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Department of the Treasury Internet Services Department of Treasury Internet	
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Check Dot First	
B Exempt under section	r
Number, street, and room or suite no. If a P.O. box, see instructions. Eurrelated buseness activity cod P.O. BOX 1559 City or town, state or province, country, and ZIP or foreign postal code BARTOW, FL 33831-1559 722320	
408(e) 220(e) 1996 P.O. BOX 1559 City or town, state or province, country, and ZIP or foreign postal code BARTOW, FL 33831-1559 722320	de
408A	
C Book value of all essets test and or year 12, 434, 898. H Enter the number of the organization's unrelated trades or businesses. H Enter the number of the organization's unrelated trades or businesses. T Describe the only (or first) unrelated trade or businesses. I Describe the only (or first) unrelated trade or businesses. I Describe the only (or first) unrelated trade or businesses there SEE STATEMENT 1 If only one, complete Parts I-I. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If Yes," enter the name and identifying number of the parent corporation. If Yes, the trade of Business Income If Yes, the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If Yes, the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business in care of business Income (A) Income (B) Expenses (C) Net If Yes, the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule B of the part of the par	
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9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 12 ·	
10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 10 11 12 12	
11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 11 12 · · ·	
12 Other income (See instructions; attach schedule)	
13 Total. Combine lines 3 through 12 13 53,445.	_
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)	<u>3 . </u>
(Except for contributions, deductions must be directly connected with the unrelated business income)	
14 Compensation of officers, directors, and trustees (Schedule K)	_
15 Salaries and wages 15 27,984	<u>4.</u>
15 Salaries and wages 16 Repairs and maintenance 17 Bad debts MAR 0 9 2020 MAR 0 9 2020	9.
16 Repairs and maintenance 17 Bad debts MAR 0 9 2020 16 19 17	
18 Interest (attach schedule) (see instructions)	
19 Taxes and licenses OGDEN, UT 19	
20 Charitable contributions (See instructions for limitation rules)	
100	7
	<u>, .</u>
23 Depletion 24 Contributions to deferred compensation plans 24 24	
25 Employee benefit programs 25 4,739	<u>.</u>
26 Excess exempt expenses (Schedule I)	
27 Excess readership costs (Schedule J)	_
29 Total deductions. Add lines 14 through 28 29 49,698	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 3,745	<u>5.</u>
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	
32 Unrelated business taxable income. Subtract line 31 from line 30 3, 745	

FORM AAO-			<u> 59-08</u>	18924	Page Z		
Parti	III Total Unrelated Business Taxable Income						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (s	see instructions)		33	3,745.		
34	Amounts paid for disallowed fringes			34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see insti	35	3,745.				
36							
	lines 33 and 34		_	<u>.</u> 36			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		39	3 37	1,000.		
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	e 36.	~	77			
	enter the smaller of zero or line 36	,		88	0.		
Parti	VI Tax Computation			1			
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	t 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						
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a					
73a b	Other credits (see instructions)	45b		 			
-	General business credit. Attach Form 3800			- 			
=	Credit for prior year minimum tax (attach Form 8801 or 8827)	45c 45d					
	Total credits. Add lines 45a through 45d	450		450			
	Subtract line 45e from line 44			45e	0.		
46 47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	oce C Other					
47		1000 L Ulliel	(attach schedule)				
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	ادما		49			
	Payments: A 2017 overpayment credited to 2018	50a					
	2018 estimated tax payments	50b					
	Tax deposited with Form 8868	50c		-			
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		[
	Backup withholding (see instructions)	50e		-			
	Credit for small employer health insurance premiums (attach Form 8941)	50f					
8	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	1 -		54			
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		efunded	- 55			
(Parti)							
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature		=		Yes No		
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organizatio						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	e foreign country					
	here >				_ X		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or t	transferor to, a fo	reign 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 >\$						
Sign	Under penalties of per jury, I declare that I have examined this return, including accompanying schedules and st correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare (other than taxpayer) is based on all information of which prepare (other than taxpayer) is based on all information of which prepare	atements, and to the or has any knowledg	e dest of my know	.euge and belief, i	.t is 17U0,		
Here			, ₇ , [May the IRS discu	uss this return with		
11616	Signature of officer Date OFFICER	<u> </u>		the preparer show			
		— т		instructions)?	X Yes No		
	I make a second of the second	ate	Check	If PTIN			
Paid	LAUREN BALLARD,		self- employed	I			
Prepa	C	<u>2/03/20</u>			451787		
Use C	Inly Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN	<u> </u>	0746749		
	402 SOUTH KENTUCKY AVENUE, SUI	TE 600					
	Firm's address ► LAKELAND, FL 33801-5354		Phone no.	<u>863-680</u>			
823711 01	09-19			For	rm 990-T (2018)		

