| • | | orm 990-T | Ex | empt Organization | | | | | | x Return | (a) (| | ОМВ | No 1545-068 | 37 |
|---|----------------|--|--|---|---------|---------------|-----------------|-------|--|----------------------------|---|------------------|---------------|-----------------------------|-------|
| | | . . | | (and proxy ta | | | | | • • • | - 101 | 105 | 2 | 2 | 2018 | |
| | • | 60 J | For calendar year 2018 or other tax year beginning 6/01, 2018, and ending 5/31, 20 | | | | | | | | | | | .010 | |
| | Departi | ment of the Treasury | | o to www.irs.gov/Form9901 | | | | | | Open to Pu | ıblic inspecti | on for | | | |
| | | Revenue Service Check box if | Do not | enter SSN numbers on this form | | | hanged and se | | :)(3). | 501(c)(3) Organizations On | | | Only | | |
| ` | <u> </u> | address changed | | D- | ame c | mangeo ano se | e msm | Î | D Employer identification number (Employees' trust, see instructions) | | | | | | |
| | | xempt under sectio | n Print | IСН | | | | | | | • | E170 | | | |
| | ₽ | 501(C)(3) | Type | NCH). BOX 1700 | | | | | | | 75-6275179 E Unrelated business activity cod | | | | |
| | - | 408(e) 220(e) 1996 SULE MAIN SI, F. U. BOX 1700 408A 530(a) KILGORE, TX 75663 | | | | | | | | | | - (8 | See instructi | ons) | • |
|) | | 529(a) | | | | | 211110 | | | | | | | | |
| | C Bo | ok value of all assets | F Group | exemption number (See inst | ruction | ns) • | • | | | | 1 | | | | |
| | at | end of year 497,789 | O Charlessanatas tras | | | | | | | | | | | Other | trust |
| | H E | | | 's unrelated trades or busines | | | <u>▶</u> 1 | | - | escribe the on | <u> </u> | | | <u></u> | |
| | | | • | RKING INTEREST | .555 | | | | | | | | | lete Parts | I-V |
| | lf | more than one, de | escribe the firs | t in the blank space at the e | | f the | previous s | enter | nce, co | mplete Parts | I and | i II, c | complete | a Schedu | le M |
| | | | | ess, then complete Parts III- | | ٠ | | | . ام . ما ما | | d = | ? | - | Vaa 1711 | N.o. |
| | | | | pration a subsidiary in an af | | _ | | rent- | subsidi | ary controlled | a grou | Jb, | - 🗆 | Yes X | INO |
| | | he books are in care | | fying number of the parent ZENS BANK | corpo | rauc |)n - | | т. | elephone nur | nhar I | > / (| 002100 | 4 0671 | |
| | Par | | | Business Income | | | (A) In | com | | (B) Exp | | 1300/301 00:15 | | | |
| | | Gross receipts or | | Justices income | - | | (//) !!! | COIII | | (0) = xp | | | | .0) 1100 | |
| | | * | ess returns and allowances c Balance | | | | | | | | | | 1 | | |
| | | Cost of goods sold | | 1 c | | | | | | | | | | | |
| | 3 | Gross profit Subtr | ract line 2 from | line 1c | | 3 | | | | | | | | | |
| | 4 a | Capital gain net in | come (attach | Schedule D) | | 4a | | | | | | - 1 | | | |
| | b | Net gain (loss) (Form 4 | 1797, Part II, line 1 | 7) (attach Form 4797) | | 4b | | | RE | CEIVE |) | 1 | | | |
| | | Capital loss deduc | | | | | | ٦ڝٳ | | , , | | <u>ي</u> | | | |
| | 5 | Income (loss) from (attach statement) | | r an S corporation | 1 | 5 | • | 8 | MA | R 2 U 2023 | | Č | | | |
| | 6 | Rent income (Schi | • | | F | 6 | | 19 | | | -+ | (X) | | | |
| | 7 | Unrelated debt-fin | anced income | (Schedule E) | _ | 7 | | | OG | DEN: II | | | | | |
| | 8 | Interest, annuities, roya | alties, and rents fro | om a controlled organization (Schedul | le F) . | 8 | | | | | | i | | | |
| | 9 | Investment income of a | section 501(c)(7), | , (9), or (17) organization (Schedule G |) | 9 | | | | | | | | | |
| | 10 | Exploited exempt | activity income | e (Schedule I) | | 10 | | | | | | | | | |
| | 11 | Advertising income | • | | | 11 | | | | | | | | | |
| | 12 | Other income (See | e instructions, | • | | | | | | • | | | | | |
| | | - | 6.1 | | _ h | 12 | | | 206. | | _ | | | | |
| | | Total. Combine lin | | | | 13 | | | <u> 206.</u> | | - \ /[| 0. | | 8,2 | 06. |
| | Par | | | en Elsewhere (See institutions must be directly of | | | | | | | | | | | |
| | 14 | | | ors, and trustees (Schedule | | | | | | | | | J., | | |
| | 15 | Salaries and wage | | , | • | | | | | | ļ | 15 | | | |
| | 16 | Repairs and maint | tenance | | | | | | | | ŀ | 16 | | | |
| Ç | 5 17 | Bad debts | | | | | | | | | | 17 | | | |
| Š | 17 18 19 | Interest (attach sc | hedule) (see ir | nstructions) | | | | | | | [| 18 | | | |
| 3 | 3 19 | Taxes and license | s | | | | | | | | [| 19 | | | |
| | 20 و | | | structions for limitation rules | s) | | | | | | ļ | 20 | | | |
| \geq | . 21 | Depreciation (attac | = | | | | | 21 | | | | 3. e | | | |
| \geq | 22 | | claimed on Sc | hedule A and elsewhere on | retur | 'n | | 22 a | <u> </u> | | | 22b | | | |
| 3 | 23 | Depletion | | | | | | | | | ļ | 23 | ļ | | |
| 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on retui 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) | | | | | | | | | | | | | <u> </u> | | |
| 7 | 25 26 | Employee benefit Excess exempt ex | | dule IX | | | | | | | - | 25 26 | | | |
| ξ | 27 | Excess exempt ex | | | | | | | | | | | | | |
| 5 | 28 | Other deductions | | | | | | | | | _ } | 27 28 | | | - |
| | 29 | Total deductions. | | | | | | | | | 14 0 [| 29 | | 18,7 | |
| | | | | me before net operating los | | | | | 29 from | m line 13 | | 30 | | -10,5 | |
| | 31 | | | n tax years beginning on or after Ja | | | 8 (see instruct | ions) | | , | 31 | 31 | 1 | . 10 - | 12 |
| | | | | me Subtract line 31 from line lotice, see instructions. | ne 30 | | TE | EAnzi | 01L 1/31 | | | 32 | For | -10,5 n 990-T (20 | |
| | DWW | I OI Faperwork Re | SUUCION ACCIN | , , , , , , , , , , , , , , , , , , , | | | ,,, | \\\ | /31 | | | | 1 011 | 11 JJG-1 (ZI | 010) |

