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<u> </u>		1

	۰.	=	l 1	xempt Organization I	Business	Income	e Tax	Retur	n	ОМІ	B No 1545-068	37	
(\mathcal{E})	Form	990-T		(and proxy tax u						0	2017		
'	1	For calendar year 2017 or other tax year beginning , 2017, and ending , 20											
	Donosteo	ant of the Transum											
		ent of the Treasury Revenue Service	reasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).										
		heck box if ddress changed		Name of organization (-						Public Inspecti Organizations entification nur		
			-	Sox Place, Inc.	J		•				ust, see instruct		
	_	pt under section	Print	Number, street, and room or suite no. If a	PO box see in	etructions			1	72.1	718252		
		8(e) 220(e)	_ or	·	1. 0 55%, 555	ioti dotiono			E Unrel		siness activity of	codes	
	☐ 40 ☐ 40	(See I									ons)		
	_	9(a)		Denver, CO 80201-0544	2.10 2.1 0. 10.01g.	, poota, oodo			44	800	1		
	C Book	yalue of all assets of year	F Gr	up exemption number (See instr	ructions) >	_			<u> </u>	000	'		
	at en	d of year -0-		eck organization type		on \square	501(c) tru	ıst 🗆] 401(a)	trust	Other	trust	
	H De			s primary unrelated business ac									
				corporation a subsidiary in an affili					roup?	. •	☐ Yes 🗸	No	
				nd identifying number of the par			501a1a1 y 01	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. оср	• •			
		e books are in			one corporation		Telephor	ne numbe	er 🕨	(3	03) 903-2287		
				or Business Income		(A) Inc			penses		(C) Net		
	1a								·т				
	b	Less returns and			nce ▶ 1c	_	,493 98						
	2			chedule A, line 7)	2		,433 30						
	3	_		ine 2 from line 1c	3	5	,493 98				5,493	98	
	4a	•		e (attach Schedule D) .	4a		,433 30	1			- 0,400		
	b			797, Part II, line 17) (attach Form						_			
	C			for trusts	. 4c			-	+-	_			
	5	•		ships and S corporations (attach sta	·			-					
	6	• •	-	e C)	6					_			
	7			ed income (Schedule E)	7		+			_	- 1		
	8			nd rents from controlled organizations (Sc									
	9			on 501(c)(7), (9), or (17) organization (Sci	, <u> </u>								
	10			rity income (Schedule I) .	10			 					
	11	•	-	chedule J)	. 10 11								
	12	_	-	uctions, attach schedule)	12	_		 		+-			
	13	Total. Combin					.493 98				5,493	98	
	Part			Taken Elsewhere (See instruc					ent for	contrib			
	· ar c	deduction	s must	be directly connected with the	unrelated by	sinessino	omezh	<u> </u>	орт .о.	00	, , , , , , , , , , , , , , , , , , ,		
	14			ers, directors, and trustees (School			VED.		. 1	14			
	15	Salaries and w		,	g	14			—	15			
	16	Repairs and m	•	•	. 1091. 1	10V 2X3 (2.018 .	S	. -	16			
	17							1851 1851		17			
,	18			ıle))GCT.\	(T	'= .	. -	18			
Ø	19	Taxes and lice					·		. [-	19			
2019	20			s (See instructions for limitation	rules) .				. [20			
-	21			orm 4562)		. 2	1						
8	22			ned on Schedule A and elsewhe			а		2	2b			
	23	•								23			
FEB	24	Contributions	to defe	ed compensation plans					. [3	24			
<u> </u>				rams						25			
	25 26 27 28			ses (Schedule I)						26			
Z	27	-		ts (Schedule J)					. [27			
Z	28			ch schedule)						28			
	وعر			d lines 14 through 28 .					. [29	0	00	
Č	n ₃₀			able income before net operating	loss deducti	on. Subtrac	t line 29	from line	13	30	5,493	98	
	31			uction (limited to the amount on						31			
	32			able income before specific dec						32			
	33	Specific dedu	ction (G	nerally \$1,000, but see line 33 in	structions fo	r exception	ıs)	_	. [;	33	1.000	00	

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32,

enter the smaller of zero or line 32

4,493 Form **990-T** (2017)

