| č  | fuer   |
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| ζ. | PINO<br>PINO<br>PINO<br>PINO<br>PINO<br>PINO<br>PINO<br>PINO |
| c. | 3atcl  |
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|          |  |           | F 0                           |                                      |                |                              |                                     |                     | OMB No 1545-0687         |
|----------|--|-----------|-------------------------------|--------------------------------------|----------------|------------------------------|-------------------------------------|---------------------|--------------------------|
| Fon      | ::990-T  |           | Exempt Orga                   | anization Busin<br>d proxy tax under | less<br>' sect | Income lax i<br>ion 6033(e)) | keturn                              |                     | 2018                     |
|          |  | For ca    | liendar year 2018 or other to |                                      |                | and ending                   | 181 2                               | ł                   | 2010                     |
|          | artment of the Treasury                        | l         | ▶Go to www.in                 | s.gov/Form990T for instr             | uctions        | and the latest informa       |                                     |                     | to Public Inspection for |
| Inter    | nal Revenue Service                            | Do i      | not enter SSN numbers         | on this form as it may b             | e made         | public if your organiz       | ation is a 501(c)(3).               | 501(c               | (3) Organizations Only   |
| A        | Check box if address changed                   | ]         | Name of organization          | ( Check box if name cha              | nged and       | see instructions )           | D Employer Ide                      |                     |                          |
|          | Exempt under section                           |           | _ <b></b>                     |                                      |                |                              | (Employees' tru                     | SI, 5 <del>00</del> | motrucuotis )            |
|          | <b>x</b> 501( C)(0 3 )                         | Print     |                               | ousing, Inc.                         |                |                              |                                     |                     |                          |
| ŀ        | 408(e) 220(e)                                  | or        |                               | or suite no if a PO box, see ins     |                |                              | 52-09                               |                     |                          |
| -        | 408A 530(a)                                    | Тура      |                               | mbia Road, N                         |                |                              | E Unrelated but<br>(See instruction |                     | activity code            |
|          | 529(a)   |           | 1 .                           | nnce, country, and ZIP or foreign    | •              |                              | (300 11311000                       | ю,                  | 1                        |
|          | Book value of all assets                       | <u></u>   | Washington                    |                                      |                | 20009                        |                                     |                     | <u> </u>                 |
|          | et end of year                                 |           |                               | per (See instructions )              |                | 504(-) 4                     | 104/-> 4                            |                     | T 04 4                   |
|          | 55,702,531                                     | •         | heck organization typ         |                                      |                |                              | 401(a) trust                        |                     | Other trust              |
|          | Enter the number of the                        | •         |                               | portation co                         | -              | ribe the only (or first)     | unrelated trade or                  |                     | ly one, complete         |
|          |  | _         | _                             | blank space at the end               |                | rovious sentence col         | molete Parte Land                   |                     | •                        |
|          |  |           |                               | en complete Parts II–V               |                | nevious sentence, con        | inpiete Parts I and                 | 11, 66              | ittiplete                |
| _        |  |           |                               | y in an affiliated group of          |                | ment-subsidiary control      | led group?                          | _                   | Yes No                   |
|          | If "Yes," enter the name                       |           |                               |                                      | n a pai        | one-subsidiary conduct       | ibu gioop.                          |                     |                          |
|          | <u> </u>                                       |           |                               |                                      |                |                              |                                     |                     |                          |
