4	lf	"Yes," enter the name and identifying number of the parent co	orporation 🕨			
V		ne books are in care of MELISSA HAGAN			Tele	phone
•	Pa	Intel® Unrelated Trade or Business Incom	ne		(A) Income	
	1 a	Gross receipts or sales				
4	b	Less returns and allowances c	Balance -	1c		50
;	2	Cost of goods sold (Schedule A, line 7)		2		T.
	3	Gross profit Subtract line 2 from line 1c		3		
	4 a	Capital gain net income (attach Schedule D)		4a	-801,138	• 22
	b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 47	97)	4b		
•	C	Capital loss deduction for trusts -		4c	1	
∞	5	Income (loss) from a partnership or an S corporation (attac	h statement)	5		
8988	6	Rent income (Schedule C)		6		A STATE OF THE PARTY OF THE PAR
∞	7	Unrelated debt-financed income (Schedule E)		7	166,752	
α	8	Interest, annuities, royalties, and rents from a controlled orga	inization (Schedule F)	8		
•	9	Investment income of a section 501(c)(7), (9), or (17) organ	nization (Schedule G)	9		
_	10	Exploited exempt activity income (Schedule I)		10		
	11	Advertising income (Schedule J)		/11		
اسب	12	Other income (See instructions, attach schedule)		12		ù
	13	Total. Combine lines 3 through 12		13	-634,386	
\mathbf{Z}	Pa	Deductions Not Taken Elsewhere				i)
SCANNED MAY 1 1 2022		(Deductions must be directly connected with	the unrelated busine	ess inc	ome)	
5=4	14	Compensation of officers, directors, and trustees (Schedul	e K)			
	15	Salaries and wages				
≽	16	Repairs and maintenance				
Ž	17	Bad debts				
Ω	18	Interest (attach schedule) (see instructions)				
凹	19	Taxes and licenses				
\leq	20	Depreciation (attach Form 4562)		_		
Æ	21	Less depreciation claimed on Schedule A and elsewhere or	n return	ļ	RECEIVE!	<u> </u>
ပ္က	22	Depletion		Lar		$\neg \neg$
9)	23	Contributions to deferred compensation plans		C125	MAY 2 0 202	, 1
	24	Employee/benefit programs		0	WIA1 20 202	۱ '
	25	Excess exempt expenses (Schedule I)		1 -	0005	
	26	Excess readership costs (Schedule J)		L	OGDEN, U	T
	27	Other deductions (attach schedule)				
	28	Total deductions Add lines 14 through 27				

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Unrelated business taxable income Subtract line 30 from line 29 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions

29 30

(see instructions)