| Form 990 | | 75-62 | 75179 | Page 2 |
|----------------|---|----------------|----------------------|---------------------|
| | · Total Unrelated Business Taxable Income | - | | |
| finst | il of unrelated business taxable income computed from all unrelated trades or businesses (see ructions) | 33 | _ | ·10,513. |
| | ounts paid for disallowed fringes | 34 | 1 | |
| | uction for net operating loss arising in tax years beginning before January 1, 2018 (see statement 2 | 35 | | |
| | of unrelated business taxable income before specific deduction. Subtract line 35 from the sum nes 33 and 34 | 36 | _ | 10,513. |
| 37 Spe | cific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 37 | | |
| 38 Unr | elated business tavable income. Subtract line 37 from line 36. If line 37 is greater than line 36. | 29 38 | _ | 10,513. |
| | Tax Computation | <u> </u> | _ | 20/025. |
| | anizations Taxable as Corporations. Multiply line 38 by 21% (0 21). | ▶ 39 | | |
| | sts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount | 33 | - | |
| | | | | 0 |
| | | 40 | | 0. |
| | ky tax. See instructions | ► 41 40 | | |
| | rnative minimum tax (trusts only) | 42 | | |
| | on Noncompliant Facility Income. See instructions | 43 | | |
| | II. Add lines 41, 42, and 43 to line 39 or 40, whichever applies. | 44 | <u> </u> | 0. |
| Part V | Tax and Payments | - - | | |
| 45 a Fore | eign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a | | | |
| b Othe | er credits (see instructions) 45 b | | 1 | |
| c Gen | eral business credit Attach Form 3800 (see instructions) 45 c | | 1 | |
| d Cred | dit for prior year minimum tax (attach Form 8801 or 8827) 45 d | | | |
| e Tota | il credits. Add lines 45a through 45d | 45 e | • | 0. |
| 46 Sub | tract line 45e from line 44 | 46 | 1 | 0. |
| 47 Othe | er taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 | | | |
| | Other (attach schedule). | 47 | | |
| 48 Tota | Il tax. Add lines 46 and 47 (see instructions) | 48 | | 0. |
| | net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | 49 | <u> </u> | |
| | ments A 2017 overpayment credited to 2018. 50 a | | | |
| - | B estimated tax payments 50 b | | | |
| | deposited with Form 8868 | | ļ | |
| | rign organizations Tax paid or withheld at source (see instructions) 50 d | | | |
| | kup withholding (see instructions) | | | |
| | thit for small employer health insurance premiums (attach Form 8941) 50f | | | |
| | er credits, adjustments, and payments Form 2439 | | | |
| | | | | |
| | | | | ^ |
| | Il payments. Add lines 50a through 50g | ► 51 52 | | <u> </u> |
| | mateu tax penaity (see instructions). Oneck in Form 2220 is attached | | <u> </u> | |
| | due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | 53 | | |
| | rpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | ▶ 54 | | |
| 55 Ente | er the amount of line 54 you want Credited to 2019 estimated tax Refund | ed ► 55 | | |
| Part VI | Statements Regarding Certain Activities and Other Information (see instructions) | | | |
| | ny time during the 2018 calendar year, did the organization have an interest in or a signature or other author | ity over a | | Yes No |
| | ncial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file Fil | | n 114, | |
| | ort of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here | | | X |
| | ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transfero | r to a force | uon truet? | $\frac{\lambda}{X}$ |
| | | u, a 10/6 | agii ilusti | |
| | es,' see instructions for other forms the organization may have to file | _ | | |
| 58 Ente | r the amount of tax-exempt interest received or accrued during the tax year \$ (| boot of | anuladas sad | |
| >: | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the belief, it is tryg, cofrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer h | as any knowle | iowieage and edge | |
| Sign | Melun Joseph 3-16-2020 TRUSTEE | May th | e IRS discuss the | is return with |
| lere | Signature of officer Date Title | instruc | tions)? | es No |
| | | | لت | |
| aid | Print/Type preparer's name Preparer's signature. One of the case Date Check | 」 " Ⅰ | PTIN | _ |
| Pre- | RUSS PINKERTON RMS Proprieta CPA 3/10/20 self emi | | <u>20092354</u> | 88 |
| oarer | Firm's name PATE, DOWNS & PINKERTON LLP Firm's E | IN ► 75- | 2245818 | |
| Jse | Firm's address P.O. BOX 1255 | | | |
| Only | LEVELLAND, TX 79336 Phone of | <u> </u> | 306) 894 | -8568 |
| BAA | TEEA0202L 01/24/19 | | | 90-T (2018) |

