2021
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990∘T	Exempt Organiz	oroxy-tax under se	os 111001116 1	ax netuill	OMB No 1	
, to	For calendar year 2019 or other tax year begi			1912	20	19
		ov/Form990T for instructio	, and ending	nation	_ 20	13
pertir≪int of the Treasury rnal Revonue Service	Do not enter SSN numbers on				Open to Public 501(c)(3) Orga	Inspection fo
Check box if		Check box if name changed			D Employer identificat (Employees' trust, s	ion number
address changed	,	·	·		instructions)	
Exempt under section	Print MICHIGAN COMMU	NITY CAPITAL	<u> </u>		33-106	
了 501(c)(3 () 人	Number, street, and room or s	•	structions.		E Unrolated business (See instructions)	activity code
408(e)220(e)	Type 507 SOUTH GRAN	ID AVENUE				
408A530(a)	City or town, state or province	_	n postal code			
529(a) Book value of all assets		18933			524298	
t end of year	F Group exemption number (S		501/a) truct	401(a)	trunt	Other trust
	34. G Check organization type ► rganization's unrelated trades or busine			401(a)	h-ad-	Julei uust
	INSURANCE SERVICE			e the only (or first) uni i, complete Parts I-V. I		
	ank space at the end of the previous ser					
usiness, then complete l		nonou, complete i arts i and	in, complete a concaci	0 141 101 00011 0001110110		
	he corporation a subsidiary in an affilia	ed group or a parent-subsi-	diary controlled group?	▶ [Yes X	No
	id identifying number of the parent corp					
	► ANNIE JENKINS		Telept	none number 🕨 5	17-626-18	361
art I Unrelated	Trade or Business Income	•	(A) Income	(B) Expenses	(C)	Net
Gross receipts or sale					3 1	• 1/
Less returns and allov		alance 🕨 1c				<u> </u>
Cost of goods sold (S	•	2				
Gross profit Subtract		3		 		
Capital gain net incom	•	48		·	1 ,	
• , , ,	1797, Part II, line 17) (attach Form 479)	· — — — — — — — — — — — — — — — — — — —				
: Capital loss deduction	vartnership or an S corporation (attach	statement) 4c 5			-	
Rent income (Schedul		6				
,	d income (Schedule E)	7				
	ilties, and rents from a controlled organi	- 1				
Investment income of	a section 501(c)(7), (9), or (17) organiz	ation (Schedule G).				
Exploited exempt activ	ty income (Schedule I)	10				
Advertising income (S	chedule J)	11				
Other income (See ins	ructions, attach schedule)	12		' ,		
Total, Combine lines		13	0.			
art II Deduction	is Not Taken Elsewhere (Smust be directly connected with the	ee instructions for limita	tions on deductions)			
			one /		44	
Salaries and wages	ers, directors, and trustées (Schedule l			ŀ	14	
Repairs and mainten	nce F	RECEIVED	ŀ	ŀ	16	
Bad debts			ပ္ကု		17	
	ule) (see instructions)	NOV 1 7 2020	RS-OSC	Ì	18	
Taxes and licenses		10 V 1 4 2020	ģ		19	
Depreciation (attach l	orm 4562)		20			
Less depreciation cla	med on Schedule A and elsewhere one	IGDEN, UI	21a		21b	
Depletion	· <u></u> -	•			22	
<i>y</i>	red compensation plans				23	
Employee benefit pro				,	24	
Excess exempt expen]	25	
Excess readership co				}	26	
Other deductions (att				}	27	0.
,	d lines 14 through 27	deduction Cubtreet line CO	from line 12	ŀ	28	0.
/	xable income before net operating loss			}	-23	
(see instructions)	rating loss arising in tax years beginnin	g on or anti January 1, 201	SEE STAT	PEMENT 1	30	0.
	xable income. Subtract line 30 from line	. 20	DES DIA		31	0.
