Form <b>990-T</b>	Exempt Organization Business		OMB No 1545-0047
<b>4</b> 1	(and proxy tax under secti For celender yeer 2019 or other tax year beginning	2019	
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990T for instructions  Do not enter SSN numbers on this form as it may be made		Open to Public Inspection for 50 (c)(3) Organizations Only
A Check box if address changed	Name of organization ( Check box if name changed and	D Employer Identification number (Employees' trust, see instructions)	
B Exempt under section	Print MIDWEST HOUSING EQUITY GROU	P. INC.	47-0767984
X 501(4)(3 )	Or Number, street, and room or suite no. If a P.O. box, see instru	E Unvaleted business activity code	
408(e) 220(e)	Type 515 N 162ND AVE, NO. 202	2020	(See Instructions.)
408A 530(a)		ostal code	1
529(a)	OMAHA, NE 68118		
C Book value of all assets	F Group exemption number (See Instructions.)		
50,096,0	00. G Check organization type ► X 501(c) corporation	501(c) trust 401(a)	trust Other trust
	organization's unrelated trades or businesses.	Describe the only (or first) un	
	NONE; QUALIFIED FRINGE BENEFIT	<del></del> • · ·	
	lank space at the end of the previous sentence, complete Parts I and II,	, complete a Schedule M for each auditiona	al trade or
business, then complete			
	the corporation a subsidiary in an affiliated group or a parent-subsidiar and identifying number of the parent corporation.	ry controlled group?	Yes X No
	JASON MAIN	Telephone number ▶ 4	02-334-8899
	Trade or Business Income	(A) Income (B) Expenses	
1a Gross receipts or sale		(0) = 4	(0)
b Less returns and allo			ĺ
2 Cost of goods sold (S			
3 Gross profit. Subtrac	· · · · · · · · · · · · · · · · · · ·		
4 a Capital gain net Incon	ne (attach Schedule D)		
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797) 4b		
c Capital loss deduction	for trusts		
5 Income (loss) from a	partnership or an S corporation (attach statement) 5		
6 Rent income (Schedu	le C) . 6		
7 Unrelated debt-finance	ed income (Schedule E) 7		
·	rattles, and rents from a controlled organization (Schedule F) 8		
	a section 501(c)(7), (9), or (17) organization (Schedule G)		
,	vity income (Schedule I) 10		
11 Advertising Income (S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		·
•	structions; attach schedule) 12		
13 Total, Combine lines Part II Deductio	3 through 12 13   ns Not Taken Elsewhere (See instructions for limitation	0.	<u></u>
	must be directly connected with the unrelated business incom		
14 Compensation of off	cers, directors, and trustees (Schedule K)		14
15 Salaries and wages	RECEIVED		15
16 Repairs and mainten	ance TLOCIVED		16
77 Dad depts	dule) (see instructions)		17
_ 10 morest (action sens	dule) (see instructions) S FEB 1 4 2020 S	•	18
19 Taxes and licenses 20 Depreciation (attach		1 1	19
20 Depreciation (attach	Form 4562)	20	
21 Less depreciation cla	umed on Schedule A and els where CARDEN, UT	218	21b
22 Depletion			22
<ul> <li>23 Contributions to defe</li> <li>24 Employee benefit pro</li> </ul>	rred compensation plans	· }	23
23 Contributions to defe 24 Employee benefit pro 25 Excess exempt exper 26 Excess readership co 27 Other deductions (at	.,, .	ł	24   25
26 Excess readership co	• •	· •	26
27 Other deductions (at		ŀ	27
) 28 Total deductions, A	id lines 14 through 27	·	28 0.
	exable income before net operating loss deduction. Subtract line 28 from	m line 13	29 0.
	grating loss arising in tax years beginning on or after January 1, 2018		
(see instructions)	The state of the s		30
•	xable income. Subtract line 30 from line 29	· · · · · · · · · · · · · · · · · · · ·	31 0.
	r Paparwork Reduction Act Notice see instructions		Form 990-T (2010)

Form 99	O-T (2019) MIDWEST HOUSING EQUITY GROUP, INC.	47-0767984 Page 2
Part	III Total Unrelated Business Taxable Income	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 0.
<b>*33</b>	Amounts paid for disallowed fringes	33
34	Charitable 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 of lines 32 and 33	35
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
	Unrelated business taxable income. Subtract line 38 from line 37, If line 38 is greater than line 37.	30 1,000.
39	enter the smaller of zero or line 37	39 0.
Dod	Tax Computation	1-39 0.
		1 1
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40 0.
