Faem <b>990-T</b>	EXTEND Exempt Organiz	ED TO NOVEME		ax Return	OMB No 1545-0047
rcem JJO I		proxy tax under s		((1))	
	For calendar year 2019 or other tax year be	-	, and ending	1917	2019
Department of the Treasury	► Go to www.irs.	gov/Form990T for instruc	tions and the latest inform	ation.	
Internal Revenue Service	Do not enter SSN numbers o	n this form as it may be n	nade public if your organiz		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (	Check box if name chang	ed and see instructions )	(Emj	loyer identification number ployees' trust, see uctions )
B Exempt under section	Print COLUMBUS HOUS	ING PARTNERS	SHIP, INC.		1-1208260
X 501(c <b>()/3</b> )	Number, street, and room or		instructions.		lated business activity code instructions )
408(e) 220(e)	3443 AGLER RO		<del></del>		
408A 530(a) 529(a)	City or town, state or provinc COLUMBUS, OH	43219	ign postal code	900	0000 /
C Book value of all assets at end of year	F Group exemption number				
	55. G Check organization type			401(a) trust	Other trust
	organization's unrelated trades or busing			the only (or first) unrelated	
	DEBT FINANCED RE			complete Parts I-V If mor	
business, then complete	lank space at the end of the previous s	entence, complete Parts 1	and II, complete a Schedule	IN TOF EACH ADDITIONAL TRAD	E UI
	the corporation a subsidiary in an affili	ated group or a parent-sub	osidiary controlled group?	▶	es X No
	nd identifying number of the parent co		on the state of th	,	03 (== 110
	► VALORIE SCHWAR		Teleph	one number ▶ 614-	221-8889
Part I Unrelated	d Trade or Business Incon	ne	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sale	s			•	
b Less returns and allow	vances c	Balance   1c			
2 Cost of goods sold (S	chedule A, line 7)	2			
3 Gross profit. Subtract		3		_	
4a Capital gain net incon	•	<u>4a</u>	1		
•	4797, Part II, line 17) (attach Form 47	· —			
c Capital loss deduction		statement) 5			_
<ul><li>5 Income (loss) from a</li><li>6 Rent income (Schedu</li></ul>	partnership or an S corporation (attact	1 Statement) 5			<del> </del>
•	ed income (Schedule E)	7	195,467	240,407.	-44,940.
	alties, and rents from a controlled orga	<del></del>	1 2 2 3 7 2 7 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
- · · ·	a section 501(c)(7), (9), or (17) organ	· · · · · · · · · · · · · · · · · · ·			
10 Exploited exempt activ	vity income (Schedule I)	10			
11 Advertising income (S		11			
12 Other income (See in:	structions; attach schedule)	12			
13 Total. Combine lines				240,407.	-44,940.
Part II Deductions	ns Not Taken Elsewhere must be directly connected with t	See instructions for lim	itations on deductions)		
				14	<u> </u>
	cers, directors, and trustees (Schedule	N REC	CEIVED.	14	<del>                                     </del>
<ul><li>15 Salaries and wages</li><li>16 Repairs and mainten</li></ul>	ance			16	
17 Bad debts	nice -	NOV	(2 3 2020 S	17	
	dule) (see instructions)		- R	18	
19 Taxes and licenses		OGI	DEN, UT	19	
20 Depreciation (attach	Form 4562)		20	62,453.	
21 Less depreciation cla	imed on Schedule A and elsewhere on	return	21a	62,453. <sub>21b</sub>	0.
22 Depletion				22	
	erred compensation plans			23	
24 Employee benefit pro				24	
25 Excess exempt expe				25	<del> </del>
26 Excess readership co				26	
27 Other deductions (at				27	0.
	dd lines 14 through 27 axable income before net operating los	e deduction. Subtract line	28 from line 12	28	-44,940.
/	axable income before het operating los erating loss arising in tax years beginn			<u>  59</u>	44,740.
(see instructions)	realing toos enoting in tax years beginn	my on or alter dalidary I,	SEE STAT	EMENT 1 30	0.
