SCANNED	
SE	l
Ö	Į
8	•
~	
2021	

,	990-T	Ex				siness Income	ı ax "Ketur	937 m	6 3 1 9	022 1
Lou		C	-	_		er section 6033(<i>ത</i>	7 4 0
vą.		For caler				, 2019, and end		"°——	20	#19
	rtment of the Treasury nal Révenue Service	▶ 00		_		nstructions and the latest by be made public if your orga		1131	Open to Pub	ic Inspection for ganizations Only
A	Check box if	_ D0	Name of organization (ne changed and see instruction			501(c)(3) Or	
~ L	address changed		1			no onangos sna see motrastic.	.5 /		oyees' trust, see i	
B Ex	empt under section	1	STANTON, MA	Y BONETI	ויד פ.	ΓΠΑΙ – ΜΔ Τ ΝΙ				
	7501(C 603)	Print	Number, street, and roo					84-	6027976	
1	408(e) 220(e)	_ or	,			,			lated business	activity code
	408A 530(a)	Type	6325 S RAIN	ROW BLVI	וידים. כ	E 300		(See i	nstructions)	•
	529(a)				_	P or foreign postal code				
C Bo	ook value of all assets	1	LAS VEGAS,			•			2111	10
at	end of year	F Gro	up exemption number			>	· · · ·			
	14,752,194.		ck organization type			poration X 501(c) trust	401(a)	trust	Other trust
			nization's unrelated tra		esses				(or first) unre	alated
t	rade or business her	re ▶ <u>0</u> M	G WORKING INTEREST			If only one,	complete Parts I-	/ If more	e than one, de	scribe the
f	irst in the blank spac	ce at the	end of the previous se	entence, comp	olete Pa	arts I and II, complete a Sc	hedule M for eac	n additio	nal	
t	rade or business, the	en compl	ete Parts III-V							
1 [ouring the tax year,	was the c	orporation a subsidia	y in an affilia	ted gro	up or a parent-subsidiary c	ontrolled group?		▶ 🔃	Yes X No
			dentifying number of t		poratio					
4			WELLS FARGO				e number ▶ 8			
0			or Business Inco	me		(A) Income	(B) Expen	ses	((C) Net
€1a	•			╣ .					1 .	·
<u>ಅ</u> P	2000 10101110 2112 0110111			_ c Balance 🕨						1
	•		ıle A, line 7)		2		<u> </u>		/	
즲	•		2 from line 1c		3	NONE		/	 	
Z∯a Ľb			tach Schedule D)		4a	NONE			+	
. ₹°	Net gain (loss) (ro		Part II, line 17) (attach Fo		4b				 	
2 55 c	Capital loss deduc		rusts		4c					
28	Rent income (Sch	· ·			6					
POSTMARK OA	Unrelated debt-fin		come (Schedule E)		7				-	
12	Interest annuities rova		nts from a controlled organiz		8			· .	+	
9			1(c)(7), (9), or (17) organizal		9					
10			ncome (Schedule I) .		10					
11	Advertising incom	ne (Sched	ule J)		11	/				
12			ions, attach schedule)			2,299.	STMT	1		2,299.
13	Total Combine lir	nes 3 thro	ough 12	<i>./</i>	13	2,299.				2,299.
Pai						ns for limitations on d	eductions.) (D	eduction	ons must b	e directly
			ne unrelated busi							
14	Compensation of	officers, o	firectors, and trustees	(Schedule K)			ECEIVEL	14		
15	Salaries and wage	es	<i></i> /			· · · · · · · · · / %/· · _{::.}		2. 14		
16	Repairs and maint	tenance	<i>.</i> /	• • • • • •	• • • •		2.3 200	<u> </u>	<u> </u>	
17	Bad debts		<i></i> /	• • • • • •			 . <u20 .<="" th=""><th>1817</th><th> </th><th></th></u20>	1817	 	
18	Interest (attach so	:nedule) (see instructions)		• • • •	OG	DEAL	10 18		
19	laxes and licenses	s	<i>[.</i>	• • • • •			ZEIN, UT	14 /19	 	
20	Depreciation (atta	CII FOIIII	45,621			· · · · · · 20		√		
21	<u>-</u>		on Schedule A and els					21b		
22 23									· 	
23 24									 	
25									 	
26									+ -	
27						· · · · · · · · · · · · · · · · · · ·			 	2,807
28	/								+	2,807
29	/					deduction Subtract line		_	 	-508
30	/			_		after January 1, 2018 (see				
31			-	-		· · · · · · · · · · · · · · · · · · ·				-508
For			otice, see instruction						Form	990-T (2019)
JSA (2740 1 (000								4	12
	HMN141 V17	7U 11/	10/2020 19:4	6:20						S CENT

