			EXT	ENDED TO NO	VEMB	ER 16, 2020		_	
	Form 990-T		Exempt Orga	anization Bu	sine	ss Income Ta	ax Return	OM	1B No 1545-0047
	ાં તેવે" વેદા		(and proxy tax und	der se	ction 6033(e))	1912	- 4	2040
		For ca	alendar year 2019 or other tax	· · · · <u>———</u>		, and ending		. 4	2019
٠.	Department of the Treasury					ons and the latest informa		Open	to Public Inspection for (3) Organizations Only
	Internal Revenue Service	-	,			de public if your organiza			(3) Organizations Only lentification number
١	A Check box if address changed	i ada	Name of organization (and see instructions.)	, [-	(Employees	trust, see
•	B Exempt under section	⊣ `	1-			OUNDATION, -			0459137
· · · ·	X 501(G)(3)	201		om or suite no. If a P.O. bo				Unrelated b	usiness activity code
	408(e) 220(e	Tuna	Transcor, Sacot, and to	ERN BLVD SE	•			(See instruc	tions)
-	408A 530(a	' I		rovince, country, and ZIP					راد مرس مہما
	529(a)	' -		, NM 87124		* . / 54		3112	0
	C Book value of all assets at end of year			mber (See instructions)					
	443;	894.	G Check organization t	ype ► X- 501(c) co	rporation	501(c) trust	401(a) ti	rust	Other trust
-	H Enter the number of th	-			1	Describe t			
	trade or business here	► RE	NTAL ACTIVI	TY		. If only one, o	complete Parts I-Ų. If	more than	one,
	•			ious sentence, complete f	Parts I an	d II, complete a Schedule	M for each additional	l trade or	
	business, then complete					·	· · ·	1	T
				n affiliated group or a par	ent-subs	idiary coutrolled gronb.	▶, ∟	Yes	X No .
			ntifying number of the par	SECTION CO	MTM D ()	T T TDD Talanha	one number > 56	. 62.	
			de or Business li		NIKO	(A) Income	(B) Expenses	1 . 0 2	(C) Net
	1a Gross receipts or sa		de or business ii	T		(A) modilic	(b) Exponous		(0)1101
	b Less returns and all			C Balance ►	1c				
	2 Cost of goods sold		e A. line 7)	- V Balarico	2		•		
	0 0				3			7	
	4a Capital gain net inco		rom ine ic ial Revenue Servic in Schedule II) yed IIS Bank - US Part II, ine 17) (attach Fo sts	>9	4a				
	b Net gain (loss) (For	m 4797, i	Part II, line 17) (attach Fo	rm 4797)	4b		<u> </u>	İ	
	c Capital loss deducti	on for tru	sts 937 _		4c				
	5 Income (loss) from	a partner	shiporana comorpion	(attach statement)	5				
1	6 Rent income (Sche	dule C) 🛚 '	404 % 2 Fees		6	<i>\</i>			
	7 Unrelated debt-fina	nced inco	me (Schedule E)		7	9,09,4.	7,50)1.	1,503.
1	8 Interest, annuities, i	oyaltıes,	a Complete management rolls	ed organization (Schedule F) 8				
1				organization (Schedule 6	· —				
1	10 Exploited exempt a				10				
-	11 Advertising income	•	•		11			-	
.			ns, attach schedule)	•	12/	9,004.	7,50	11	1,503.
: [13 Total Combine lin			ere (See instructions	13		7,50	7 - 1	1,505.
/	(Deduction	ns must	be directly connected	with the unrelated bus	siness ir	icome)			
			lirectors, and trustees (So					14	
	15 Salaries and wage		(2.				F	15	
	16 Repairs and maint	enance			•			16	
	17 Bad debts					•		17	
	18 Interest (attach sc	hedule) (s	see instructions)					18	
	19 Taxes and licenses	S						19	
	20 Depreciation (attac	-				- 20	9,513.		
m	•	claimed c	on Schedule A and elsewi	iere on return		21a	9,513.	21b	0.
Š	22 Depletion					•	•	22	
SCANNED			propensation plans					23	
Ž	24 Employee benefit	-/		•			<i>*</i>	24	
חַ	25 Excess exempt ex		•				-	25	
ر -	26 Excess readership27 Other deductions		·				-	26	
•	28 Total deductions.						}	28	0.
<				ing loss deduction. Subtr	act line 2	8 from line 13	<u> </u>	29	1,503.
	,			beginning on or after Jani			ł	T -	
4	(see instructions)	- F 9	and an arrangement of the second	gg 5 5. and 5am	, ·, <u>-</u>		~	3 0	0.
,		s taxable	income. Subtract line 30	from line 29			\mathcal{M}_{L}	31	1,503.
	923701 01-27-20 LHA					<u> </u>		J F	orm 990-T (2019)
					3.	4		_	_ ` `