| J        | The books are in care o                        | of ▶ 1    | The Organiz                   | ation                                |                | Tel                          | ephone number 🕨                     | 20                  | 2-299-1240               |
| _P       | art I Unrelated                                | d Trad    | le or Business li             | ncome                                |                | (A) Income                   | (B) Expenses                        |                     | (C) Net                  |
| 1a       | Gross receipts or sale                         | es        |                               |                                      |                | Ī                            |                                     | - 1                 |                          |
| b        | Less returns and allow                         | wances    |                               | c Balance                            | 1c             |                              |                                     | _                   |                          |
| 2        | Cost of goods sold (S                          | chedule   | e A, line 7)                  |                                      | 2              |                              | ļ                                   | $\rightarrow$       |                          |
| 3        | Gross profit Subtract                          |           |                               |                                      | 3              |                              |                                     | _                   |                          |
| 4a       | Capital gain net incom                         | •         | •                             |                                      | 48             |                              | <u> </u>                            | -                   |                          |
| þ        | Net gain (loss) (Form 479                      |           |                               | 797)                                 | 45             |                              | TELL TELLISETTEM, DAG               |                     |                          |
| C        | Capital loss deduction                         |           |                               |                                      | 4c             | REU                          | E                                   |                     |                          |
| 5        | Income (loss) from partnership                 |           | rporation (attach statement)  |                                      | 5              | (2)                          |                                     | _                   |                          |
| 6        | Rent income (Schedul                           | •         |                               |                                      | 6              | ISI APR                      | 0 2 2020                            | -+                  |                          |
| 7        | Unrelated debt-finance                         |           | •                             | (O-t1 t- 5)                          | 7              | - 101 71 N                   | U D JUDO                            |                     |                          |
| 8        | Interest, annuities, royaltie                  |           | _                             | 1 1                                  | 8              |                              |                                     | +                   | ·                        |
| 9        | Investment income of a s                       |           |                               | ization (Schedule G)                 | 10             |                              | - 31 /                              |                     | <del> </del>             |
| 10<br>11 | Exploited exempt active Advertising income (S  | -         |                               |                                      | 11             | <u> </u>                     |                                     | +                   |                          |
| 12       | Other income (See in:                          |           | •                             |                                      | 12             |                              |                                     | $\dashv$            |                          |
| 13       | Total. Combine lines                           |           | •                             |                                      | 13             | 0                            |                                     | $\dashv$            | 0                        |
|          |  |           |                               | ere (See instruction                 |                | limitations on dec           | ductions ) (Exc                     | ept f               | or contributions.        |
|          | deductions                                     | s mus     | t be directly conn            | ected with the unre                  | elated         | business income              | )                                   |                     |                          |
| 14       | Compensation of office                         | ers, dire | ectors, and trustees (S       | Schedule K)                          |                |                              |                                     | 14                  |                          |