<i>,</i> '	axable income. Subtract line 30 from li	пе 29		31	-44,940.
	r Paperwork Reduction Act Notice, se				Form <b>990-T</b> (2019)

		COLUMBUS HOUS			NC.			3	1-1208	3260	Page 2
		tal Unrelated Busine						<del>  1</del>		4 0/	40
32	•	related business taxable incon	ne computed	i from all unrelated trades o	or businesses (s	ee instructions)		1   32	<del></del>	4,94	<u>+ U .</u>
33	•	aid for disallowed fringes						83			
34		contributions (see instructions					c	= 124		14 04	0.
35		ated business taxable income l					lines 32 and 33			14,94	
36		for net operating loss arising i					STMT 2	,   Be		4 0	0.
37		related business taxable incon				35	,	37	_	1 94	
38	•	duction (Generally \$1,000, bu					٤	<b>&gt;   </b> 38	-	1,00	10.
39	Unrelated	<b>business taxable incom</b> e. Su	ubtract line 3	8 from line 37. If line 38 is	greater than line	37,	1	ıH	l.,		4.0
		maller of zero or line 37							- 4	4,94	<u> 40.</u>
Part		x Computation						<del>-</del> -			
40		ons Taxable as Corporations.			-			40	)		0.
41	Trusts Tax	able at Trust Rates. See instr	ructions for t	ax computation. Income tax	x on the amount	on line 39 from.			-		
	Tax r	ate schedule or Sche	dule D (Form	1 1041)				41			
42	Proxy tax	See instructions					•	42	2		
43	Alternative	minimum tax (trusts only)						43	T T		
44		compliant Facility Income						44	<del>!   </del>		
45		lines 42, 43, and 44 to line 40	or 41, which	never applies				45	<u>i</u>		0.
Part		x and Payments				· r r		_			
46 a	Foreign tax	credit (corporations attach Fo	orm 1118, tr	usts attach Form 1116)		46a		4			
b	Other cred	ts (see instructions)				46b		4	ŀ		
C		siness credit. Attach Form 380				46c		4	•		
d	Credit for p	rior year minimum tax (attach	1 Form 8801	or 8827)		46d		<b>⊣</b> —	_		
е	Total credi	ts Add lines 46a through 46d	i					46	е		
47	Subtract lin	ie 46e from line 45	_	_				47	7		0.
48		· · · · · · · · · · · · · · · · · · ·	1 4255 📖	Form 8611 Form 86	697 Form	8866 Other	(attach schedule)	48	3		
49	Total tax.	Add lines 47 and 48 (see instr	uctions)					49	<u> </u>		0.
50	2019 net 9	65 tax liability paid from Form	965-A or Fo	rm 965-B, Part II, column	(k), line 3	1 1		50	)		0.
