leceived In atching Ogden	
DEC O	
8 2020	
1 '	

		EXTEN	NDED TO NOVE	EMBE	ER 16, 2	2020_		,		
Form 990-T	E	Exempt Orgai					ax Returr	ו	OMB No	1545-0047
-		•	nd proxy tax und	er se	ction 6033	(e))	101	7	20	110
	Forca	lendar year 2019 or other tax yea			, and end			6	21	019
Department of the Treasury Internal Revenue Service	•	► Go to www. Do not enter SSN numbe	.irs.gov/Form990T for in rs on this form as it may					.	Open to Put 501(c)(3) Or	blic Inspection for ganizations Only
A Check box if address changed		Name of organization (Check box if name c	hanged	and see instruc	ctions.)		(Empl	oyer identific loyees' trust ictions)	cation number I, see
B Exempt under section	Print								4-100	07751
X 501(c () (3)	or	Of Number street and soom or suite no. If a P.O. how see instructions								ss activity code
408(e) 220(e)	Type	1 ALUMNI HO						(5661)	nstructions)	,
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code BERKELEY, CA 94720 541800								
Book value of all assets		F Group exemption numb		•				 	000	
at end of year 40,813.7	58.	G Check organization typi		oration	501	(c) trust	401(a) trust		Other trust
H Enter the number of the				2	<u></u>		the only (or first) u			
	-	VERTISING IN			If		complete Parts I-V.		than one,	1
describe the first in the b	lank spa	ice at the end of the previou	is sentence, complete Pa	rts I an	d II, complete a	Schedule	M for each addition	nal trade	or	
business, then complete	Parts III	-V.								
1 During the tax year, was	the corp	oration a subsidiary in an a	affiliated group or a parer	ıt-subs	diary controlled	group?	▶	Ye	s X] No
		tifying number of the paren	t corporation.						\ 00 <i>t</i>	
J The books are in care of		ANN TRUONG de or Business Inc	omo		(A) Inco			510		0-8218
		de or business inc	ome	1	(A) Inco	me	(B) Expense	δ		C) Net
*1 a Gross receipts or sale			Datasas	ا . ا						
b Less returns and allow		A line 7)	c Balance	1c 2						
2 Cost of goods sold (S3 Gross profit. Subtract				3						
4a Capital gain net incom				4a		1/2				
• •	•	art II, line 17) (attach Form	4797)	4b		~	?a.			
c Capital loss deduction	-		,	4c		7	2.4			
•		ship or an S corporation (at	tach statement)	15			Car.			
6 Rent income (Schedu	-			6_		90x	6 6 6 6 V			
7 Unrelated debt-financ	ed incor	ne (Schedule E)		7	4	\sim \sim	14:02			
8 Interest, annuities, roy	/alties, a	nd rents from a controlled o	organization (Schedule F)	8_				<u>,6</u>		
9 Investment income of	a sectio	on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9	O _O				<u> </u>	
10 Exploited exempt activ	-	•		10	1.10	2	50.4		 ;	
11 Advertising income (S		•		11	149,	184	53,4	107.		95,777.
12 Other income (See ins				12	140	104	F2 4	0.7	,	<u> </u>
13 Total/Combine lines Part 11 Deductio			• (Coo	13	149,		53,4	.0 / .]		95,777.
		be directly connected wi				octions)				
<u> </u>		rectors, and trustees (Sche					•	14		
15 Salaries and wages	10015, 01	rodioro, and tropicos (como						15		
16 Repairs and mainten	ance							16		
17 Bad debts								17		
18 Interest (attach sche	dule) (s	ee instructions)						18		
19 Taxes and licenses								19		
20 Depreciation (attach	Form 4	362)			L	20		J		
21 Less depreciation cla	aimed/oi	n Schedule A and elsewhere	e on return		2	!1a		21b	<u> </u>	
22 Depletion								22		
23 Contributions to defe		mpensation plans						23		
24 Employee benefit pro	_							24		
25 Excess exempt exper								25		<u> </u>
26 Excess readership co	-	· · · · · · · · · · · · · · · · · · ·			A	am= =	IDMENTO 1	26		95,777.
27 Other deductions (at		·			SEE	STAT	EMENT 1	27	,	1,250.
28 Total deductions. A		=		. l	1 f (40	•	(000)	28		97,027.
/		ncome before net operating					(WAY	29		-1,250.
/	erating l	oss arising in tax years beg	Jiming on or after Januai	y 1, 20		СШУЦ	EMENT 2			0.
(see instructions)	avahla :	ncome. Subtract line 30 fro	m line 20		366	DIMI	THENT M	30 31		-1,250.
		work Reduction Act Notice						-		990-T (2019)

