Form 90	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						\	OMB No 1545-0047		
ا المار المار - المار							NT 30 202	ا ۱	2010	
For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020 Go to www.irs.gov/Form990T for instructions and the latest information.									PZU 13	
	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number									
	heck box if idress changed		(Empl	oyees' trust, see ctions)						
B Exemp	t under section	Print	The Future Begins To		1-1655688					
X 501	(c <u>0(3</u>)	TO TO	Number, street, and room or suite no. If a P.O.		ated business activity code astructions)					
408	(e) 220(e)	Туре	P.O. Box 511							
408 529	'/	City or town, state or province, country, and ZIP or foreign postal code Troy, OH 45373								
C Book value	C Book value of all assets at end of year F Group exemption number (See instructions.)									
	at end of year 258,791. G Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other trust									
			tion's unrelated trades or businesses.	1_			the only (or first) ur			
			lsa Sales				, complete Parts I-V.			
			ce at the end of the previous sentence, comple	te Parts I	and II, comp	olete a Schedule	e M for each addition	al trade	or	
	s, then complete P				h				s X No	
			oration a subsidiary in an affiliated group or a parting number of the parent corporation.	parent-su	bsidiary con	trolled group?		Ye	S A NO	
The box	enter the name ar	la laeili	Natalie Rohlfs, Execu	tive	Direc	tor Teleph	one number > 9	37-	332-0467	
Partil	Unrelated	Trac	le or Business Income	CIVC) Income	(B) Expense:		(C) Net	
<u> </u>	s receipts or sales		15,263.		—		- 4rt - 34 · 1	20° 41		
4	returns and allow		c Balance	▶ 10	, :	15,263.	E. C. Strict	17 C. 16		
•	of goods sold (So			2		4,581.	1da	المشند	14.000	
-	s profit. Subtract			3		10,682.	السيسيد والما	4 ***4	10,682.	
- 4a Cani	tal gain net incom			48	1			ئىيغ.		
			Part II, line 17) (attach Form 4797)	41				is .		
	tal loss deduction	for trus	sts	40	;				·	
5 Inco	me (loss) from a p	artners	ship or an S corporation (attach statement)	5			Virte use 1.2	9.31		
	t income (Scheduli			<u> </u>						
🗸 7 Unre	elated debt-finance			7						
			nd rents from a controlled organization (Schedu							
3 11146			on 501(c)(7), (9), or (17) organization (Schedul			 				
•	oited exempt activ	-	<i>y</i>	10						
	ertising income (S		rs; attach schedule)	1:			1.20.00			
	al. Combine lines			1:	_	10,682.		* ~ ~ *	10,682.	
Part II			ot Taken Elsewhere (See instruction						7	
						·				
14 Co	mpensation of office	cers, du	rectors, and trustees (Schedufe K)		****			14	5,107.	
15 Sai	aries and wages		rectors, and trustees (Schedure K)	;\/.	ED I			15	774.	
16 Rej	pairs and maintena	ınce			က္က	,		16		
	d debts		AUG AUG	102	021 80%			17		
	erest (attach sched	lule) (şı	ée instructions)		SE			18		
	es and licenses	. /	sea) GGDI	FN	ITT			19		
	preciation (attach f	,	· · · · · · · · · · · · · · · · · · ·		<u>٠.</u>	20		E S		
	· · · · · · · · · · · · · · · · · · ·	imea oi	n Schedule A and elsewhere on return			21a		21b		
	pletion	rrad ac	mpensation plans					22		
	ployee benefit pro		imporpation plans					23	· · · · · · · · · · · · · · · · · · ·	
	cess exempt expen	-	chedule N					25		
	ess readership co		·					26		
	ier deductions (att				S	ee Stat	ement 1	27	923.	
	al deductions. Ac		•		-		_	28	6,804.	
	/		ncome before net operating loss deduction. Sul	btract line	28 from line	e 13		29	3,878.	
			loss arising in tax years beginning on or after J							
/ (se	e instructions)							30	0.	
<u>∕31 Un</u>	related business ta	ixable ii	ncome. Subtract line 30 from line 29					31	3,878.	
923701 01-	27-20 LHA Fo	r Paper	rwork Reduction Act Notice, see instructions						Form 990-T (2019)	