51 a	Payments	A 2018 overpayment credited	d to 2019			51a		4			
b	2019 estim	ated tax payments				51b		4			
C	Tax deposi	ted with Form 8868				51c		4			
d	Foreign or	ganizations <sup>.</sup> Tax paid or withhe	eld at source	(see instructions)		51d		4			
е	Backup wit	hholding (see instructions)				51e		4			
f	Credit for s	mall employer health insurance	ce premiums	(attach Form 8941)		51f		4			
9	Other cred	ts, adjustments, and payment	ts 🖳 F	orm 2439							
	Form	4136	_ 🗀 0	ther	Total	► 51g		<b>-</b>	_		
52	Total payn	ents Add lines 51a through !	51g		_			52	2		
53	Estimated 1	tax penalty (see instructions).	Check if For	m 2220 is attached 🕨				53			
54	Tax due If	line 52 is less than the total o	of lines 49, 5	0, and 53, enter amount ow	red		<b>•</b>	54			
55	Overpaym	ent. If line 52 is larger than th	e total of line	es 49, 50, and 53, enter am	ount overpaid		<b>&gt;</b>	5			
56		mount of line 55 you want Cr					funded	56	<u> </u>		
Par		atements Regarding					ictions)				
57		e during the 2019 calendar yea								Yes	No
		ncial account (bank, securities									,
	FinCEN For	m 114, Report of Foreign Ban	ik and Financ	cial Accounts If "Yes," enter	the name of the	e foreign country					<u></u> -
	here 🕨				<del></del>					$\vdash$	X
58		tax year, did the organization			e grantor of, or	transferor to, a fore	ign trust?			$\vdash$	X
		e instructions for other forms	•	•							
59		mount of tax-exempt interest								1 1	
C:		penalties of perjury, I declare that I tand complete Declaration of prep	have examined parer (other that	i this return, including accompan n taxpayer) is based on all inforπ	iying schedules and nation of which prej	d statements, and to the parer has any knowledg	e best of my knowl je	edge a	nd belief, it is tru	10,	
Sign	i	Jaloni E. M.	<u> </u>	و والمالية				May the	IRS discuss the	ıs return w	/ith
Here		Jungue G. XII	KWang	Mark 111/2/20	CFO				parer shown bel		٦ ا
		ignature of officer /	()	Date •	11118					es	No
	P	rınt/Type preparer's name		Preparer's signature		Date	Check		PTIN		
Paid							self- employed	d	20055	7000	
Pre	varer —	ATTHEW SHROYEI		MATTHEW SHRO		11/12/20	1		P00737		
	Only 🕒	rm's name ► CLARK,		FER, HACKETT			Firm's EIN	<u> </u>	31-080	1005	<u> </u>
	-			IN STREET, S	SUITE 50	טע			200		
	F	rm's address > SPRI	NGFIEL	D, OH 45502			Phone no.	937	<u>-399-2</u>	_	
923711	01-27-20								Form 9	990-T (	(2019)

Schedule A - Cost of Goods	Sold. Enter	method of invento	ory valuation 🕨 N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	г		6		
2 Purchases	2		7 Cost of goods sold. Su	ıbtract lı	ine 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,					
4 a Additional section 263A costs			line 2					
(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			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (	From Real	Property and	Personal Property L	eased	d With Real Prop	erty	)	
(see instructions)			We.				<u></u>	
1. Description of property							-	
(1)								
(2)								
(3)								
(4)								
		ed or accrued			3(a) Deductions directly	connec	ted with the income in	
<ul> <li>(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)</li> </ul>	entage of than	of rent for per	d personal property (if the percentag rsonal property exceeds 50% or if is based on profit or income)	ge .	columns 2(a) ar	nd 2(b) (	attach schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns a	` ' ' '	ter		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb		Income (see in	nstructions)		· · · · · · · · · · · · · · · · · · ·			
			2 Gross income from		3. Deductions directly cont 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)	ıs
_				S	TATEMENT 5		<u> </u>	6
(1) AGLER ROAD PROPER	RTY		251,858.		62,453		247,3	10.
(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 illocable to nced property i schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1) 1,978,853.	2	,549,765.	77.61%		195,467		240,4	07.
(2)			%				•	
(3)			%					
(4)			%					
STATEMENT 3	STAT	EMENT 4			nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column (	
Totals			▶Ì		195,467	.	240,4	07.
Total dividends-received deductions in	cluded in columi	n 8	· .		<u> </u>	-		0.