| 15       | Salaries and wages                             |           |                               |                                      |                |                              | <del></del>                         | 15                  |                          |
| 16       | Repairs and maintena                           | nce       |                               |                                      |                |                              | <u> </u>                            | 16                  |                          |
| 17       | Bad debts                                      |           |                               |                                      |                |                              | _                                   | 17                  |                          |
| 18       | Interest (attach schedi                        | ule) (se  | e instructions)               |                                      |                |                              | <del></del>                         | 18                  |                          |
| 19       | Taxes and licenses                             | _         |                               |                                      |                |                              | <u> </u>                            | 19                  |                          |
| 20       | Chantable contributions (S                     |           |                               | i)                                   |                | 1 1                          | <u> -</u> 2                         | 50                  |                          |
| 21       | Depreciation (attach F                         |           | •                             |                                      |                | 21                           |                                     |                     | •                        |
| 22       | Less depreciation claim                        | ned on    | Schedule A and elses          | where on return                      |                | 22a                          |                                     | 2b                  | 0                        |
| 23       | Depletion                                      |           |                               |                                      |                |                              | <u> </u>                            | 23                  |                          |
| 24<br>25 | Contributions to deferr                        |           | ipensation plans              |                                      |                |                              |                                     | 4                   |                          |
| 26<br>26 | Employee benefit prog                          | •         | hadula I\                     |                                      |                |                              | <u> </u>                            | 25<br>26            |                          |
| 20<br>27 | Excess exempt expense<br>Excess readership cos | •         | <u>-</u>                      |                                      |                |                              |                                     | 7                   |                          |
| 28       | Other deductions (atta                         | •         |                               |                                      |                |                              | <b>├</b> ─-                         | 18                  |                          |
| 29       | Total deductions. Ad                           |           | •                             |                                      |                |                              |                                     | 9                   |                          |
| 30       |  |           | -                             | ating loss deduction. Su             | btract I       | ine 29 from line 13          |                                     | io                  |                          |
| 31       |  |           |                               | beginning on or after J              |                |                              | <del></del>                         | 1                   | <del></del>              |
| 32       | Unrelated business tax                         | _         |                               | • •                                  |                | .,                           |                                     | 2                   |                          |
| DAA      | For Penerwork Podus                            |           |                               |                                      |                |                              |                                     |                     | Form 990-T (2018)        |

| <u> Fол</u> | m 990-T (2018) Jubilee Housing, Inc. 52-09   | 86261  | Page  |
|-------------|--|--|---|
| P           | art III Total Unrelated Business Taxable income  |  |   |
| 33          | Total of unrelated business taxable income computed from all unrelated trades or businesses (see   | <del>ee</del>  |   |
|             | instructions)  |  | 33  |
| 34          | Amounts paid for disallowed finges   |  | 34  |
| 35          | Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see   |  |   |
|             | instructions)  |  | 35  |
| 36          | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si   | um   |   |
|             | of lines 33 and 34   |  | 36  |
| 37          | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  | 28   | 37 1,00   |
| 38          | Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line   | 36   |   |
