(and proxy tax under section 6033(e))	
	2040
For calendar year 2019 or other tax year beginning, and ending, and ending Go to www.irs.gov/Form990T for instructions and the latest information.	2019
Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Operation of the reasony Internal Revenue Service	pen to Public Inspection for 11(c)(3) Organizations Only
A Check box if address changed Name of organization (Check box if name changed and see instructions.) D Employer (Employer instructions)	er identification number yees' trust, see ions)
B Exempt under section Print CADE CREATIVITY LABS INC. 81-	-1234271
IA 150 (CAFS) I VI NUMBER, SMEEL AND FOOD OF SUILE NO. 11 4 F.O. DOX, SEE MISH UCTIONS.	ed business activity code tructions)
408(e) 220(e) Type 904 S MAIN ST	
408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) GAINESVILLE, FL 32601-7925 45322	20
c. Book value of all assets F. Group eyemption number (See instructions.)	
12, 580, 510. G Check organization type ► X 50.1(c) corporation 501(c) trust 401(a) trust	Other trust
H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated	
trade or business here GIFT SHOP SALES . If only one, complete Parts I-V. If more that	han 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	Г
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?	X No
If "Yes," enter the name and identifying number of the parent corporation.	71 0001
J The books are in care of ► STEPHANIE BAILES Telephone number ► 352-37 Part Unrelated Trade or Business Income (A) Income (B) Expenses	(C) Net
Ta Gross receipts or sales 17,218.	(b) Net
b Less returns and allowances c Balance lack 17, 218.	
2 Cost of goods sold (Schedule A, line 7)	
3 Gross profit. Subtract line 2 from line 1c 3 7,605.	7,605.
4a Capital gain net income (attach Schedule D) 4a	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b	
c Capital loss deduction for trusts	
Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) Unrelated debt-financed income (Schedule E) Interest, annutries, royalties, and rents from a controlled organization (Schedule F) Interest, annutries, royalties, and rents from a controlled organization (Schedule F) Rent income (Schedule C) Unrelated debt-financed income (Schedule E) Interest, annutries, royalties, and rents from a controlled organization (Schedule F)	
Rent income (Schedule C)	
Unrelated debt-financed income (Schedule E) 7	
Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8	
The stillett income of a section 30 ((c)(7), (3), or (17) organization (Schedule O)	
10 Exploited exempt activity income (Schedule I) 11 Advantage prome (Schedule I)	
11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 12 12	
13 Total. Combine lines 3 through 12 7, 605.	7,605.
Part, II, Deductions Not Taken Elsewhere (See instructions for limitations on deductions)	.,,,,,,,
(Deductions must be directly connected with the unrelated business income)	
14 Compensation of officers, directors, and trustees (Schedule K)	
15 Salaries and wages 16 Repairs and maintenance RECETVED 16	2,897.
16 Repairs and maintenance REDATION . 16	
	1 000
17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on Euro. 22 Depletion 23 Contributions to deferred compensation plans 24 Employee benefit programs 26 SEE STATEMENT 1 27 18 20 2 19 20 2 122 20 2 122 20 2 122 20 2 122 20 20 20 20 20 20 20 20 20 20 20 20 2	1,090.
19 Taxes and licenses 20 Depreciation (attach Form 4562)	
20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on Fulfill 21a 21b	2,122.
21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 Depletion 22	2,122.
23 Contributions to deferred compensation plans 23	
24 Employee benefit programs 24	
25 Excess exempt expenses (Schedule I) 25	
26 Excess readership costs (Schedule J) 26	
27 Other deductions (attach schedule) SEE STATEMENT 2 27	3,009.
28 Total deductions. Add lines 14 through 27	9,118.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	-1,513.
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018	
(see instructions) SEE STATEMENT 3 30	0.
31 Unrelated business taxable income. Subtract line 30 from line 29 31	-1,513.

