ه ه ۱						2,					
en L		Ex	empt Organization	Bus	iness Income 1	ax Retur	n	OMB No 1545-0047			
Form	990-T		and proxy tax	12							
<u>``</u>		For caler	ndar year 2019 or other tax year begini		2019						
•	nt of the Treasury		► Go to www.irs.gov/Form9907	<u>.</u>	Open to Public Inspection for a						
	venue Service	► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)									
	Check box if address changed	1	Name of organization (Check bo	x if nan	ne changed and see instructions	'		es' trust, see instructions)			
			CICILC CUELTED FOR	2000							
	t under section	Print	GIGI'S SHELTER FOR I		hov see instructions		81-44	22755			
	1(C) O 3)	or	Number, Street, and footh of suite no		ted business activity code						
40	8(e) 220(e) 8A 530(a)	Type	Type 2700 E DUBLIN GRANVILLE RD 300 (See instructions)								
	9(a)		City or town, state or province, country								
	alue of all assets		COLUMBUS, OH 43231				90009	9			
at end	of year	F Gro	up exemption number (See instructi	ons) I	>	<u>'</u>					
17,	,675,271.	G Che	ck organization type ► X 501	(c) cor	poration 501(c)	trust	401(a) t	rust Other trus			
H Enter	r the number of	the orga	nization's unrelated trades or busine	sses	→ 1	Describe	the only	(or first) unrelated			
trade	or business her	e ►PAS	S THROUGH ENTITY INVE	STM	ENTS If only one,	complete Parts I-	V If more	than one, describe the			
fırst ı	in the blank spa	ice at the	end of the previous sentence, cor	nplete	Parts I and II, complete a So	chedule M for eac	h addition	al			
-	or business, th										
	-		corporation a subsidiary in an affili			ontrolled group?.		▶ Yes X N			
			identifying number of the parent co	rporation			4 000	7200			
			LLIAM L. MOORHEAD			e number ► 614		<u> </u>			
			or Business Income	ı	(A) Income	(B) Expens		(C) Net			
			c Balance ▶					1.4			
			c Balance ▶ ule A, line 7)	1c 2							
	•	•	2 from line 1c	3		TANDELLAND					
	•		ttach Schedule D)	4a		6 DECEMBER					
			Part II, line 17) (attach Form 4797)	4b		MARKS SERVICES					
			rusts	4c		阿加斯斯 图	AND AND				
5 inc	come (loss) from a p	artnership o	r an S corporation (attach statement)	5	-133,427.	WATCH 1	并是位别	-133,427			
6 R	ent income (Sch	redule C)		6							
7 U	nrelated debt-fi	nanced in	come (Schedule E)	7		/					
8 Int	terest, annuities, roy	alties, and re	ents from a controlled organization (Schedule F)	<u> </u>		-	RE	CEIVED			
			1(c)(7), (9), or (17) organization (Schedule G)			- 12		2000			
		-	ncome (Schedule I)	10			NOV	(2.5) 2021/ S			
			dule J)	11		epromiani	en a	1 1 2			
			ough 12			WAY OF SERVICE SERVICES	243E: 1 1	-133,427			
Part	Deductio	ns Not	Taken Elsewhere (See inst	ructio	1 7	eductions)(E	Deduction	1			
*****			ne unrelated business incom			, (······································			
14 C	ompensation of	officers,	directors, and trustees (Schedule K)	1			. 14				
15 S	alaries and wag	es	<i>[</i> .				. 15				
. 16 R	epairs and mair	ntenance					. 16				
18 In	nterest (attach s	schedule)	(see instructions)				. 18				
19 T	axes and license	es		• • •		<i></i>	19	 			
			4562)					1			
			on Schedule A and elsewhere on r				21b	+			
			compensation plans					1			
			s					 			
			Schedule I).					<u> </u>			
			Schedule J)								
			schedule)								
28 T	otal deductions	. Add line	es 14 through 27				28				
29 U	Inrelated busine	ess taxat	ole income before net operating	loss	deduction Subtract line	28 from line 1	3 29	-133,42			
			ng loss arising in tax years beginni					100 100			
			le income Subtract line 30 from line	29.	<u> </u>		31	-133, 42°			
- For Par	perwork Reduc	uon ACC	Notice, see instructions.			-		Form 990-T (20			
9X2740 1 000	7						/				