| 00          | enter the smaller of zero or line 36   | 00,  | 38  |
| _ <u>D</u>  | art IV Tax Computation   |  | 171   |
| 39          | Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)  | <u> </u>   | 39  |
| 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  |  | 144   |
|             | art V Tax and Payments   |  | 11  |
| 45a         | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 4\$a   |  |   |
| Ь           | Other credits (see instructions)  45b  |  | <b>†</b>  |
| c           | General business credit Attach Form 3800 (see instructions)  45¢   |  | 1   |
| ď           | Credit for prior year minimum tax (attach Form 8801 or 8827)   |  | 1   |
| 8           | Total credits. Add lines 45a through 45d   |  | 45e   |
| 46          | Subtract line 45e from line 44   |  |   |
| 47          | Other taxes  |  | 46  |
|             |  |  | 48  |
| 48<br>40    | Total tax. Add lines 46 and 47 (see instructions)  |  | 49  |
| 49<br>50-   | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2  |  | 171   |
| 50a         | Payments: A 2017 overpayment credited to 2018  2018 estimated tax payments  50b  |  | 1 '   |
| b           | 21.  | 2,174  | -   |
| C           | J1 <del>5   1   1   1   1   1   1   1   1   1   </del>   | £,±13  | 4 1   |
| đ           |  |  | -l  |
| 8           | Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  567   |  | 4 I   |
| f           | promise (see as a see   | <del>"</del> -   | <del> </del>  |
| 9           | Other credits, adjustments, and payments. Form 2439  |  |   |
|             | Form 4136 Other Total ▶ 50g  |  | الدا  |
| 51          | Total payments. Add lines 50a through 50g  | <b>.</b> —   | \$1 2,174   |
| 52          | Estimated tax penalty (see instructions) Check if Form 2220 is attached  | ~ ~  | 53  |
| 53          | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  |  |   |
| 54          | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  | To the same of the |   |
| 55          | Enter the amount of line 54 you want. Credited to 2019 estimated tax   | Refunded 🎉   | 2,174   |
|             | art VI Statements Regarding Certain Activities and Other Information (se   |  | lyeel N   |
| 58          | At any time during the 2018 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization  | or other authority<br>may have to file   | y Yes No  |
|             | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the  | ne foreign country   | у   |
|             | here >   |  | X   |
| 57          | During the tax year, did the organization receive a distribution from, or was it the grantor of, or train  | nsferor to, a forei  | ign trust?  |
| 58          | 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  |  |   |
| <u>~~</u>   |  |  |   |
|             | Under penalties/of perjuly, I declare that I have examined this return, including accompanying schedules and statements, and to the I true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know   | best of my knowledge a<br>foring   |   |
| Sig         | $\Pi_{\bullet} = \frac{1}{2} \frac{1}$ | nougo  | May the IRS discuss this ret with the preparer shown belo (see instructions)? |
| Her         | President  |  | (see instructions)?   |
|             | Signature of officer Date Title  |  | Yes No  |
|             | Print/Type preparers name Preparers signature  | Date   | Check f PTIN  |
| Paid        | Robert First, CPA Luli M. W. CA  | 03/23/20   | self-employed P01233202   |
| Prep        | arer Firms rame > Farmer & First PC, CPA's   | Firm's   | EIN 05-0519103  |
|             | Only 6 State St  |  |   |
|             | Firm's address > Warren, RI 02885-3120   | Phone  | no 401-247-1040   |
|             |  |  | Form <b>990-T</b> (2018   |

| Form 990-T (2018) Jub.  |  |              |           |       |   |             | 38959T  |         | P   | 'age  |
|---|--|--------------|-----------|-------|---|-------------|---|---------|---|-------|
| Schedule A - Cost of  | Goods Sold. Er                           | nter me      | ethod of  | inve  | entory valuation  | <u> </u>    | <u></u>   |         | · · · · · · · · · · · · · · · · · · ·               |       |
| 1 Inventory at beginning  | of year 1                                |              |           | 6     | Inventory at end of                                       | f year      |   | 6       |   |       |
| 2 Purchases   | 2  |              |           | 7     | Cost of goods so  | ld. Sub     | tract i   |         |   |       |
| 3 Cost of labor   | 3  |              |           |       | line 6 from line 5  | Enter he    | re and  |         |   |       |
| 4a Additional sec. 263A cos   | ts                                       |              |           |       | in Part I, line 2   |             | İ   | 7       |   |       |
| (attach schedule)   | 4a                                       |              |           | 8     | Do the rules of sec                                       | ction 263   | BA (with respect to                                       |         | Yes   | No    |
| b Other costs<br>(attach schedule)  | 4b                                       |              |           |       | property produced   | or accu     | red for resale) apply                                     | v       |   |       |
| 5 Total. Add lines 1 thro   | ugh 4b 5                                 |              |           |       | to the organization                                       | •           |   | •       |   | 1     |
| Schedule C - Rent In  |  | al Prop      | perty and | d Po  | ersonal Propert   | v Leas      | sed With Real F   | rope    | erty)   |       |