			COUNTRY JUNIOR		TON, II	NC.		85-	0459137	Page 2
Part			elated Business Taxa			·				
32	Total of	unrelated bus	siness taxable income computed	I from all unrelated trades o	ır busınesses (s	ee instructions)	}	3/2	1,5	03.
33	Amount	s paid for dis	allowed fringes		Ω_{α}	7 1	•	83		
34	Charitab	le contributio	ons (see instructions for limitatio	n rules)	rai	1 /		₿4		<u>0.</u>
35	Total un	related busin	ess taxable income before pre-2	018 NOLs and specific ded	uction Subtract	line 34 from the sum of	lines 32 and 33	3 B 5	1,5	03.
36	Deduction	on for net ope	erating loss arising in tax years t	eginning before January 1,	, 2018 (see insti	ructions)		36		
37	Total of	unrelated but	siness taxable income before sp	ecific deduction. Subtract li	ne 36 from line	35 -	7	37	1,5	
38	Specific	deduction (G	Generally \$1,000, but see line 38	instructions for exceptions)		Ą	38	1,0	00.
39	Unrelat	ed business	taxable income. Subtract line 3	8 from line 37. If line 38 is q	greater than line	37,	. /	ПТ		
	enterth	e smaller of z	ero or line 37				{{\{ \	39	5	03.
Part	רון עו	ax Com	putation							
40	Organiz	ations Taxab	le as Corporations. Multiply lin	e 39 by 21% (0 21)		11	•	40	1	06.
41	Trusts 1	axable at Tr	ust Rates. See instructions for t	ax computation. Income tax	on the argount	t on time 39 from:				
	$\overline{}$	x rate schedu			Pa(T	, ,	•	41		
42	Proxy ta	x. See instru	ictions		Poc.		•	. 42		
43	Alternat	ve minimum	tax (trusts only)		•			43		
44	Tax on	Noncompliar	nt Facility Income. See instruction	ons			٠ ــــ	44		
45	Total. A	dd lines 42, 4	43, and 44 to line 40 or 41, whic	hever applies			- (45	1	06.
Part			Payments							
			orporations attach Form 1118, tr	usts attach Form 1116)	. 1	46a				
		edits (see ins		\	111	46b		7		
C		•	dit. Attach Form 3800	or 8827)	1.	46c		-	-	
d	Credit fo	r prior vear r	mınımum tax (attach Form 8801	or 8827) XV		46d				
			nes 46a through 46d	· · · · · · · · · · · · · · · · · · ·		14-1		46e		
47		t line 46e froi	•					47	1	06.
48		xes. Check if		Form 8611 Form 86	697 Form	8866 Other	attach schedule	\rightarrow		
49			47 and 48 (see instructions)				i	49	1	06.
50			pility paid from Form 965-A or Fo	orm 965-B. Part II. column i	(k) line 3			50		0.
			overpayment credited to 2019	, r urt 11, 0010111111	(a)	(5 ₁ 1a	870			
	-	timated tax p	• •		Ų.	5 b		i H		
		osited with F	-			5 c		-		
			s. Tax paid or withheld at source	(see instructions)		5 d		-		
	_	-	(see instructions)	(occ mon conc)		5 e				
		-	loyer health insurance premiums	(attach Form 8941)		51f		-		
			· · · · · · · · · · · · · · · · · · ·	orm 2439		 		7		
9		rm 4136		ther		▶ 5 g				
52			d lines 51a through 51g			<u> </u>		\$2	8	70.
53		-	y (see instructions). Check if For	m 2220 is attached				\$3		
54			less than the total of lines 49, 5		red .			- 14		
55			52 is larger than the total of line				10	\$ \$5	7	64.
\ 58		•	line 55 you want: Credited to 20		ount overpula	764. Re	funded >	56	<u> </u>	0.
Part			nts Regarding Certain		ner Informa			40		<u> </u>
57			ne 2019 calendar year, did the or			•	01101107		Yes	No
•	•	•	unt (bank, securities, or other) ii	•	•	•			100	 ""
			eport of Foreign Bank and Finan	• •	•	•				
	here	>	oport of torongin bank and t man	siai ricoccinio. Il 100, cinto	the name of th	ic foreign country	•			Х
58		he tax year (did the organization receive a dis	tribution from or was it the	e grantor of or	transferor to a forei	on trust?		— 	X
30	_	-	ons for other forms the organiza	-	s grantor or, or	uansieror to, a lorei	gii ii usi:		<u> </u>	
59	,		tax-exempt interest received or a	•	► \$					
						and statements, and to	the best of my k	nowledge and	i belief, it is true,	
Sign	co	rrect, and comp	of pertury, I declare that I have examine pleter Declaration of preparer (other that	an taxpayer) is based on all infor	mation of which p	reparer has any knowle	dge			
Here		. 1	lau ×	111/2/701	DIREC	TOR		-	discuss this return s shown below (see	with
		Signeture o	officer	Date	Title			instructions)		¬ No
-		Print/Tyne	preparer's name	Preparer's signature		Date	Check	ıf PTIN		
_		· · · · · · · · · · · · · · · · · · ·	propurer a name	, reparer a argitature		5410	self- employe			
Paid							our complete	~		
-	parer	Firm's name	е 🏲	1		<u> </u>	Firm's EIN	<u> </u>	·	
Use	Only	, min s main	· •				I IIII 3 LIIV	<u>-</u>		
		Firm's addr	ress >				Phone no			
923711	01-27-20	1	<u> </u>		 ,		1	_	Form 990-T	(2010)
										_ U \ U