Page	. >

0-5	m =	0										
Part		ax Computation		Coo instruction	ana far tay com		Controlled					
35 {		izations Taxable a ers (sections 1561 a					i. Controlled	ı grou	۲			
							A					
а		our share of the \$5		10 \$9,925,000	(3) \$	огаске	is (in that on	der)	ŀ			
	(1) \$		(2) \$	50() () - 1	, , ,	·0\ @		1				
b		organization's share										
_		litional 3% tax (not		-			 _			1	[
		tax on the amount			· · · · ·			. ▶			674	10
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from. ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶ 36											
			_	_					100			
37	_	tax. See instruction							37	ļ		
38		tive minimum tax							38			
39		Non-Compliant F	-					•	39	ļ		
40		Add lines 37, 38 an		36, whicheve	er applies		<u> </u>	•	40		674	10
Part I		ax and Payment					. 					·
41a	_	tax credit (corporati					1a					
b		credits (see instruct					1b					
		il business credit. A			•		1c		4	Ĭ	ĺ	
		for prior year minim	•				1d					
		redits. Add lines 4	-			•			41e			
42		ct line 41e from line		· · <u>-</u> . ·		_			42		674	10
43		xes Check if from			8697 Form 886	6 ∐ Oth	er (attach sched	fule)	43			
44		ax. Add lines 42 an				٠,٠	·, · · ·	, .	44		674	10
		nts [.] A 2016 overpa					5 <u>a</u>					
b	2017 es	stimated tax payme	ents			<u>4</u>	5b		_			
С	Tax de	posited with Form 8	8868			. 4	5c					
d	Foreign	n organizations. Tax	c paid or withheld a	at source (see	nstructions)	. 4	5d					
е	Backup	o withholding (see ii	nstructions)			. 4	5e					
f	Credit 1	for small employer	health insurance p	remiums (Atta	ach Form 8941)	. 4	5f				ļ	
g	Other o	redits and paymen	ts: 🗌 Form	2439								
	☐ Form	n 4136		·	Total	▶ 4	5g					
46	Total p	ayments. Add line	s 45a through 45g						46		674	10
47	Estimat	ted tax penalty (see	instructions). Che	ck if Form 22	20 is attached			. ▶ [] 47	<u> </u>		
48	Tax du	e. If line 46 is less t	than the total of lin	es 44 and 47,	, enter amount o	wed		. •	· <u>48</u>	_	0	00
49	Overpa	ayment. If line 46 is	larger than the to	tal of lines 44	and 47, enter ar	nount o	verpaid .	. •	49			
50	Enter the	e amount of line 49 you	want Credited to	2018 estimated	d tax ▶		Refun	ided 🕨	50			
Part '	V S	tatements Rega	rding Certain Ad	ctivities and	Other Inform	ation (see instruction	ons)				
51	At any	time during the 20°	17 calendar year, c	did the organi	zation have an ii	nterest ii	n or a signat	ure or	other a	uthority	Yes	No
		financial account (l										1
	FINCEN	l Form 114, Report	t of Foreign Bank	and Financial	Accounts. If YE	S, ente	r the name o	of the	foreign	country		
	here 🕨				1							✓
52	During t	he tax year, did the o	rganization receive a	a distribution fro	om, or was it the g	rantor of	f, or transferoi	r to, a f	oreign tr	ust? .		✓_
	If YES,	see instructions for	r other forms the o	rganization m	ay have to file.							
53	Enter th	ne amount of tax-ex	xempt interest rece	eived or accru	ied during the ta	x year l	▶ \$					
<u> </u>		penalties of perjury, I dec								knowledge	and belie	ef, rt is
Sign	true, co	orrect and complete Decl	aration of preparer (other	ınan taxpayer) is b	ased on all information	i di which p	reparer nas any i	v.iowie a (May t	he IRS disc		
Here	🗗			t(//	Executi	ve Direct	tor			he prepare structions)?		
		ure of Officer		Date	Title				(366 11	.5.100(10115)	U≀es ⊩	7140
Paid		Print/Type preparer's n	ame	Preparer's signa	ature		Date		Check [] _{if} P	TIN	
Prepa	ror								self-emplo			
•		Firm's name ▶							irm's ElN	<u> </u>		
Use C	אוחל	Firm's address ▶	_					\neg	hone no			

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990-T	

Saha	dule A-Cost of Goods Sold	Ento	r mothod of u	nyonto	2/1/2	duation N					age C
				T			at and of year		1		I
1	Inventory at beginning of year	1	 	+	6		at end of year .	6	-		
2	Purchases	3	 	+	7		goods sold. Subtract line 5. Enter here and				
3 4a	Cost of labor	<u> </u>	 	+		in Part I, Iii		7			
44		- 1			_					Yes	No
L	,	4a		+	8		les of section 263A (wit produced or acquired for			163	140
_	Other costs (attach schedule)	4b	 -	+		to the orga		resale	apply		
Scho	Total. Add lines 1 through 4b dule C-Rent Income (From	Bool	Property and	d Porce	2021			north	<u>, , </u>		
		neai	Property and	a Perso	Jilai	Property	Leaseu Willi neai Più	pert	/)		
	e instructions)										
	inplion of property						·				
(1)											
(2)											
(3)											
(4)	2 Rent r	cewed	or accrued				<u></u>				
											