	-				-					_	-
	(,	·									
١,	60"			EX	TENDED TO M	AY 1	7, 2021	2939	36	9206439	9 2
•,	,a Sorm	990-T	l E	Exempt Orga				ax Řeturn	Ĭ	OMB No 1545-0047	
0	FOIT				nd proxy tax und			2006	· [_
			For ca	alendar year 2019 or other tax year			,	N 30, 202	0	2019	
	D						ons and the latest inform		_ L	2013	
		tment of the Treasury al Revenue Service	▶	Do not enter SSN numbe						Open to Public Inspection fo 501(c)(3) Organizations Only	or '
	A [Check box if		Name of organization (Check box if name of	hanged	and see instructions)			oyer identification number loyees trust, see	_
		address changed	ļ	ROSEVILLE C		VEL(OPMENT		instru	ctions)	
		xempt under section	Print	CORPORATION	, INC.					7-5551434	_
	X	501(c ()3)	or Type	Number, street, and room		x, see ii	nstructions			ated business activity code instructions)	
	느	408(e) 220(e)	.,,,,	311 VERNON					ļ		
	F			City or town, state or pro	•	r foreig	n postal code		E 2 1	100	
	 o Bo	529(a)		ROSEVILLE, F Group exemption number	car (See instructions)	_			531	120	
	at	end of year 3 027 8	30.	F Group exemption number G Check organization type	e X 501(c) cor	noratio	501(c) trust	401(a)	truet	Other trust	-V
	H Er	iter the number of the	organiza	ation's unrelated trades or b	ousinesses.	1		the only (or first) un		Other trast	_
			-	NTAL OF COMM	· · · · · · · · · · · · · · · · · · ·	ERT		complete Parts I-V		than one.	
		-		ace at the end of the previous				•		·	
		siness, then complete									
<i>\</i> 1.	A Di	iring the tax year, was	the corp	poration a subsidiary in an	affiliated group or a parei	nt-subs	diary controlled group?	▶ [Ye	s X No	
4				tifying number of the parer							_
V				MELISSA HAGA de or Business Inc				one number > 9			_
	£ 20.27	gegreeur-		ue or business inc	ome	1	(A) Income	(B) Expenses	1/74G2000	(C) Net	
		Gross receipts or sale			- Delenes	4.					Ç'
	2	Less returns and allow Cost of goods sold (S		Λ line 7)	c Balance	1c 2				である。 は 数数 1 と 1 と 1 と 1 と 1 と 1 と 1 と 1 と 1 と	-
	3	Gross profit Subtract				3				227 00 12 202 12 202	23.
	-	Capital gain net incom				4a	-801,138.			-801,138.	_
			•	Part II, line 17) (attach Form	ı 4797)	4b					_
		Capital loss deduction		• •	•	4c	1				_
∞	5	Income (loss) from a	partners	ship or an S corporation (a	ttach statement)	5					_
9	6	Rent income (Schedu	le C)			6					_
∞	7	Unrelated debt-finance	ed incor	me (Schedule E)		7	166,752.	656,5	95.	-489,843.	<u>. </u>
α	8			and rents from a controlled	•	8					_
	9			on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9					_
	10	Exploited exempt activ	-			10					_
	11 12	Advertising income (S Other income (See ins				12					-
	13	Total. Combine lines		· ·		13	-634,386.	656.5	95.	-1,290,981.	_
4	_	rt II Deductio	ns No	ot Taken Elsewher	e (See instructions for	or limita		, , , , ,			_
7707				be directly connected wi							
⊸	14	Compensation of offi	icers, di	rectors, and trustees (8che	dule K)				14		_
- -(15	Salaries and wages							15		_
> =	16	Repairs and mainten	апсе						16		_
\geq	17	Bad debts							17		_
Э	18	Interest (attach sche	sı) (dule) م	ee instructions)					18		_
Ä	19	Taxes and licenses						<u>47</u> ,823.	19		_
=	20	Depreciation (attach	#	562) n Schedule A and elsewher	o on return		RECEIVED			0.	
SCAINNELD MAY	21 22	Depletion Depletion	anneu Ul	II OCHEUNIE A AHU EISEMHEN	5 On ICLUIII	† -		1	21b 22		<u>'</u>
)	23	Contributions to defe	erred co	mpensation plans		25	MAY O O COC:	RS-OSC	23		_
	24	Employee benefit pro		E accountant browns		C125	MAY 2 0 2021	12/	24	_ .	-
	25	Excess exempt exper	-	chedule I)		IL	.	<u> </u>	25		_
	26	Excess readership co				1	OGDEN, UI	-	26		_
	27	Other deductions (att	tach sch	nedule)			<u></u>	 J	27		

-1,290,981. Form 990-T (2019)

290,

981.

		ROSEVILLE COMMUNITY DEVELOPMENT CORPORATION, INC.			3331434 Page 2
ggar		Total Unrelated Business Taxable Income			
32		unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	,		<u>1,290,981.</u>
33	Amoun	ts paid for disallowed fringes		33	
34		ble contributions (see instructions for limitation rules)	1	- 34	0.
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines	32 and 33	ク 35 -	1,290,981.
36	Deduct	on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	4T <u>1</u>	36	0.
37	Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 35	_	l 37 –	<u>1,290,981.</u>
38	Specific	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8	38	1,000.
39	Unrela	ed business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,		. 🗆	
	enter th	e smaller of zero or line 37	1	39 -	1,290,981.
Par	t IV	Tax Computation		. 1	
40	Organi	rations Taxable as Corporations Multiply line 39 by 21% (0 21)		▶ 40	0.
41		Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from		3. P.	
		ax rate schedule or Schedule D (Form 1041)	Þ	▶ 41	
42	Proxy t	ax See instructions	•	► 42	
43	-	tive minimum tax (trusts only)	_	43	
44		Noncompliant Facility Income See Instructions		44	
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0.
Par		Tax and Payments		1 40 1	
		tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		1011/2012	
b	_	redits (see instructions)			
		business credit. Attach Form 3800 46c			
ن		or prior year minimum tax (attach Form 8801 or 8827)			
d		redits Add lines 46a through 46d			
		et line 46e from line 45		46e	0.
47				47	
48			n schedule		0.
49		x Add lines 47 and 48 (see instructions)		49	
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	0.
	-	nts: A 2018 overpayment credited to 2019			
		stimated tax payments 51b			
		osited with Form 8868 51c			
	-	organizations: Tax paid or withheld at source (see instructions) 51d			
	-	withholding (see instructions) 51e		- [발생]	
		or small employer health insurance premiums (attach Form 8941)		Bac de	
g		redits, adjustments, and payments: Form 2439			
		orm 4136 Other Total ▶ <u>51g</u>		28.6 J.	
52	•	ayments. Add lines 51a through 51g		52	
53		ed tax penalty (see instructions). Check if Form 2220 is attached		53	
54		e If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	>	54	
55		yment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55	
56		e amount of line 55 you want: Credited to 2020 estimated tax		<u> 56 </u>	
Part		Statements Regarding Certain Activities and Other Information (see instruction	ıs) <u> </u>		
57		ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
		inancial 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			1027 C
	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 tr	ust?		X
	If "Yes,	see instructions for other forms the organization may have to file			
59		e amount of tax-exempt interest received or accrued during the tax year 🕨 💲			NAME OF STREET
0:	Uı	ider penalties of perjury, I declare that I bard examined this return, including accompanying schedules and statements, and to the best rrect, and complete. Declaration of which preparer has any knowledge	of my know	ledge and beli	ef, it is true,
Sign					iscuss this return with
Here		Standature of officer Date CEO Title		-	hown below (see
		Signature of officer Date Title	[instructions)?	X Yes No
		Print/Type preparer's name Preparer's signature Date Chei	ж 🔲	ıf PTIN	
Paic	1		employe	d	
	barer	CATHERINE L. GRAY CATHERINE L. GRAY 05/11/21			1294460
•	Only	Firm's name ► EIDE BAILLY LLP Fire	n's EIN		-0250958
230	y	10681 FOOTHILL BLVD., STE. 300			
			one no	<u>909</u> -4	66-4410
					