Form 99	O-T (2019) CALIFORNIA ALUMNI ASSOCIATION	94-1007751 Page 2
Part	Total Unrelated Business Taxable Income	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 69,829.
33	Amounts paid for disallowed fringes	33
34	Charitable contributions (see instructions for limitation rules)	34 0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 35	35 69,829.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	69,829.
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,	
	enter the smaller of zero or line 37	68,829.
Parl	t 🎶 \Tax Computation	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40 14,454.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on 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)	43
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 14,454.
Part	t y' Tak and Payments	, ' ,
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	4
b	Other credits (see instructions)	4 1
C	General business credit. Attach Form 3800	4
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	
е	Total credits. Add lines 46a through 46d	46e
47	Subtract line 46e from line 45	47 14,454.
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 14,454.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
51 a	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	↓ '
b	20 19 estimated tax payments	4 1
C	Tax deposited with Form 8868	1 1
d	Foreign organizations: Tax paid or withheld at source (see instructions) 514	4
е	Backup withholding (see instructions)	4 1
f	Credit for small employer health insurance premiums (attach Form 8941)	4
9	Other credits, adjustments, and payments: Form 2439	
52	Total payments. Add lines 51a through 51g	52 14,498.
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 44.
	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56 44.
Parl		1 V N.
57.		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	
		- - -
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	$\frac{1}{x}$
58	If "Yes," see instructions for other forms the organization may have to file.	 1 1 1 1 1 1 1 1 1
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$,
	Under penalties of negury I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowled	dge and belief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge CHIEF FINANCIAL	•
Here	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	lay the IRS discuss this return with ie preparer shown below (see
		structions)? X Yes No
		if PTIN
Paid	and analysis	
	MICHAEL LINCOPN MICHAEL LINCOPN 10/02/20	P01262236
-	Parer Only Firm's name ► MOSS ADAMS LLP Firm's EIN ►	91-0189318
ose	101 SECOND STREET SUITE 900	
		15-956-1500
		Form 990-T /ofâto

Schedule A - Cost of Goods	s Sold. Enter	method of inve	ntory valuation N/A	<u> </u>		
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6
2 Purchases	2		7 Cost of goods sold. S	ubtract l	line 6	
3 Cost of labor	3		from line 5. Enter here	and in l	Part I,	
4a Additional section 263A costs			line 2		L	7
(attach schedule)	4a		8 Do the rules of section	1 263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	l for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income (see instructions)	(From Real I	Property and	d Personal Property i	_ease	d With Real Prope	erty)
1. Description of property						
(1)						
(2)						
(3)						<u>.</u>
(4)						***
		ed or accrued	<u> </u>		3/a \ Deductions directly o	connected with the income in
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	e than	of rent for	and personal property (if the percent personal property exceeds 50% or if ant is based on profit or income)	age	columns 2(a) and	d 2(b) (attach schedule)
(1)						·
(2)						
(3)					_	·
(4)			·			
Total	0.	Total		0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	▶ 0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	e instructions)	т —	3. Deductions directly conni	ected with or allocable
			2. Gross income from		to debt-finance	
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
				ļ	(2112011 2011 2010)	,,
(1)				†		
(2)				1	·	
(3)				1		
(4)						
4, Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to niced property is schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%	Ì	_	
(4)			%			
	•				Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (8)
Totals			•		0.	0.
Total dividends-received deductions in	ncluded in column	18				0.
						Form 990-T (2019)