Unrelated husiness to						

Part III Total Unrelated Business table isome computed for unrelated visites or businessess (see instructions) 2	Form 99	D-1/(2019) MICHIGAN COMMUNITY CAPITAL	33-10687	719 Page 2
33 Anounth pand for disablewed fringes 4 Chartable contributions (see instructions for limitation rules) 5 Total unrelated business taxable income before pre-2019 MCLs and specific destuction. Subsers taxable work of the contribution of the contribution (see instructions) 7 Total of incredited business taxable income before pre-2019 MCLs and specific destuction. Substract line 36 from his 25 8 Deptide findering (see any substract line 38 from his 25 8 Specific destination (General (s) CDO), but see line 33 substracts for executions. 9 Unrelated business taxable income. Subtract line 38 from his 37. If the 38 is greated than 1 income tax on the amount on his 37. Part MI, Tax Computation 10 Orghiptations Taxable as Corporations. Multiply line 30 by 21% (Q21) 11 Treat Taxable as Trask has 56e indirections for fax computation. Income tax on the amount on his 39 from:				
38 Denization contributions (see netructions for imitation rules) 39 Dediction for rid operating issa arising its by years depining briders January 1, 2018 (see netructions) 39 Dediction for rid operating issa arising its by years depining briders January 1, 2018 (see netructions) 30 Septicification (Seerally S. 1000, but see line 39 instructions for excisions) 31 Septicification (Seerally S. 1000, but see line 39 instructions for excisions) 32 Septicification (Seerally S. 1000, but see line 39 instructions for excisions) 33 Septicification (Seerally S. 1000, but see line 39 instructions for excisions) 34 January 19 January 19 See line 39 instructions for excisions) 35 Part IVI Tax Computation 40 Orgitations Taxible is a treat falles. See instructions for excisions) 41 Tax on Seeral instructions 42 Alternative acceledator or Schedule 0 (Form 1011) 43 Alternative acceledator or Schedule 0 (Form 1011) 44 Tax on Resembly 19 See instructions 45 Alternative annihilation (See instructions 46 Februpa (See 24, 3, and 46 line 40 of 4) instructions 47 Tax on Resembly 19 See instructions 48 Februpa (See instructions) 49 Orgitations (See instructions) 40 Central toxing 19 See instructions 40 Februpa (See instructions) 40 See instructions 41 Februpa (See instructions) 42 Februpa (See instructions) 43 Orgitations (See instructions) 44 Februpa (See instructions) 45 Orgitations (See instructions) 46 Februpa (See instructions) 47 Toxical training 19 See instructions) 48 Orgitations (See instructions) 49 Orgitations (See instructions) 50 Search 19 See instructions (See instructions) 51 Payments. Add lines 45 and from 860 or 8827) 52 Search 19 See instruction (See instructions) 52 Toxical for similar annihilation (See instructions) 53 Search 29 See instructions (See instructions) 54 Orgitations (See instructions) 55 Search 19 See instructions (See instructions) 56 Orgitations (See instructions) 57 Orgitations (See instructions) 58 Search 19 Search 19 See instructions) 59 Search 19 Search 19 See instructions 50 Orgitations (See in	32/	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
35 Total unrelated business traubble recome before specified equations. Subtract line 36 from line 35 36 Deduction for orderpathing loss range in that years dependent densulations. Subtract line 36 from line 35 37 Total of unrelated business trazable income before specific deduction. Subtract line 36 from line 35 38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 39 Unrelated business trazable income. Subtract line 38 from line 37. If the 38 is greated than line 37. 39 Unrelated business trazable income. Subtract line 38 from line 37. If the 38 is greated than line 37. 39 Unrelated business trazable income. Subtract line 38 from line 37. If the 38 is greated than line 37. 39 Unrelated business trazable income. Subtract line 38 from line 37. If the 38 is greated than line 37. 39 Unrelated business trazable income. Subtract line 38 from line 37. If the 38 is greated than line 37. 39 Unrelated business trazable income. Subtract line 38 from line 37. If the 38 is greated than line 37. 40 Unrelated business trazable income. Subtract line 38 from line 39 from: 30 Unrelated business trazable income. Subtract line 38 from line 39 from: 30 Unrelated business trazable income. Subtract line 38 from line 39 from: 31 Unrelated business trazable income. Subtract line 38 from line 39 from: 32 Unrelated business trazable income. Subtract line 38 from line 39 from: 33 Unrelated business trazable income. Subtract line 38 from line 39 from: 34 Unrelated business trazable income. Subtract line 38 from line 39 from: 35 Unrelated business trazable income. Subtract line 38 from line 39 from: 36 Unrelated business trazable income. Subtract line 38 from line 39 from: 37 Unrelated business trazable income. Subtract line 38 from line 39 from: 38 Unrelated business trazable income. Subtract line 38 from line 39 from: 39 Unrelated business trazable income. Subtract line 38 from line 39 from: 30 Unrelated business trazable income. Subtract line 30 from line 39 from: 30 Unrelated bus	33*	Amounts paid for disallowed fringes	83	
38 Dediction for net operating loss arroining in the years beginning before decisions, Subtract in 38 from the 35 37 38 38 39 38 39 39 30 38 39 30 39 30 30 30 30 30	34	Charitable contributions (see instructions for limitation rules)	34	0.
