Form	990-T (2019) VI	SIONTRUST :	INTERNATIONAL, I	NC.	84-1397081		Page 2
Pa	rt Jlí Total Ur	nrelated Busines	s Taxable income				
32	Notal of unrelated bu	ısiness taxable ıncom	e computed from all unrelated tra	ades or bus	inesses (see		
	instructions)					32	1,154
33	Amounts paid for disallowed fringes						
34	Charitable contributi	ons (see instructions t	or limitation rules)			34	
35		•	efore pre-2018 NOLs and speci	fic deductio	ns Subtract line	.	
	34 from the sum of li		·			5 35	1,154
36	Deductions for net o	perating loss arising i	n tax years beginning before Jan	uary 1, 201	8 (see	- 14 1	
	instructions)		, , ,	• ,	•	6 1	1,154
37	•	ısıness taxable ıncom	e before specific deduction Sub	tract line 36	from line 35	37	
38			see line 38 instructions for excep			$\sqrt{38}$	1,000
39	•	•	ubtract line 38 from line 37 If line		ter than line 37		
	renter the smaller of					39	0
	/	nputation				1 1	<u>~</u>
A0			s. Multiply line 39 by 21% (0 21)			▶ 40	
41	Trusts Taxable at	Frust Rates. See inst	ructions for tax computation. Inc	ome tax on			
	the amount on line 3	9 from Tax ra	te schedule or Schedule	e D (Form 1	041)	▶ 41	
42	Proxy tax. See instr	ructions	_			▶ 42	
43	Alternative minimum	tax (trusts only)				43	
44		ant Facility Income.	See instructions			44	· · · · · · · · · · · · · · · · · · ·
45	•	_	or 41, whichever applies			45	0
,	rt V Tax and		•		1		
. —			m 1118; trusts attach Form 1116	6)	46a	, [
ø,	Other credits (see in	·	·	<i>'</i>	46b		
С	•	edit Attach Form 380	0 (see instructions)	Ì	46c		
d		mınımum tax (attach F	·	ľ	46d		
e	, ,	ines 46a through 46d	,		Ī	46e	
47	Subtract line 46e fro	•				47	
48	Other taxes	1 4255 Form 8611	Form 8697 Form 8866	Other (att. so	ch)	48	
49	Check ii iioiii	47 and 48 (see instru			,	49	0
50		•	65-A or Form 965-B, Part II, colu	ımn (k) line	3	50	
51a		verpayment credited t		(,	51a	- 7	 _
b	2019 estimated tax p			ľ	/51b		
C	Tax deposited with F	=		Ì	51c		
d	•		d at source (see instructions)	Ì	\$1d		
e	Backup withholding	•	a a a a a a a a a a a a a a a a a a a	Ì	51e		
f		•	premiums (attach Form 8941)	Ì	51f	─ ┤	
g	Other credits, adjustme	· —		Ì			
9	Form 4136	• • • —	Other	Total ▶	51g		
52		dd lines 51a through 5		_ 10.01 F	1	\ \ 52	
53	• •	•	heck if Form 2220 is attached			53	
54	•	,	lines 49, 50, and 53, enter amou	int owed	•	▶ 54	0
55			total of lines 49, 50, and 53, ent		overnald	55	
		•	to 2020 estimated tax ▶	or annount t	Refunde	 	
			Certain Activities and Ot	her Infor			
57			did the organization have an int				Yes No
31	over a financial acco	unt (bank, securities,	or other) in a foreign country? If	"YES," the	organization may have to	file	105 110
		Report of Foreign Ban	cand Financial Accounts If "YE	S," enter the	e name of the foreign cou	ntry	٠
	here ▶						X
58			eceive a distribution from, or was ne organization may have to file	it the grant	tor of, or transferor to, a fo	oreign trust?	
59			ceived or accrued during the tax	vear ▶\$,
	Under penalties of pena	Irv. I declare that I have exami	ped this return, including accompanying sche	edules and state	ments, and to the best of my knowl	edge and belief, it	IS May the IBS discuss this setup
		ete Declaration of preparer (ther than taxpayer) is based on all information		arer has any knowledge		May the IRS discuss this return with the preparer shown below (see instructions)?
Hei		1 to	12-0100 PRESID	ENT &	CEO		(see instructions)/
	Signature of officer		Date Title				
	Print/Type prepare	rs name	Preparer's signature	_	Date Date	Check	If PTIN
Paid			ERIK D. LADEWI	G, CPA		3/20 self-em	
Prep			DVISORS, CPAS		<u></u> -	Firm's EIN	<u>46-1335331</u>
Use	Only		ITENAW AVE				
	Firm's address	ANN ARBOR	k, MI 48108			Phone no	<u>888-298-5297</u>
							Form 990-T (2019)

