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OMB No. 1545-0687 **Exempt Organization Business Income Tax Return** 990-T (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning _____, 2018, and ending ▶ Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury 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). Check box if address changed Name of organization (Check box if name changed and see instructions.) D Employer identification number (Employees' trust, see instructions.) **B** Exempt under section Print 501(Number, street, and room or suite no. If a P.O. box, see instructions. or E Unrelated business activity code 220(e) 408(e) Type (See instructions.) ☐ 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) C Book value of all assets at end of year F Group exemption number (See instructions.) ▶ 501(c) trust 401(a) trust Other trust G Check organization type ► ☐ 501(c) corporation **H** Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated If only one, complete Parts I-V. If more than one, describe the trade or business here ▶ 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. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ ☐ Yes ☐ No If "Yes," enter the name and identifying number of the parent corporation. ▶ The books are in care of ▶ Telephone number ▶ Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance ▶ 1c 2 2 Cost of goods sold (Schedule A, line 7) 3 3 Gross profit. Subtract line 2 from line 1c. . . Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 6 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11 11 12 Other income (See instructions; attach schedule) 12 13 **Total.** Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 15 Salaries and wages 16 16 17 17 18 Interest (attach schedule) (see instructions) 18 19 19 20 Charitable contributions (See instructions for limitation rules) 21 21 22 Less depreciation claimed on Schedule A and elsewhere on return . 22b 23 23

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Contributions to deferred compensation plans

Employee benefit programs

Excess exempt expenses (Schedule I)

Unrelated business taxable income. Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

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Part	II To	otal Unrelated Business Taxable	Income						
33	Total of	f unrelated business taxable income	computed from all unrelated trade	es or businesses (se	е				
	instruct	ions)			(33			
34	Amoun	ts paid for disallowed fringes				34			
35	Deduct	ion for net operating loss arising i	n tax years beginning before Ja	anuary 1, 2018 (se	e				
	instruct	ions)			(35			
36		funrelated business taxable income b			m 🔚				
	of lines	33 and 34				36			
37	Specific	deduction (Generally \$1,000, but see	e line 37 instructions for exceptions	3)	3	37			
38		ted business taxable income. Subtra			6,				
	enter th	e smaller of zero or line 36				38			
Part	V Ta	ax Computation	_						
39		zations Taxable as Corporations. M				39			
40		Taxable at Trust Rates. See							
	the amo	ount on line 38 from: 🔲 Tax rate sche	dule or 🔲 Schedule D (Form 104	1)		10			
41	Proxy t	ax. See instructions		J >	-	41		1	
42	Alternat	tive minimum tax (trusts only)			4	12			
43	Tax on	Noncompliant Facility Income. See Add lines 41, 42, and 43 to line 39 or 4	instructions		4	13			
44			0, whichever applies		4	14			
Part		ax and Payments							
45a	•	tax credit (corporations attach Form 111	,	45a					
b		redits (see instructions)	· · · · · · · · · · · · · · · · · · ·	45b					
С		I business credit. Attach Form 3800 (s	· · · · · · · · · · · · · · · · · · ·	45c					
d		or prior year minimum tax (attach Form	· · · · · · · · · · · · · · · · · · ·	45d					
е		redits. Add lines 45a through 45d .			4	5e			
46		ct line 45e from line 44			4	16			
47		kes. Check if from: Form 4255 Form			4	17			
48		ax. Add lines 46 and 47 (see instruction			4	18			
49		et 965 tax liability paid from Form 965		(k), line 2	4	19			
50a	-	nts: A 2017 overpayment credited to 2	,	50a					
b		stimated tax payments		50b					
С		posited with Form 8868		50c					
d	_	organizations: Tax paid or withheld a	· · · · · · · · · · · · · · · · · · ·	50d					
е		withholding (see instructions)		50e					
f		or small employer health insurance pr	` '	50f					
g		redits, adjustments, and payments:							
	☐ Form		er Total ▶	50g					
51	-	ayments. Add lines 50a through 50g				51			
52		ted tax penalty (see instructions). Chec		▶		52			
53		e. If line 51 is less than the total of line			-	53			
54	-	yment. If line 51 is larger than the total			-	54		+	
55 Ports		e amount of line 54 you want: Credited to 2		Refunded	• ;	55			
Part	_	tatements Regarding Certain Ac					ity Yes	No	
56	-	time during the 2018 calendar year, di	•	•			''y	140	
		financial account (bank, securities, or I Form 114, Report of Foreign Bank a							
	here ►		nd Financial Accounts. If Tes, el	iter the name of the	iorei	gri courii	.ry		
- 7					f			+	
57	_	he tax year, did the organization receive a	_	or, or transferor to, a	ioreig	ntrust? .			
E0		" see instructions for other forms the c	•	v L C					
58		ne amount of tax-exempt interest recepenalties of perjury, I declare that I have examined			e best o	f my knowle	edge and he	lelief, it is	
Sign		prrect, and complete. Declaration of preparer (other t			dge.			_	
Here	.)				discuss this parer shown		
		ure of officer	Date Title		(s	ee instructio	ons)? Yes	□No	
Da:d		Print/Type preparer's name	Preparer's signature	Date	OL :	. 🗆 .,	PTIN		
Paid		· · ·	. •		Check self-e	< ∟ if mployed			
Prep		Firm's name ▶		irm's EIN ▶					
Use (Unly	Firm's address >					Phone no.		
						-			