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38 Specific detection (Generally \$1,000, but see line 38 instructions for exceptions) Junistate business taxelate increme. Subtract line 38 from line 37. If line 38 is greater than line 37, April IVI Tax Computation Orightizations Taxelate as Comprations. Multiply line 39 by 21% (0.21) Tax tax business taxelate as Comparations. Multiply line 39 by 21% (0.21) Tax tax business taxelate as Comparations. Multiply line 39 by 21% (0.21) Tax tax business taxelate as Comparations. Multiply line 39 by 21% (0.21) Tax tax business taxelate as Comparations. Multiply line 39 by 21% (0.21) Tax on Noncompliant Facility lineams. See instructions 44	36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
September share the surines teached care or often 1937 39 0.	37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		
Say O .	38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	2 28 1	L,000.
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Trusts Taxable at Trust Rate. See instructions for tax computation. Income tax on the amount on line 39 from:	Part	Tax Computation	1	
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42 Proxy tax. See instructions 43 Alternative mainimum tax (trusts only) 44 Tax on Noncompliant Facility income. See instructions 45 Total Add lines 9, 43, and 44 to line 40 or 41, whichever applies Part V Tax and Payments 46 Froight tax credit (corporations attach form 1116, trusts attach form 1116) 46 Total Add lines 9, 43, and 44 to line 40 or 41, whichever applies 6 Foreign business credit. Attach form 3800 6 Ceneral business credit. Attach form 3800 or 8827) 6 Total credit, sadd lines 46a through 46d 6 Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (intuch schedulu) 6 Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8666 Other (intuch schedulu) 7 Subtract line 46e from line 45 Form 867 Form 867 Form 8686 Other (intuch schedulu) 8 Ozi 19 estimated tax payments. Add lines 47 and 46 (see instructions) 9 2019 estimated tax payments. Add 16 soverpayment credited to 2019 9 2019 estimated tax payments. Add 16 soverpayment credited to 2019 9 2019 estimated tax payments. Add 16 soverpayment credited to 2019 9 2019 estimated tax payments. Form 8686 Form 867	41	·	111	
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4	42	Proxy tax. See instructions	42	
Solid Add lines 24, 33, and 44 to line 40 or 41, whichever applies	43	Alternative minimum tax (trusts only)		
Part V Tax and Payments	•	· · · · · · · · · · · · · · · · · · ·		
48 For Night tax credit (corporations attach Form 1118), trusts attach Form 1116) b Other credit (see instructions) c General business credit. Attach Form 3800 d Credit for pror year minimum tax (attach Form 8801 or 8827) d Total tax. Add lines 43 fail brough 460 47 Subtract line 45e from line 45 48 Other taxes. Check if from r Form 4255 Form 8611 Form 8697 Form 8866 Other tember sechedula 47 Total tax. Add lines 47 and 48 (see instructions) 50 2019 net 955 tax lability paid from Form 955-8, Part II, column (k), line 3 51 a Payments. Add lines 47 and 48 (see instructions) 52 2019 setsmated tax payments c Tax deposited with Form 8688 d Foreign organizations; Tax paid or withheld at source (see instructions) 1 Credit for small employer health insurance preniums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 1 Total tax for small employer health insurance preniums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 1 Total bypaments. Add lines 51 a through 51g 52 Total payments. Add lines 52 is larger than the total of lines 49, 50, and 53, enter amount owerd 53 Total payments. Hine 52 is larger than the total of lines 49, 50, and 53, enter amount owerd 54 Tax dee; Hine 52 is larger than the total of lines 49, 50, and 53, enter amount owerd 55 Poreign small proper, than the total of lines 49, 50, and 53, enter amount owerd 56 Form 114, Report of Form 220 (sour want Creditated tax 200 setting that any time during the 2019 calendar year, did the organization may have to lite FinicEN Form 114, Report of Foreign Bank and Financial Accounts. If Yes, "ener the name of the foreign country level form 114, Report of Foreign Bank and Financial Accounts with prepared to the prepared submitted to the prepared submitted and salamannia, and to the baset or my knowledge and balar it is how, Signature Proparer (and office) form 200 finites of prepare (and office) form 200 finites of prepare (and office) form 200 finites of prepare (and office) form 200 finites			1 45	0.
