INSP	0914 03/17/2021 12:55 PM							- •			- 020
1,1.	990-T		Exempt Organization	Busine	ss In	come	Tax Re	turn	1	<u> </u>	OMB No 1545-0047
Form	990-1	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))								2019	
Depar	tment of the Treasury	For calendar year 2019 or other tax year beginning 07/01/19, and ending 06/30/20 So to www.irs gov/Form990T for instructions and the latest information								One	n to Public Inspection for I
Intern	al Revenue Service	▶ 1	Do not enter SSN numbers on this form a	s it may be	made pu	ublic if you	ır organizatior	ıs a 50	1(c)(3)		(c)(3) Organizations Only
Α	Check box if address changed		Name of organization ( Check box if	f name change	d and see	instructions	1		Employer ide		
_	xempt under section							(	Employees' tru	ust, see	instructions)
[2	K 501( C)( <u>[</u> ]3)	Print	INSPIRATION FIELD								
	408(e) 220(e)	or	Number, street, and room or suite no If a PO box	x, see instruction	ns				84-05	570 <u>:</u>	914
	408A 530(a)	Туре	612 ADAMS AVENUE					_ E (	Jnrelated bu	siness	activity code
	529(a)		City or town, state or province, country, and ZIP	or foreign posta	al code			(	See instruction	ons)	
CE	Book value of all assets		LA JUNTA		CO 8	<u>81050</u>			81100	00	
	t end of year	F G	roup exemption number (See instruction	ons ) 🕨							
	<u>7,772,690</u>	<b>G</b> C	heck organization type ▶ X 50	1(c) corpora	ation	50	1(c) trust	4	01(a) trus	ì	Other trust
HE	Inter the number of the	organiza	tion's unrelated trades or businesses	<b></b> :	L D	escribe th	e only (or fire	st) unre	lated trade	or b	usiness here
)	PUBLIC VEH	IICLE	REPAIR							If or	ly one, complete
F	Parts I-V If more than or	ne, desc	ribe the first in the blank space at the e	end of the p	revious	sentence,	complete Pa	rts I an	d II, comp	lete a	
5	Schedule M for each add	ditional tr	ade or business, then complete Parts I	II–V							
Ī [	During the tax year, was	the corp	oration a subsidiary in an affiliated grou	up or a pare	ent-subs	idiary cor	trolled group	?			Yes No
II.	f "Yes," enter the name	and iden	tifying number of the parent corporation	n							
	<u> </u>										
	he books are in care of		AITLIN COFFIELD				Tele	phone	number 🕨		<u> 19-384-8741</u>
i Pa	rt I Unrelated	I Trade	or Business Income			(A)	Income	(E	B) Expenses		(C) Net
1a	Gross receipts or sales	6	23,176						4.		` '/
b	Less returns and allow	ances	c Balance	<b>&gt;</b>	1c		23,176	'			· !
2	Cost of goods sold (Sc	hedule A	, line 7)		2		42,298				
3	Gross profit Subtract II	ne 2 fror	n line 1c		3		-19,122				-19,122
4a	Capital gain net income	e (attach	Schedule D)		4a						
b	Net gain (loss) (Form 4797	7, Part II,	line 17) (attach Form 4797)		4b			_/			
C	Capital loss deduction	for trusts	<b>3</b>		4c			_	-	,	
5	Income (loss) from par	tnership	and S corporation (attach								
	statement)				5		/_				
6	Rent income (Schedule	e C)			6						
7	Unrelated debt-finance	d income	e (Schedule E)		7						
8	Interest, annuities, royalties	s, and rer	nts from controlled organization (Schedule F)	)	8						
9	Investment income of a se	ection 501	(c)(7), (9), or (17) organization (Schedule G)		9 /						
10	Exploited exempt activi	ity incom	e (Schedule I)		10						
11	Advertising income (So	chedule .	J)		11						
12	Other income (See ins	tructions	, attach schedule)		12						
13	Total. Combine lines 3			/ ==	13		-19,122				-19,122
L Pa	rt II Deduction	ns Not	Taken Elsewhere (See Instru	ictions fo	rtimita	tions-o	n deductio	<u>ns</u> ) (	Deductio	ns n	nust be directly
44	•		the unrelated business income	<del>' -  </del>	HE	UE	VED	+		44	
14	·	ers, airec	tors, and trustees (Schedule K)	Ω.				ပါ		14	
15 16	Salaries and wages			DC85	i MA	AR 26	2021 1	S-0-S		15 16	-
16 17	Repairs and maintenar	iice			L		LUKI G	ام	 	17	
17 18	Bad debts Interest (attach schedu	ula) /sss	(netrustions)	- 1	OC	DEN	I, UT	Ξ	<u> </u>	18	
19	Taxes and licenses	110) (200	man delibria)		$\frac{2}{2}$	レニハ	ı, U I	1	<u> </u>	19	3,364
20	Depreciation (attach Fo	orm 455'	2)				20		<u> </u>		3,304
21	,		chedule A and elsewhere on return				21a			21b	0
22	Depletion	.50 011 3	Sheddle A and disewhere on return				_ IG			22	
23	Contributions to deferre	ed coma	ensation plans						<b> </b>	23	265
23 24	Employee benefit prog		Chould's plans						F	24	4,099
25	Excess exempt expens		edule I)						F	25	-,000
26	Excess readership cos	/							F	26	
		-				SEE	STATEM	ENT	1	27	7,978
27	Other deductions (attai		·			تنسب	المتدعمم		<b>-</b> ⊦	28	15,706
28	Total deductions. Ad		<del>-</del>	a Chi	line on t	from b==	13		-	29	-34,828
29			ome before net operating loss deduction				13		ŀ	29	-34,025
30	/	ating loss	s arising in tax years beginning on or a	πer January	1, 2018	s (see			]	20	
	instructions)		0 11						}	30	-34,828
<u>31</u>	Unrelated business tax	able inco	ome Subtract line 30 from line 29							31	-34,828