Form 990-T (2018) DEVELOPMENT, INC. 59-0818924 Page 3 Schedule A - Cost of Goods Sold. Enter method of inventory valuation LOWER OF COST OR MARKET 14,226. 12,737. 1 Inventory at beginning of year 6 Inventory at end of year 104,556. 2 Purchases 7 Cost of goods sold. Subtract line 6 Cost of labor 3 from line 5. Enter here and in Part I. 103.067. 4a Additional section 263A costs Yes No (attach schedule) 4a 8 Do the rules of section 263A (with respect to b Other costs (attach schedule) 4b property produced or acquired for resale) apply to 117,293. X Total. Add lines 1 through 4b the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued 3(a) Deductions directly connected with the income in (a) From personal property (if the percentage of rent for personal property is more than (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if columns 2(a) and 2(b) (attach schedule) 10% but not more than 50%) the rent is based on profit or income) (1) (2)(3) (4) Total 0. Total 0. (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, Part I, line 6, column (B) here and on page 1, Part I, line 6, column (A) 0 0. Schedule E - Unrelated Debt-Financed Income (see instructions) Deductions directly connected with or allocable to debt-financed property Gross income from or allocable to debt-(b) Other deductions (attach schedule) (a) Straight line depreciation 1. Description of debt-financed property financed property (attach schedule) (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-finance property (attach schedule) Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 8. Allocable deductions (column 6 x total of columns 2 x column 6) 3(a) and 3(b))

Form 990-T (2018)

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0.

Enter here and on page 1,

Part I, line 7, column (B)

(1)

(2)

(3)

(4)

Totais

%

%

%

%

Enter here and on page 1. Part I, line 7, column (A)

0

Total dividends-received deductions included in column 8

Schedule F - Interest, 7	Annuities	. Rovalti	es. and R	ents	From Co	ntrolle	d Organiza	tion	59-08	truction	
		, ,			Controlled O				(300 111	Struction	10)
Name of controlled organization		d organization 2. Employer identification number 3. Net unrelation (loss) (see in:		lated income 4. Total of specified		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5			
(4)											
(1) (2)		-						 			
(3)								┢			
(4)											
lonexempt Controlled Organi	zations									•	
7. Taxable income		elated income instructions)	(loss) 9), Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 tha ng orga income	t is included nization's	11. De with	ductions directly connected n income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
otals ,						▶			0.		0
Schedule G - Investme		e of a Se	ection 501	(c)(7	'), (9), or (17) Org	anization				
(see instr	uctions)				1	-					
1. Desc	ription of income	•			2. Amount of	income	3. Deduction directly conne	cted	4. Set-	asıdes schedule)	5. Total deductions and set-asides
/1\							(attach sched	ule)	(21.00110		(col 3 plus col 4)
(1) (2)											
(3)									-		
(4)											
					Enter here and o Part I, line 9, col						Enter here and on page Part I, line 9, column (B)
						2.11.1 (7)					1
otals					<u></u>	0.	<u> </u>				0
Schedule I - Exploited (see instru	•	Activity II	ncome, O	ther	Than Adv	ertisin	g Income				
1. Description of exploited activity	2. Gro unrelated bu income f trade or bu	aseniau rom	3. Expenses directly connec with production of unrelated business incor	ted on	4. Net incom from unrelated business (col minus column gain, compute through	trade or lumn 2 3) If a cols 5	Gross income from activity that is not unrelated business income G. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)						1					
(2)											
(3)										-	
(4)											
intella.	Enter here a page 1, P line 10, co	art I,	Enter here and page 1, Part t line 10, col (B	1.							Enter here and on page 1, Part II, line 26
otals ► Schedule J - Advertisir	ng Incom		structions)	.	I						
Part I Income From F				Cons	solidated	Basis					
		2. Gross	3. Dar	ect	4. Adverti		5. Circulati	ion	6. Reade	ership	7. Excess readership costs (column 6 minus
1. Name of periodical		dvertising income	advertising	costs	col 3) if a ga cols 5 th		income		cost	9	column 5, but not more than column 4)
(1)					4						,
(2)			1								
(3)			<u> </u>		4		ļ				
(4)			_	_	 		_				
otals (carry to Part II, line (5))	•	0	.	0							0.
			-				-				Form 990-T (201)

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59-08189

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)					1	
(4)						
Totals from Part I	▶ 0	. 0.		•	•	0
	Enter here and on page 1, Part I, Ime 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)	▶ 0	. 0.				1 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	STATEMENT 1
	BUSINESS ACTIVITY	

CONTRACT FOOD SERVICES TO OUTSIDE ENTITIES

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TRAVEL INSURANCE PROFESSIONAL SERVICES ADMINISTRATIVE ALLOCATION SUPPLIES MISCELLANEOUS		61. 331. 214. 15,072. 1,078.
TOTAL TO FORM 990-T, PAGE 1	, LINE 28	16,759.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/99	49,400.	49,400.	0.	0.
06/30/00	63,545.	63,545.	0.	0.
06/30/01	37,775.	37,775.	0.	0.
06/30/03	142,724.	142,724.	0.	0.
06/30/04	146,940.	146,940.	0.	0.
06/30/05	149,201.	47,988.	101,213.	101,213.
06/30/06	133,371.	0.	133,371.	133,371.
NOL CARRYO	VER AVAILABLE THIS	YEAR .	234,584.	234,584.