	990[(2019)	<u>84-60</u>	2/9/6 Page 2
Par			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses		
•	instructions)	32	
33	Amounts paid for disallowed fringes	33	
34	Amounts paid for disallowed fringes	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract		
	34 from the sum of lines 32 and 33	1 4 1	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018	 	
00	Instructions)		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		_1,000.
38			_1,000.
39	Unrelated business taxable income Subtract line 38 from line 37 If line 38 is greater than line	-	110111
	enter the smaller of zero or line 37	39	NONE
	IV Tax Computation		
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0 21)		
41	Trusts Taxable at Trust Rates. See instructions for tax computation income tax	1 1	
	the amount on line 39 from X Tax rate schedule or Schedule D (Form 1041)		NO <u>N</u> E
42	Proxy tax. See instructions		
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	NONE
Part	V Tax and Payments		
46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
b	Other credits (see instructions)		
c	General business credit Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 46a through 46d	. 46e	
47	Subtract line 46e from line 45	-	NONE
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach scheduler)		
49	Total tax. Add lines 47 and 48 (see instructions)		NONE
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		
	Payments A 2018 overpayment credited to 2019	1	
	2019 estimated tax payments	[
	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions) 51d	 	
	Backup withholding (see instructions)		
ı			
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 51g		
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	27027
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		NON E
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	. ▶ 55	NON E
56	Enter the amount of line 55 you want		<u>NON</u> E
Part	Statements Regarding Certain Activities and Other Information (see instruction)	tions)	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signatur	e or other	authority Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n may hav	e to file
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of	the foreign	country
	here >		$\frac{X}{X}$
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign trust	· X
	If "Yes," see instructions for other forms the organization may have to file		
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		[]
	Lindow penalties of persons Lideclare that I have examined the return including accompanying schedules and statements, and to	the best of m	y knowledge and belief, it is
Sigr	true breet an complete Cabillate Take Tyther than taxpayer) is based on all information of which preparer has any knowledge		
Here			RS discuss this return preparer shown below
	Wells Fargo Bank, N.A. 11/10/2020 TRUSTEE Date Title		ons)? X Yes No
		Check X If	
Paid			
Prep	arer	self-employed	
Use		Firm's EIN 📐	13-4008324
JSA		Phone no	412-355-6000
741 1 OC	PITTSBURGH, PA 15219		Form 990-T (2019)

1 Inventory at beginning of				ory valuation				
	year . 1					ar	6	
2 Purchases						Id. Subtract line		
3 Cost of labor					-	here and in Part	} }	
4a Additional section 263A of				I, line 2			7	
(attach schedule)	4a					section 263A (v		Yes N
b Other costs (attach schedu	· · · ———					or acquired for		
5 Total. Add lines 1 through	· -		_					
Schedule C - Rent Incom (see instructions)	e (From Real	Property a	nd Persoi	nal Property	Leased V	Vith Real Proper	rty)	
Description of property								
(1)							·	
(2)		 ,						_
(3)								
(4)								
	2. Rent rece	ived or accru	ed	-				
(a) From personal property (if the for personal property is more ti more than 50%	han 10% but not	percent	age of rent for	personal property r personal propert based on profit or	y exceeds		rectly connected with a) and 2(b) (attach sch	
(1)								
(2)		 	·					
(3)		 						
(4)	_							
Total		Total						·
(c) Total income Add totals of chere and on page 1, Part I, line 6						(b) Total deduction Enter here and on Part I, line 6, colur	page 1,	
Schedule E - Unrelated D			ee instructi	ons)				
1 Description of de	bt-financed property		I	income from or to debt-financed			ed property	
			р	roperty	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)								
(2)								
(3)								
(4)								
4 Amount of average 5 Average adjusted basis acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule)			4			ncome reportable n 2 x column 6)	8 Allocable dec (column 6 x total c 3(a) and 3(f columns
(1)				%				
(2)				%				
(3)				%				
(4)				%				
Totals						e and on page 1, e 7, column (A)	Enter here and o Part I, line 7, col	

