

L&E  
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Form 990-T

EXTENDED TO NOVEMBER 15, 2018

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OMB No 1545-0687

Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))

2017

Department of the Treasury  
Internal Revenue Service

For calendar year 2017 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

► Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>LIFE SCIENCES TRAINERS &amp; EDUCATORS NETWORK</b>	D Employer identification number (Employees' trust, see instructions) <b>20-3641423</b>
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Number, street, and room or suite no. If a P.O. box, see instructions. <b>4423 PHEASANT RIDGE ROAD, SUITE 100</b>	E Unrelated business activity codes (See instructions) <b>511120</b>
C Book value of all assets at end of year <b>4,941,633.</b>	F Group exemption number (See instructions.) ► G Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

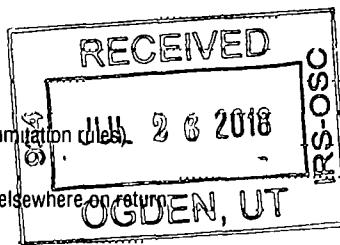
H Describe the organization's primary unrelated business activity. ► **ADVERTISING INCOME**I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ►  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ►J The books are in care of ► **KATRINA COKENDOLPHER** Telephone number ► **(800) 274-2674**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
1b	Less returns and allowances	c Balance		
1c				
2				
3				
4a				
4b				
4c				
5				
6				
7				
8				
9				
10				
11				
12				
13	<b>Total. Combine lines 3 through 12</b>	<b>43,860.</b>	<b>23,399.</b>	<b>20,461.</b>

## 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)	14
15	Salaries and wages	15
16	Repairs and maintenance	16
17	Bad debts	17
18	Interest (attach schedule)	18
19	Taxes and licenses	19
20	Charitable contributions (See instructions for limitation rules)	20
21	Depreciation (attach Form 4562)	21
22	Less depreciation claimed on Schedule A and elsewhere on return	22a
23	Depletion	22b
24	Contributions to deferred compensation plans	23
25	Employee benefit programs	24
26	Excess exempt expenses (Schedule I)	25
27	Excess readership costs (Schedule J)	26
28	Other deductions (attach schedule)	27
29	<b>Total deductions Add lines 14 through 28</b>	28
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	29
31	Net operating loss deduction (limited to the amount on line 30)	30
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	31
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	32
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	33
		34



SEE STATEMENT 1

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**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation.

Controlled group members (sections 1561 and 1563) check here ►  See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1)  (2)  (3)

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)

(2) Additional 3% tax (not more than \$100,000)

c Income tax on the amount on line 34

► 35c 0.

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:

Tax rate schedule or  Schedule D (Form 1041)

► 36

**37 Proxy tax** See instructions

► 37

**38 Alternative minimum tax**

► 38

**39 Tax on Non-Compliant Facility Income.** See instructions

► 39

**40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies

► 40 0.

**Part IV Tax and Payments**

**41a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116)

41a	
41b	
41c	
41d	

► 41e

► 42 0.

**42** Subtract line 41e from line 40

**43** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule)

► 43

► 44 0.

**44 Total tax.** Add lines 42 and 43

**45a Payments:** A 2016 overpayment credited to 2017

45a	
45b	
45c	
45d	
45e	
45f	
45g	

► 46

► 47

**47** Estimated tax penalty (see instructions). Check if Form 2220 is attached ►

**48 Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed

► 48 0.

**49 Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

► 49 0.

**50 Enter the amount of line 49 you want: Credited to 2018 estimated tax ►**

Refunded ►

► 50

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**51** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ►

Yes

X

**52** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

X

**53** Enter the amount of tax-exempt interest received or accrued during the tax year ► \$

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

**Sign Here**

► *David J. Anderson* 10-11-18

PRESIDENT

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

J. DAVID WRIGHT

Preparer's signature

*J. David Wright*

Date

8-6-18

Check

if self-employed

PTIN

P00352105

Firm's EIN ► 54-0617257

Firm's name ► ANDERSON & REED, LLP

P.O. BOX 13885

Firm's address ► ROANOKE, VA 24038

Phone no. (540) 344-4333

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**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2	7 <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	
3 Cost of labor	3		
4 a Additional section 263A costs (attach schedule)	4a		
b Other costs (attach schedule)	4b	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
5 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

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	0.

(c) **Total income** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

0. ► 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule)		
(1)				
(2)				
(3)				
(4)				
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 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(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)
<b>Totals</b>			0.	0.
<b>Total dividends-received deductions included in column 8</b>			► 0.	0.

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**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations		
			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)					
(2)					
(3)					
(4)					
<b>Nonexempt Controlled Organizations</b>					
7. Taxable income		8. 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	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
<b>Totals</b>				0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income		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)					
(2)					
(3)					
(4)					
		Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)		
<b>Totals</b>		0.	0.		

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income 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	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)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)	Enter here and on page 1, Part II, line 26		
<b>Totals</b>		0.	0.	0.		

**Schedule J - Advertising Income (see instructions)**

**Part I Income From Periodicals Reported on a Consolidated 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)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

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**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) FOCUS	43,860.	23,399.	20,461.			
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	<b>► 0.</b>	<b>0.</b>				<b>0.</b>
	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
<b>Totals, Part II (lines 1-5)</b>	<b>► 43,860.</b>	<b>23,399.</b>				<b>0.</b>
<b>Schedule K - Compensation of Officers, Directors, and Trustees</b> (see instructions)						
1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business			
(1)		%				
(2)		%				
(3)		%				
(4)		%				
<b>Total.</b> Enter here and on page 1, Part II, line 14	<b>►</b>					<b>0.</b>

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FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT	1
TAX YEAR	LOSS SUSTAINED	LOSS	LOSS REMAINING	AVAILABLE THIS YEAR	
		PREVIOUSLY APPLIED			
12/31/13	47,043.	30,043.	17,000.	17,000.	
12/31/14	7,364.	0.	7,364.	7,364.	
NOL CARRYOVER AVAILABLE THIS YEAR			24,364.	24,364.	