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Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 30 from line 29 31 Unrelated business taxable income. Subtract line 30 from line 29		•	HUH CIAHHEO	on Schedule A and eisewh	ere orreturn		(214)						
Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 30 from line 29 31 O .		•	to deferred o	nmnensation plans					$\overline{}$				
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26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 Total deductions Add lines 14 through 27 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income. Subtract line 30 from line 29 31 O •									$\overline{}$				
Other deductions (attach schedule) 27 28				•									
Total deductions Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 30 from line 29 28 0 29 0 30 0 0 30 0 0 31									27				
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 30 from line 29 31 O.	2			•					28		0.		
(see instructions) 30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 0.	2	9 Unrelated busi	iness taxable	income before net operat	ing loss deduction. Subtrac	t line 2	3 from line 13		_29		0.		
31 Unrelated business taxable income. Subtract line 30 from line 29	3	0 Deduction for	net operating	g loss arising in tax years l	peginning on or after Janua	ry 1, 20	118				_		
OT STATE OF THE ST		•											
	_								31	Corm QQQ_T			

	0-T (2019)					<u>86-016</u>	<u> 6615</u>	Page 2
Par	t III	Total Unrelated Business Taxab	le Income					
32	Total of	unrelated business taxable income computed	from all unrelated trades or businesses (s	ee instructions)		32		0.
33		s paid for disallowed fringes				33		
34	Charital	ole contributions (see instructions for limitation		34		0.		
`35	Total ur	related business taxable income before pre-20	18 NOLs and specific deduction Subtract	line 34 from the sum of	lines 32 and 33	35		
36	Deducti	on for net operating loss arising in tax years be	eginning before January 1, 2018 (see insti	ructions)		36		
37	Total of	unrelated business taxable income before spec	cific deduction. Subtract line 36 from line	35		37		
38	Specific	deduction (Generally \$1,000, but see line 38 ii	nstructions for exceptions)			38	1,00	00.
39	Unrelat	ed business taxable income. Subtract line 38	from line 37. If line 38 is greater than line	e 37,				
		e smaller of zero or line 37				39		0.
Part	· IV	Tax Computation						
40	Organiz	ations Taxable as Corporations. Multiply line	39 by 21% (0.21)		>	40		0.
41	Trusts	Taxable at Trust Rates See instructions for ta	x computation. Income tax on the amoun	t on line 39 from:				
	Ta	x rate schedule or Schedule D (Form	1041)		>	41		
42	Proxy ta	ax. See instructions			>	42		
43	Alternat	ive minimum tax (trusts only)				43		
44	Tax on	Noncompliant Facility Income See Instruction	ns			44		
45_		dd lines 42, 43, and 44 to line 40 or 41, which	ever applies			45		0.
Parl	V	Tax and Payments						
46 a	Foreign	tax credit (corporations attach Form 1118, trus	sts attach Form 1116)	46a]]		
b	Other co	edits (see instructions)		46b]		
C	General	business credit. Attach Form 3800		46c]		
d	Credit f	or prior year minimum tax (attach Form 8801 c	or 8827)	46d		"		
е	Total ci	edits. Add lines 46a through 46d				46e		
47	Subtrac	t line 46e from line 45				47		0.
48	Other ta	xes. Check if from: Form 4255 []	Form 8611 🔲 Form 8697 🔲 Form	n 8866 🔲 Other (attach schedule)	48		
49	Total ta	x Add lines 47 and 48 (see instructions)				49		0.
50	2019 ne	t 965 tax liability paid from Form 965-A or For	m 965-B, Part II, column (k), line 3			50		0.
51 a	Paymer	its: A 2018 overpayment credited to 2019		51a	1,141.			
b	2019 es	timated tax payments		51b	3,300.]]		
C	Tax dep	osited with Form 8868		51c] •		
d	Foreign	organizations. Tax paid or withheld at source (see instructions)	51d] ' [
е	Backup	withholding (see instructions)		51e] ,		
f	Credit f	or small employer health insurance premiums	(attach Form 8941)	51f] · ·		
g	Other c	redits, adjustments, and payments: 🔲 Fo	rm 2439			1 1		
	Fo	orm 4136 Ot	her Total	► 51g				
52	Total p	syments. Add lines 51a through 51g				52	4,4	<u>41.</u>
53	Estimat	ed tax penalty (see instructions). Check if Form	2220 is attached 🕨 🔲			53		
54	Tax du	e. If line 52 is less than the total of lines 49, 50	, and 53, enter amount owed		>	54		
55	Overpa	yment If line 52 is larger than the total of lines	49, 50, and 53, enter amount overpaid		>	55	4,4	<u>41.</u>
56		e amount of line 55 you want: Credited to 202			funded 📗	56	4,4	<u>41.</u>
Part	t VI	Statements Regarding Certain A	Activities and Other Informa	tion (see instru	ctions)			
57	At any t	ime during the 2019 calendar year, did the org	anization have an interest in or a signatur	e or other authority			Yes	No
	over a f	inancial account (bank, securities, or other) in	a foreign country? If "Yes," the organization	on may have to file			1 ' [1
	FinCEN	Form 114, Report of Foreign Bank and Financi	al Accounts If "Yes," enter the name of th	e foreign country				
	here	>						X
58	During	the tax year, did the organization receive a dist	ribution from, or was it the grantor of, or	transferor to, a forei	gn trust?			Х
		see instructions for other forms the organizati						
59		e amount of tax-exempt interest received or ac	_				<u> </u>	L
		nder penalties of perjury, I declare that I have examined prect, and complete Declaration of preparer (other than	this return, including accompanying schedules an	d statements, and to the	best of my knowle	edge and belief, it is to	rue,	_
Sign		rect, and complete Declaration of preparer tother than				May the IRS discuss to	his return w	with
Here		Allen Bowman	$\frac{9-22-2020}{\text{Date}} \rightarrow \frac{\text{FINAN}}{\text{Title}}$	CE DIRECT	OR i	he preparer shown be		,,,,,
		Signature of officer	Date Title		II.	nstructions)?	Yes	No
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN		
Paid	t				self- employed			
	parer	BRENDA BLUNT		09/17/20		P0007		
,	Only	Firm's name ► EIDE BAILLY	LLP		Firm's EIN	45-02	5095	8
	· · · · · · ·		ELBACK RD, STE 900					
		Firm's address ► PHOENIX, A	Z 85016-9065		Phone no 4	480-315-	1040	
							000 T	