| Schedule A - Cost of Goo | ds Sold. Ent | er method of invi | entory valuatio | n Þ | | | | | | | |
|---|------------------------------|---|--|--------|---|---|--|---|-------------------------------|-------------|--------------|
| 1 Unventory at beginning of ye | 1 6 Invent | | | | | end of year | 6 | | | | |
| 2 Purchases | 2 | | 7 | Cost o | f good | ds sold. Subtract | | | | | |
| 3 Cost of labor | | 3 | | | | | ne 5 Enter here | | | | |
| 4 a Additional section 263A costs (attac | | | • | and in | Part 1 | , line 2 | 7 | | Yes | No | |
| b Other costs | | 4 a 4 b | | | | | of section 263A (wit | | | | 1 |
| (attach sch) 5 Total. Add lines 1 through 4 | b | 5 | | 1 | oroper to the | iy prod organi | duced or acquired fo zation? | r resa | ile) apply | | |
| Schedule C - Rent Income | (From Rea | l Property and | d Personal | Pro | perty | Lea | sed With Real P | ope | rty) (see ii | nstructi | ons) |
| 1 Description of property | | | | | | | | | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| _(3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | 2 Rent receiv | ed or accrued | | | | | 3(a) Daduation | - al.u.a. | | | |
| (a) From personal prop (if the percentage of rent for property is more than 10% more than 50%) | (if the perce property ex | eal and persor entage of rent ceeds 50% or l on profit or in | person e rent | al | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) | | | | | | |
| (1) | | | | | | | | | | | |
| _(2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Total | | Total | | | | | | | | | |
| (c) Total income. Add totals of collhere and on page 1, Part I, line 6. | , column (A) | | | | | | (b) Total deductions & here and on page 1, Par I, line 6, column (B) | | | | |
| Schedule E — Unrelated De | bt-Finance | d Income (see | instructions) | | | | | | | | |
| 1 Description of debt | financed prop | orty | 2 Gross income from or allocable to debt-financed property | | 3 De | | | nected with or allocable to ced property | | | |
| r Description of debt | -ппапсец ргор | erty | | | (a) Straight line depreciation (attach | | (b) Other de | | | | |
| (1) | | | <u> </u> | | | | ·· | + | | | |
| (1) (2) .(3) (4) | | | | | | | | 1 | | | |
| (3) | | _ _ | | | | | | 1- | | | |
| (4) | | | · - | | | <u> </u> | | 1 | | | |
| 4 Amount of average acquisition debt on or strength or allocable | | djusted basis of o debt-financed tach schedule) | | | | 7 Gross income reportable (column 2) column 6) | | 8 Allocable of (column 6 columns 3(a) | | total | of |
| (1) | | | | | ⁸ | | | Ţ | | | |
| (2) | | | | | 8 | | | | | | |
| (2) | | <u> </u> | | | % | | | | | | |
| (4) | | | | | % | | | | | | |
| | - | | | | | Enter Part | here and on page 1 I, line 7, column (A) | , Ente | er here and t I, line 7, d | on pa | ge 1, (B) |
| Totals | | | | | • | | | | | | |
| Total dividends-received deduction | ons included in | n column 8 | | | | L | <u> </u> | - | | | |
| BAA | | | EA0203L 01/30/19 | • | | | | <u> </u> | Form 9 | 90-T (2 | 2018) |
| • | | ,_ | | | | | | | | ` | • |