	om personal property (if the percentage of r personal property is more than 10% but no more than 50%)		(b) From real ar percentage of rent 50% or if the rent	for persor	nal pro	perty exceeds	3(a) Deductions directly in columns 2(a) and				e
(1)											
(2)						<u></u>					
(3)											
(4)	<u></u>										
Total_		To	otal				(b) Total deductions.				
	al income. Add totals of columns 2(a		(b) Enter				Enter here and on page				
here ar	nd on page 1, Part I, line 6, column (A)		<u> </u>				Part I, line 6, column (B)	<u> </u>			
Sch <u>e</u>	dule E-Unrelated Debt-Fina	nced	Income (see	instruct	tions)	3. Deductions directly con		with or allo	nabla ta	
	4.50					come from or	debt-finance			cable (C	,
	Description of debt-financed	property	y	allocable to debt-financed property			(a) Straight line depreciation (b) Other d (attach schedule) (attach schedule)		o) Other de (attach sch		s
(1)									-		
(2)	_	•									
(3)											
(4)											
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			ed property	6. Column 4 divided by column 5			7. Gross income reportable (column 2 × column 6)	8. Allocable de (column 6 × total 3(a) and 3		l of colu	
(1)						%					
(2)						%					
(3)						%					
(4)						%					
							Enter here and on page 1, Part I, line 7, column (A)		here and I, line 7, c		
Tatal							, , , ,		, -		\-,
Totals		dod is :	naluma 9								
i Otal C	lividends-received deductions inclu	ueu in (COIUITITI 8			_					

Sche	edule F-Interest, Ann	uities, Royalties,			Organizations	ganizations (se	e instru	ctions)	
	Name of controlled organization	2. Employer identification number		lated income instructions)	4. Total of specified payments made	5. Part of column included in the organization's gr	controlling	conn	eductions directly ected with income in column 5
(1)									
(2)									
(3)									
(4)			l						
None	xempt Controlled Organia	zations							
	7. Taxable Income	8. Net unrelated in (loss) (see instruct			otal of specified yments made	10. Part of colur included in the organization's gr	controlling	conne	Deductions directly octed with income in column 10
(1)									
(2)									
(3)									
(4)									
Totals						Add columns s Enter here and o Part I, line 8, co	on page 1,	Enter I	columns 6 and 11 nere and on page 1, , line 8, column (B)
	dule G-Investment I	ncome of a Sect	ion 501/	~)/7) (9)	or (17) Organi	zation (see ins	tructions		
90110	Description of income	2. Amount of		3. dire	Deductions ctly connected ach schedule)	4. Set-aside (attach sched	es	5. To and s	otal deductions et-asides (col. 3 plus col. 4)
(1)	·			1	<u>-</u>				` `
(2)									
(3)						,			
(4)									
Totals Sche	dule I—Exploited Exe	Enter here and Part I, line 9, c	column (A)		Advertising In	ICOMe (see inst	tructions	Part I, li	re and on page 1, ne 9, column (B)
00110	duic I—Exploited Exc	inperactivity inco				Come (see man	Tuctions	<u>''</u>	7.5
	Description of exploited activi	2. Gross unrelated business inco from trade o business	me conn proc	expenses Irrectly ected with duction of irrelated ess income	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	come y that lated come 6. Expenses attributable to column 5 (column 5)		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						· -	 	<u> </u>	
(2)	· · -								
(3)						_			
(4)									
Totals		Enter here and page 1, Part line 10, col (A	I, page	nere and on e 1, Part I, 0, col (B)					Enter here and on page 1, Part II, line 26
Sche	dule J-Advertising I	ncome (see instruc	ctions)		<u> </u>				<u> </u>
Parl	Income From P	eriodicals Repor	ted on a	Consoli	dated Basis				
	1. Name of periodical	2. Gross advertising income		Direct ising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							 		
(2)]			 -	1
(3)]]
(4)]
Totals	(carry to Part II, line (5))	•							

Part II Income From Periodic 2 through 7 on a line-b	•	on a Separat	e Basis (For ea	ach periodical li	sted in Part II	, fill in columns
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)						
(4)			·			
Totals 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 27
Totals, Part II (lines 1-5)						
Schedule K—Compensation of	Officers, Direc	tors, and Trus	stees (see instru	uctions)		
1. Name	2	t. Title	3. Percent of time devoted to business		tion attributable to ed business	
(1)		1		%		
(2)				%		
(3)				%		
(4)				%		
Total. Enter here and on page 1, Part II, lin	ne 14			•	•	
<u> </u>						Form 990-T (2017)