Form	990 T (2019) INSPIRATION FIELD	84-0570914		Page <b>2</b>
	tt₩■ Total Unrelated Business Taxable income			1 age 2
32	Total of unrelated business taxable income computed from all unrelated trades or busine	sses (see		
	instructions)		32	
33	Amounts paid for disallowed fringes		33	
34	Charitable contributions (see instructions for limitation rules)	34		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deductions			
	34 from the sum of lines 32 and 33		35	
36	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (s	see		
	instructions)		36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from	m line 35	1 37	0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		4) 38	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater to	han line 37,		
	enter the smaller of zero or line 37		39	0
<b>₽</b> ₽ã	Tax Computation			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)		▶ 40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on			
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1	1041)	► 41	<u>.                                    </u>
42	Proxy tax. See instructions		▶ 42	
43	Alternative minimum tax (trusts only)		43	·····
44	Tax on Noncompliant Facility Income. See instructions		44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0
	Tax and Payments	T 40 "T"		
46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a		
b	Other credits (see instructions)	46b		
C	General business credit Attach Form 3800 (see instructions)	46c	·	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	460	
e 47	Total credits. Add lines 46a through 46d		46e	
47	Subtract line 46e from line 45 Other taxes	X	47	
48	Other lates Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att.: Total Agr. Add Inc. 47 and 49 (and protections)	son)	48	0
49 50	Total tax. Add lines 47 and 48 (see instructions)			
50 51 a	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3	1 54-1	50	
51a	Payments A 2018 overpayment credited to 2019	51a 51b		
b C	2019 estimated tax payments Tax deposited with Form 8868	51c		
d	Foreign organizations Tax paid or withheld at source (see instructions)	51d		
e	Backup withholding (see instructions)	51e		
f	Credit for small employer health insurance premiums (attach Form 8941)	51f		
a .	Other credits, adjustments, and payments Form 2439	\ <u>\</u>		
9	Form 4136 Other Total	51g	j l	
52	Total payments. Add lines 51a through 51g	(4.91	52	
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	+	▶	
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	·	▶ 54	0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount ove	maid	▶ 55	<u> </u>
56	Enter the amount of line 55 you want. Credited to 2020 estimated tax ▶	Refund	ed ▶ 56	
<b>■</b> Pa	rtIVII Statements Regarding Certain Activities and Other Inform	ation (see instructions	)	
57	At any time during the 2019 calendar year, did the organization have an interest in or a si			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization	anization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the na here ▶	ame of the foreign country		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of	of, or transferor to, a foreign	n trust?	X
	If "YES," see instructions for other forms the organization may have to file	, s. aas.o.o. to, a toroig		
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
Sig	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statementure, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	is, and to the dest of my knowledge a has any knowledge	anu dellet, it is	May the IRS discuss this return
Her				May the IRS discuss this return with the preparer shown below (see instructions)?
	Signature of officer Date Title			X Yes No
	Print/Type preparer's name Preparer's signature	Date	Check	f PTIN
Paid	JAN THOMAS JAN THOMAS		self-emp	$\Box$
Prep			Firm's EIN ▶	20-1943886
•	Only 413 WILCOX ST., SUITE 204	· · · · · · · · · · · · · · · · · · ·		
	Firm's address CASTLE ROCK, CO 80104-2477		Phone no	303-663-1400
	1	<del></del>	1	

