	t Form	990-T	E	Exempt O	rganizatio	n Bus	sine	ss Inco	ome T	ax Return	۱ ۲	OMB No 1545-0	687
		•			(and proxy	tax uno	erse	ection bus	3(e))		1	204	7
			For cal		er tax year beginning $\underline{C}$						<u>.8</u>	ZUI	1
		tment of the Treasury al Revenue Service	<b>&gt;</b>		to www.irs.gov/Form numbers on this for						.	Open to Public Inspe 501(c)(3) Organizatio	ection for
T	A C	Check box if		Name of organiza	tion ( X Check bo	ox if name o	hanged	and see instri	uctions.)			oyer identification nu loyees trust, see	mber
		address changed			•		_					uctions)	
		kempt under section	Print	A&E CARE	SERVICES	5						1-180694	
	X	] 501(c <b>)</b> (3_)	or Type	1 ' '	nd room or suite no.	If a P.O. bo	x, see II	nstructions.				ated business activit instructions)	y codes
	<u></u>	408(e)220(e)	турс	7171 OHM						<del> </del>	<u> </u> '		
	<u> </u>	408A530(a)			or province, country	y, and ZIP o	r foreig	n postal code			- 41	C10 F41	
		529(a) ok value of all assets		EDINA, M							1541	610 541	<u> 1519</u>
	C at e	end of year	22	G Check organiza	on number (See instr	501(c) corp	ocation	50	1(c) trust	401(a)	truct	Other	truct
	H Do	2,998,6 scribe the organization						STATEM		401(a)	ilusi	Other	ii uSt
		ring the tax year, was								<b>~</b> [	Ye	es X No	
1		Yes," enter the name a			-		11 3003	iolary condon	ou group.	,	۰۰ نــــ	23 (40)	
		e books are in care of							Telepho	one number 🕨 9	52-	855-5000	)
	Pa			le or Busines				(A) Inco		(B) Expenses		(C) Net	
	1 a	Gross receipts or sale	s	1,165,8	95.								
1	Ь	Less returns and allow	vances		c Balance	<b>•</b>	1c	1,165	,895.				
	2	Cost of goods sold (S	chedule	A, line 7)			2	<u> </u>	192.				
I	3	Gross profit. Subtract	line 2 fr	om line 1c			3	1,165	<u>,703.</u>			1,165,7	<u> 103.</u>
1	4 a	Capital gain net incom	e (attacl	h Schedule D)			4a						
i I		Net gain (loss) (Form		•	ch Form 4797)	-	4b	·		<del></del>			
		Capital loss deduction					4c						
i .		Income (loss) from pa		ips and S corporati	ons (attach statemen	it)	5				<del>-</del>		
I		Rent income (Schedu		(C-b-dul- F)			6						
		Unrelated debt-finance Interest, annuities, roy		•	colled organizations i	(Sch El	8						
		Investment income of			-		9						
( )		Exploited exempt activ			(17) Organization (C	ochedule dj	10			- <del></del>			
<b>E</b>		Advertising income (S	-	, ,	•		11						
୍ଦ୍ର ସେ		Other income (See ins			STATEMEN	T 2	12	42	,523.			42,5	523.
		Total. Combine lines			· · · · · · · · · · · · · · · · · · ·		13	1,208	,226.			1,208,2	
<u>ئے۔</u> (ج: روز	Pa	rt II Deductio	ns No	t Taken Else	where (See inst	ructions fo	or limita	ations on dec	ductions)				
		(Except for o	ontribu	utions, deduction	s must be directly	connecte	d with	the unrelated	d business	s income )			
TRANSON	14	Compensation of off		ectors, and trustee	s (Schedule K)	•	<b>t</b>	i ::a			14_	171,9	<u> 190.</u>
<b>1</b>	15	Salaries and wages					1 10	NN			_15	721,7	79.
	16	Repairs and mainten	ance		•	. O 1	$\mathcal{J}_{\lambda}$ .	•			16	<del></del>	
<u></u>	17	Bad debts	4		•		`	 CEE	STAT	EMENT 3	17		29.
• 4	18	Interest (attach sche Taxes and licenses	oute)		•	-		. SEE	DIMI.	emeni ).	18 19	57,9	<u>43.</u>
	19 20	Charitable contribution	nac /Saa	unetructions for lir	nitation rulee)				•	•	20		01.
	21	Depreciation (attach			madon raics;	•		· · · · i	21	26,321.		_ <del></del>	
	22	Less depreciation cla		-	sewhere on return			F	22a		22b	26,3	321.
	23	Depletion									23		
CX.	24	Contributions to defe	rred cor	mpensation plans							24	30,5	37.
	25	Employee benefit pro	grams								25	65,6	
$\approx$	26	Excess exempt exper	ises (Sc	:hedule I)							26		
Cud OTA	27	Excess readership co	sts (Scl	hedule J)		-					27	<u> </u>	
	28	Other deductions (at						SEE	STAT	EMENT 4	28	146,3	
Q	29	Total deductions. Ac							•		29	1,220,6	
$\vec{z}$	30	Unrelated business to				ion. Subtrac	t line 2				30	-12,4	<u>.15.</u>
2	31	Net operating loss de		-		ak lice of f			STAT	EMENT 5	31	10 4	115
L	32	Unrelated business to						: 30		•	32 33	-12,4 1 0	
5	33 34	Specific deduction (C Unrelated business						 than line 32 a	nter the em	aller of zero or 4	33	<u> </u>	000.
<b>E</b>	34	line 32	Idaavie	mounic, Subudul	mic 93 HUIII HIIC 32. I		yı catcı	aian mic Jz, c		77	34	-12,4	115.
7	72370		r Papen	work Reduction Ac	t Notice, see instruc	tions						Form <b>990-T</b>	
													. ,

