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Q	90-T		Exempt Organization				к ке	turn	-	-	
Form 🕶	(and proxy tax under section 6033(e))									20	1 Q
*	į	For cale	ndar year 2019 or other tax year be	ginning	, 2019, a	nd ending		, 20		<u>~</u>	1 9
	t of the Treasury		► Go to www.irs.gov/Form9						Ope	n to Public I	Inspection for
	venue Service	Dor	not enter SSN numbers on this for Name of organization (<u> </u>	<u> </u>	zation is				izations Only
A add	eck box if dress changed				ion number instructions)						
	under section	Print	Team NEO Foundation			madactions ;					
≥ 501(c 113)	or	Number, street, and room or suite r		nstruction	าร		<u>-</u>		85407	ctivity code
4080		Туре	1111 Superior Avenu						(See instri		ctivity code
408/	, ,		City or town, state or province, cou		n postal	code					
529(a) alue of all assets		Cleveland, OH 44114						5412	100	
at end	of year		oup exemption number (See						01/2) ****		Other trust
	,413,436.		eck organization type 🕨 🗵			☐ 501(c)			01(a) tru		
			rganization's unrelated trade							or first) ui	
			Accounting and tax prep for other								
			It the end of the previous se complete Parts III-V.	intence, complete	e Paris	r and II, Co	mpiete	a Sun	equie ivi	ior each	additional
			e corporation a subsidiary in an	officeted group or		t subsidios	control	lad ara	n2		s 🗵 No
	-		· · · · · · · · · · · · · · · · · · ·	-		it-subsidiary	CONTROL	ieu grou	ı p r		5 <u>M</u> NU
			and identifying number of the Laura Hudak	parent corporation	∪II. <u>►</u>	Toloch	יח פחם	ımher I	(216) 363-5	400
			e or Business Income			(A) incon			penses		C) Net
			es 53,794	<u> </u>	$\overline{}$		-	(-, -			1
	ess returns ar			c Balance ▶	1c	53	,794				ļ
			chedule A, line 7)		2		,,,,,			+	
			line 2 from line 1c		3	53	, 794			 	53,794
	•		ne (attach Schedule D)		4a	 				1	
	. •		4797, Part II, line 17) (attach l		4b					1	
	Capital loss de	-			4c					1	
	•		a partnership or an S corp								
					5		- 11	i ≺	آعل ۽	γ ED	
6 F	Rent income (S	Schedu	le C)		6				,		1 81
	-		ed income (Schedule E)		7		la	20	UL 06	2020	Image: Control of the
			s, and rents from a controlled organi		8			31 3	UL V		88
			ection 501(c)(7), (9), or (17) organiz		9			L	., .,	117	
			vity income (Schedule I)		10				JOE	N, UT	
11 /	Advertising inc	come (S	Schedule J)		11						
12 (Other income ((See ins	structions; attach schedule) .		12						
13 7	Total. Combine	e lines	3 through 12		13	53	,794				53,794
Part II			Taken Elsewhere (See ins					•		ust be di	rectly
	connected	with the	he unrelated business incor cers, directors, and trustees (ne.)							
14 (Compensation	of office	cers, directors, and trustees ((Schedule K) .		•			. 14		
15	Salaries and w	ages							. 15		45,821
			ınce								
			ule) (see instructions)								
										<u> </u>	3,234
			orm 4562)							-	
			med on Schedule A and else						211		
			rred compensation plans .								
			grams								10,443
		-	nses (Schedule I)						_		
			sts (Schedule J) ach schedule) Se						_		
			ach scheoule) Seg						27		4,170
28 1	otal deductio	nne Ad							. 28	1.1	63,668
			ld lines 14 through 27								c
29 (Jnrelated busi	ness ta	ld lines 14 through 27	erating loss deduc	ction. S	ubtract line	28 froi	m line 1	3 29		-9,874
29 (30 [Unrelated busi Deduction for	ness ta net op	ld lines 14 through 27xable income before net open perating loss arising in tax	erating loss deduc years beginning	ction. S on or	ubtract line after Janua	28 froi ary 1, :	m line 1 2018 (s	3 29 see		-9,874
29 (30 [Unrelated busi Deduction for Instructions) .	ness ta net op	ld lines 14 through 27	erating loss deduction years beginning	ction. S on or	ubtract line after Janua	28 froi ary 1, :	m line 1 2018 (s 	3 29 see 30		-9,874 -9,874