<u>Form</u>	990-T (2019) INSPI	RATION FIR	LD			<u>84-0</u>	<u>570914</u>		Page 3
Sch	edule A - Cost of Go	ods Sold. Enter	method of inv	ento	ry valuation ▶	COSI	METHOD		<u></u>
1	Inventory at beginning of ye	ear 1	(	6	Inventory at end of ye	ear		6	
2	Purchases	_2	9,237	7 7	Cost of goods sold	l. Subtra	ct [		
3	Cost of labor	3	33,061		line 6 from line 5 Ent	ter here	and		
4a	Additional sec 263A costs				ın Part I, line 2			7	42,298
	(attach schedule)	4a		8	Do the rules of section	on 263A	(with respect to		Yes No
b	Other costs (attach schedule)	4b			property produced or	acquire	d for resale) apply		
5	Total. Add lines 1 through 4	4b <b>5</b>	42,298		to the organization?				X
Sch	edule C - Rent Incom	ne (From Real F	roperty and I	Pers	onal Property Lea	ased V	Vith Real Propert	y)	
_(se	e instructions)								
1. Des	cription of property						<u> </u>		
<u>(1)</u>	N/A	<del></del>			<u> </u>			_	
(2)									
(3)									<u> </u>
(4)	<del> </del>						<del></del>		
		2 Rent receiv	ed or accrued						
	(a) From personal property (if the p				nd personal property (if the			ectly connected with the	
	for personal property is more than		, ,		for personal property exceeds		in columns 2(a	i) and 2(b) (attach sched	dule)
	more than 50%)		30% OF IT I	ie reni	is based on profit or income)				
(1)								<del></del>	
(2)				-					
(3)									
(4) Tabal			T-4-1				-		
Total			Total				(b) Total deductions.		
	otal income. Add totals of co and on page 1, Part I, line 6,		Enter				Enter here and on page Part I, line 6, column (E		
	edule E – Unrelated		ncome (see in	struc	tions)		1	-,-	
0011	cadic E Officiated	Debt i illanoca i	1 00011	0000	donoj	Ī	3 Deductions directly con	nnected with or allocable	- to
	45				s income from or			ced property	
	1 Description of debt-f	inanced property	'	allocable	e to debt-financed property	(a) 5	Straight line depreciation	(b) Other deductions (attach schedule)	
					,,	``	(attach schedule)		
(1)	N/A								
(2)									
(3)									
(4)									
	4 Amount of average	5 Average adjusted			6 Calumn			8 Allocable	deductions
	acquisition debt on or allocable to debt-financed	of or allocable to debt-financed prop			4 divided		Gross income reportable column 6)	(column 6 x tota	
	property (attach schedule)	(attach schedule	)		y column 5	<u> </u>		3(a) and	3(0))
<u>(1)</u>					%		<u>-</u>		
(2)					%			ļ	
(3)					%			<del> </del>	
<u>(4)</u>					%				
						1	here and on page 1,	Enter here and	,
					_	Part	i, line 7, column (A)	Part I, line 7,	column (B)
Tota					<b>•</b>	L	<u> </u>	-	
Tota	l dividends-received deduc	<b>ctions</b> included in co	lumn 8						