41	Trusts 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	Alternative minimum tax (trusts only)	43
44	Tax on Noncompliant Facility Income. See instructions	44
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.
Pari	Y Tax and Payments	
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	] ]
b	Other credits (see Instructions)	
C	General business credit. Attach Form 3800	],
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	]
8	Total credits. Add lines 46a through 46d	46e
47	Subtract line 46e from line 45	47 0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48
49	Total tax. Add lines 47 and 48 (see instructions)	49 0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
	Payments: A 2018 overpayment credited to 2019	"
	1 000	_ 1
		-  -
C	Tax deposited with Form 8868	1. 1
	Foreign accordance Tourneld or withhold at accordance (and instructions)	<b>1</b> '
	Foreign organizations: Tax paid or withheld at source (see instructions)  516	<u></u>
е	Backup withholding (see instructions) 51e	
e 1	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  516  517	
e 1	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments: Form 2439	
e 1 g	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 4136  Other  Total  51e  51e  51g	
e 1 g 52	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Total payments. Add lines 51a through 51g	52 1,000.
6 1 9 52 53	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if Form 2220 is attached	53
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6 1 9 52 53	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Form 4136  Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if Form 2220 is attached  Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	53 54 55 1,000.
6 1 9 52 53 54 55 56	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Form 4136  Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if Form 2220 is attached  Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  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  Refunded	53 54
52 53 54 55	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if Form 2220 is attached  Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  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  Refunded	53 54 55 1,000.
6 1 9 52 53 54 55 56	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Form 4136  Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if Form 2220 is attached  Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  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  Refunded	53 54 55 1,000.
6 1 9 52 53 54 55 56 Part	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Other Total Form 4136  Other Total Form 2439  Estimated tax penalty (see instructions). Check if Form 2220 is attached  Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  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  Statements Regarding Certain Activities and Other Information (see instructions)	53 54 55 1,000. 56 1,000.
6 1 g 52 53 54 55 56 Part	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Other  Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if Form 2220 is attached  Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  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  Refunded  VI Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	53 54 55 1,000. 56 1,000.
6 1 9 52 53 54 55 56 Part	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Other  Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if Form 2220 is attached  Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  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  Refunded  VI Statements Regarding Certain Activities and Other Information (see instructions)  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	53 54 55 1,000. 56 1,000.
6 1 9 52 53 54 55 56 Part	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Form 4136  Other  Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if Form 2220 is attached  Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  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  Refunded  VI Statements Regarding Certain Activities and Other Information (see instructions)  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	53   54   55   1,000.   56   1,000.   Yes   No   X   X
52 53 54 55 56 Part	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Form 4136  Other  Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if Form 2220 is attached  Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  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  Refunded  VI Statements Regarding Certain Activities and Other Information (see instructions)  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	53 54 55 1,000. 58 1,000. Yes No
52 53 54 55 56 Part	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Other  Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if Form 2220 is attached  Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  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  Refunded  VI Statements Regarding Certain Activities and Other Information (see instructions)  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  During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign trust?	53   54   55   1,000.   56   1,000.   Yes   No   X   X
e 1 9 52 53 54 55 56 Part 57	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Other  Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if Form 2220 is attached  Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  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  Refunded  VI Statements Regarding Certain Activities and Other Information (see instructions)  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  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  Vinder penalties of perfury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowload.	53   54   55   1,000.   58   1,000.
e 1 9 52 53 54 55 56 Part 57	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Form 4136  Other  Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if Form 2220 is attached  Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  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  Refunded  VI Statements Regarding Certain Activities and Other Information (see instructions)  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  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 parkey, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete Declaration of preparer (other than taxpeyer) is based on all information of which preparer has any knowledge	53   54   55   1,000.   56   1,000.   Yes   No   X   X   X   dge and belief, it is Yus.
e 1 9 52 53 54 55 56 Part 57	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 4436  Other  Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if Form 2220 is attached  Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  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  Refunded  VI Statements Regarding Certain Activities and Other Information (see instructions)  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  During the tax year, did the organization receive a distribution from, or was if 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 schedules and statements, and to the best of my knowledge  Overpayment. If the payment is a statements, and to the best of my knowledge to the payment of the payment of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	53   54   55   1,000.   58   1,000.
52 53 54 55 56 Part 57	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:  Form 2439  Form 4136  Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if Form 2220 is attached  Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  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  Refunded  VI Statements Regarding Certain Activities and Other Information (see instructions)  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  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  Sudder penalties of perlary. I doclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge  Minument of the penalty of the penalty of the penalty is based on all information of which preparer has any knowledge	53 54 55 1,000. 56 1,000.  Yes No  X X X  Ax  Ax  Ay  Age and belief, it is true.