| Schedule F - Interest, A | nnuities | , Royaltie: | s, and Re | ents Fro | m Controlled | Orga | nizations | (see in | structions | s) | |
|-------------------------------------|----------|--|----------------------|--|---|--|---|--------------|--|---|--|
| | | E | xempt Cor | ntrolled O | rganizations | | | | | | |
| organization ider | | Imployer attrication umber 3 Net un income (see instr | | (loss) | 4 Total of spe payments m | | | | connected with connected income in columns | | |
| (1) | | | | | | | | | | | |
| (2) (3) (4) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| | | | | | <u> </u> | | <u> </u> | | _ | | |
| Nonexempt Controlled Organiza | | | | | | | | ·, | | · | |
| 7 Taxable Income | incon | unrelated ne (loss) structions) | (loss) payme | | ıncluded | in the | olumn 9 that is the controlling 's gross income | | connecte | ctions directly d with income olumn 10 | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Totals | | | | | here and on | | d 10 Enter , Part I, line (A) | | e and on p | s 6 and 11 Enter page 1, Part I, line lumn (B) | |
| Schedule G - Investmen | t Incom | e of a Sec | tion 501/ | c)(7)_(9 |) or (17) Org | anizat | ion (see in | ctruction | 26) | | |
| 1 Description of income | t meom | 2 Amount of income | | 3 dire | Deductions ctly connected ach schedule) | | 4 Set-asides (attach schedule | | 5 Tota set-a | al deductions and asides (column 3 lus column 4) | |
| (1) | | | | | | | | | | | |
| (2) | | | | _ | | | | _ | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | · | | | | | | |
| Totals Schedule I — Exploited E | Pa | nter here and ort I, line 9, c | olumn (A) | her Tha | n Advertising | Incor | MA (sao ins | truction | Part I, II | ere and on page 1 ne 9, column (B) | |
| Schedule I — Exploited E | xempt A | 2 Gross | | nses directly | | | s income from | | oenses | 7 Excess exempt | |
| 1 Description of exploited a | ctivity | unrelated business income from trade or business | conne pro of u | ected with duction inrelated ess income | from unrelated trade or business (column 2 minus column 3) If a gain, compute columns 5 through 7 | e activ n unrel | activity that is not unrelated business income | | itable to imn 5 | expenses (column 6 minus column 5, bu not more than column 4) | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | _ | | - | |
| (3) | | | | | | | | | | | |
| (4) | | | | _ | | | | | | | |
| Totals | • | Enter here a on page 1 Part I, line column (A) | , on p | here and page 1, I, line 10, mn (B) | | | | | | Enter here and on page 1, Part II, line 26 | |
| Schedule J - Advertising | Incom | e (see instru | ctions) | | L | | | | | <u> </u> | |
| Part I Income From Per | | | | nsolida | ted Racic | | | | | , | |
| Tatti income From Fer | Toulcais | 2 Gross | | Direct | 4 Advertising gain of | or E.C. | ırculatıon | 6 Poo | dership | 7 Evenes readership | |
| 1 Name of periodical | | advertising income | ı adve | ertising osts | (loss) (col 2 minus col 3) If a gain, compute cols. 5 through 7 | s Ju | ncome | | osts | 7 Excess readership costs (col 6 minus col 5, but not more than col 4) | |
| (1) | | | | | | | | | | 4 | |
| (2) | | | | _ | - | <u> </u> | - | | | 4 | |
| (3) | | | | | | | | | | 1 | |
| <u>(4)</u> | | | | | | + | | | | | |
| Totals (carry to Part II, line (5)) | - | | | E 40204 I | | | | | | orm 990 T (2019) | |