Schedule F - Interest, Annu	ities, Royalt	ies, and Rent	ts From	Controlle	d Org	anizations	(see instructi	ions)	rage 4
			Exemp	t Controlled	Organ	nizations	1		
Name of controlled     organization		2. Employer identification number		3 Net unrelated income (loss) (see instructions)		ntal of specified ments made	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5
(1) N/A							<u>*</u> _		
(2)									
(3)				_					
(4)									
Nonexempt Controlled Organizat	ions								
7 Taxable Income	1	Net unrelated income oss) (see instructions)		9 Total of specified payments made 10. Part of cot included in the organization's		ne controlling co		11 Deductions directly connected with income in column 10	
(1)				<u> </u>					
(2)		<u> </u>				-			
(3)							·	l	
(4)						Add column	re 5 and 10		ld columns 6 and 11
Totals					<b>•</b>	Enter here al Part I, line 8	nd on page 1, , column (A)	Ente	ld columns 6 and 11 er here and on page 1, t I, line 8, column (B)
Schedule G - Investment In	come of a S	ection 501(c)	(7), (9),	or (17) Or	ganiza	ation (see in	structions)		
1 Description of income	2 Amount of in		3 De directly	3 Deductions directly connected (attach schedule) (attach			-	5 Total deductions and set-asides (col 3 plus col 4)	
(1) <b>N/A</b>				<u> </u>					
(2)									
(3)									
(4)									
Totals	•	Enter here and or Part I, line 9, ∞l	n page 1, umn (A)				- 3.		ter here and on page 1, art I, line 9, column (B)
Schedule I - Exploited Exen	npt Activity	Income, Othe	r Than	Advertisir	ng Inco	ome (see in:	structions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business in	with	4 Net income (I from unrelated to or business (col 2 minus column If a gain, comp cols 5 through	rade umn i 3) ute	5 Gross income from activity that is not unrelated business income	attnbut colu	penses able to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A									·
(2)									
(3)						-			
(4)					<u> </u>				
Totals •	Enter here and o page 1, Part I, line 10, col (A)	n Enter here a page 1, Pa	art I,						Enter here and on page 1, Part II, line 25
Schedule J - Advertising In	come (see in	structions)							
Part I Income From P	eriodicals R	eported on a	Conso	lidated Ba	sis				
1 Name of penodical	2 Gross advertising income	3 Directions		4 Advertising gain or (loss) (i 2 minus col 3) a gain, compu cols 5 through	col If ite	5 Circulation income	6 Reac	dership sts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A									_
(2)					<u> </u>				<b>」</b> ¹
(3)					_				
(4)									
Totals (carry to Part II, line (5))									5 000 T (00.00)

	Periodicals Repo		rate Basis (For e	ach periodical li	sted in Part II, fi	II in columns
2 through 7 on	a line-by-line basi	s)	<del></del>			
1 Name of penodical	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) N/A						
(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 26
Totals, Part II (lines 1-5)		L				

Schedule K - Compensation of Officers, Director	s, and Irustees (see instructions)		
1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	

Form 990-T (2019)

INSP0914 Inspiration Field

84-0570914

## **Federal Statements**

3/17/2021 12:55 PM

FYE: 6/30/2020

## Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
ADVERTISING OCCUPANCY SALES TAXES	\$ 1,000 6,524 454
TOTAL	\$ 7,978