52 53 54 55 56 Part 57	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments: Form 2439  Form 4136 Other Total Form 51g  Estimated tax penalty (see instructions). Check if Form 2220 is attached  Overpayment. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  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  Refunded  VI Statements Regarding Certain Activities and Other Information (see instructions)  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  During the tax year, did the organization receive a distribution from, or was it the granter 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  Outdoored and complete Declaration of prepare (other than taxpayer) is based on all information of which preparer has any knowledge  Signature of officer  Date  Mine State Product State Product State Product Product State Product	53 54 55 1,000. 58 1,000.  Yes No  X X X  Ax  Ax  Ax  Asy the IRS discuss the return with us preparer shown below (see structions)? X Yes No
e 1 9 52 53 54 55 56 Part 57 58 Sign Here	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments: Form 2439  Form 4136  Other Total > 51g  Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if Form 2220 is attached  Overpayment. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  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  Refunded  VI Statements Regarding Certain Activities and Other Information (see instructions)  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  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 perlary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge  Under penalties of perlary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge  Signature of officer  Preparer's signature  Date  CFO  Title	53 54 55 1,000. 56 1,000.  Yes No  X X X  Ax  Ax  Ay  Age and belief, it is true.
52 53 54 55 56 Part 57 58 Sign Here	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:	53 54 55 1,000. 58 1,000.  Yes No  X X X  Ax  Ax  Ax  Ax  Ax  Ax  Ax  Ax
52 53 54 55 56 Part 57 58 Sign Here	Backup withholding (see Instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:	53 54 55 1,000. 58 1,000.  Yes No  X  X  X  Ax  Ax  Ax  Ax  Ax  Ax  Ax  A
52 53 54 55 56 Part 57 58 Sign Here	Backup withholding (see Instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments:	53 54 55 1,000. 58 1,000.  Yes No  X X X  Ax  Ax  Ax  Ax  Ax  Ax  Ax  Ax
52 53 54 55 56 Part 57 58 Sign Here	Backup withholding (see Instructions)   Credit for small employer health Insurance premiums (attach Form 8941)   Other credits, adjustments, and payments:	53 54 55 1,000.  56 1,000.  Yes No  Yes No  X  X  X  Ax  Ax  Ax  Ax  Ax  Ax  Ax  A
52 53 54 55 56 Part 57 58 Sign Here	Backup withholding (see Instructions)   Credit for small employer health Insurance premiums (attach Form 8941)   Other credits, adjustments, and payments:	53 54 55 1,000. 58 1,000.  Yes No  X  X  X  Ax  Ax  Ax  Ax  Ax  Ax  Ax  A

Schedule A - Cost of Goods Sold. Ente	r method of Inve	ntery valuation N/A		····	<del></del>
1 Inventory at beginning of year 1		6 Inventory at end of year			8
2 Purchases 2	<del></del>	7 Cost of goods sold. S		line 6	
3 Cost of labor		from line 5. Enter here			]
4a Additional section 263A costs	··	line 2			7
father brook and the		8 Do the rules of section	263A (	with respect to	Yes No
b Other costs (attach schedule) 4b	<del></del>	property produced or		•	
5 Total. Add lines 1 through 4b 5		the organization?	auqunot	o for resourcy apply to	
Schedule C - Rent Income (From Real	Property an		8258	d With Real Prope	indidunia
(see instructions)					
1. Description of property					
(1)				<del></del>	
(2)					
(3)					
(4)					<del></del>
	vad or accrued	<del></del>			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	or rent for	and personal property (if the percents personal property exceeds 50% or if ant is based on profit or income)		3(a) Deductions directly of columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)	<del> </del>				
(2)	<del>                                     </del>				<del></del>
(3)	<del> </del>			<del>                                     </del>	<del></del>
- (4)	<del> </del>			<del>                                     </del>	
Total 0	Totel	·	0.		
(c) Total income. Add totals of columns 2(a) and 2(b). Er	<del>1 </del>		<u> </u>	(b) Total deductions.	
here and on page 1, Part I, line 6, column (A)	<b>•</b>		0.	Enter here and on page 1. Part I, line 6, column (II)	<b>.</b> 0.
Schedule E - Unrelated Debt-Financed	Income (see	nstructions)		<u>-</u>	
		2. Gross income from		<ol> <li>Deductions directly connect to debt-finance</li> </ol>	ected with or ellocable of property
Description of debt-financed property		or allocable to dobt- financed property		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)					
. (2)	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
(3)				<del></del>	
(4)		<del>                                     </del>	1		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average of or debt-fina	adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%			
(2)		%			
(3)		%			
(4)		%		<del></del>	<u> </u>
		70		nter here and on page 1 Part I line 7, column (A),	Enter here and on page 1, Part I, line 7 column (B).