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Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax Part VI Statements Regarding Certain Activities and Other Information (see instructions) 7 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority 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 here 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 18 If "Yes," 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 Sign Here Print/Type preparer to declare that I have examined this ratum including accompanying schodules and statements, and to the best of my knowledge and belief it is true. PRESIDENT Titlle Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature TINA M. PETERS, CPA PO0 90 45 74 PO0 90 45 74 Firm's name PLANTE & MORAN, PLLC Firm's EIN 38 – 135 7951 1111 MICHIGAN AVE., STE. 100 Firm's address PEAST LANSING, MI 48823 Phone no. (517) 332 – 6200	53			
Part VI Statements Regarding Certain Activities and Other Information (see instructions)			 	
Part VI Statements Regarding Certain Activities and Other Information (see Instructions) 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority 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 here 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 58 If "Yes," 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 Sign Under penalties of peryry, I declare that I have examined this ratum including accompanying schedules and statements, and to the best of my knowledge and belief it is true. Signature of officer Date Print/Type preparer's name Preparer's signature Preparer's signature FINA M. PETERS, CPA CPA PAND PETERS, PAND PETERS, PRESIDENT Title Title PRESIDENT May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No PRESIDENT Title Print/Type preparer's name Preparer's signature FINA M. PETERS, CPA CPA PO0 90 4574 Firm's name PLANTE & MORAN, PLLC Firm's name PLANTE & MORAN, PLLC Firm's saddress EAST LANSING, MI 48823 Phone no. (517) 332-6200				
At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority 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 here **No** Time 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 statements, and to the best of my knowledge and belief it is true. **Sign** Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief it is true. Signature of officer Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature TINA M. PETERS, CPA CPA Print/Type preparer's name Preparer's signature TINA M. PETERS, TINA M. PETER			56	
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 here X Firm's name PLANTE & MORAN, PLLC Firm's name Planting Accounts Firm's name PLANTE & MORAN, PLLC Firm's name Past Firm's name Firm's name Past Firm's name Firm's name Firm's na				
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here Name	57			Yes No
During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 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 ▶ \$ Under penalties of perjury, I declare that I have examined this return including accompanying schodules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of exaparer (other than taxpayor) is based on all information of which preparer has any knowledge PRESIDENT				
During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 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 ▶ \$ Sign Under penelties of perury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and coppeted Declaration of preparer (other than taxpayor) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? ★ Yes ▶ No Preparer Use Only Firm's name ▶ PLANTE & MORAN, PLLC Firm's address ▶ EAST LANSING, MI 48823 Phone no. (517) 332-6200				