Pa	Total Unrelated Business Taxable Income				
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	32	-1	.33,	427.
33	Amounts paid for disallowed fringes				
34	Charitable contributions (see instructions for limitation rules)	34			
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	-1	33.	427
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	1			
30		1.			
27	instructions)	36		22	427.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35				
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		1,	000.
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37				
Par	enter the smaller of zero or line 37	39		133,	427.
		101			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40			
41	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on	1			
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41			
42	Proxy tax See instructions	42			
43	Alternative minimum tax (trusts only)	_			
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			
Par	t V Tax and Payments				
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116), 46a				
b	Other credits (see instructions)	1 1			
	General business credit Attach Form 3800 (see instructions)	1 1			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	1			
		1			
	Total credits. Add lines 46a through 46d				
47	Subtract line 46e from line 45	47			
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)	49			0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			
51 a	Payments A 2018 overpayment credited to 2019				
b	2019 estimated tax payments	1			
	Tax deposited with Form 8868	1			
	Foreign organizations Tax paid or withheld at source (see instructions)	1 1			
		1			
	Backup withholding (see instructions)	1 1			
f	Credit for small employer health insurance premiums (attach Form 8941)	4 1			
g	Other credits, adjustments, and payments Form 2439	1			
	Form 4136 Other Total ▶ 51g	1			
52	Total payments Add lines 51a through 51g	52			
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53			
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55			
56	Enter the amount of line 55 you want	- t			
	Statements Regarding Certain Activities and Other Information (see instruction			•	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		authoriti	Yes	No
31	•		-		+
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m			Į	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	roreign	country	1	,
	here >			<u> </u>	X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust	?	<u> </u>	X
	If "Yes," see instructions for other forms the organization may have to file			1	
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				<u>L</u>
	Under penellics of popury, I doctare that I have exampled this return, including accompanying schedules and statements, and to the	best of m	y knowledge	and be	def, it is
Sig	Inue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		iDC	11-	and services
Her	The magnetian management		IRS discuss preparer si		
	·	ee instruction		es T	No
	Prof/Type preparer's name Preparer's signature Date	T	PTIN		
Paid	Check			404	55
	Darer	emoloyed	13 530		
	Only				
	Firm's address ► 300 SPRUCE ST STE 100, COLUMBUS, OH 43215 Phon	eno 61	14-488-		
JSA 2741 1 0	00		Form 9	90-T	(2019)

Form 990-T (2019)			R FOR DO				81-4422/55	Dan.	
Schedule A - Cost of Go	ods Sold, F	nter metho	d of invento	ry valuation.				Pag	
1 Inventory at beginning of y		nter metrio	3 Of Invento			ar	T 6		
2 Purchases						id. Subtract line	1,		
3 Cost of labor						here and in Part	-,		
4a Additional section 263A co	· · ·								
(attach schedule)	1.1			8 Do the	rules of	section 263A (v	with respect to	Yes N	
b Other costs (attach schedu	• • • 					or acquired for		1 1 1	
5 Total Add lines 1 through						· · · · · · · · · · · · ·		$\frac{1}{x}$	
Schedule C - Rent Income		Property a	nd Person	al Property	Leased V	Vith Real Prope	rtv)	1 1 **	
(see instructions)	•			, ,		•	•		
I. Description of property		* .							
1)									
2)									
3)									
4)									
	2. Rent rece	eived or accru	ed		•				
(a) From personal property (if the				personal property (lirectly connected with		
for personal property is more th more than 50%)			percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				in columns 2(a) and 2(b) (attach schedule)		
		30%							
1)									
2)							· · · · · · · · · · · · · · · · · · ·		
3)									
(4)									
Total		Total				(b) Total deduction	200		
c) Total income. Add totals of c						Enter here and or			
nere and on page 1, Part I, line 6						Part I, line 6, colu	mn (B) ▶		
Schedule E - Unrelated D	ebt-Financed	Income (s	ee instruction	ons)		5-2			
			1	ncome from or	3. (Deductions directly co debt-finani	innected with or alloca ced property	ble to	
1 Description of del	ot-linanced property	allocable to debt-financed property		(a) Straight line depreciation		(b) Other deductions			
			ļ	-,,	(atta	ich schedule)	(attach sche	dule)	
1)			 						
(2)				-			· · · · · ·		
(3)			ļ						
(4)	5 Average ad	unted bears							
4 Amount of average acquisition debt on or	of or alloc			Column	7 Gross	income reportable	8 Allocable de		
allocable to debt-financed property (attach schedule)	debt-finance			divided olumn 5		n 2 x column 6)	(column 6 x total 3(a) and 3		
· · · · · · · · · · · · · · · · · · ·	(attach sc	neuule)	1						
1)	<u> </u>			%					
2)			-	<u>%</u>					
(3)				<u>%</u>				-	
(4)	l		1	%	Enterha	ro and on seco 1	Enter have and	00 0000 1	
					Part I, In	re and on page 1, ne 7, column (A)	Enter here and Part I, line 7, co	on page 1. Jumn (B)	
					,	` '	,	· \-/	
Totals				▶					