Form 990-T (2017) A&E CARE SERVICES	41-18	306946 Page 2
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 a	and:	1 1
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that ord		
(1) \$ (2) \$ (3) \$	·	1 1
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		1 1
(2) Additional 3% tax (not more than \$100,000)		1 1
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	t on line 34 from:	933
Tax rate schedule or Schedule D (Form 1041)	L 017 11110 0 7 11 0111.	► 36
		37
37 Proxy tax. See instructions 38 Alternative minimum tax		38
		39
<ul> <li>Tax on Non-Compliant Facility Income See instructions</li> <li>Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies</li> </ul>		
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies  Part IV Tax and Payments	<del> </del>	40 0.
	1410	
41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d		41e
42 Subtract line 41e from line 40		42 0.
43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 86	866 Other (attach schedule	
44 Total tax. Add lines 42 and 43	1 - 1	44 0.
45 a Payments: A 2016 overpayment credited to 2017	-45a 7,200	<u>'-</u>
b 2017 estimated tax payments	45b	
c Tax deposited with Form 8868	45c	_
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	_
e Backup withholding (see instructions)	45e	_
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	<b>→</b>
g Other credits and payments: Form 2439		
Form 4136 Other Total ▶	45g	<b>-</b>   <b>-</b>   1
46 Total payments. Add lines 45a through 45g	<b>%\</b>	7,200.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached		47
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	. , , , , , , , , , , , , , , , , , , ,	7,200.
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax	,200 Refunded	50 0.
Part V   Statements Regarding Certain Activities and Other Informati	<del></del>	
51 At any time during the 2017 calendar year, did the organization have an interest in or a signature	e or other authority	Yes No
over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	n may have to file	
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	e foreign country	
here >		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or to	transferor to, a foreign trust?	Х
If YES, see instructions for other forms the organization may have to file.		
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 correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	statements, and to the best of my k	nowledge and belief, it is true,
Sign / / - //	To any mornings	May the IRS discuss this return with
Here Lally Journat 8/15/19 CFO		the preparer shown below (see
Signature of officer / Date Title		instructions)? X Yes No
Print/Type preparer's name Preparer's signature Da	ate Check	ıf PTIN
Paid	self- employe	ed
Preparer EMILY SCHEEVEL	1110/19	P01814921
Use Only Firm's name ► CLIFTONLARSONALLEN LLP	Firm's EIN I	
220 SOUTH SIXTH STREET, SUITE		
Firm's address ► MINNEAPOLIS, MN 55402	Phone no.	612-376-4500
		Form <b>990-T</b> (2017)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation > N/A					_
1 Inventory at beginning of year	1		T	Inventory at end of year	ır		6		_
2 Purchases	2		7	Cost of goods sold Su		line 6			
3 Cost of labor	3		]	from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs			7	line 2			7_		
(attach schedule)	4a		_ 8	Do the rules of section	263A (	with respect to		Yes No	)
b Other costs (attach schedule)	4b			property produced or a	acquired	d for resale) apply to			
5 Total Add lines 1 through 4b	5		<u> </u>	the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property	Leas	ed With Real Pro	perl	ty) 	_
1 Description of property									
(1)									_
(2)									_
(3)		<del></del>							_
(4)		<del></del>				<del></del>			_
		ed or accrued		<del></del>		3(a) Deductions directly	y conne	cted with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)		columns 2(a) a	nd 2(b)	(attach schedule)	
(1)									_
(2)									_
(3)									
(4)						<u> </u>			_
Total	0.	Total			0.	_			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions.  Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>	0	
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstruc	ctions)					
			2	. Gross income from		Deductions directly cor- to debt-finance			_
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)			1						_
(2)						<del></del>			
(3)							T-		_
(4)			1						_
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to need property ischedule)	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))	<u> </u>
(1)				%					_
(2)				%					_
(3)				. %					_
(4)				%					_
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	_
Totals				►i	l	0		0	
Total dividends-received deductions in	cluded in column	. 8				. >	-	0	
								Form 990-T (201	_