		n The Future Begins Today			31-1	655688 Page 2
Part	XIIII	Total Unrelated Business Taxable Income				
√ <u>√</u> 32′.	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see	ee instructions)	1	32	<u>3,878.</u>
\ /		ints paid for disallowed fringes			38	
<i>~</i> ,		table 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 o	of lines 32 and 35	35	3,878.
		ction for net operating loss arising in tax years beginning before January 1, 2018 (see instr			36	-
		of unrelated business taxable income before specific deduction. Subtract line 36 from line :			7 37	3,878.
			00	A	38	1,000.
		fic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	. 97	£	7 	1,0001
		ated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line	: 37,	N 1		2,878.
		the smaller of zero or line 37			39	2,070.
\ \	_	Tax Computation				604.
,	-	nizations Taxable as Corporations. Multiply line 39 by 21% (0.21)			40	004.
41	Trust	s 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	Alteri	native minimum tax (trusts only)			43	
44	Tax o	n Noncompliant Facility Income. See instructions			44	
45	Total	. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		<u>7</u>	45	604.
Part	IV.	Tax and Payments				
\		gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a			
		credits (see instructions)	46b	_		
		ral business credit. Attach Form 3800	46c			
-		t for prior year minimum tax (attach Form 8801 or 8827)	46d			
			1 400 1		46e	
		credits. Add lines 46a through 46d			47	604.
47		act line 46e from line 45	.0000 🗀 0000		_	004.
48		taxes. Check if from: Form 4255 Form 8611 Form 8697 Form	18866 Otnei	(attach schedule)	48	604
49		tax. Add lines 47 and 48 (see instructions)		"	19	604.
50	2019	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	1 1		50	0.
51 a	Paym	ents: A 2018 overpayment credited to 2019	51a			
b	2019	estimated tax payments	51b			
C	Tax d	eposited with Form 8868	51c			
d	Forei	gn organizations: Tax paid or withheld at source (see instructions)	51d			
е	Back	up withholding (sæ instructions)	51e			
f	Credi	t for small employer health insurance premiums (attach Form 8941)	51f			
		credits, adjustments, and payments: Form 2439				
٠		Form 4136 Other Total	► 51g			
52	Total	payments. Add lines 51a through 51g		•	52	
53		nated tax penalty (see instructions). Check if Form 2220 is attached		9	5 5 9	18.
54		lue. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		Ě	1 5	622.
					7 - 7	022.
55 50		payment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	_	.444	5\$	
56 UDard		the amount of line 55 you want Credited to 2020 estimated tax Statements Regarding Certain Activities and Other Informat		efunded >	56	
						
57		y time during the 2019 calendar year, did the organization have an interest in or a signature	-			Yes No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the organizatio				
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	e foreign country			
	here	-				X
58	Durir	g the tax year, did the organization receive a distribution from, or was it the grantor of, or t	transferor to, a fore	eign trust?		X
	lf "Ye	s," see instructions for other forms the organization may have to file.				
59	Enter	the amount of tax-exempt interest received or accrued during the tax year 🕨 \$				
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep	d statements, and to the	ne best of my knowle	edge and belief,	it is true,
Sign		correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prep	parer nas any knowled	•	4 11 120 /	
Here	•	11/12/2020 ≥ Treasi	urer		hay the IHS disc he preparer sho	cuss this return with
		Signature of officer Date Title			nstructions)?	
****		Print/Type preparer's name Preparer's signature	Date		if PTIN	
. .		1 Topardi 3 Signaturo	Date			
Paid		Thomas R. Giere		self- employed		582344
Prep	•	- N-1 G'				
Use	Ont	206 West Main Street		Firm's EIN	21-	1660722
					(005)	220 2442
		Firm's address ► Troy, OH 45373		Phone no.	(937)	<u>339-3118</u>