							Form 990-T	(2010)

(1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Schedule F - Interest,	<del>- · </del>				Controlled O				<del></del>	structions	
Common   Controlled Organizations   Section	Name of controlled organiza	ition	identif	cation			ments made included in the controlling		olling	connected with income		
An example Controlled Organizations   Secretaristic received (less)   Secretaristic received	(1)									-		
Anticontempt Controlled Organizations   Residence	(2)											
Nonexempti Controlled Organizations  7 Taxable Income 8 Net available decrease (see insproclared) 9 Net available Income 10 Net available (see insproclared) 10 Per of advance Plant a validad (see insproclared) 11 Description of more in a column 10 in the controlling organization's gross income with income in column 10 in the controlling organization's gross income with income in column 10 in the controlling organization's gross income with income in column 10 in the controlling organization's gross income with income in column 10 in the controlling organization's gross income with income in column 10 in the controlling organization's gross income with income in column 10 in the column (see instructions) 10 Act columns fault 1 fine 8, column (see instructions) 11 Description of more in column 10 income in column 10	(3)											
Tasable income   8   Naturealizad income (loss) (see instructions)   9, Teal of specified payments and to come in the configure grapheses of the come on column 10 or income or goods income with income in column 10 or income or goods inc	(4)								<u></u>			
(1) (2) (3) (4)  Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (9) (1) (2) (3) (4)  Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (9) (1) (2) (3) (4)  Add columns 5 and 11 Enter here and on page 1, Part 1, line 8, column (9) (1) (2) (3) (4)  Add columns 5 and 11 Enter here and on page 1, Part 1, line 8, column (9) (1) (2) (3) (4)  Description of Income  2. Amount of monage (1) (2) (3) (4)  Enter here and on page 1, Part 1, line 8, column (9) (1) (2) (3) (4)  Enter here and on page 1, Part 1, line 8, column (9) (1) (2) (3) (4)  Enter here and on page 1, Part 1, line 8, column (9) (1) (2) (3) (4)  Enter here and on page 1, Part 1, line 8, column (9) (4)  Enter here and on page 1, Part 1, line 8, column (9) (5) (6) (7) (8) (9)  Enter here and on page 1, Part 1, line 8, column (9) (6) (7) (8) (8) (9)  Enter here and on page 1, Part 1, line 9, column (9) (9)  Enter here and on page 1, Part 1, line 9, column (9) (1) (2) (3) (4)  Enter here and on page 1, Part 1, line 9, column (9) (5) (6) (7) (8) (8) (9) (9)  Enter here and on page 1, Part 1, line 9, column (9) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Nonexempt Controlled Organ	ızatıons										
(d)  Add columns 6 and 10 Enter here and on page 1, Part I, Inne 8, column (A)  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1. Description of income  (1)  2. Amount of income (see instructions)  1. Description of income (see instructions)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of income in the see and on page 1, Part I, Inne 8, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of income in the see and on page 1, Part I, Inne 8, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of income in the see and on page 1, Part I, Inne 8, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of income in the see and on page 1, Part I, Inne 8, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of income in the see and on page 1, Part I, Inne 8, column (A)  Schedule J - Advertising Income (see instructions)  1. Description of income in the see and on page 1, Part I, Inne 8, column (A)  Schedule J - Advertising Income (see instructions)  1. Name of periodical Reported on a Consolidated Basis  1. Name of periodical Reported on a Consolidated Basis  1. Name of periodical Reported on a Consolidated Basis  1. Name of periodical Reported on a Consolidated Basis	~ 7 Taxable Income				_ 9. Total		nents	in the controll	ing organ	nization's		
(d)  Add columns 6 and 10 Enter here and on page 1, Part, Inter 8, column (s)  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income 3. Described described (stack schedule) (1) (2) (3) (4)  Enter here and on page 1, Part, Inter 8, column (s)  Fart, In e. 9, column (s)  1. Description of income (see instructions)  2. Cose, Unrelied Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of excellent described (stack schedule) (see instructions)  2. Cose, Unrelied Exempt Activity Income, Other Than Advertising Income (see instructions)  4. Not income from excellent Sude with previously business income (see instructions)  4. Not income (see instructions)  5. Cose income for excellent Sude with previously business income (see instructions)  (1) (2) (3) (4)  1. Description of excellent Sude with previously business income (see instructions)  7. Excess except separate (column) (see instructions)  (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	(1)											
Add columns 5 and 10   Enter here and on page 1, Part 1, the se, column (b)												
Add columns 5 and 10   Enter here and on page 1, Part 1, Inc. 8, column (N)   O												
Totals		1										
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income 2. Amount of income 3. Deductions drocity connected platech schedule) (1) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (A)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  4. Net income gloss) An income gloss income An income gloss) An income gloss income An inco								Enter here and	on page	1, Part I,	Enter h	ere and on page 1, Part I,
(\$\text{(see instructions)}\$  1. Description of income 2. Amount of income 2. Amount of income 3. Description of incidence (stach schedule) (s							<b>&gt;</b>			0.		0.