Totals		<b>.</b>		0.	0.
Total dividends-received deductions included in column	18		<b>.</b>	<u> </u>	0.
			• 1117 11		Form 990-T (2019)

Form 990-7 (2019) MIDWES Schedule F - Interest, A	Annuities, F	Royalties	and Rents	From Control	led Organiz	ations	(see ins	tructions		
	1		Exempt	Controlled Organiz	ations	<del></del>				
Name of controlled organization		2. Employer identification number			Total of specified payments made	included	5. Pert of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
í(1)					<del></del>	<del>                                     </del>	<del></del>			
.(2)				// –		<del>1 .</del>	· <del>-</del>			
(3)				-						
:(4)	-	_							-	
Nonexempt Controlled Organi	zations			<del></del>					·····	
7. Texable Income	B. Net unrela	teg income (loss structions)	9. Total	of specified payments made		lumn 9 that is offing organizass income	s included	11. Dec with	ductions directly connected income in column 10	
7/4/	<del> </del>		<del></del>		<del></del>				<del></del>	
(1) (2) ——	<del> </del>		<del></del>	<del></del>	<del> </del>		<del></del>			
	<del> </del>		<del></del>		+		<del></del>			
(3)	<del>                                     </del>		<del></del>	·· <del>·</del>	<del> </del>					
<u>(4)</u>	<u>.                                    </u>				+					
					Enter here ar	umns 5 and 1 nd on page 1, i, column (A).	, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Pert I, line B, column (8)	
Totals	<u> </u>	<u> </u>	<del></del>		<u> </u>		0.		0.	
Schedule G - Investme (see insti		of a Sect	ion 501(c)(7	7), (9), or (17) O	rganization	)				
1. Desc	ription of income			2. Amount of income	3. Deducti directly corn (attach scho	nected	4. Set-c		5. Total deductions and est-asides (col 3 plus col·4)	
(1)					1.					
(2)									Ţ	
·(3)										
(4)										
				Enter here and on page Part I, line 9 column (A)					Enter here and on page 1 Part I line 9 column (B)	
Totals			▶	) 0	.				0.	
Schedule I - Exploited (see Instru	_	tivity Inc	ome, Other	Than Advertis	ing income	)				
Description of exploited activity	2. Gross unrelated busin income fron trade or busin	1966 dir	3. Expenses actly connected lith production of unrolated isiness income	4. Net income (loss) from urrelated trade or business (column 2 minus column 3) if a gain, compute cols. 5 through 7	5. Gross in from activity is not unrel business inc	that ates	attributable to		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)										
(4)										
Yatala	Enter here and page 1, Part line 10 col (/	۱ ) د	ter here and on page 1, Part I, ne 10, col (B)						Enter here and on page 1, Part II, line 25.	
Totals Schedule J - Advertisir	ia Income		Ctions)	L	<del></del>	<del>-</del>			1	
Part-I Income From				solidated Basis	3	<del></del>		<del></del>	<del></del>	
		Gross ertising	3. Okect	4. Advertising gall or (loss) (col 2 minu	n 18 5. Circul	ation	6. Reads	rship	7. Excess readership costs (column 6 minus	
1. Name of periodical		come	edvertising costs	col. 3), if a gain, comp cols 5 through 7,		18	costs	5	column 5, but not more than column 4)	
(1)				,	·					
(2)				_					-	
(3)					"]					
(4)		1			6					
Totals (carry to Part II, line (5))	<b>&gt;</b>	0.	0	•					0.	
									Form 990-T (2019)	

1. Name at periodical	2. Gross advertibing income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus ool 3), if a gain, compute cols 5 through 7	5. Circulation Income		esdership costa	7. Excess readership costs (column 6 minus column 5 but not mon than column 4).
				<u> </u>			, <u>, , , , , , , , , , , , , , , , , , </u>
				)	<u> </u>		<u> </u>
		1 marine 1 1 1	<u> </u>	<u> </u>			<u> </u>
John Bond	· · · · · · · · · · · · · · · · · · ·	1	· ;	<u> </u>	<u> </u>		<u>'</u>
is from Part I	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 28
ils, Part II (lines 1-5) 👾 💷 🕟 🕨	.0 .	2 . 0.		<u> </u>			
hedule K - Compensation	of Officers, D	Directors, and	Trustees (see ii				
1, Name			2. Title	3. Però time devi busini	cted to		ensation attributable related businass
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al. Enter here and on page 1, Part II, II	ne 14						

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