Schedule A - Cost of Goods	Sold Enter	mathad of invent		aluation N/A					
	1 1	method of invent	1		-				
1 Inventory at beginning of year2 Purchases	2	_	1	Inventory at end of year		line C	6		
3 Cost of labor	3		1 ′	from line 5. Enter here:					
	3		ł		ano m	raiti,			
4 a Additional section 263A costs	4.		_	line 2	0004/		7	1	es No
(attach schedule)	4a		8	Do the rules of section	•	•		<u> </u>	62 NO
b Other costs (attach schedule)	_4b			property produced or a	cquirec	i for resale) apply to			_
5 Total Add lines 1 through 4b Schedule C - Rent Income (Droperty and	Dor	the organization?	9369	d With Boal Prop	artı(<u> </u>	
(see instructions)	· · · · · · · · · · · · · · · · · · ·	r roperty und		sonar roperty E	casc	a with hear rop	ci ty,	,	
Description of property	_		,		_				
(1)									
(2)									
(3)									
(4)									
	2 Rent receiv	ed or accrued				24.12			
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	of rent for pe	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	je	3(a) Deductions directly columns 2(a) an	connec d 2(b) (ted with the incom attach schedule)	ne in
(1)					-	-	-		
(2)									
(3)									
(4)									_
Total	0.	Total			0.				
(c) Total income Add totals of columns there 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)	nstru	ctions)		1	_		
			2	Gross income from		3 Deductions directly conn to debt-finance			
1 Description of debt-fin	anced property			or allocable to debt- financed property	` `	Straight line depreciation (attach schedule)		(b) Other deduction (attach scheduction)	
					S	TATEMENT 4	_	<u> PATEMEN'</u>	
(1) 238 VERNON STREET				166,752.		41,322.	_	615,	273.
(2) 110 PACIFIC STREE	<u>cr</u>					6,501.	4_		
(3)							+-		
(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 n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	,	8 Allocable ded (column 6 x total o 3(a) and 3(l	f columns
(1) 1,004,262.		378,140.		100.00%		166,752.		656,	595.
(2)				%					
(3)				%			Т		
(4)				%					
STATEMENT 2	STAT	EMENT 3				nter here and on page 1, Part I, line 7, column (A)		Enter here and on p	
Totals				>		166,752.		656.	595.
Total dividends-received deductions in	cluded in column	ı 8				•	1	,	0.

Form 990-T (2019) CORPORATION, INC.