1. Description of income  2. Amount of income  (ditatch schedule)  (see instructions)  (see instructions)  (see instructions)  (ditatch schedule)			ne of a S	Section :	501(c)(7	), (9), or (	17) Org	anization				<u>-</u>
(2) (3) (4)  Enter here and on page 1, Pert 1, line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  2. Gross uncome from schory has an don page 1, Pert 1, line 9, column (A)  1. Description of exploited activity uncome, Other Than Advertising Income  (see instructions)  4. Not income (loss) has unwested trade or business income business income for unwested dusiness uncome business income  (i)  (2) (3) (4)  Enter here and on page 1, Pert 1, line 10, col (A)  Income From Periodical Reported on a Consolidated Basis  1. Name of periodical  2. Gross uncome for unwested trade or business income business income  Enter here and on page 1, Pert 1, line 10, col (B)  D. Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross devertising income (see instructions)  1. Name of periodical  2. Gross devertising income (see instructions)  3. Direct advertising gain or of fiscal foci 2 minus column 5 in fiscal foci 2 minus column 6 in fiscal point or of fiscal foci 2 minus column 6 income than column 7 income for page 1, Pert 1, line 10, col (B) in gain, compute oil 3 if gain, compute oil 5 if the production of than column 4 if the column 6 if the production of than column 7 if the column 6 if the production of than column 7 if the periodical income than column 9 if the production of than column 9 if the periodical income 1 income	1. Des	cription of inco	me			2. Amount of	income	directly conne	cted			5. Total deductions and set-asides (col 3 plus col 4)
(3) (4)  Enter here and on page 1, Part 1, line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity  2. Gross uncome from Pradio or business income branch												
Totals												
Enter here and on page 1.   Part I, line 9, column (A)	(3)	1										
Part I, line 9, column (A)   Part I, line 9, column (A)	(4)											
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of exploited activity  2. Gross unrelated business directly connocted with production of unrelated trade or business (column 2 made or business income from activity that gain, compute cells 5 introder 2 multiple cells 5 multiple cell						Enter here and Part I, line 9, co	on page 1, lumn (A)					Enter here and on page 1 Part I, line 9, column (B)
(see instructions)  2. Gross unrelated business income from trade or business income for trade or business (column 2 minus column 3) in the gain, compute cels 5 through 7  (1)  (2)  (3)  (4)  Enter here and on page 1, Part 1, line 10, col (A) page 1, Part 1, line 10, col (B) line 10, col (A) page 1, Part 1, line 10, col (A) line 3 page 1, Part 1, line 10, col (B) line 3 page 1, Part 1, line 3 page 1, Par	Totals	_			▶		0.					0.