Schedule A - Cost of Goods	Sold. Enter	method of inver	itory v	aluation > N/A					
1 Inventory at beginning of year	1		7	Inventory at end of year	 ir		6		
'2 Purchases	2		7 Cost of goods sold. Subtract line 6			line 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,			Part I,]	
4a Additional section 263A costs				line 2		ı	7		
(attach schedule)	4a		_ 8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		4	property produced or a	acquired	I for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?			ببيس		
Schedule C - Rent Income ((see instructions)	From Heal	Property and	Per:	sonal Property L 	.ease 	d With Real Prop	erty ——) 	
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2 Rent receiv	ed or accrued							
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	personal	onal property (if the percental property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) as		cted with the income in (attach schedule)	
(1)									
(2)						ļ			
(3)									
(4)									
Total	0.	Total			0.]			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	(A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			١,	Gross income from		3 Deductions directly con to debt-finance			
1 Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)			+				+		
(2)			 				╅		
(3)			+				_		
(4)			T -						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	adjusted basis affocable to inced property h schedule)		Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deducti (column 6 x total of col 3(a) and 3(b))	
(1)			+-	%	<u> </u>		十		
(2)			\top	%					
(3)				%			\neg		
(4)			1	%	1				
						Enter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column (
Totals				.		0			0.
Total dividends-received deductions or	actuded in colum	n 8				<u> </u>	•		0.

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)			} !#] .
(4)						-
Totals (carry to Part II, line (5))	0.	0.				0.
						Form 990-T (2010

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)							
(4)							
Totals from Part I	•	0.	0.	,	-		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.		А	•	0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4 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 DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY 15

TAXPAYER HAD NO UBI. FILING FOR REFUND OF ESTIMATED TAX PAYMENTS ONLY.

TO FORM 990-T, PAGE 1