(1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Schedule F - Interest,	Annuities, Roya					zatio	NS (see in:	struction	ns)
Committee   Controlled Controll			Exem	npt Controlled C	)rganızat	ions			<del></del>	
29   Golden   10   Golden	Name of controlled organization	identif	ication (loss				includ	led in the conf	trolling	connected with income
Comment   Controlled Organizations   State   Comment   Controlled Organizations   State   Comment   Controlled Organizations   State   Comment   Controlled Organizations   State   Comment   Controlled	(1)				<del>                                     </del>	<del></del>				<del></del>
Add columns 8 on 10   Column   Controlled Organizations   S. Neumander cooking force in the controlling organization   S. Neumander   S.						~		170		
Monexempt Controlled Organizations   8, Neumanded scene foss)   9, Total of specified payments   10, Pert of creating that is excluded an enterprise of the controlling organizations   11, Destinations (specific payments and the controlling organizations of the controlling organizations of the controlling organizations of the controlling organization org										
Nonexempt Controlled Organizations  7. Tasable income  8. Net undebted amone flows)  9. Total of separeties  10. Part of returns it that is included in the controlling organizations  11. Controlline descriptions  (1)  (2)  (3)  (4)  And sociams 5 and 10  Enter here and on page 1, Part 1, Institute of page 1, Part 1, Institute organizations  (5)  (6)  7. Tasable income  (8)  (9)  And sociams 5 and 10  Enter here and on page 1, Part 1, Institute organizations  (8)  (9)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part 1, Institute organizations  (8)  (9)  (9)  (1)  (9)  (1)  (9)  (1)  (9)  (1)  (1					1		1			
(1) (2) (3) (4)  Add columns 5 and 10 Enter here and on page 1, Part 1, inne 6, column (%) (5) (6) (7) (7) (7) (8) (8) (9)  Add columns 5 and 10 Enter here and on page 1, Part 1, inne 6, column (%) (8) (9)  Add columns 5 and 10 Enter here and on page 1, Part 1, inne 6, column (%) (9) (9) (1) (2) (3) (4)  Enter here and on page 1, Part 1, inne 6, column (%) (9) (1) (2) (3) (4)  Enter here and on page 1, Part 1, inne 6, column (%) (9) (1) (2) (3) (4)  Enter here and on page 1, Part 1, inne 6, column (%) (9) (9) (1) (1) (2) (3) (4)  Enter here and on page 1, Part 1, inne 6, column (%) (1) (2) (3) (4)  Enter here and on page 1, Part 1, inne 6, column (%) (1) (2) (3) (4)  Enter here and on page 1, Part 1, inne 6, column (%) (1) (2) (3) (4)  Enter here and on page 1, Part 1, inne 6, column (%) (4) (5) (6) (6) (6) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		nizations	<del></del> -				·			
(3) (4)  Add columns 8 and 10 Enter here and on page 1, Part I, Inne 8, column (s)  (5) (6)  (7) (8) (8) (9) (1) (8) (8) (9) (1) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	7. Taxable Income				rments	in the control	ling orga	nization's		
2   Gaza   Care   Car	(1)									<del></del>
Add columns 5 and 10   Chris here and on page 1, Part 1, lime 8, column (6)		T								
Add columns 5 and 10 Enter three and on page 1, Part I, Irine 8, column (A)    Column (A)										
Add columns and 10 Enter here and on page 1, Part I, line 8, column (A).  1. Osserption of income  2. Amount of income  3. Oreductions ((see instructions)  1. Osserption of income  2. Amount of income  3. Oreductions ((stach schedule) ((stach sch										