Part I	II. To	otal Unrelated Business Taxable Income						
32	Total of	f unrelated business taxable income computed from		-			٠.	
	instruct	,				32	-9	,874
33		ts paid for disallowed fringes				33		
34		ble contributions (see instructions for limitation rules)				34		
35		nrelated business taxable income before pre-2018 NC in the sum of lines 32 and 33	· ·			05	_	0.5.4
06		on for net operating loss arising in tax years be				35	-9,	<u>, 874</u>
36		ions for het operating loss arising in tax years be		-		36		
27		unrelated business taxable income before specific de			•	37		,874
37 38		c deduction (Generally \$1,000, but see line 38 instruction				38		0/4
39		ted business taxable income. Subtract line 38 from				50		
		e smaller of zero or line 37				39		0
Part I		ax Computation				l		
40		zations Taxable as Corporations. Multiply line 39 by	21% (0.21)		•	40		0
41		Taxable at Trust Rates. See instructions for						
	the amo	ount on line 39 from. 🗌 Tax rate schedule or 💢 🖺 S	chedule D (Form 1041))		41		
42	Proxy t	ax. See instructions				42		
43		tive minimum tax (trusts only)				43		
44		Noncompliant Facility Income. See instructions .				44		
		Add lines 42, 43, and 44 to line 40 or 41, whichever app	olies		•	45		0
Part		ax and Payments	-h F 1116)					
		tax credit (corporations attach Form 1118; trusts attached to the composition of the comp				1		
		I business credit. Attach Form 3800 (see instructions)				 		
		or prior year minimum tax (attach Form 8801 or 8827)		. 		t∎∎I		
		redits. Add lines 46a through 46d	<u></u>			46e		
47		et line 46e from line 45			•	47		
48		kes Check if from. Form 4255 Form 8611 Form 8697			e)	48	-	<u> </u>
49		ax. Add lines 47 and 48 (see instructions)			•	49		0
50	2019 ne	et 965 tax liability paid from Form 965-A or Form 965-E	3, Part II, column (k), lin	ne3		50		
51a	Paymer	nts: A 2018 overpayment credited to 2019	<u>51</u> .	а				
		stimated tax payments	<u> </u>	b 7,	884	 .		
		posited with Form 8868		+				
		organizations: Tax paid or withheld at source (see ins						
		withholding (see instructions))					
		or small employer health insurance premiums (attach i	Form 8941) 51	<u>T </u>		-		
-		redits, adjustments, and payments. Form 2439 Other	Total ▶ 51	_				
		ayments. Add lines 51a through 51g		91		52	7	,884
53		ed tax penalty (see instructions). Check if Form 2220 i		.	i i	53		, 00 =
		e. If line 52 is less than the total of lines 49, 50, and 53			 	54		
55		syment. If line 52 is larger than the total of lines 49, 50,		overpaid	•	55	7	,884
56	Enter the	e amount of line 55 you want: Credited to 2020 estimated	tax >	Refunded	>	56		,884
Part \	/] S1	tatements Regarding Certain Activities and Ot	her Information (see	e instructions)				
		time during the 2019 calendar year, did the organization						No
		inancial account (bank, securities, or other) in a foreig	•	•	-		1	
		Form 114, Report of Foreign Bank and Financial Acc	ounts. If "Yes," enter ti	he name of the	fore	ign countr	у	
	here ►							×
	•	he tax year, did the organization receive a distribution from,	-	r transteror to, a t	oreig	n trust? .		×
		" see instructions for other forms the organization may		¢				
_59		ne amount of tax-exempt interest received or accrued or penalties of perjury, I declare that I have examined this return, including a			best o	of my knowle	dge and be	lief, it is
Sign		proces, and complete Declaration of preparer (other than taxpayer) is based			ge 🦵	May the IRS		
Here		WIMM K Harold I blist	CEO		٧	with the prepa	arerbown	below
		re of officer Date	Title		Ľ	see instruction)?∐ \C s	□No
Paid	<u> </u>	Print/Type preparer's name Preparer's signature	· · · · · · · · · · · · · · · · · · ·	Date	Chec	k 🗆 ıf	PTIN	
Prepa	ror					mployed		
•		Firm's name 1			Firm's	s EIN ▶,		·
Use (וווע	Firm's address I		ī	Phon	e no i		