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) 4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7 3 Direct 6 Readership 2 Gross 5 Circulation 7 Excess readership advertising costs (col 6 minus col 5, but not more than col 4) advertising income costs 1 Name of periodical costs income (1) (2) (3) (4) Totals from Part I Enter here and Enter here and Enter here and on page 1, Part II, line 27. on page 1, Part I, line 11, on page 1, Part I, line 11, column (A) column (B) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable 2 Title time devoted to unrelated business 1 Name to business 용 왕 왕 왕 Total. Enter here and on page 1, Part II, line 14 •

BAA

TEEA0204 L 12/31/18

Form 990-T (2018)

2018

FEDERAL STATEMENTS

PAGE 1

JOHN L. SMALLWOOD-CAL FARLEYS BOYS RANCH

75-6275179

STATEMENT 1 FORM 990-T, PART I, LINE 12 OTHER INCOME

OIL WORKING INTEREST

TOTAL \$ 8,206.

STATEMENT 2 FORM 990-T, PART III, LINE 35 NET OPERATING LOSS DEDUCTION

| LOSS YEAR ENDING | O | RIGINAL LOSS | LOSS PREVIOUSLY <u>USED</u> | | LOSS AVAILABLE | | | |
|-----------------------------------|-----------------|-----------------|-----------------------------------|-----|-------------------|---------------------|--|--|
| 5/31/17 NET OPERATING LOSS | \$ AVATLABLE | 20,986. | \$ | 87. | \$ | 20,899 \$ 20,899 | | |
| TAXABLE INCOME NET OPERATING LOSS | | /ITMITTED TO T | AVADIE INCOMEN | | | \$ -10,513 | | |