Extended to November 16, 2020

Form 999		Legal Counsel for the Elderly Total Unrelated Business Taxable Income	52-1194741 Pag	је 2
		unrelated business taxable income computed from all unrelated trades of dusinesses (see instructions)	32 0	<u> </u>
33		ts paid for disallowed fringes	33	<u>.</u>
34		ble contributions (see instructions for limitation rules)		.
35		related business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	_
37		unrelated husiness tayable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000	<u>).</u>
39	Unrela	ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
		e smaller of zero or line 37	39 0	<u>) .</u>
		Tax Computation		_
		ations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40 0	<u>.</u>
410		Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	 }-	
40		ax rate schedule or Schedule D (Form 1041) ax. See instructions	42	—
42 43		ax. See instructions 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 applies		.
		Tax and Payments	1	_
46 &	Poreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) 4ba		
b)	O her o	redits (see instructions)		
C	Genera	business credit. Attach Form 3800		
d	Credit 1	or prior year minimum tax (attach Form 8801 or 882)		
е		redits. Add lines 46a through 46d	46e	
47		t line 46e from line 45		<u>.</u>
48		axes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	—
49		ix. Add lines 47 and 48 (see instructions)) <u>.</u>
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0	<u>. </u>
	-			
		V		
		oosited with Form 8868 516 organizations; Tax paid or withheld at source (see instructions) 516		
	-	withholding (see instructions) 5 te		
		or small employer health insurance premiums (attach Form 8941)		
		redits, adjustments, and payments: Form 2439		
•		orm 4136 Other Total ▶ 51g		
52	Total p	ayments. Add lines 51a through 51g	52 10,000	١.
53	Estima	ed tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	•	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55 10,000	
56		ne amount of line 55 you want. Credited to 2020 estimated tax	56 10,000	<u>. </u>
Part		Statements Regarding Certain Activities and Other Information (see instructions)		_
57	•	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes N	lo I
		inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		- 1
	here	Total 114, report of to eight bank and timancial Accounts. It 165, effect the manie of the foreign country	X	ᅮ
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X	
00	•	see instructions for other forms the organization may have to file.		
59	-	ne amount of tax-exempt interest received or accrued during the tax year 🕨 💲		
	Ų	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled irrect, and complete. Declaration of perjarer, (other than taxpayer) is based on all information of which preparer has any knowledge	ge and belief, it is true,	
Sign		the distribution of the second	ly the IRS discuss this return with	
Here		T.	preparer shown below (see	. 1
				lo
_	_	Print/Type preparer's name Preparer's signature Date Check if	PTIN	
Paic		PARVIN VAN ENGER Pari Q Van Ergn 11/06/2020 self- employed	P00955143	
-	oarer	Firm's name ► ANDERSEN TAX LLC Firm's EIN ►	33-1197384	
Use	Only	400 SOUTH HOPE STREET SUITE 1000	JJ 115/JU1	_
		;	13-593-2300	
		1 Hollo like 2	Earm QQ0-T (20:	

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation N/A					_
1 Inventory at beginning of year 1				8 Inventory at end of year			6		
2 Purchases	2		7 Cost of goods sold. Subtract line 6				1		
3 Cost of labor	3			from line 5. Enter here and in Part I, line 2					
4 a Additional section 263A costs									
(attach schedule)	4a		8	Do the rules of section	1263A (with respect to		Yes No	0
 Other costs (attach schedule) 	4b		╛	property produced or a	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	. 5			the organization?		<u>, , , , , , , , , , , , , , , , , , , </u>			
Schedule C - Rent Income (see instructions)	(From Real	Property and	i Per	sonal Property L	.ease	d With Real Prop	erty)	
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%)	e than	` of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	3(a) Deductions directly columns 2(a) ar	ectly connected with the income in (a) and 2(b) (attach schedule)			
(1)							-		_
(2)				T-111 1 1 1 1 1 1 1					_
(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 1, line 6, column (B)	•	0	
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstru	ctions)					Ť
			2	. Gross income from		Deductions directly control to debt-finance			_
Description of debt-financed property				or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	_
(1)			1				+		_
(2)			1				1		_
(3)			1					· · · · · · · · · · · · · · · · · · ·	_
(4)							1		_
4. Amount of average acquisition debt on or allocable to debt-inianced property (attach schedule) 5. Average of or all debt-inian debt-inian		adjusted basis illocable to nced property a schedule)	by column 5		7 Gross Income reportable (column 2 x column 6)			B. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			 -	%			+		_
(2)			1	%		· · · · · · · · · · · · · · · · · · ·	\top		_
(3)				%		T	1		_
(4)				%			1	· · · · · · · · · · · · · · · · · · ·	_
			•			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				_		0		0	_
Total dividends-received deductions in	ncluded in column	8						0	Ť

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Schedule F - Interest, A	umunos, no	aities, ai		Controlled O		 	uona	(see ins	tructions	5)	
Name of controlled organizate	on 2 (d	Employer entification number	Net unrelated income (loss) (see instructions) pay		4 Tota	ments made includ		rt of column 4 that is fed in the controlling zation's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)								*			
Nonexempt Controlled Organiz	ations										
7. Taxable Income	8. Net unrelated ii (see instruc		9. Total o	of specified payn made	nents	10 Part of colur in the controlli gross	mn 9 that ng organ i income	ization's		luctions directly connected income in column 10	
(1)											
(2)							· · · · · · · · · · · · · · · · · · ·				
(3)											
(4)											
	(4)						Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)			Add columns 6 and 11 Enter here and on page 1, Part I, Ine 8, column (B)	
Totals					<u> </u>			0.		0.	
Schedule G - Investmet (see instr		a Section	n 501(c)(7), (9), or (17) Org	anization					
1. Descr	eption of income		•	2. Amount of	ncome	3 Deduction directly conne (attach sched	cted	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)	
(1)		_									
(2)		_			1						
(3)		•									
(4)											
				Fnter here and o Part I, line 9, col					E.	Finter here and on page 1 Part I, line 9, column (B)	
Totals			•		0.					0.	
Schedule I - Exploited I	-	ity Incom	ne, Other	Than Adv	ertisin	g Income		*			
Description of exploited activity	2 Gross unrelated business income from trade or business	directly with p of u	expenses y connected production mrelated ess 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. Exp		able to	7. Excess exempt expenses (column 6 minus adumn 5, but not more than column 4)		
(1)											
(2)											
(2)				-							
(4)				•							
Totals •		page line 1	nere and on e 1, Part I, 0, col (B)							Enter here and on page 1, Part II, line 25	
Schedule J - Advertisin											
Part I Income From F	Periodicals R	eported o	on a Cons	olidated	Basis			•			
1. Name of periodical	2. Gro advertis incom	ing a	3. Direct dvertising costs	4 Advert or (loss) (cc col 3) If a ga cols 5 th	l 2 minus in, compute	5. Circulat income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) (2)				-			$\overline{}$				
(3)				7							
(4)											
Totals (carry to Part II, line (5))	>	0.	0			<u> </u>		· · · · ·		0.	
										Form 990-T (2019)	

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Part II 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)						·		
(2)								
(3)		<u> </u>						
(4)								
Fotals from Part I	▶	0.	0.				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)		* * * * * * * * * * * * * * * * * * *	1 4	Enter here and on page 1, Part II, line 26	
Totals, Part II (lines 1-5)	►►	0.	0.	-, -			0	

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

1 Name	2 Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	0.

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