Form 990-T (2018) Page 3 Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶ Inventory at end of year . . . Inventory at beginning of year 1 1 2 2 Purchases Cost of goods sold. Subtract 3 Cost of labor 3 line 6 from line 5. Enter here and in Part I, line 2 Additional section 263A costs 7 (attach schedule) 4a 8 Do the rules of section 263A (with respect to Yes No property produced or acquired for resale) apply Other costs (attach schedule) 4b to the organization? Total. Add lines 1 through 4b 5 Schedule C-Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3)(4) 2. Rent received or accrued 3(a) Deductions directly connected with the income (a) From personal property (if the percentage of rent (b) From real and personal property (if the in columns 2(a) and 2(b) (attach schedule) for personal property is more than 10% but not percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) more than 50%) (1) (2) (3) (4) Total Total (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, here and on page 1, Part I, line 6, column (A) Part I, line 6, column (B) ▶ Schedule E—Unrelated Debt-Financed Income (see instructions)

1 Description of del	bt-financed property	2. Gross income from or allocable to debt-financed	Deductions directly connected with or allocable to debt-financed property			
1. Description of dec	bt-linanced property	property	(a) 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)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))		
(1)		%				
(2)		%				
(3)		%				
(4)		%				
Totals			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	itana ingludad in agluma 0					

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Schedule F-Interest, Ann	uities, Royalties				janizations (se	e instruc	ctions)		
		Exempt (Controlled	Organizations					
Name of controlled organization	2. Employer identification number					controlling connected with		eductions directly ected with income in column 5	
(1)									
(2)									
(3)				AC					
(4)									
Nonexempt Controlled Organiz	zations		_						
3 · ·					10. Dort of colum	on O that is	44.0	advationa divantly	
7. Taxable Income		3. Net unrelated income (loss) (see instructions)		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		connected with income in	
(1)						71			
(2)									
(3)									
(4)									
Totals	O	M			Add columns 5 Enter here and c Part I, line 8, co	on page 1, olumn (A).	Enter h Part I,	columns 6 and 11. here and on page 1, line 8, column (B).	
Schedule G-Investment I	income of a Sec	tion 501(0						and also decades as	
1. Description of income	2. Amount	2. Amount of income		Deductions ctly connected ach schedule)	4. Set-asides (attach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)									
(2)									
(3)									
(4)									
Totals	Enter here and Part I, line 9,	column (A).	or Thon	Advorticing In	Angeria (ana inata	w otiono	Part I, li	re and on page 1, ne 9, column (B).	
Scriedule I—Exploited Exe	Hipt Activity inc	Joine, Out	er man		See man	Tuctions	·)		
1. Description of exploited activi	2. Gross unrelated business inc from trade business	ome or unrelated		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	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)									
Totals	Enter here an page 1, Par line 10, col.	tl, page	nere and on 1, Part I, 0, col. (B).					Enter here and on page 1, Part II, line 26.	
Schedule J-Advertising I	ncome (see instru	uctions)						•	
Part I Income From P	eriodicals Repo	rted on a	Consoli	dated Basis					
				4. Advertising				7. Excess readership	
1. Name of periodical	2. Gross advertisin income	ing advertising costs		gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.			costs (column 6 minus column 5, but not more than column 4).		
(1)									
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5)) .	. ▶								
	<u> </u>			<u> </u>	İ	l			

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Part II Income From Perio 2 through 7 on a line	•	l on a Separat	e Basis (For ea	ach periodical l	isted in Part I	I, fill in columns
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	>					
Nove	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 27.
Totals, Part II (lines 1–5)	1000					
Schedule K—Compensation of	t Officers, Direc	ctors, and Tru	stees (see instr			
1. Name			2. Title			ation attributable to ed business
(1)			_	9	6	
(2)				9	6	
(3)				9	6	
(4)				0,	6	

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

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