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory va	luation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	•		6		
2 Purchases	2		7 Cost of goods sold. Subtract line 6						
3 Cost of labor	3			from line 5. Enter here a	and in F	Part I,			
.4a Additional section 263A costs				ine 2	, [7			
(attach schedule) -	4a		8	Do the rules of section :	263A (v	with respect to		Yes	No
b Other costs (attach-schedule) -	4b			property produced or a	cquired	for resale) apply to			1 5
_5 Total. Add lines 1 through 4b	5			the organization?					<u>L</u>
Schedule C - Rent Income (From Real	Property and	Per	sonal Property I	Lease	ed With Real Prop	erty)		:
(see instructions)								•	
Description of property									
(1)									
(3) •					• •				
(4)						·		•	
_(-)	2. Rent receive	ed or accrued							
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	than	of rent for pe	ersonal p	nal property (if the percenta roperty exceeds 50% or if d on profit or income)	ge	3(a) Deductions directly columns 2(a) and	connected I 2(b) (attac	with the income th schedule)	e in
(1)				 ,					
(2)									
(3)			· · · · · ·	 					
(4)								**	
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2 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 Deb	t-Financed	Income (see ii	nstruc	tions)					
		·		Gross income from		Deductions directly conr to debt-finance			
1 Description of debt-fin	anced property		(or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b	Other deduction	ons e)
					S'	TATEMENT 1	STAT	TEMENT	2
(1) BUILDING				18,000.		9,513.		5,4	484.
(2)						· · · · · · · · · · · · · · · · · · ·			
(3)							1		
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 3	of or a	adjusted basis - illocable to niced property	6.	Column 4 divided by column 5	-	7. Gross income reportable (column 2 x column 6)		Allocable deduction 6 x total of c 3(a) and 3(b))	columns
(1) 150,284.		300,422.		50.02%		- 9,004	 	7.!	501.
(2)		<u> </u>		%			 		
(3)			·	%		· · · · · · · · · · · · · · · · · · ·	İ		
(4)			<u> </u>	%					
			•			inter here and on page 1, Part I, line 7, column (A)		r here and on pa	
							1		501.
Totals ·				▶		9,004	•	7,	onr.
Totals Total dividends-received deductions inc	cluded in column	18		▶]		9,004		7,	0.