Schedule F – Interest, Ann				ntrolled Org			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Name of controlled organization	2. Employer identification number	51		ated income	4 Total of spec payments made		ed included	column 4 that is in the controlling on's gross income		6 Deductions directly connected with income in column 5	
1)											
2)											
3)							<u> </u>				
1)					L		_				
Ionexempt Controlled Organiz	ations										
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9 Total of specified payments made			10 Part of column 9 that is included in the controlling organization's gross income			11 Deductions directly connected with income in column 10		
1)							·				
2)											
3)									<u> </u>		
1)				<u></u> -			d columns 5 a			columns 6 and 11	
otals	come of a Sec	tion 501	 (c)(7),			Pa	er here and on t 1, line 8, colur on (see inst	mn (A)		r here and on page 1, I, line 8, column (B)	
1 Description of income	2. Amount of	income		3 Deductions directly connected (attach schedule)				t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
1)			_				 				
2)											
3)	ļ- <u>-</u> -:										
4)	Enter here and		677.74								
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, co	olumn (A)	her Th	ian Advert	ising Ir	come	(see instru			nter here and on page Part I, line 9, column (E	
1 Description of exploited activity	Exploited Exempt Activity Income, Other Than Advertising Inc. 2. Gross unrelated business income from trade or business income business 3. Expenses directly connected with production of unrelated business income business income business income cols 5 through 7		5. Gross income from activity that is not unrelated business income		able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)					
(1)				 -						 	
2)				 							
3)				 							
4)	 			 				<u> </u>		 	
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, F line 10, co	Part I,		23.5				Enter here and on page 1, Part II, line 25		
Schedule J-Advertising Ir	ncome (see instr	uctions)									
Part I Income From Per	iodicals Report	ed on a C	onsol	idated Ba	sis						
1 Name of periodical	2 Gross 3 Direct			4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute		5 Circulation income		6. Readership costs		7. Excess readershicosts (column 6 minus column 5, but not more than	
	<u> </u>			cols 5 thr						column 4)	
(1)				是不可以						Maria Maria	
2)			_	The state of						5. 野蓝龙 · **	
3)				26.24.24				L		ATTENDANCE . T. S.	
4)				- Table 1	1. 14 V.					1. Al 13 14 15	
Fotals (carry to Part II, line (5))											
Totals (carry to Part II, line (5)) ▶	 			<u>.i</u>		<u> </u>		<u> </u>		Form 990-T (20:	

Company to the con-

81-4422755 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)

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 ▶			6, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	1 3 4 July 1	1 1 K 1 1 1	
Totals, Part II (lines 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 (8)				Enter here and on page 1, Part II, line 26

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.

Form 990-T (2019)

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ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

CHENIERE ENERGY PARTNERS, L.P.

-133,427.

INCOME (LOSS) FROM PARTNERSHIPS

-133,427.