If "Yes," 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 Sign Under penalties of perpury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete Declaration of perpurer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type prepare				
Sign Here Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete Declaration of pergenere (other than taxpayer) is based on all information of which preparer has any knowledge PRESIDENT Titlle Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Preparer's name Preparer's signature Print/Type preparer's name Preparer's name Preparer's signature Print/Type preparer's name Preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Preparer's name Preparer's name Preparer's name Preparer's signature Print/Type preparer's name Preparer's name Preparer's name Preparer's name Preparer's name Preparer's name Preparer's nam	58			X
Sign Here Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and copperate Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. PRESIDENT Titlle Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type prepar		· · · · · · · · · · · · · · · · · · ·		
Sign Here	59			
Here Name PRESIDENT May the IRS discuss this return with the preparer shown below (see Instructions)? X Yes No	Sign		leade and pellet it is true	•
Paid Preparer Use Only Signature of officer Date Title Instructions)? X Yes No			May the IRS discuss this	return with
Paid Preparer Use Only Print/Type preparer's name		THE TENT		
Paid TINA M. PETERS, self- employed Preparer Use Only Firm's name ▶ PLANTE & MORAN, PLLC Firm's EIN ▶ 38-1357951 1111 MICHIGAN AVE., STE. 100 Firm's address ▶ EAST LANSING, MI 48823 Phone no. (517) 332-6200		· · · · · · · · · · · · · · · · · · ·		S No
Preparer Use Only TINA M. PETERS, CPA CPA 11/05/20 P00904574 1111 MICHIGAN AVE., STE. 100 Firm's address ► EAST LANSING, MI 48823 Phone no. (517) 332-6200			1	
Use Only Firm's name PLANTE & MORAN, PLLC Firm's EIN 38-1357951	Paid			C 77 #
1111 MICHIGAN AVE., STE. 100 Firm's address	Pre	Val C1		
Firm's address ► EAST_LANSING, MI 48823 Phone no. (517) 332-6200	Use		28-135	132T
			/ 517 \ 220	6200
	000744			

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inver	tory v	aluation ► N/A					
1 Inventory at beginning of year	1	metrica or inver	T .	Inventory at end of year		-	6		
2 Purchases	2		7 Cost of goods sold Subtract line 6					-	
3 Cost of labor	3		┤ ′	from line 5. Enter here					
4a Additional section 263A costs			┥	line 2	unu m	urti,	7		
(attach schedule)	4a		R	Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b		∣ ՝	property produced or a		,		•	\top
5 Total Add lines 1 through 4b	5		-	the organization?	uoquii ou	ioi rodaio, appiy to			
Schedule C - Rent Income		Property and	Per		ease	d With Real Prop	ertv)		
(see instructions)	(, , , , , , , , , , , , , , , , , , ,						,		
,									
1. Description of property									
(1)									
(2)		· · · · · · · · · · · · · · · · · · ·							
(3)									
(4)									
	2 Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connec nd 2(b) (a	tod with the income attach schedule)	Ιħ
(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			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb		Income (see	ınstru	ctions)		1 · · · · · · · · · · · · · · · · · · ·			
						3. Deductions directly con-			
			2	. Gross income from or allocable to debt-	(0)	to debt-finance	oa prop	(b) Other deduction	
1. Description of debt-fit	nanced property			financed property	(0)	(attach schedule)		(attach schodulo)
(1)					<u> </u>				
(2)									
(3)									
(4)				<u></u>					
4 Amount of average acquisition dobt on or allocable to dobt-financed property (attach schedule)	of or a	edjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable deduction of column 6 x total of column 3(a) and 3(b))	olumns
(1)	· · · · · · · · · · · · · · · · · · ·		1	%			1		
(2)	·		1	%					
(3)				%					
(4)			1	%					
-	.		1	<u>.</u>	E	nter hero and on page 1,	1	Enter here and on pa	ge 1,
					1	Part I, line 7, column (A)		Part I, line 7, column	
Totals				•		0	.		0.
Total dividends-received deductions in	ncluded in columi	1 8				•			0.