Schedule F -Interest, Ann	uities, Royaltie	s, and	Rents	Fro	m Contro	olled O	rganiz	ation	s (se	e instructi	ons)	
		E	Exempt	Cont	trolled Org	ganızatı	ons					
1 Name of controlled organization	2 Employer identification numb	. I O Massacantas de la Tasta de la del		in the contro	the controlling connected							
(1)				·			_	7				
(2)												
(3)												
(4)												
Nonexempt Controlled Organi	zations											
7 Taxable Income	8 Net unrelated in (loss) (see instruc				tal of specific yments made		incl	luded in t	the co	9 that is ntrolling is income		Deductions directly nnected with income in column 10,
(1)												
(2)												
(3)												
(4)												
Totals						▶	Ent Pa	dd colum er here a rt I, line 8	ind on 3, colu	page 1, mn (A)	Ent	dd columns 6 and 11 ter here and on page 1, irt I, line 8, column (B)
Schedule G-Investment I 1 Description of income	2 Amount of		01(6)(<u>/), (</u> ;	3 Deduc directly cor	tions	nizati		4 Se	et-asides schedule)	_	5 Total deductions and set-asides (col. 3
(4)	 				(attach sch	redule)						plus col 4)
(1)	<u> </u>			_								
(2)	 										-+	
(3)	 -						-+					
(4)	Enter here and Part I, line 9, c										-	Enter here and on page 1 Part I line 9, column (B)
Schedule I – Exploited Exe	mpt Activity Inc	ome,	Other	Thai	ı Adverti	sing In	come	(see i	nstru	ctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	d conne prod un	expenses lirectly ected with duction of hrelated ess incom	h	4 Net inconfrom unrelated or business: 2 minus collification, collification 5 through the second of	ed trade (column umn 3) ompute	from is no	ross inco activity t at unrelat ness inco	that ted	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				-						 		+
(2)	 									 		
(3)				\dashv						·		
(4)	 			$\overline{}$								
	Enter here and on page 1, Part I, line 10, col (A)	page	nere and o e 1, Part I, 0, col (B						ı			Entor here and on page 1, Part II, line 25
Totals												
Schedule J – Advertising Ir				1: -	lada d Da							
Part I Income From Per	iodicals Report	ea on	a Con	SOIIG	ated Bas	SIS				· · ·		
1 Name of periodical	2 Gross advertising income		Direct tising cost	ts	4. Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col I 3) If npute		Circulatio income	οn	6 Reade	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)												
(2)				$\neg \uparrow$							_	
(3)												
(4)				\neg								
Totals (carry to Part II, line (5))												
rotals (carry to rait II, line (5))												5arm 990-T (2010)

4-6027976

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 ▶						
	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)						

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)	·	%	•
(2)		%	
(3)		%	
4)		%	
Total, Enter here and on page 1, Part II, line 14			

Form 990-T (2019)

V

FORM 990T - LINE 12 - OTHER INCOME

OMG WORKING INTEREST

TOTAL OTHER INCOME

2,299.

2,299.

=========

FORM 990T - PART II - LINE 28 - OTHER DEDUCTIONS

OMG WORKING INTEREST EXPENSES

TOTAL OTHER DEDUCTIONS

2,807.

2,807.

============

STATEMENT 3

INCOME	01 01 01 01 01
TAXABLE	
BUSINESS	ij
NRELATED	***************************************
١	=====
33	ij
LINE	::
III,	11
PART	
, L-06	11
FORM 9	::::::::::::::::::::::::::::::::::::::

7. CARRYOVER LOSS	508.	
6. CURRENT YEAR LOSS	508.	/ H 10 11 11 10 10 11 11 11
5. NRT UBTI =======		# II
4 ALLOWABLE LOSS ==========		11 11 11 11 11 11 11 11
3. CURRENT YEAR UBTI		11 11 11 11 11 11 11 11
2. PRIOR YEAR LOSS		
	COLUMN TOTALS	
1. ACTIVITY DESCRIPTION	OMG WORKING INTEREST	