Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	Form 990-T	Evemr	EXTE	NDED TO NOV	EMBI	ER 15, 201	9 Toy Bot		OMB No 1545-0687
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Enter the number of the organization surelated trades or businesss.			.					541	800
He there the number of the organization's unrelated trades or businesses. 1	C Book value of all assets at end of year				<u> </u>		🗀	404(-)	
trade or business here № ADVERTISINO INCOME If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end off the previous sentence, complete Parts I and II, complete Parts I and III, complete Parts I III and III, complete Parts I III III, and III, complete Parts I III, and III, complete Parts I III,			<u> </u>		<u> </u>				
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If Yes, enter the name and identifying number of the parent corporation.			<u> </u>						
Telephone number		•	•		ent-subs	idiary controlled grou	μ?		Yes X Nu
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					ary 1, 20	18 (see instructions)			
] 32	

53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54		1,	136.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		55			0.
Part	VI Statements Regarding Certain Activities and Other Information (see instructions)					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority				Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			ľ	•	· -
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country					
	here >					x
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?					х
	If "Yes," see instructions for other forms the organization may have to file					
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			Ì		ľ
	Under pagalliag of paying I deglars that I have avanued the sature regulator assessment that the delay of the sature and the sature regulators.	$\overline{}$				

50e

50f

50g

51

52

2,500,

Total

perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the lete. Declaration of preparer (other <u>tha</u>n taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this return with Here Date CHIEF OP & FIN OFFICER the preparer shown below (see Signature of officer instructions)? X Yes Preparer's signature 2019.10.28

Rayard & Barbeyell- 16:14:45-04'00' Print/Type preparer's name PTIN Check Paid self- employed RAYMOND BARBAGALLO P00173692 Preparer Firm's name CHERRY BEKAERT LLP 56-0574444 Firm's EIN ▶ **Use Only** 11200 ROCKVILLE PIKE, SUITE 400 Firm's address ROCKVILLE, MD 20852 Phone no 301-589-9000

e Backup withholding (see instructions)

Form 4136

g Other credits, adjustments, and payments:

51 Total payments. Add lines 50a through 50g

f Credit for small employer health insurance premiums (attach Form 8941)

Estimated tax penalty (see instructions). Check if Form 2220 is attached

Form 2439

Other

Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory v	aluation N/A					
1 Inventory at beginning of year	1		T	Inventory at end of year	ır		6		
2 Purchases	2			Cost of goods sold. Si		ine 6			
3 Cost of labor	3			from line 5. Enter here					
4 a Additional section 263A costs				line 2		•	7		
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	•	•			
5 Total Add lines 1 through 4b	5			the organization?	·	,			
Schedule C - Rent Income ((see instructions)	From Real	Property and	d Per	sonal Property L	.ease	d With Real Prop	erty))	
1. Description of property									
(1)									
(2)									
(3)				<u> </u>					
(4)						-		•	
	2 Rent receiv	ed or accrued							
(a) From personal property (if the perconnection for personal property is more 10% but not more than 50%)	centage of than	of rent for	personal	pnal property (if the percental property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ai	connected (b) (ted with the income in attach schedule)	1
(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	(A)	>			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	e instru	ctions)		_			
			2	. Gross income from		3. Deductions directly con 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 (attach schedule)	s
(1)							+		
(2)		-					1		
(3)			 	_			1		
(4)							1	·=··	
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 n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deducti (column 6 x total of col 3(a) and 3(b))	
(1)				%			1		
(2)				%		 -	7		
(3)	 -		†	%			t		
(4)				%			Ì		
	· ·					nter here and on page 1,		Enter here and on page	
					F	Part I, line 7, column (A)		Part I line 7, column (B)
Totals				▶		0			0.
Total dividends-received deductions in	cluded in column	8					· L .		0.

Schedule F - Interest, A		<u> </u>		Controlled O					struction		
1. Name of controlled organizat	tion	2 Employer (loss) (see number		related income e instructions)		ments made inclui		Part of column 4 that is included in the controlling ganization's gross income		6. Deductions directly connected with income in column 5	
(1)									i		
(2)											
(3)										-	
(4)											
Nonexempt Controlled Organi	zations										
7 Taxable Income		ed income (loss) structions)	9 Total	l of specified payi made	nents	10 Part of colur in the controlli gross	nn 9 that ng organis income	is included zation's	11 De	ductions directly connected income in column 10	
_(1)											
(2)											
(3)											
(4)											
			-			Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 lere and on page 1, Part I, line 8, column (B)	
Totals					>			0.		0.	
Schedule G - Investme		of a Sectio	n 501(c)(7	7), (9), or (⁻	17) Org	janization					
(see insti	ructions)			 	- 1	0.5	T			T =	
1. Desc	ription of income			2. Amount of	income	 Deduction directly connected (attach sched) 	cted	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)	
(1)						·	$\overline{}$				
(2)							Ť				
(3)							\rightarrow				
(4)										"	
Totals			>	Enter here and o Part I, line 9, co		,				Enter here and on page 1 Part I, line 9, column (B)	
Schedule I - Exploited (see instru	-	tivity Incon	ne, Other	Than Adv	ertisin	g Income				<u>-</u>	
Description of exploited activity	2. Gross unrelated busin income from trade or busine	ess directl	Expenses y connected production unrelated ess income	4 Net incomfrom unrelated business (cominus columi gain compute through	trade or lumn 2 n 3) If a e cots 5	5. Gross inco from activity the ls not unrelate business income	hat ed	6 Exp attribute colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)								.,			
(2)											
(3)											
(4)	Enter here and page 1 Part line 10, col (A	, page) line 1	here and on e 1, Part I, 10, col (B)							Enter here and on page 1, Part II, line 26	
Totals ► Schedule J - Advertisir	na Income	(see instruction	0.	l						0.	
Part I Income From F	Periodicale	Reported 4	on a Con	colidated	Pacia						
raiti income riom i	-eriouicais	neportea	on a Cons	solidated	Dasis						
1 Name of periodical	adve	Gross rtising ome ac	3 Direct dvertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5 Circulati	on	6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				,						 	
(2)				٦. ١			1			1	
(3)				7						* ·	
(4)				┥							
				1		1					
Totals (carry to Part II, line (5))	•	0.	C	o.						0	
(4)		<u> </u>		· I						5 000 T (224	

Part II: Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in solumns 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	0.	0.			10 34 50	0.
	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 27
Totals, Part II (lines 1-5)	0.	0.		-		0.

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 (2018)

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
ADVERTISING INCOME		4,100.
TOTAL TO FORM 990-T, PAGE 1,	LINE 12	4,100.
FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS	N/A	4,176,791.
TOTAL TO FORM 990-T, PAGE 1,	LINE 20	4,176,791.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
TELEPHONE INFORMATION TECHNOLOGY		547. 802.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	1,349.

FORM 990-T CONTRIBUTIONS SU	UMMARY STATEMEN	IT 4
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LI	MIT	
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTI FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	ons	`
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	4,176,791	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	4,176,791 693	
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	4,176,098 0 4,176,098	
ALLOWABLE CONTRIBUTIONS DEDUCTION		693
TOTAL CONTRIBUTION DEDUCTION	,	693

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13	115.	0.	115.	115.
12/31/14	23.	0.	23.	23.
12/31/15	6.	`o.	6.	6.
12/31/16	2,828.	0.	2,828.	2,828.
12/31/17	, 581.	0.	581.	581.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	3,553.	3,553.