Schedule F - Interest,	Annuities	s, Royal	ties, an	d Rents	From Cor	ntrolle	d Organiza	tions	see ins	struction	s)	
				Exempt (Controlled Or	ganızatı	ons					
Name of controlled organization	Name of controlled organization C. Employe identification number		Employer identification number 3. Net urrelated in (loss) (see instruct)		elated income instructions)	me 4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		rolling	6. Deductions directly connected with income in column 5	
(1)				 			 .				- · · · ·	
(2)		_ ·		†						$\overline{}$	***	
(3)				1			1				<u> </u>	
(4)				 								
Nonexempt Controlled Organi	ızatıons			1								
7. Taxable Income	T	nrelated incon	ne (loss)	0 Total	of specified paym	onts	10. Part of colur	nn 9 tha	t is included	11 De	ductions directly connected	
7. 10.000 mostile		ee instruction		9. 102	made		in the controlli		nzation's		income in column 10	
(1)	<u> </u>											
(2)				<u> </u>								
(3)				<u> </u>								
_(4)				<u> </u>								
							Add colum Enter here and line 8, c		1, Part I,	Enter h	ld columns 6 and 11 ere and on page 1, Part I, line 8, column (B).	
Totals						>			0.		0 .	
Schedule G - Investme (see inst	ent Incon ructions)	ne of a S	Section	501(c)(7	'), (9), or (1	7) Org	janization				•	
1 . Desc	aption of incor	пе			2. Amount of	ncome	 Deduction directly connected (attach sched) 	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)							 					
(3)								_				
(4)												
					Enter here and o Part I, line 9, col						Enter here and on page Part I, line 9, column (B)	
Totals				<u> </u>		0.					0	
Schedule I - Exploited (see instru	-	Activity	Incom	e, Other	Than Adv	ertisin	g Income					
Description of exploited activity	2. Guurrelated income trade or b	business from	directly of with pr of un	openses connected oduction related as income	4. Net incom from urrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)						Ì				•		
(2)												
(3)												
(4)												
	Enter here page 1, line 10, c	Part I,	page	ere and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 25	
Totals ► Schedule J - Advertisi	na Incon		nstruction		<u>.</u>							
Part I Income From					solidated	Basis						
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, computi	5. Circulati income	ion	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) CAL MAGAZINE	14	49,18	4. 5	3,407	.]		95,5	48.	939,	986.		
(2)												
(3)	ĺ			·								
(4)			1									
			İ		1		_	-				
Totals (carry to Part II, line (5))	▶ 1	49,18	4. 5	3,407	. 95	,777	95,5	48.	939,	986.	95,777 Form 990-T (2019	

Form 990-T (2019) CALIFORNIA ALUMNI ASSOCIATION 94-10077

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	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)				1			
(4)							
Totals from Part I	▶	149,184.	53,407.				95,777.
		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)	▶	149,184.	53,407.				95,777.

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

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		•	0.

Form 990-T (2019)

FORM 990-T		OTHER DEDUCT	IONS	STATEMENT 1
DESCRIPTIO	ON			AMOUNT
TAX PREPAR	ATION FEES	,		1,250
TOTAL TO F	FORM 990-T, PAGE 1,	LINE 27		1,250
FORM 990-T	. NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	DEDUCTION LOSS REMAINING	STATEMENT 2 AVAILABLE THIS YEAR
	· .	LOSS PREVIOUSLY	LOSS	AVAILABLE

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	1	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	▶	149,184.	53,407.				95,777.
		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)	▶	149,184.	53,407.			_	95,777.

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

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		•	0.