1. Description of exploited activity with tented business income from trade or business (column 2 business (column 3) if a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals  Check the production of exploited activity with trade or business income business (column 2 business income business (column 3) if a gain, compute cols 5 through 7  (4)  Enter here and on page 1, Part I, line 10, col (B)  O • O • O • O • O • O • O • O • O • O	•	•	Activity	Income	, Other	Than Adv	ertisin	g Income				
(2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  2. Gross advertising income  3 Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7  (1) (2) (3) (4)		unrelated incom	business e from	directly co with pro- of unre	onnected duction plated	from unrelated business (co minus colum gain, computi	I trade or lumn 2 n 3) If a a cols 5	from activity t is not unrelat	hat ed	attributa	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(3) (4)  Enter here and on page 1, Part 1, line 10, col (A)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  2. Gross advertising costs  3 Direct advertising costs  4. Advertising gain or (loss) (col 2 minus column 5, but not mor than column 4)  (1)  (2)  (3) (4)	(1)											
(3) (4)  Enter here and on page 1, Part 1, line 10, col (A)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  2. Gross advertising costs  3 Direct advertising costs  4. Advertising gain or (loss) (col 2 minus column 5, but not mor than column 4)  (1)  (2)  (3) (4)												
(4)  Enter here and on page 1, Part I, line 10, col (A)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising uncome  3 Direct advertising costs or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)												
Totals  O. O. Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  1. Name of periodical  2. Gross advertising costs advertising costs advertising costs (column 6 minute column 5, but not more than column 4)  (1)  (2)  (3)  (4)												
Part I Income From Periodicals Reported on a Consolidated Basis  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 (column 6 minus column 4)   (1)   (2)   (3)   (4)   (4)   (5)   (6)   (7)   (7)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)		line 10,	col (A)	line 10, d	ool (B) <b>0</b> •							
1. Name of periodical  2. Gross advertising income  3 Direct advertising costs  3 Direct advertising costs  col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)												
1. Name of periodical advertising advertising costs advertising costs (col 2 minus) or (loss) (col 2 m	Part I Income From	Periodic	als Rep	orted on	a Cons	solidated	Basis				-	
(2) (3) (4)	1. Name of periodical		advertising			or (loss) (co	ol 2 minus ain, compute					7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(4)												
(4)					·····	4		ļ				
						4						
Totale (carry to Part II line (5))	(4)							1				
	Totals (carry to Part II, line (5))	•	•	0.	0							0 . Form <b>990-T</b> (2019

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) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7 2. Gross advertising income 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising costs ıncome costs (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 (B) Enter here and on page 1, Part II, line 26 0. 0. Totals, Part II (lines 1-5) 0.

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		<b>•</b>	0.

Form 990-T (2019)

FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	42,640.	0.	42,640.	42,640.
NOL CARRYO	VER AVAILABLE THIS	YEAR	42,640.	42,640.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/11	7,506.	0.	7,506.	7,506.
12/31/12	20,315.	0.	20,315.	20,315.
12/31/13	19,151.	0.	19,151.	19,151.
12/31/14	13,407.	0.	13,407.	13,407.
12/31/15	5,290.	0.	5,290.	5,290.
12/31/16	18,536.	0.	18,536.	18,536.
12/31/17	50,742.	0.	50,742.	50,742.
NOL CARRYO	VER AVAILABLE THIS	YEAR	134,947.	134,947.

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ORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ACQUISITION DEBT	INCOME	STATEMENT 3	
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDIN	
AGLER ROAD PROPERTY	1	DEBT	
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR  AVERAGE AQUISITION DEBT	<b>-</b>	164,904 164,904 164,904 164,904 164,904 164,904 164,904 164,904 164,904	
OTALS TO FORM 990-T, SCHEDULE E, COLUMN 4			
ORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ADJUSTED BASIS	INCOME	STATEMENT 4	
ESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	-	
	1	AMOUNT	
GLER ROAD PROPERTY	-	MIOUNI	
GLER ROAD PROPERTY  VERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR  VERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR	•	2,591,692 2,507,837	

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

FORM 990-T SCH	FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION S							
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL				
DEPRECIATION	- SUBTOTAL -	- 1	62,453.	62,453				
TOTAL OF-FORM 990-T, S	CHEDULE E, COLUMN.	3(A)	·	62,453				
FORM 990-T	SCHEDULE E - OTHEF	R DEDUCTIONS		STATEMENT 6				
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL				
PROFESSIONAL EXPENSES UTILITIES OTHER EXPENSES OFFICE EXPENSES REPAIRS AND MAINTENANC INTEREST EXPENSE MANAGEMENT FEE SALARIES	E - SUBTOTAL -	- 1	5,015. 34,830. 17,659. 22,394. 41,213. 107,015. 13,042. 6,142.	247,310				
TOTAL OF FORM 990-T, S	CHEDULE E, COLUMN	3(B)		247,310				