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory va	luation > N	I/A				
1 Inventory at beginning of year	1	0.					6		0.
2 Purchases	2		7 Cost of goods sold. Subtract			t line 6	-4		
3 Cost of labor	3			from line 5. Enter			37	4	
4a Additional section 263A costs				line 2		•	7	9,61	3.
(attach schedule)	4a		8	Do the rules of se	ction 263A	(with respect to		Yes	No
b Other costs (attach schedule)		9,613.				ed for resale) apply to		7.954	3
_5 Total. Add lines 1 through 4b	5	9,613.		the organization?	-	, app., 10			X
Schedule C - Rent Income (ed With Real Pro	perty)	
(see instructions)				•					
1. Description of property	-					-			
_(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)		` of rent for pe	rsonal p	nal property (if the per roperty exceeds 50% d on profit or income)	or If	3(a) Deductions direct columns 2(a)		cted with the income in (attach schedule)	
(1)									
(2)									
(3)		<u> </u>					•		
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Deb		Income (see ii	nstruc	tions)		1::4::::::::::::::::::::::::::::::::::			<u> </u>
·			2.	Gross income from		3. Deductions directly co to debt-finar			
1. Description of debt-fina	anced property			or allocable to debt- financed property	(6	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)								-	
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to inced property h schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of colum 3(a) and 3(b))	ns mns
(1)					%				
(2)					%				
(3)					%				
(4)					%	,			
						Enter 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	oludod in column	n 8					▶		0.
	ciuueu iii coluiiii								

** SEE STATEMENT 4

			Exempt	Controlled O	rganızatı	ons			_		
Name of controlled organization		2. Employer dentification number	identification (loss) (se		nrelated income 4. To pay		included i	Part of column 4 that is luded in the controlling inization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)											
_(3)											
(4)		<u> </u>									
Nonexempt Controll	ed Organizations								_	····	
7 Taxable Incon		inrelated income (loss) see instructions)	9. Total	of specified payn made	nents	10 Part of colur in the controlli gross	nn 9 that Is ng organizat income	Included tion's		uctions directly connected neome in column 10	
(1)						•					
(2)											
(3)											
(4)											
						Enter here and	ns 5 and 10 on page 1, i olumn (A)		Enter he	columns 6 and 11 re and on page 1, Part I, ne 8, column (B)	
Totals					▶			0.		0.	
Schedule G - In	vestment incor (see instructions)	ne of a Secti	on 501(c)(7), (9), or (1	17) Org	ganization					
	1. Description of inco	me	_	2. Amount of	ncome	 Deduction directly connect (attach schedule) 	ted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)						-					
(4)										1	
Totals		 -	•	Enter here and a Part I, line 9, col			130			Finter here and on page 1 Part I line 9 column (RI)	
Schedule I - Ex	ploited Exempt (see instructions)	Activity Inco	me, Other	Than Adv	ertisin	g Income					
Description of exploited activitions	2. of unrelated	business directions with the control of the control	Expenses city connected th production of unrelated siness income	4 Net incom from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inco from activity the is not unrelate business incor	at ed	6. Expe attributal colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)				···	$\neg \neg$						
	Enter her page 1 line 10,	, Part I, pa col (A) line	er here and on age 1, Part I, e 10, col (B)		,		, e			Enter here and on page 1, Part II, line 25	
Totals	P[0.	0.						1,15	0.	
Schedule J - Ad				70.0						· · · · · · · · · · · · · · · · · · ·	
Part I Income	From Periodic	als Reported	on a Cons	olidated I	3asis						
1. Name of p	eriodical	2 Gross advertising income	3. Direct advertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 thi	l 2 minus n, compute	5. Circulati income	on	6. Reader costs	ship	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)							\Box				
(3)) - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1							
(4)					· · ·						
	line (5))	0.	0							0.	

	<u> </u>	
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)	

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	0.	0.	A CONTRACTOR	W. A. B. C.	建筑设置	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)				Enter here and on page 1, Part II, line 28
Totals, Part II (lines 1-5)	0.	0.			2.00	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** (2019)

FORM 990-T		INTEREST PA	ID	STATEMENT 1
DESCRIPTION				AMOUNT
LOAN INTERES	ST			1,090
TOTAL TO FOR	M 990-T, PAGE 1,	LINE 18		1,090
FORM 990-T		OTHER DEDUCTI	ONS	STATEMENT 2
DESCRIPTION				AMOUNT
OCCUPANCY CREDIT CARD TRAVEL AND S				862 544 1,603
TOTAL TO FOR	M 990-T, PAGE 1,	LINE 27		3,009
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	2,476.	0.	2,476.	2,476.
NOL CARRYOVE	R AVAILABLE THIS	YEAR	2,476.	2,476.
FORM 990-T	COST	OF GOODS SOLD - O	THER COSTS	STATEMENT 4
DESCRIPTION				AMOUNT
COGS				9,613
COTAL TO FOR	M 990-T, SCHEDULI	S A, LINE 4B		9,613