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  1. Description of income  2. Amount of income  2. Amount of income  3. Description of settler's schedule)  4. Set-leading statch schedule  5. Total deduction schedule statch schedule  (2)  (3)  (4)  Enter here and on page 1. Part 1, time 9, column (A)  1. Description of set schedule surness undestable business undestable business undestable business income  (see instructions)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  4. Net income (oss) for unrelated trained or business undestable business income from activity had business income business second business income  1. Description of exploited activity  2. Gross unrelated business brade or business income  2. Gross unrelated business income  2. Enter here and on page 1. Part 1, time 9, column 2 gardens (Subma 2 gardens) income  (1)  (2)  (3)  (4)  Enter here and on page 1. Part 1, time 9, column 2 gardens (Subma 2 gardens) income  (4)  Enter here and on page 1. Part 1, time 9, column 3 gardens (Subma 2 gardens) income  (5) Gross accome from sativity had business income business income business income business income business income  (4)  Enter here and on page 1. Part 1, time 9, column 3 gardens or submitted trade or business income business income  (4)  Enter here and on page 1. Part 1, time 9, column 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,						Enter here and	d on page	e 1, Part I,	Enter h	ere and on page 1, Part I,
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  1. Description of income  2. Amount of income  2. Amount of income  3. Description of section schedules (stach schedule)  4. Sut-audies (stach schedule)  5. Total deduction schedules (stach schedule)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 9, column (A)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  4. Net income (oss) for unrelated during station and the station and th	Totals				•			n		0
(see instructions)  1. Description of income 2. Amount of income directly commercial (attach schedule) (2) (3) (4)  Contain the read on page 1, Fert 1, line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions)  2. Gross unrelated business income or exploited activity explorated activity and income for the following of the following income for the following income followi		ent Income of a	Section 501	c)(7), (9), or	(17) Oı	ganization	<u> </u>	<u> </u>	·	
1. Description of income 2. Amount of income directly commercial (attach schedulus) (and sched			<u> </u>							
(2) (3) (4)  Content here and on page 1, Part 1, line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (See instructions)  1 Description of exploited activity  2 Caross uncontend exploited activity  2 Caross uncontend exploited activity  3 Expenses forcome form unrelated trade or business foliation 2 form unrelated tr	1. Desc	cription of income		2. Amount of	f income	directly conne	ected			5. Total deductions and set-asides (col 3 plus col 4)
(3) (4)  Enter here and on page 1, Part I, line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited business income fractivity in production of unrelated business income fractivity in production of unrelated business income fractivity in the production of unrelated business income page 1, Part I, line 9, column 2, and a column 3, 17 and a column 3, 18 and a col	(1)							_		
Enter here and on page 1, Fert 1, line 9, column (A)   Enter here and on page 1, Fert 1, line 9, column (B)	(2)									
Enter here and on page 1, Fart 1, line 9, column (A)   Enter here and on page 1, Fart 1, line 9, column (A)   Enter here and on page 1, Fart 1, line 9, column (A)   Enter here and on page 1, Fart 1, line 9, column (A)   Enter here and on page 1, Fart 1, line 9, column (B)   Enter here and on page 1, Fart 1, line 9, column (B)   Enter here and on page 1, Fart 1, line 9, column 2, If I Description of explored activity   Income from bade or business sincome business column 3) if a gain, compute load 5 through 7.   Enter here and on page 1, Fart 1, line 10, col (A)   Enter here and on page 1, Fart 1, line 10,	(3)									
Fortil   Ine 9, column (A)										
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  2 Gross unrelated business duried business income from brade or business income from a contributable to column 5 for a gain, compute ools 5 intrough 7.  (1) (2) (3) (4)  Enter here and on page 1, Part 1, line 10, col (%).  For all Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising onts advertising costs of strough 7.  Excess readership costs (column 2 municipal trade or business income from a contributable to column 5 or business income from a column 4).  For all Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising costs or advertising		ı								Enter here and on page Part I, line 9, column (8).
