire advertising	ect	4 Advertising gain or (loss) (2 minus col 3 a gain, computods 5 through	g col) If ute		culation come	6 Read	dership	7 Excess readership costs (column 6 minus column 5 but not more than column 4)	
(1) N/A	 						-				
(2)	 						_			7	
(3)	1									J. •	
(4)										Ţ·, .	
Totals (carry to Part II, line (5))											
					,					Form 990-T (2018)	

· 2 through 7 on a line-by-line basis) 4 Advertising 7 Excess readership 2 Gross gain or (loss) (col costs (column 6 5 Circulation 6 Readership 3 Direct advertising 2 minus coi 3) If minus column 5, but 1 Name of periodical advertising costs income costs ıncome a gain, compute not more than cols 5 through 7 column 4) (1) N/A (2) (3) (4) Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5)
Schedule K - Com Companyation of Officers Directors and Trustees (coo

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form **990-T** (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

Officiated frade of business

2018

OMB No 1545-0687

Department of the Treasury Internal Revenue Service Name of the organization For calendar year 2018 or other tax year beginning

Go to www irs gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

531120

Open to Public Inspection for 501(c)(3) Organizations Only

THE ROBERTS FAMILY FOUNDATION

Unrelated business activity code (see instructions)

Employer Identification number 74-2269660

INVESTMENT PARTNERS, Describe the unrelated trade or business Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances c Balance h 10 2 Cost of goods sold (Schedule A line 7) 2 3 3 Gross profit Subtract line 2 from line 1c Capital gain net income (attach Schedule D) 4a 4a 4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) Capital loss deduction for trusts 4c 5 Income (loss) from partnership and S corporation (attach STMT 5 -30statement) 6 Rent income (Schedule C) 7 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 10 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 11 450 12 450 12 Other income (See instructions, attach schedule) SEE STMT 13 420 420 Total. Combine lines 3 through 12 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, [Part II] deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 15 15 Salaries and wages 16 16 Repairs and maintenance 17 17 Bad debts 18 Interest (attach schedule) (see instructions) 18 19 19 Taxes and licenses 20 20 Charitable contributions (See instructions for limitation rules) 21 21 Depreciation (reported on Form 4562) 22a 22b 22 Less depreciation claimed on Schedule A and elsewhere on return 23 23 Depletion 24 24 Contributions to deferred compensation plans 25 25 Employee benefit programs 26 26 Excess exempt expenses (Schedule I) 27 27 Excess readership costs (Schedule J) SEE STATEMENT 3 3,042 28 28 Other deductions (attach schedule) 3,042 29 29 Total deductions. Add lines 14 through 28 30 -2,622Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 31 instructions)

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

-2,622

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for **Unrelated Trade or Business**

and ending Go to www irs gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0687

Open to Public Inspection for

501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service Name of the organization

THE ROBERTS FAMILY FOUNDATION

Unrelated business activity code (see instructions)

For calendar year 2018 or other tax year beginning

531120

Employer Identification number 74-2269660

Describe the unrelated trade or business INVESTMENT PARTNERS, **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net Gross receipts or sales b Less returns and allowances c Balance 1c 2 Cost of goods sold (Schedule A line 7) 2 3 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b b Capital loss deduction for trusts 4c C 5 Income (loss) from partnership and S corporation (attach STMT -8,9425 -8,942Rent income (Schedule C) 6 7 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled 8 R organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) SEE STMT 5 12 21,706 21,706 12 12,764 12, 764 13 13 Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions. i Part II i deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 15 Salaries and wages 16 16 Repairs and maintenance 17 17 **Bad debts** SEE STATEMENT 6 8,107 18 Interest (attach schedule) (see instructions) 18 19 465 19 Taxes and licenses 20 20 Charitable contributions (See instructions for limitation rules) 21 21 Depreciation (reported on Form 4562) 22b 22a Less depreciation claimed on Schedule A and elsewhere on return 22 23 23 Depletion 24 24 Contributions to deferred compensation plans 25 25 Employee benefit programs

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Schedule M (Form 990-T) 2018

1,089

9,661

3,103

3,103

26

27

28

29

30

31

SEE STATEMENT

26

27

28

29

30

31

32

instructions)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

. ..

, and ending

Go to www irs gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No 1545-0687

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service Name of the organization

ROBERTS FAMILY FOUNDATION

Unrelated business activity code (see instructions)

For calendar year 2018 or other tax year beginning

531120

Employer identification number 74-2269660

INVESTMENT PARTNERS, Describe the unrelated trade or business Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances c Balance 1c b 2 Cost of goods sold (Schedule A line 7) 2 3 3 Gross profit Subtract line 2 from line 1c Capital gain net income (attach Schedule D) **4**a 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b ¢ Capital loss deduction for trusts 4c 5 Income (loss) from partnership and S corporation (attach STMT 8 SEE5 -34,532-34,532statement) 6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 12 12 Other income (See instructions, attach schedule) -34,532-34,532Total. Combine lines 3 through 12 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, Part II deductions must be directly connected with the unrelated business income.) 14 14 Compensation of officers, directors, and trustees (Schedule K) 15 15 Salaries and wages 16 16 Repairs and maintenance 17 Bad debts 17 SEE STATEMENT 359 18 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 20 20 Charitable contributions (See instructions for limitation rules) 21 21 Depreciation (reported on Form 4562) 22a 22b 22 Less depreciation claimed on Schedule A and elsewhere on return

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Employee benefit programs

32 -42,265 Schedule M (Form 990-T) 2018

7,367

7,733

-42,265

23

24

25

26

27

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30

31

SEE STATEMENT 10

23

24

25

26

27

28

29

30

31

Depletion

instructions)

4-2269660	Federal St	atements					
Statement 1 - Form 990-T, Part I, Line 12 - Other Income							
	Description	Amount					
NVESTMENT PARTN	ERS, LLC	\$ 16,9					
TOTAL		\$ 16,9					
TOTAL		\$ 6,4					
HER DEDUCTIONS		\$ 6,4					

above s checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E