	90-1 (2019)				<u> </u>				raye
Sche	dule A-Cost of Goods Sold.	Enter m	nethod of ir	nventory va	aluation 🕨				
1	Inventory at beginning of year	1		6	Inventory a	at end of year		6	
2	Purchases	2		7	Cost of g	oods sold. Subtract li	ine		
3	Cost of labor	3			6 from line	5. Enter here and in P	art		
4a	Additional section 263A costs				I, line 2		. [7	
	(attach schedule)	4a		8	Do the ru	les of section 263A (v	vith `	respect to	Yes No
b	Other costs (attach schedule)	4b				roduced or acquired for			
5	Total. Add lines 1 through 4b	5			_	anization?			<u> </u>
Sche	dule C-Rent Income (From F	Real Pro	operty and	d Personal	Property	Leased With Real P	rope	erty)	
(see	nstructions)								
1. Desc	ription of property								
(1)						<u> </u>			
(2)									
(3)									
(4)									
	2. Rent rec	eived or a	ccrued	 					
	om personal property (if the percentage of re personal property is more than 10% but not more than 50%)	perd	entage of rent	nd personal pro for personal pro is based on pro	operty exceeds	3(a) Deductions directions directions 2(a) a			
(1)									
(2)						•	•		
(3)									
(4)					-				
Total		Total				(b) T-4-1 d-d4:			
	tal income. Add totals of columns 2(a) and on page 1, Part I, line 6, column (A)		Enter ▶			(b) Total deductions. Enter here and on page Part I, line 6, column (ge 1,		
	dule E-Unrelated Debt-Finar		come (see	instructions	s)				
	Description of debt-financed p			2. Gross inc	come from or debt-financed		anced	property	
				1	perty	(a) Straight line depreciatio (attach schedule)	(b) Other de (attach scl		
(1)									
(2)							\perp		
(3)							_		
(4)							_		
	acquisition debt on or of debt-financed debt	rage adjus f or allocat -financed p ttach sche	ole to . property	4 dı	olumn vided olumn 5	7. Gross income reportable (column 2 × column 6)	e (8. Allocable d column 6 × tota 3(a) and	al of column
(1)					%				- 111
(2)					%				
(3)					%			_	
(4)					%				
						Enter here and on page Part I, line 7, column (A)	1, E). I	nter here and Part I, line 7, o	
Totals					▶		+		
Total o	dividends-received deductions includ	ed in colu	ımn 8 .			>			

Schedule F-Interest, Annu	uities	, Hoyalties,				Organizations	janizati ons (se	e instru	ctions)	, , , , , , , , , , , , , , , , , , , 	
Name of controlled		3. Net unrelated incom (loss) (see instructions		ited income	<u> </u>	included in the o	5. Part of column 4 that is included in the controlling organization's gross income		eductions directly ected with income in column 5		
(1)				-					<u> </u>		
(2)											
(3)											
(4)					•					<u>.</u>	
Nonexempt Controlled Organiz	ation	S									
7 Taxable Income 8.1			Net unrelated income oss) (see instructions)		9. Total of specified payments made		included in the o	10. Part of column 9 that is included in the controlling organization's gross income		connected with income in	
(1)											
(2)					-						
(3)						•					
(4)											
Totals						•	Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 nere and on page 1, line 8, column (B)	
Schedule G-Investment I						or (17) Organi	zation (see inst	tructions	 s)		
1. Description of income		2. Amount of income			3. Deductions directly connected (attach schedule)		4. Set-asides , (attach schedule)		5. Total deductions and set-asides (col 3 plus col. 4)		
(1)											
(2)											
(3)							-				
(4)						-				·	
Totals	>	Part I, line 9, o	olumn	(A)	or Thom	Advanticing In	oomo (con inst		Part I, li	re and on page 1, ne 9, column (B).	
Description of exploited activity	_	2. Gross unrelated business inco from trade of business	me C	3. E: di conne prod uni	er man expenses rectly ected with uction of related ss income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Ex	penses itable to imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)					· -						
(2)	-		\dashv								
(3)		-									
(4)		<u> </u>									
Totals	>	Enter here and page 1, Part line 10, col (/	1,	page	ere and on 1, Part I, 0, col (B)			•		Enter here and on page 1, Part II, line 25	
Schedule J-Advertising											
Part I Income From P	erioc	licals Repor	ted o	n a	Consoli	dated Basis					
1. Name of penodical		2. Gross advertising income	a		Direct ising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	_										
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))	>									-orm 990-T (2010)	

Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership gain or (loss) (col 2 minus col 3) If 2. Gross costs (column 6 3. Direct 5. Circulation 6. Readership minus column 5, but 1. Name of periodical advertising advertising costs income costs not more than ıncome a gain, compute cols 5 through 7 column 4) (1) (2) (3) (4) ▶ Totals from Part I Enter here and Enter here and on Enter here and on page 1, Part I, line 11, col (B) page 1, Part I, line 11, col (A) on page 1, Part II, line 26 Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to 4. Compensation attributable to 1. Name unrelated business business (1) % % (2) % (3) % (4)

Form **990-T** (2019)

Team NEO Foundation 34-1885407

Additional information from your Form 990-T: Exempt Organization Business Income Tax Return

Form 990-T: Exempt Organization Business Income Tax Return Other Deductions

Continuation Statement

Description	Amount			
CPE	254.			
Professional memberships	446.			
Technology fee	2,001.			
Professional Liability insurance	605.			
Mileage to/from clients	373.			
Cell phone	278.			
Parking	213.			
Total	4,170.			