| (see instructions)  | <b>(</b>                                 |              |           |       |   | ,           |   |         |   |       |
| 1 Description of property   |  |              |           |       |   |             |   |         |   |       |
| (1) N/A   |  |              |           |       |   |             |   |         |   |       |
| (2)   | ······································   |              |           |       | •   |             |   |         |   |       |
| (3)   |  |              |           |       |   |             |   | _       |   |       |
| (4)   |  |              |           |       |   | <del></del> |   |         |   |       |
|   | 2. Rent recei                            | ved or acc   | nuad      | _     |   |             | I   |         |   |       |
| (a) Francisco de la constante | <del></del>                              | 1            |           | _,    |   |             |   |         |   |       |
| (a) From personal property (if to<br>for personal property is mon   | · -                                      | Ι.           |           |       | I personal property (if the<br>or personal property excee | de          |   |         | connected with the income<br>2(b) (attach schedule) |       |
| more than 5   |  | 1 '          |           |       | based on profit or income                                 |             | ## CO.C.### 2(  | o, a.a. | c(c) (amour so rooms)                               |       |
|   | <del></del>                              | ┼──          |           |       |   | <u></u>     | <del></del>   |         |   |       |
| (1)   |  | <del> </del> |           |       |   |             |   |         | <del></del>   |       |
| (2)   |  | +            | ·         |       |   |             |   |         |   |       |
| (3)   | <del>.</del>                             | <del></del>  |           |       |   |             |   |         |   |       |
| (4)<br>T-4-1  | <del></del>                              | 7.4-1        |           |       | <del></del> ·   |             |   |         |   |       |
| Total   |  | Total        |           |       | <del></del> -   |             | (b) Total deduction                                       |         |   |       |
| (c) Total Income. Add totals  |  | 2(b) En      | iter      |       | _   |             | Enter here and on pa                                      |         |   |       |
| here and on page 1, Part I, li  |  | <u></u>      |           | 7     |   |             | Part I, line 6, column                                    | (b) -   |   |       |
| Schedule E - Unrelate   | ed Dept-Finance                          | a inco       | me (see   | inst  | ructions)   |             |   |         | <del></del>   |       |
|   |  |              | 2.0       | Gross | income from or  | Į           | <ol> <li>Deductions directly co<br/>debt-finan</li> </ol> |         |   |       |
| 1. Description of de  | bt-financed property                     |              | allo      |       | to debt-financed  | <b></b> -   |   | T       | · · · · · · · · · · · · · · · · · · ·               |       |
|   |  |              |           | £     | property  | (a) S       | traight line depreciation                                 | }       | (b) Other deductions<br>(attach schedule)           |       |
|   | <del></del>                              |              | ļ         |       | <del></del>   | <b>-</b>    | (attach schedule)   | +-      | (Bitach schedule)                                   |       |
| (1) <b>N/A</b>  |  |              | ļ         |       |   |             |   | +       |   |       |
| (2)   |  |              |           |       |   | <b>-</b>    |   | ┿.      |   |       |
| (3)   |  |              |           |       |   | <b></b>     |   |         |   |       |
| (4)   | T  |              |           |       |   | ļ           |   |         |   |       |
| 4. Amount of average<br>acquisition debt on or  | 6 Average adjusted<br>of or allocable to |              |           |       | Column  | 7.0         | oss income reportable                                     | 1       | 8. Allocable deductions                             |       |
| allocable to debt-financed  | debt-financed prop                       | erty         |           |       | divided<br>column 5                                       |             | olumn 2 x column 6)                                       | 1 '     | column 6 x total of column<br>3(a) and 3(b))        | 1S    |
| property (attach schedule)  | (attach schedule                         | )            |           |       |   | <b>!</b>    |   | 1       |   |       |
| 1)  | <del> </del>                             |              |           |       | %   |             |   | ╄       | <del>`</del>  |       |
| 2)  |  |              |           |       | %   | L           |   | ļ       |   |       |
| 3)  | <u> </u>                                 |              |           |       | %   |             |   | ↓_      |   |       |
| 4)  |  |              |           |       | %   |             |   | 1       |   |       |
|   |  |              |           |       |   |             | here and on page 1,                                       |         | ter here and on pag                                 |       |
|   |  |              |           |       |   | Parti       | , line 7, column (A)                                      | P       | art I, line 7, column                               | (B).  |
| l otals   |  |              |           |       | <b>▶</b> i  | L           |   |         |   |       |