Form 990-T (2019)

FORM 990-1	·	OTHER D	EDUCTIO	ons	STATEMENT 1
DESCRIPTIO	N		•		AMOUNT
TAX PREPAR	 RATION FEES				1,250
TOTAL TO F	FORM 990-T, PAGE 1,	LINE 27			1,250
FORM 990-T	net	OPERATING	LOSS DE	DUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLIE		LOSS REMAINING	AVAILABLE THIS YEAR
TAX YEAR 12/31/18	LOSS SUSTAINED	PREVIOUS			•

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

ENTITY

1

Department of the Treasury Internal Revenue Service

For calendar year 2019 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).

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

Employer identification number Name of the organization CALIFORNIA ALUMNI ASSOCIATION 94-1007751 Unrelated Business Activity Code (see instructions) ▶ 532000 ► RENTAL ACTIVITIES Describe the unrelated trade or business Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1 a Gross receipts or sales b Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 3 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 74,504 824,537. 750,033 6 Rent income (Schedule C) 6 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 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12 12 750,033. 74,504. 824,537. Total. Combine lines 3 through 12 13 13 directly connected with the unrelated business income.)

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	3,425.
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 3	27	1,250.
28	Total deductions. Add lines 14 through 27	28	4,675.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	69,829.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	69,829.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	. OTHER DEDUCTIONS	•	STATEMENT 3
DESCRIPTION	•		AMOUNT
TAX PREP FEES		•	1,250.
TOTAL TO SCHEDULE M, E	PART II, LINE 27 .		1,250.

_	
Page	

CALIFORNI	A ALUMNI	ASSOCIA	TION	94-	1007751	
Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation			
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	and in Part I,		
4a Additional section 263A costs			line 2		7	
(attach schedule)	4a		8 Do the rules of section	, ,		Yes No
b Other costs (attach schedule)	4b			acquired for resale) apply	' to	
5 Total Add lines 1 through 4b	5	<u> </u>	the organization?		D	
Schedule C - Rent Income (see instructions)	(From Real	Property and	i Personai Property i	Leased With Real	Property	
Description of property		• • • • • • • • • • • • • • • • • • • •	<u>-</u>			· · · · · · · · · · · · · · · · · · ·
(1) PINECREST CHALET	CAMP RE	NTAL				
(2)				 .		
(3)						
(4)	-					
	2. Rent receive	ed or accrued				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	nt for personal property is more than of rent for p		and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	' colum	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) SEE STATEMENT 4	
(1)	0.		824,5	37.	7	50,033.
(2)					·	
(3)		<u></u>			<u>. </u>	
_(4)						
Total	0.	Total	824,5			
(c) Total income. Add totals of columns		ter	224 5	(b) Total deduc	naco 1	
here and on page 1, Part I, line 6, column		In same /	824,5	3 / . Part I, line 6, colum	in (B)	50,033.
Schedule E - Unrelated Deb	ot-rinanceo	income (see	instructions)			
			2. Gross income from	3. Deductions directions de	ectly connected with or allo ebt-financed property	2016
Description of debt-financed property		or allocable to debt- financed property	(a) Straight line depreci (attach schedule)		(b) Other deductions (attach schedule)	
				(attach schadule)	lattach	acriadule)
(1)			 -			-
(2)					_	
(3)		•				
(4)		·	<u> </u>			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property ischedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	(calumn 6)	ble deductions total of columns and 3(b))
(1)	1	_	%			
(2)	<u> </u>		%			
(3)			%_			
(4)			%	_		
				Enter here and on pag Part I, line 7, column		and on page 1, 7, column (B)
Totals			•			
Totals Total dividends-received deductions in	ncluded in column	8	•		•	

FORM 990-T (M) DEDUCTIONS CONNECTED	WITH RENTAL	INCOME	STATEMENT 4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
EXPENSE RELATED TO CHALET CAMP RENTAL		750,033.	
- SUBTOTAL	- 1	0.	750,033.
TOTAL TO FORM 990-T, SCHEDULE C, COLUM	N 3		750,033.