Schedule A - Cost of Goods Sold. Enter	method of invent	ory valuation N	Ά		
1 Inventory at beginning of year 1	0.	6 Inventory at end of	year		6 0.
2 Purchases 2	4,581.	[e,].			
3 Cost of labor 3		from line 5. Enter h	ere and in F	Part I,	
4 a Additional section 263A costs		line 2			7 4,581.
(attach schedule) 4a		8 Do the rules of sect	on 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	4,581.	the organization?			<u> </u>
Schedule C - Rent Income (From Real (see instructions)	Property and ————	Personal Property	Lease	d With Real Prope	erty)
1. Description of property					
(1)					
(2)					
(3)					
(4)					
<u> </u>	ed or accrued			3/e) Partictions directly	connected with the income in
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	` of rent for p	nd personal property (if the perce ersonal property exceeds 50% of t is based on profit or income)	ntage if	columns 2(a) an	d 2(b) (attach schedule)
(1)				<u> </u>	
(2)					
(3)		<u> </u>			
(4)					····
Total 0.	Total		0.		
(c) Total income Add totals of columns 2(a) and 2(b). Er here and on page 1, Part I, line 6, column (A)	<u> </u>	- <u>-</u>	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	D .
Schedule E - Unrelated Debt-Financed	Income (see	nstructions)			
		2. Gross income from	į	 Deductions directly conn to debt-finance 	
Description of debt-financed property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)					
(2)					
(3)	_				
(4)					
debt on or allocable to debt-financed of or property (attach schedule) debt-fina	e adjusted basis allocable to unced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 8)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		9	,		
(2)		9	, o		
(3)		9	,		
(4)		9	,		
				inter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B)
Totals				0 .	. 0.
Total dividends-received deductions included in colum	n 8				0.

Schedule F - Interest, A	1			trolled Or					tructions)		
1. Name of controlled organizate	on 2. Em identif num	cation (los	3. Net unrelated income (loss) (see instructions)		Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		olling	Deductions directly connected with income in column 5	
(1)											
(2)											
(3)							<u> </u>	_			
(4)									!		
Nonexempt Controlled Organiz	zations	··		•							
7 Taxable Income	Net unrelated incor (see instruction	ne (loss) 9. s)		pecified paym made	ients	10 Part of colu in the controll gros	mn 9 that ing organ s Income	t is included nization's	11. Dedi with i	uctions directly connected ncome in column 10	
(1)											
(2)											
(3)						<u></u>					
(4)											
						Add colur Enter here and line 8,		9 1, Part I, A)	Enter her	columns 6 and 11 se and on page 1, Part I, ne 8, column (B)	
Totals					▶			0.		0.	
Schedule G - Investmer (see instr		Section 501	(c)(7),	(9), or (1	7) Org	janization					
	ription of income		2.	Amount of	ncome	3. Deduction directly connective (attach scheduler)	ected	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)											
Totals			Pa	ter here and c rt I, line 0, cel	0 •			To the		Enter here and on page 1, Part I line 9 column (B)	
Schedule I - Exploited I	•	Income, Of	ther Th	nan Adv	ertisin	g Income					
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connect with productio of unrelated business incom	ted fr	4 Net incom om unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inco from activity is not unrela business inco	that ted	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)						·······	_				
(2)					<u> </u>			·	· · · · ·		
(3)					-			· · · · · · · ·			
(4)			 					ļ.——-			
	Enter here and on page 1, Part I, line 10, col (A).	Enter here and a page 1, Part I, Inne 10, col (B	. I		. ,	ا ماد الماد ال	- <u>-</u>	i ge		Enter here and on page 1, Part II, line 25	
Totals	0.		0.						र्भ पर्	0.	
Schedule J - Advertising	eriodicals Rep	instructions)	Conso	lidated	Basis						
<u> </u>		01104 0114 1		aatoa	545.5						
1. Name of periodical	2. Gross advertising income	3. Dire advertising		4. Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, comput	5. Circula income		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				, ,	* . 40	<u> </u>				4	
(2)				,				<u></u>		A 10 37 10 37	
(3)				,	نه . ا					7.7	
(4)						<u>., </u>					
Totals (carry to Part II, line (5))	•	o.	0.							0.	
			<u> </u>			•		·		Form 990-T (2019	

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Part 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.)

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 8 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.	1-1 9 THE PROPERTY	Taring the second	15.00 A	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
Totals, Part II (lines 1-5)	0.	0.		9. 1	J#2	0

1. Name	2. Title	time devoted to business	Compensation attributable to unrelated business
(1) Natalie Rohlfs	Executive Director	12.00%	5,107.
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	5,107.

Form 990-T (2019)

Form 990-T	Other Deductions	Statement 1
Description		Amount
Payroll Taxes and Fees Office Expenses	679. 244.	
Total to Form 990-T, Page 1,	line 27	923.