Schedule F - Interest, /	Annuities, Roya		ts From C Controlled C			ation	1S (see ins	structio	ns)
1. Name of controlled organizat		ployer . 3 Net un	nielated income se instructions)	4 Tota	al of specified nents made	include	t of column 4 ed in the cont ation's gross	rolling	6 Deductions directly connected with income in column 5
(1)	··		-	† · · · · ·					<u> </u>
(2)					······································				
(3)				•	,				. * ***
(4)				†					
Nonexempt Controlled Organi	zations	<u> </u>		-,	,,				* - ~
7. Taxable Income	8. Net unrelated incor (see instruction		al of specified pay made	ments	10. Part of column the controllingross	mn 9 that ing organ s income	iization's		Deductions directly connected th income in column 10
(1)		,							
(2)						_			
(3)		- 	·					<u> </u>	,
(4)				 					
		-	,		Add colun Enter here and line 8, c	-	1, Part I,	l .	Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals				>			0.		0.
Schedule G - Investme (see insti		Section 501(c)	(7), (9), or	(17) Or	ganizatior	1			
1. Desc	ription of income		2. Amount o	f income	 Deduction directly connected (attach sched) 	ected	4 Set-	-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)									
(2)									
(3)									
(4)				Ī					
			Enter here and Part I, line 9, c	on page 1, olumn (A)					Enter here and on page 1, Part I, line 9, column (B)
Totals		•	•	0.					0.
Schedule I - Exploited (see instru	•	y Income, Oth	er Than A	dvertisi	ng Income	9			
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net incorfrom unrelate business (cominus colun gain, computhrough	d trade or olumn 2 nn 3) If a te cols 5	5. Gross inco from activity is not unrela business inco	that ted	attribut	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					•				7 2. 1 3
(2)	<u> </u>		T						
(3)	1		1				 		
(4)	·		-						
	Enter here and on page 1, Part I, tine 10, col (A)	Enter here and on page 1, Part I, line 10, col (B).					l		Enter here and on page 1, Part II, line 25
Totals >	0.	0	•						0.
Schedule J - Advertisi									
Part I. Income From	Periodicals Rep	oorted on a Co	nsolidated	u Basis	<u> </u>				
1 Name of periodical	2. Gross advertising income	3. Direct advertising cost	or (loss) (col 3) If a g	rtising gain col 2 minus gain comput through 7	5. Circula income		6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							L		
(2)									
(3)									
(4)									7
Totals (carry to Part II, line (5))	D	0.	0.						0.
									Form 990-T (2019)

Form 990-T (2019) SU								045913		age 5
		dicals Report line-by-line basis		a Sepai	rate Basis (For ea	ch perio	dical listed in Pa	art II, fill in -		
1. Name of per	nodical	2 Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (cot 2 minus col 3) if a gain, compute cols 5 through 7		culation 6.	Readership costs	7. Excess readersh costs (column 6 min column 5, but not m than column 4)	านร
(1)	-									
(2)									-	
(3)	. -				,				•	
(4)										
Totals from Part I	₽	0.		0.			•		•	0.
		Enter here and on page 1, Part I, line 11, col. (A)	page	ere and on 1, Part I, I, col (B)		•		•	Enter here and on page 1, Part II, line 26	
Totals, Part II (lines 1-5)	▶	0.	}	0.	_					0.
Schedule K - Co	mpensatio	n of Officers,	Direct	ors, and	Trustees (see in	structio	ns)			
	1. Name		-	-	2 Title		3. Percent of time devoted to business		ensation attributable related business	-
(1)							%			
(2)							%			
(3)							%			
(4)				i i			0/.			

Form 990-T (2019)

Total. Enter here and on page 1, Part II, line 14

FORM 990-T	SCHEDULE E - DEPRECI	ATION DEDUCT	ON	STATEMENT	1
		. •	7.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DESCRIPTION		ACTIVITY NUMBER	AMÖUNT	TOŤĂĹ	_
DEPRECIATION	- SUBTOTĀL	- 1	9,513.	9,75	13.
TOTAL OF FORM 990)-T, SCHEDULE E, COLUMN	3(A)		9,5	13.
				-	
FORM 990-T	SCHEDULE E - OTHE	R DEDUCTIONS		STATEMENT	2
		-	,		•
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
MORTGAGE INTEREST	r - SUBTOTAL	- 1	5,484.	5,4	84.
TOTAL OF FORM 990	O-T, SCHEDULE E, COLUMN	3(B)		5,4	84.
FORM 990-T	AVERAGE ACQUISITIO ALLOCABLE TO DEBT-FI		RTY	STATEMENT	3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
ACQUISITION INDE	STNESS - SUBTOTAL	- 1	150,284.	150,2	84.
TOTAL OF FORM 990	D-T, SCHEDULE E, COLUMN	4		150,2	84.

FORM 990-T AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY		EMENT 4
DESCRIPTION NUMBER AMOUNT		TOTÁL
ADJUSTED BASIS OF PROPERTY SUBTOTAL - 1	422.	300,422.
TOTAL OF FORM 990-T; SCHEDULE E, COLUMN 5		300,422.