| Total dividends-received de   | eductions included in                    | column       | 8         |       |   |             | <b>•</b>  |         |   |       |
| <del>_</del>  |  |              |           |       |   |             |   |         | Form 990-T (  | 2018) |

| 1. Name of controlled   |  |  | Exem                                     | pt Controlle   | d Oraz                             | nizations  | tions (see i  |                          |  |
|---|--|--|--|--|------------------------------------|--|---|--------------------------|--|
| organization  | ide  | 2. Employer<br>httlication number  | 3 Net un                                 | related income<br>se instructions)   | 4 Tot                              | al of specified<br>ments made  | 5 Part of column<br>included in the<br>organization's gro | controlling              | Deductions directly connected with income in column 5  |
| N/A   |  |  |  |  |                                    |  |   |                          |  |
|   |  |  |  |  |                                    |  |   |                          |  |
| 1   |  |  |  |  |                                    |  |   |                          |  |
| <u> </u>  |  |  |  |  |                                    |  | <u> </u>  |                          | <u> </u>   |
| onexempt Controlled Organ   | izations   |  |  |  |                                    |  |   |                          |  |
| 7 Taxable Income  |  | Net unrelated income<br>iss) (see instructions)  |  | 9 Total of specific payments made  |                                    | included in  | blumn 9 that is<br>the controlling<br>gross income        |                          | Deductions directly<br>nected with income in<br>column 10  |
| <u> </u>  |  |  | 1  |  |                                    |  |   |                          |  |
| )   |  |  |  |  |                                    |  |   |                          |  |
| 0   |  | ·  |  |  |                                    |  |   | <u></u>                  |  |
| )   |  |  |  |  |                                    |  |   |                          |  |
| otals   |  |  |  |  |                                    | Add column<br>Enter here at<br>Part I, line 8  | nd on page 1<br>, column (A)                              | Ente<br>Part             | d columns 6 and 11<br>r here and on page 1,<br>t I, line 8, column (B)   |
| chedule G – Investment  | Income of a  | Section 5010   | c)(7).                                   | (9), or (17)   | Orga                               | nization (   | see instruction   | ons)                     |  |
|   |  | .,   | (-)(-),                                  | (-), -: ()   | 9-                                 |  |   | ,                        |  |
| 1. Description of incom   | e  | 2. Amount of inc   | come                                     | 3. Dedi<br>directly of<br>(attach s  | onnected                           | 1  | 4. Set-asides<br>ttach schedule)                          |                          | Total deductions     and set-asides (col 3     plus col 4)   |
| N/A   |  |  |  |  |                                    |  |   |                          |  |
| )   |  |  |  |  |                                    |  |   |                          |  |
| )   |  |  |  | 1  |                                    |  |   |                          |  |
| )   |  |  |  |  |                                    |  |   |                          |  |
| otals   | compt Activity   | Enter here and on<br>Part I, line 9, colu  | mn (A)                                   |  |                                    |  |   |                          | er here and on page 1<br>rt I, line 9, column (B)  |
| 1 Description of exploited activity business inc  |  |  |  |  | icina                              | Income /c  | ee instructio   | 201                      |  |
|   | 2. Gross<br>unrelated<br>business income<br>from trade or  | \$. Expense directly   | es<br>vith<br>of                         | 4. Net income (loffrom unrelated the or business (column if a gain, compucols 5 through)               | oss)<br>ade<br>imn<br>3)           | 5. Gross income from activity that is not unrelated business income                                | 6 Expe  | enses<br>able to         | 7 Excess exempt<br>expenses<br>(column 6 minus<br>column 5, but not<br>more than<br>column 4)  |
| 1 Description of exploited activity   | 2. Gross<br>unrelated<br>business income<br>from trade or  | 3. Expense directly connected w production unrelated   | es<br>vith<br>of                         | 4. Net income (lo<br>from unrelated to<br>or business (colu<br>2 minus column<br>if a gain, compu      | oss)<br>ade<br>imn<br>3)           | 5. Gross income<br>from activity that<br>is not unrelated  | 6 Expe  | enses<br>able to         | expenses<br>(cotumn 6 minus<br>cotumn 5, but not<br>more than  |
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Total. Enter here and on page 1, Part II, line 14

52-0986261 Form 990-T (2018) Jubilee Housing, Inc. Page 5 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 gain or (loss) (col 7 Excess readership 2. Gross costs (column 6 6. Circulation 6. Readership 3. Direct advertising 2 minus cot 3) If minus column 5, but 1. Name of periodical advertising costs income costs a gain compute not more than cots 5 through 7 column 4) (1) N/A (2) (3) (4) Totals from Part ! Enter here and Enter here and on Enter here and on on page 1, Part II line 27 page 1, Part I lina 11, col (A) page 1 Part I fine 11 col (8) 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 2. Title unrelated business business (1) N/A (2) (3) (4)