P. OMB No 1545-0047 **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning 07/01/19, and ending 06/30/20/19Department of the Treasury ▶Go to www.irs.gov/Form990T for instructions and the latest information. Open to Public Inspection for 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). .501(c)(3) Organizations Only 🖫 Check box if address changed Check box if name changed and see instructions ) D Employer identification number (Employees' trust, see instructions.) Exempt under section 501( C)(\(\infty\)3) Print LABOR'S COMMUNITY SERVICE AGENCY 86-0300832 Number, street, and room or suite no. If a P.O. box, see instructions 408(e) 220(e) or 3117 NORTH 16TH STREET, #100 408A 530(a) Type E Unrelated business activity code (See instructions ) 529(a) City or town, state or province, country, and ZIP or foreign postal code AZ 85016 531120 PHOENIX Book value of all assets Group exemption number (See instructions ) at end of year G Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust Enter the number of the organization's unrelated trades or businesses Describe the only (or first) unrelated trade or business here ▶ RENTAL If only one, complete Parts I-V If more than 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 business, then complete Parts III-V Yes X During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation THE ORGANIZATION 602-263-5741 The books are in care of ▶ Telephone number ▶ Part I **Unrelated Trade or Business Income** (B) Expenses (C) Net (A) Income Gross receipts or sales b Less returns and allowances c Balance 1c 2 2 Cost of goods sold (Schedule A, line 7) Gross profit Subtract line 2 from line 1c 3 Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4Ь Capital loss deduction for trusts 4c С Income (loss) from partnership and S corporation (attach statement) 5 6 Rent income (Schedule C) 13,062 10,949 2,113 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 13,062 2,113 10,949 13 Total. Combine lines 3 through 12 13 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) 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 18 Interest (attach schedule) (see instructions) 19 19 Taxes and licenses 29,255 20 Depreciation (attach Form 4562) 20 Less depreciation claimed on Schedule A and elsewhere on return 29,255 21 21a 21b 22 Depletion 22 23 Contributions to deferred compensation plans 23 RECEIVED 24 Employee benefit programs 24 25 Excess exempt expenses (Schedule I) 25 MAY 1 4 2021 26 Excess readership costs (Schedule J) 26 27 27 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 27 28 OGDEN 29 Unrelated business taxable income before net operating loss deduction 2,113 29 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

ínstructions)

2,113

30

31

Total dividends-received deductions included in column 8

Schedule F – Interest, Anni		,		pt Controlled				(000 ii 10ti de	,,		
Name of controlled organization	. (de	2 Employer entification number	1	3 Net unrelated income (loss) (see instructions)		4 Total of specified payments 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) <b>N/A</b>											
(2)											
(3)											
(4)						-					
Nonexempt Controlled Organiza	ations		. ,			γ					
7 Taxable Income		8 Net unrelated income (loss) (see instructions)		9 Total of specified payments made		10 Part of column included in the colorganization's gros		controlling		Deductions directly nected with income in column 10	
(1)										<u> </u>	
(2)						ļ			_		
(3)						ļ					
(4)						ļ			_		
Totalo						En	dd columns ter here and art I, line 8, d	l on page 1,	Ente	d columns 6 and 11 r here and on page 1, t I, line 8, column (B)	
Totals Schedule G – Investment Ir	ncome of a S	Section 501/c	1/7\ (0)	or (17) O	ranir	ration	1600 10	etructione\	L		
Schedule G - investment in	icome or a s		)( <i>1</i> ), (9)			Lation	(See III	Structions)		E. Total daduations	
1 Description of income	cription of income 2		2 Amount of income		3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedule)			5 Total deductions and set-asides (col. 3 plus col. 4)	
(1) N/A											
(2)			•								
(3)											
(4)											
Totals		Enter here and o Part I, line 9, col						74		er here and on page 1, at I, line 9, column (B)	
Schedule I – Exploited Exer	mpt Activity	Income. Othe	er Thar	Advertisi	na Inc	ome	(see ins	tructions)	23		
			1		19	<del></del>	1000 1110	1	_		
Description of exploited activity	2 Gross unrelated business incom- from trade or business	3 Expenses directly connected with production of unrelated business income		4 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		attribu	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A											
(2)								1			
(3)			†								
(4)											
Totals	Enter here and o page 1, Part I, line 10, col (A)	page 1, Pa	Enter here and on page 1, Part I, line 10, col (B)							Enter here and on page 1, Part II, line 25	
Schedule J - Advertising In	icome (see in	structions)	•								
Part I Income From P	Periodicals R	eported on a	Consc	olidated Ba	sis						
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs		4 Advertising gain or (loss) (c 2 minus col 3) a gain, comput cols 5 through	ool If Ie	5 Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) N/A			3		. 146 2018						
(2)											
(4)	<del> </del>	<del>-  </del>	- 19		₹5,7% 3Ag	_			<u></u>	WF .~   WE !!   WE !!	
Totals (carry to Part II, line (5))										Form <b>990-T</b> (2019	

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Total. Enter here and on page 1, Part II, line 14

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 7 Excess readership 2 Gross gain or (loss) (col costs (column 6 5 Circulation ' 3 Direct 6 Readership advertising 2 minus col 3) If minus column 5, but 1 Name of periodical advertising costs ıncome costs income a gain, compute not more than cols 5 through 7 column 4) (1) N/A (2) (3) (4) ▶ Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, fine 11, col (A) Part II, line 26 line 11, col (B) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted to 4 Compensation attributable to 1 Name 2 Title unrelated business N/A (1) (2) %

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86-0300832

# **Federal Statements**

## Statement 1 - Form 990-T, Schedule E, Column 3a - Straight Line Depreciation

Description	
BUILDING DEPRECIATION	29,255
TOTAL	29,255

## Statement 2 - Form 990-T, Schedule E, Column 3b - Other Deductions

Description	Deduction		
BUILDING INSURANCE REPAIRS TAXES UTILITIES PERSONNEL EXPENSES PERSONNEL BENEFITS FEES AND LICENSES	2,606 12,885 , 6,904 7,424 2,638 475		
TOOLS, SMALL EQUIPMENT & SUPPLIES TOTAL	33,886		

## Statement 3 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt

Description ·	Deduction
BUILDING SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	706,188
AVERAGE ACQUISITION DEBT	58,849

## Statement 4 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis

Description	Deduction
BUILDING ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	354,216
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	324,372
DIVIDED BY 2	678,588 2
AVERAGE ADJUSTED BASIS	339,294