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 income from trade or business income from trade or business income (see instructions)  2 Gross unrelated business income from trade or business income from trade or business income from trade or business income (see instructions)  3. Expenses directly connected with production of unrelated trade or business income from trade or business income (see instructions)  5. Gross income for activity at an activity hat for an activity hat gain, compute oils 5 through 7.  (1) (2) (3) (4)  Enter here and on page 1, Part 1, line 10, col (k). line	Totals			<b>&gt;</b>	0.					0
1 Description of exploited activity and interest described business form the properties of the project of exploited activity and interest form the project of exploited activity and the project of the project of exploited activity and the project of the project of the project of exploited activity and the project of the projec			Income, Ot	her Than Ac	dvertisi	ing Income	<del>-</del>			
(2) (3) (4)  Enter here and on page 1, Part 1, line 10, col (A).  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising costs advertising costs advertising costs advertising costs (solumn 6 minus)  (1) (2) (3) (4)		unrelated business income from	directly connected with production of unrelated	from unrelated business (co minus colum gain, comput	d trade or olumn 2 in 3). If a te cols 5	from activity is not unrela	that ted .	attribut	able to	6 minus column 5, but not more than
(2) (3) (4)  Enter here and on page 1, Part 1, line 10, col (A).  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 of through 7  (1) (2) (3) (4)	(1)									
(3) (4)  Enter here and on page 1, Part I, line 10, col (A).  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising costs advertising costs advertising costs (sol 2 minus column 6). If again, compute cols 5 through 7  (1) (2) (3) (4)										
(4)  Enter here and on page 1, Part 1, line 10, cot (A).  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  2. Gross advertising costs advertising costs advertising costs (column 6 minus column 7). It again, compute cofs 5 through 7  (1)  (2)  (3)  (4)										1
Enter here and on page 1, Part 1, line 10, col (A).  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 of 5 through 7  (1)  (2)  (3)  (4)										
Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  2. Gross advertising costs advertising costs advertising costs advertising costs (column 6 minus column 5, but not more than column 4).  (1) (2) (3) (4)		page 1, Part I,	page 1, Part I	'		<del></del> .		- ··-		on page 1,
Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical 2. Gross advertising costs advertising costs advertising costs (column 6 minus column 4).  (1) (2) (3) (4)				0.						0
1. Name of periodical  2. Gross advertising advertising costs  3. Direct advertising gain or (loss) (col 2 minus cols 5 through 7  5. Circulation income  6. Readership costs (column 5, but not more than column 4).  (1)  (2)  (3)  (4)			nstructions)							
1. Name of periodical advertising costs advertising costs advertising costs (column 8 minus col 3). If a gain, compute costs 5 through 7  (1)  (2)  (3)  (4)	Part I Income From	Periodicals Rep	orted on a C	onsolidated	l Basis					
1. Name of periodical advertising costs col 3). If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)	·	2. Gross	3 Direct			5. Cumulat	tion	6 Reads	rehin	7. Excess readership
(2) (3) (4)	1. Name of periodical			osts col 3). If a g	aın, comput					column 5, but not more
(2) (3) (4)	(1)									
(3)				_						
(4)	(3)									
Totals (carry to Part II, line (5)) .   O .   O .	<del> </del>		<del> </del>			<del>                                     </del>				
	otals (carry to Part II, line (5))	<u> </u>	0.	0.						0 Form <b>990-T</b> (2017