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69,193

70,997

Totals

Total dividends-received deductions included in column 8

4

Schedule F – Interest, Ann	uities, Roy	alties, and R	ents	From Controlle	olled	Organizati	ions (see in	structio	ns)
Name of controlled organization	ıdı	2 Employer entification number	3. Ne	et unrelated income s) (see instructions)	4 To	otal of specified yments made	5. Part of column included in the coorganization's gro	controlling	6 Deductions directly connected with income in column 5
(1) N/A		-							-
(2)									
(3)				.=					
(4)									
Nonexempt Controlled Organiz	ations					_			.
7 Taxable Income	,	Net unrelated income loss) (see instructions		9. Total of speci payments mad		included in t	olumn 9 that is he controlling gross income		Deductions directly nected with income in column 10
(1)						- 			
(2)									
(3)			_			ļ			
(4)						Add solver	5 40	1	d anti-man C and 44
Totals						Enter here a	ns 5 and 10 nd on page 1, , column (A)	Ente	d columns 6 and 11 or here and on page 1, t I, line 8, column (B)
Schedule G – Investment	ncome of a	Section 501	(c)(7	(17) (9) or (17)	Orga	anization (s	ee instructio	ns)	
1 Description of income	moonie or e	2. Amount of		3 De directly	ductions connected schedule	d	4 Set-asides	,,,,,	5. Total deductions and set-asides (col. 3 plus col. 4)
(1) N/A									
(2)									
(3)									
(4)									
Totals	•	Enter here and o Part I, line 9, co	on page lumn (e 1, A)				Ent Pa	ter here and on page 1, rt I, line 9, column (B).
Schedule I – Exploited Exe	empt Activi	tv Income. O	ther	Than Adver	tisina	Income (se	ee instruction	ns)	
Description of exploited activity	2 Gross unrelated business incor from trade o business	3 Exper directions	nses ly d with on of ed	4 Net income of from unrelated or business (cc 2 minus colum of a gain, com, cols 5 through	loss) trade dumn n 3) pute	5 Gross incom from activity that is not unrelated business incom	e 6 Exp at attribu	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A									
(2)									
(3)									
(4)				On the second se		a adaga a a a a a a a a a a a a a a a a		Turketa area esta esta esta esta esta esta esta es	1
Totals •	Enter here and page 1, Part line 10, col (A	l, page 1, P	art I,						Enter here and on page 1, Part II, line 25
Schedule J - Advertising I	ncome (see	instructions)		•					
Part / Income From F			a C	onsolidated	Basis	\$	_		
1. Name of periodical	2. Gross advertising income	3. Dire advertising		4 Advertisir gain or (loss) 2 minus col 3 a gain, comp cols 5 throug	(col) If ute	5. Circulation income		dership sts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A									
(2)									
(3)									
(4)				- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					3666666666 <u>6</u>
Totals (carry to Part II, line (5))	,		<u> </u>						Form 990-T (2019)

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Page 5
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) N/A						
(2)						
(3)						
(4)						•
Totals from Part I						
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 (B)				Enter here and on page 1, Part II, line 26

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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		•	

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Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amo	unt
TAX PREPARATION	\$	650
TOTAL	\$	650

Statement 2 - Form 990-T, Schedule E, Column 3a - Straight Line Depreciation

Description	Deduction
OFFICE BLDG AT 3710 SINTON	
BUILDING AND IMPROVEMENTS	24,473
TOTAL	24,473

Statement 3 - Form 990-T, Schedule E, Column 3b - Other Deductions

Description	Deduction
OFFICE BLDG AT 3710 SINTON	
ACCOUNTING FEES	1,950
INTEREST	17,491
INSURANCE	5,136
SUPPLIES	559
REPAIRS	13,829
TAXES	4,931
UTILITIES	7,584
TOTAL	51,480

Statement 4 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt

Description	Deduction
OFFICE BLDG AT 3710 SINTON SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	10,182,780
AVERAGE ACQUISITION DEBT	848,565

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Statement 5 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis

Description	<u>Deduction</u>		
OFFICE BLDG AT 3710 SINTON			
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	958,847		
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	904,166		
	1,863,013		
DIVIDED BY 2	2		
AVERAGE ADJUSTED BASIS	931,507		

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