Schedule F - Interest, A	nnuities	s, Royan			Controlled O			itions	see ins	struction	<u> </u>
		_						Т.		1	
Name of controlled organization	on	2 Emp Identific num	cation		elated income instructions)	4 To	tal of specified ments made	includ	rt of column 4 led in the cont ation's gross	rolling	6 Deductions directly connected with income in column 5
(1)		_			,	_					
(2)							-				
(3)					,						-
		· · ·	 								
(4)	-ations		 					L			
Nonexempt Controlled Organiz											
7 Taxable Income		related incom ee instructions		9 Total	of specified payi made	ments	10 Part of column the controlling gross		nization's		eductions directly connected in income in column 10
(1)				*************							
(2)							_				
											•••••
(3)			-		-						
(4)											
				,			Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals		V.				•			0.		0.
Schedule G - Investment (see instri		ne of a S	Section 50)1(c)(7), (9), or (17) Org	ganization				
	······································						3 Deductio	ns	T		5 Total deductions
	iption of incon	ne			2 Amount of	ıncome	directly conne (attach sched	ected	4 Set- (attach s	asides schedule)	and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and Part I line 9 co		naprajanestijana a				Enter here and on page 1 Part I line 9 column (B)
Tatala						0.					
Schedule I - Exploited I	-	Activity	Income,	Other	Than Adv		ig Income				0.
(see instru	ctions)								r		
Description of exploited activity	2 Gi unrelated t income trade or b	ousiness from	3 Expensions directly connumber with produce of unrelated business incomes and the control of th	ected tion ed	4 Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	that ted	attribut	censes able to mn 5	7 Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)											
(1)											
(2) .											
(3)											
(4)											
	Enter here page 1, line 10, d	Part I,	Enter here a page 1, Pa line 10, col	rt I,				ja e			Enter here and on page 1, Part II, line 25
Totals		0.		0.				9			0.
Schedule J - Advertisin	a Incon		natri intiona)	0.	EDVINGE CONTRACT	A SALSON MENTAL STATES	W. State Land Co. Marketon		Purch America (Paris 1987)	SEASSES AND PROPERTY OF	<u> </u>
				0	ام ما ما اما	Dania					
Part I Income From F	'eriodica	als Hepo	orted on a	Cons	solidated	Basis					
1 Name of periodical		2 Gross advertising income		Direct ing costs			5 Circulal e income		6 Read cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					SMA.	12.00					
(2)							Ž.				
	-										
(3)									ļ		
(4)					150 X 1823		X		ļ . <u> </u>		
Totals (carry to Part II, line (5))	•	(o.	0							0.

Form 990-T (2019) CORPORATION, INC.

27-55514

Pair III 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)

	0			·			
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)							·- ·
(4)							
Totals from Part I	•	0.	0.			\$1,75 2 \\$1.75\\$69	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 26
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	4 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	NET	OPERATING	LOSS	DEDUCTION		STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLII		LOS REMAI		AVAILABLE THIS YEAR
06/30/15 06/30/16 06/30/18	67,957. 173,195. 53,917.		72,331. 100,864.		0. 00,864. 53,917.	0. 100,864. 53,917.
NOL CARRYOV	154,781.					
FORM 990-T	SCHEDULE E - AVE	RAGE ACQUIS	SITIO		ACTIVITY NUMBER	STATEMENT 2 AMOUNT OF
238 VERNO	N STREET				1	OUTSTANDING DEBT
BEGINNING	FIRST MONTH SECOND MONTH THIRD MONTH FOURTH MONTH FIFTH MONTH SIXTH MONTH SEVENTH MONTH EIGHTH MONTH NINTH MONTH TENTH MONTH ELEVENTH MONTH TWELFTH MONTH					2,268,840. 2,268,840.
	ALL MONTHS MONTHS IN YEAR					4,537,680.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

AVERAGE AQUISITION DEBT

378,140.

 		
FORM 990-T	SCHEDULE E - UNRELATED DEBT-FINANCED INCOME	STATEMENT 3
	AVERAGE ADJUSTED BASIS	

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	
238 VERNON STREET	1	AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR	-	1,675,621. 332,902.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR	- -	1,004,262.

TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5

FORM 990-T	SCHEDULE E - DEPRECIA	TION DEDUCT	ION	STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION			41,322.	
DEPRECIATION	- SUBTOTAL -	1	C E01	41,322
DEFRECIATION	- SUBTOTAL -	4	6,501.	6,501
TOTAL OF FORM 99	0-т, SCHEDULE E, COLUMN	3(A)		47,823

FORM 990-T	SCHEDULE E - OT	HER DEDUCTIONS		STATEMENT 5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
BANK CHARGES FEDERAL & STATE INC PROPERTY TAX TENANT IMPROVEMENTS INT EXP-DEFERRED INTEREST EXPENSE-(S LEGAL FEES BAD DEBT INSURANCE			106. 800. 13,592. 7,589. 25,049. 11,671. 9,055. 547,411.	615,273.
PROFESSIONAL FEE PROPERTY TAX REPAIRS				
TOTAL OF FORM 990-T	, SCHEDULE E, COLU	MN 3(B)		615,273.