Totals from Part I

0.

0.

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) 4. Advertising gain or (loss) (col. 2 minus 7. Excess readership 2. Gross 5. Circulation 6. Readership 3. Direct costs (column 6 minus advertising 1 Name of periodical col 3), if a gain, compute cols 5 through 7 ілсоте column 5, but not more advertising costs costs than column 4). (1) (2) (3) (4)

0

Enter here and on page 1, Part I, line 11, col (8).

Totals, Part II (lines 1-5) ▶ 0. 0.

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

0

Enter here and on page 1, Part I, line 11, col (A).

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)	, ,	%	
(3)		%	
(4) SEE STATEMENT 6		%	
Total. Enter here and on page 1, Part II, line 14		<u> </u>	171,990.

Form 990-T (2017)

Enter here and

on page 1, Part II, line 27

1

TO FORM 990-T, PAGE 1		
FORM 990-T	OTHER INCOME	STATEMENT 2
, DESCRIPTION		AMOUNT
TAXABLE EMPLOYEE TRANSPOR	RTATION BENEFITS	42,523.
TOTAL TO FORM 990-T, PAGE	E 1, LINE 12	42,523.
FORM 990-T	INTEREST PAID	STATEMENT 3
DESCRIPTION		AMOUNT
INTEREST		29.
TOTAL TO FORM 990-T, PAGE	: 1, LINE 18	29.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
GRANTS TO INDIVIDUALS LEGAL FEES ACCOUNTING FEES OTHER FEES FOR SERVICES OFFICE EXPENSES OCCUPANCY TRAVEL CONFERENCES, CONVENTIONS, INSURANCE DIETARY EXPENSES LICENSES AND PERMITS RECRUITMENT AND RETENTION DUES AND SUBSCRIPTIONS		272. 15,962. 2,326. 15,643. 23,163. 48,628. 27,992. 5,642. 1,839. 13. 816. 2,380. 1,464. 239.
ADVERTISING		

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT

BUSINESS ACTIVITY

FORM 990-T	NET	OPERATING LOSS DED	UCTION	STATEMENT	5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
09/30/13	17,792.	0.	17,792.	17,792	
09/30/14	68,953.	0.	68,953.	68,953	
09/30/15	112,791.	0.	112,791.	112,791	
09/30/16	68,083.	0.	68,083.	68,083	
09/30/17	23,727.	0.	23,727.	23,727	•
TOVOUKO TOTA	VER AVAILABLE THIS	VEAR	291,346.	291,346	_
NOD CARRIO	ARK WALLINGS IIIIO	=			<u>.</u>
	SCHEDULE K	- COMPENSATION OF ECTORS AND TRUSTEES	OFFICERS,	STATEMENT	=
FORM 990-T	SCHEDULE K	- COMPENSATION OF	OFFICERS,		6
FORM 990-T	SCHEDULE K	- COMPENSATION OF ECTORS AND TRUSTEES	OFFICERS, PERCENT	STATEMENT	6 N
FORM 990-T NAME	SCHEDULE K	- COMPENSATION OF ECTORS AND TRUSTEES TITLE	OFFICERS,  PERCENT  8.00%	STATEMENT  COMPENSATIO	6 N 2.
FORM 990-T	SCHEDULE K DIR DIR LESON RN	- COMPENSATION OF ECTORS AND TRUSTEES TITLE PRESIDENT/CEO	PERCENT  8.00%  CFO 8.00% 8.00%	STATEMENT  COMPENSATION 77,93	6 N 2. 3.
FORM 990-T NAME TIM TUCKER CRAIG KITTI	SCHEDULE K DIR DIR LESON RN	- COMPENSATION OF ECTORS AND TRUSTEES  TITLE  PRESIDENT/CEO VP - FINANCE/ VP - COO	PERCENT  8.00%  CFO 8.00% 8.00%	COMPENSATION 77,93	= 6 N 2. 3.