Form 990-T (2019) MICHIG. Schedule F - Interest, A	AN COL	LINUMM	Y CAI	PITAL					33-10	6871	9 Pag
Schedule F - Interest, A	Annuities	s, Royalt	ies, and	d Rents	From Con	trolle	d Organiza	tions	see ins	struction	s)
				Exempt (Controlled Or	ganizati	ons				_
1. Name of controlled organization		2. Emp identific num	cation		elated income o instructions)		al of specified nonts made	includ	rt of column 4 led in the contration's gross	rolling	6. Deductions directly connected with income in column 5
(1)					-						
(2)					-						
											*
(3)								 			
(4)					I			L			
Nonexempt Controlled Organiz	,										
7 Taxable Income		nrelated incom ne instructions		9. lotal	of specified paym made	ents	10. Part of column the controlling gross	ng organ	nization's		ductions directly connecti i income in column 10
(1)		•									
(2)											
(3)											
(4)								-		_	
Totals Schedule G - Investmen	nt Incon	ne of a S	Section	501(c)(7	'), (9), or (1	▶ 7) Org			1, Part I,	Entor h	dd columns 6 and 11 Iare and on page 1, Part I, Iine 8, column (B)
(see ınstr	uctions)										
1. Descr	ription of incor	ne			2. Amount of II	псоте	3. Deduction directly conno (attach school	cted	4. Sot-	asıdes ichodule)	5 Total deduction and set-asides (col 3 plus col 4
(1)						1					
(2)											
(3)											1
											
(4)					Enter here and or Part I, line 9, colu		-	•	•	•	Enter here and on pag Part I, line 9, column (E
Tatala						0.			•		
Totals Schedule I - Exploited I (see instru	-	Activity	Income	, Other	Than Adv		g Income			_	
Description of exploited activity	2. Gount de la come	business ofrom	directly c	duction olated	4. Net income from unrolated business (columnus column gain, compute through 7	rade or ımn 2 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								_			
(2)					 						
(3)				-	† · · · · · · · · · · · · · · · · · · ·						
(4)		 							1		
	Enter hore page 1, line 10, c	Part I,	Enter hor page 1, line 10,		, .	, ,		,	_		Enter here and on page 1, Part II, line 25
Totals Schedule J - Advertisin	na Incon		nstruction		<u> </u>			_			
Part I Income From F					solidated F	Rasis					
raiti income riom i	- er iouici	ais nept	, tea or	i a cons		,u313	 -				
1. Name of periodical		2. Gross advertising income		3. Direct rtising costs	4. Advortis or (loss) (col col 3) If a gas cols 5 thr	2 minus n, compute	5. Circulat income		6. Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						•					_
(2)											·
(3)						. +					_
(4)					7 .	,					
<u> </u>							1		i		
Totals (carry to Part II, line (5))	•	(). <u> </u>	0					<u> </u>		Form 990-T (20

Form **990-T** (2019)

Form 990-1 (2019) MICHIGAN						1000/1:	7 P	age
Part II Income From Perio		d on a Separ	ate Basis (For ea	ch periodic	al listed in Pa	rt II, fill in		
columns 2 through 7 on a	line-by-line basis)							
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. Girculi incom		Readership costs	7. Excess readersl costs (column 6 mir column 5, but not m than column 4)	nus
(1)								
(2)								
(3)								
(4)								
Totals from Part I	0.	0.	上班3公司的第三国际		Contract to	7		0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, Inno 11, col (A)	Enter here and on page 1, Part I, time 11, col (B)					Enter here and on page 1, Part II, line 26	0.
Schedule K - Compensation	n of Officers, D	irectors, and	Trustees (see in	structions)				
1. Name			2 Title		3. Percent of ime devoted to business		ensation attributable elated business	
(1)					%			
(2)					%			
(3)					%			
(4)					%			
Total. Enter here and on page 1, Part II, I	ine 14							0.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 1	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18	85,439.	0.	85,439.	85,439.	
NOL CARRYO	VER AVAILABLE THIS	YEAR	85,439.	85,439.	