39

1/1 とりにうに

767667 19225 0 2018.05091 TRWIN A. AND ROBERT D. GO 19225

_	
Page	-

Part I	Total Unrelated Business Taxable Income						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 33 -3,870.						
34	Amounts paid for disallowed fringes						
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)						
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of						
	lines 33 and 34	• • • • • • • • • • • • • • • • • • • •		36	-3.870.		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	33	37	$\frac{-3,870.}{1,000.}$			
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36					
	enter the smaller of zero or line 36		2.4	38	-3,870.		
Part I	Vi Tax Computation			1200			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		•	39	0.		
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38 from:	,				
	Tax rate schedule or Schedule D (Form 1041)		•	40			
41	Proxy tax. See instructions		•	41			
42	Alternative minimum tax (trusts only)			42			
43	Tax on Noncompliant Facility Income. See Instructions			43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.		
	Tax and Payments	_	-	<u> </u>			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		2.03			
b	Other credits (see instructions)	45b		73			
c	General business credit. Attach Form 3800	45c					
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d					
е	Total credits. Add lines 45a through 45d			45e			
46	Subtract line 45e from line 44		Ï	46	0.		
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	66 DO Other (attach schedule)	47			
48	Total tax. Add lines 46 and 47 (see instructions)			48	0.		
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.		
50 a	Payments: A 2017 overpayment credited to 2018	50a					
	2018 estimated tax payments	50b					
c	Tax deposited with Form 8868	50c					
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d					
е	Backup withholding (see instructions)	50e					
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	_				
g	Other credits, adjustments, and payments: Form 2439						
	Form 4136 Other Total >	50g					
51	Total payments. Add lines 50a through 50g			51			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		▶	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		•	54			
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		funded 🕨	55	<u> </u>		
Part V	Statements Regarding Certain Activities and Other Informatio	n (see instruc	ctions)		-,,-		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature $\frac{1}{2}$				Yes No_		
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country					
	here >		-		X X		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a for	eign trust?		X		
	If "Yes," see instructions for other forms the organization may have to file.						
58	Enter the amount of tax-exempt interest received or accrued during the tax year S Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the	heet of my knowled		Moder Libertain		
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any knowledge)	go and boxer, it is t			
Here	No local APAIN 1 69/20 NEXECUTE	VE DIRE		y the IRS discuss t			
	Signature of officer Date Title	VE DIKE		preparer shown be structions)?	•		
	Print/Type preparer's name Preparer's signature Date	to	Check If		100		
D-: •			self- employed	' ' ''			
Paid		5/3/2020	oon omproyed	P0127	3230		
Prepa	TO A COURT OF THE PROPERTY OF		Firm's EIN	39-12			
Use C	1221 JOHN Q. HAMMONS DRIVE						
	Firm's address ► MADISON, WI 53717		Phone no. 6	0883181	81		
823711 01-			·		990-T (2018)		

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	raluation ► N/A				
1 Inventory at beginning of year	1		6				6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part i,			line 6		
3 Cost of labor	3							
4 a Additional section 263A costs			7	line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b		_	property produced or a	cquirec	l for resale) apply to		
5 Total, Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	i Per	sonal Property L	ease	d With Real Prop	erty) 	
Description of property	·							
_(1)								
(2)		·· ····					<u>,_</u> .	
_(3)								
		ed or accrued				3/3) Deductions directly	connected w	ith the income in
(a) From personal property (if the personal property is more 10% but not more than 50%)		` of rent for p	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	tage (a) Deductions directly connected with the income columns 2(a) and 2(b) (attach schedule)			schedule)
(1)								
(2)								
(3)								· · · · · · · · · · · · · · · · · · ·
(4)								
Total	0.	Total			<u> </u>			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	1 (A)	<u> </u>			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	ınstru	ctions)				
			١,	. Gross income from		Deductions directly con to debt-finance		allocable
Description of debt-financed property			'	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b)	Other deductions ttach schedule)
(1)			 				 	
(2)			<u> </u>			· · · · · · · · · · · · · · · · · · ·		
(3)			1			·		
(4)	·		1			 	1	
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 ischedule)	6	Column 4 divided by column 5	reportable (column (column 6		illocable deductions on 6 x total of columns 3(a) and 3(b))	
(1)			1	%				
(2)				%				
(3)		-		%			1	
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)		here and on page 1, , line 7, column (B)
Totals				▶		0	.	0.
Total dividends-received deductions in	cluded in column	8 _						0.
								Form 990-T (2018)

823731 01-09-19

Totals (carry to Part II, line (5))

0

0

0.

Form 990-T (2018)

Form 990-T (2018) IRWIN A. AND ROBERT D. GOODMAN COMMUNITY 39-19191

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 6 minus column 5, but not more than column 4)
(1) EAST SIDE NEWS	37,833.	66,297.	-28,464.			
(2)						
(3)						
(4)						
Totals from Part I	0.	0.	(FEET 12: FEET 14: ACT			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 27
Totals, Part II (lines 1-5)	37,833.	66,297.		60 C		0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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		>	0.

Form 990-T (2018)

FORM 990-T

DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

STATEMENT 1

CELLULAR TOWER LAND LEASE ADVERTISING INCOME

TO FORM 990-T, PAGE 1

FORM 990-T OTHER INCOME	STATEMENT 2
DESCRIPTION	AMOUNT
CELLULAR TOWER LEASE INCOME	24,594.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	24,594.