Department of the Treasury Internal Revenue Service Check box if address changed B Exempt under section **Print** X 501(c **03**) 408(e) 220(e) 408A __530(a) _529(a) Book value of all assets 107, 082, 477. G Check organization type X 501(c) corporation H Enter the number of the organization's unrelated trades or businesses. trade or business here NONE describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ E. MATTHEW GAUTIERI Part I Unrelated Trade or Business Income 51a Gross receipts or sales b Less returns and allowances Cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) Capital loss deduction for trusts C Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11 12 Other income (See instructions; attach schedule) Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated businessuncomes) nue Service Compensation of officers, directors, and trustees (Schedule,K) 14 15 Salaries and wages Repairs and maintenance 16 17 Bad debts Interest (attach schedule) (see instructions) 18 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Less depreciation claimed on Schedule A and elsewhere on return 21 22 Depletion Contributions to deferred compensation plans 23 Employee benefit programs 24 25 Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) 26 27 Other deductions (attach schedule) Total deductions Add lines 14 through 27 28 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 0. 30 Unrelated business taxable income. Subtract line 30 from line 29 31 0. Form **990-T** (2019) 2923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions

Form 990-T

, Form 99	O-T (2018) BCLF VENTURES, INC.	04-	<u>324655</u> 2	2 Page 2
	川 Total Unrelated Business Taxable Income			
`32 <i>f</i>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32		0.
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 33	35		
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	37		
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,0	000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1		
	enter the smaller of zero or line 37	39		<u> </u>
Par	IV Tax Computation			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		0.
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 Dord	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies Tax and Payments	45		0.
		Г		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a 46b 47b 47cb	1		
b	Other credits (see instructions) Consel business gradit Attach Form 2000	-		
C	General business credit. Attach Form 3800 Credit for prior year minimum tax (attach Form 8801 or 8827) 46c 46d	-		
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	47		0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		<u> </u>
49	Total tax. Add lines 47 and 48 (see instructions)	49	-	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0.
	Payments: A 2018 overpayment credited to 2019			
	2019 estimated tax payments 51b	1		
	Tax deposited with Form 8868			
	Foreign organizations: Tax paid or withheld at source (see instructions) 51d	l i		
е	Backup withholding (see instructions) 51e			
f	Credit for small employer health insurance premiums (attach Form 8941) 51f			
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		
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		
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56		
Parl				Т
57	At any time during the 2019 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			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			37
	here			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?			 ^-
50	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$\bigs \$\$			
59		vledge and t	pelief it is true	<u> </u>
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know correct, and complete Declaration expreparer (other than taxpayer) is based on all information of which preparer has any knowledge CHIEF FINANCIAL			
Here	Me VIII I I I I I I I I I I I I I I I I I	•	scuss this return	with
	OTTICES.	structions)?	own below (see	¬ No I
	Print/Type preparer's name Preparer's signature Date Check if	. 1		
~ ·	THOMAC MACHINIDAL THOMAC MACHINIDAL	' ' ''		
Paid	DA 11/04/20	POC	537319	
-	Sale Chile		-257178	
Use	Only Firm's name AAFCPAS, INC. 50 WASHINGTON STREET		<u> </u>	
	Firm's address ► WESTBOROUGH, MA 01581 Phone no. 5	08-36	6-91nn	
202744	Of an an		900 T	

Schedule A - Cost of Good	ls Sold. Enter	method of invei	ntory valuation > N/A					
1 Inventory at beginning 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					
(attach schedule)	4a		8 Do the rules of section 263A (with respect to				Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired for resale) apply to				
5 Total Add lines 1 through 4b								
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leased With Real F	Prope	rty)		
1 Description of property								
(1)				·····				
(2)								
(3)								
(4)			· · · · · · · · · · · · · · · · · · ·					
	2. Rent receiv	ed or accrued		2/a) Dadwahana da				_
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age 3(a) Deductions dii columns 2	(a) and 2(b) (attach schedu	ile)	п
(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		ter >		(b) Total deduction Enter here and on page Part I, line 6, column (8)	1.			0.
Schedule E - Unrelated Del	bt-Financed	I Income (see	instructions)					
			2. Gross income from	3 Deductions directly to debt-fi	connect	ed with or allocat roperty	ole	
1. Description of debt-fi	inanced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	n	(b) Other deductions (attach schedule)		s	
(1)								
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property a schedule)	6. Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)		8 Allocable (column 6 x tot 3(a) and	al of col	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
				Enter here and on page 1, Part I, line 7, column (A)		Enter here and Part I, line 7, c		
Totals			•		0.			0.
Total dividends-received deductions in	ncluded in column	. 8		· · · · · · · · · · · · · · · · · · ·				

Schedule F - Interest, A	Annuille	s, noya	iues, a		Controlled O			auoi	is (see ins	truction	s)
1 Name of controlled organization		2. Employer identification number		3 Net unrelated income (loss) (see instructions)			al of specified nents made			olling connected with income	
(1)											
(2)											
(3)											
(4)		ļ									
Nonexempt Controlled Organiz	zations		.,	<u> </u>			= -		 -,		<u></u>
7 Taxable Income		nrelated incor see instruction		9 Total	of specified payi made	nents	10. Part of coluin the controll gross	mn 9 tha ing orgar s income	nization's		ductions directly connected income in column 10
(1)											
(2)							_			_	
(3)											
(4)		•				_					
							Add colun Enter here and line 8, o		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme (see instr		me of a	Sectio	n 501(c)((7), (9), or	(17) Or	ganizatior)			
1. Descri	ription of inco	me			2 Amount of	income	3 Deduction directly connected (attach scheool)	ected	4. Set-a (attach se		 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals				•		0.					0.
Schedule I - Exploited (see instru		Activity	/ Incom	ne, Othe	r Than Ad		ng Income)			
1 Description of exploited activity	unrelated incom	Bross business e from business	directly with pi of un	xpenses connected roduction irelated ss income	4 Net incomfrom unrelated business (cominus colum gain, compute through	trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6 Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		·									
(2)											
(3)	_										
(4)											
Totals	Enter her page 1 line 10,		page	ere and on 1, Part I,), col (B)							Enter here and on page 1, Part II, line 25
Schedule J - Advertision	ng Inco		nstructio		<u> </u>						
Part I Income From I					solidated	Basis					
1 Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulat	ion	6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(3)					\dashv						
(4)					_				_		
											^
Totals (carry to Part II, line (5))	<u> </u>		0.	0	.•1	-	1				0 . Form 990-T (2019)

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columns 2 through / or	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.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)				Enter here and on page 1, Part II, line 26

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		•	0.

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