Exempt Organization Business Income Tax Return (and proxy tax under section 60.33(e)) Proceedings of the Treasity Internal Reviews 2007 (2007 Enter 100 Memory 100 M		Exempt Organization Business Income Tax Return							OMB No 1545-0687					
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dose 20/20 or 132 Intervale Road Salate Salat		X 501 (C)(O3) Number street and room or suite no. If a P.O. box see instructions								81	-1103989			
deax 30(a) Type Sale 200 Sale	[408(e) 220(e)		132 Intervale Road	I								code	
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The books are in care of the earth earth of the street of the parent corporation The				Foreign country name Foreign province/state/county Foreign postal code								541800		
H Enter the number of the organization type		Book value of all assets at	F Grou	in exemption number	er (See instruct	lions '	>			1			-	
H Enter the number of the organization's unrelated trades or businesses ≥		and af						501(c)	trust	401(a)) trust Other trust			
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?	Н	Enter the number of t	he organ	ization's unrelated t	rades or busine		•		1 Descri	be the or	nly (c	or first) unrelate	ed	
Trade or business, then complete Parts ill-V I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X No If **es*, **enter the name and identifying number of the parent corporation ▶ Telephone number ▶ (802) 660-4602 Trade or Business Income		trade or business her	e <u>► Ac</u>	lvertising & Related	Services	-1-4-	If only one, o	comple	te Parts I–V	If more	than	one, describe	the	
During the lax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? I ves, enter the name and identifying number of the parent corporation ► I Telephone number ► (802) 860-4602 Part Unrelated Trade or Business Income 1 a Gross receipts or sales b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit Subtract line 2 from line 1c 4 a Capital garn net income (attach Schedule D) Net gain (loss) (form 4797, Part II, line 17) (pattach Form 4797) c Capital loss deduction for trusts I linemed (loss) from a pathership or an Scorporation (attach statement). 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 10 Exploited exempt activity income (Schedule C) 11 Advertising income (Schedule J) 12 Cother income (See instructions, attach schedule) 12 Total. Combine lines 3 through 12 Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the uncapitated business is set of the said of the					sentence, comp	piete	Parts I and II, (comple	te a Schedu	lie ivi for e	eacn	additional		
The books are in care of Helen Rortvedt Telephone number (802) 650-4602	1	During the tax year, wa	s the corp	poration a subsidiary i	n an affiliated gr	roup c	r a parent-subs	idiary co	ontrolled grou	up? .		Yes X	No	
Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net		If "Yes," enter the name	e and iden	ntifying number of the			,							
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	_			-	31 from line 3	U	. —			3	2			

Form s	90-T (2018)	Kidsgardening org, Inc		<u>81-1</u>	103989	Page 2
Pari		Total Unrelated Business Taxable Income				
33	Total of	unrelated business taxable income computed from all unrelated trades	s or businesses (see			
	ınstructı	ons)	·		33	2,343
34	Amount	s paid for disallowed fringes			34	
35	Deducti	on for net operating loss arising in tax years beginning before January	1, 2018 (see			
	ınstructı	ons)			35	<u> </u>
36	Total of	unrelated business taxable income before specific deduction. Subtract	t line 35 from the sum			
	-	33 and 34			36	2,343
37	Specific	deduction (Generally \$1, 000, but see line 37 instructions for exception		37	1,000	
38	Unrelat	ed business taxable income. Subtract line 37 from line 36. If line 37 i	s greater than line 36	1		
	enter th	e smaller of zero or line 36			38	1,343
Part	IV .	Tax Computation	·			**
39	Organiz	rations Taxable as Corporations. Multiply line 38 by 21% (0 21)	- · · · - -	•	39	282
40	Trusts '	Taxable at Trust Rates. See instructions for tax computation. Income	tax on the			
	amount	on line 38 from Tax rate schedule or Schedule D (Form	1041)		40	
41	Proxy t	ax. See instructions			41	
42	Alternat	ive minimum tax (trusts only)			42	
43	Tax on	Noncompliant Facility Income. See instructions			43	
44	Total. A	dd lines 41, 42, and 43 to line 39 or 40, whichever applies			44	282
Part	V	Tax and Payments				•
45 a		tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a			
		redits (see instructions)	45b		1	
		business credit Attach Form 3800 (see instructions)	45c			
		or prior year minimum tax (attach Form 8801 or 8827)	45d			
		edits. Add lines 45a through 45d	•	45e	ol	
16	Subtrac	t line 45e from line 44		46	282	
17	Other tax	es Check if from: Form 4255 Form 8611 Form 8697 Form 8866	dule)	47		
18		x. Add lines 46 and 47 (see instructions)	,	48	282	
19		t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column	(k), line 2		49	
50 a		its A 2017 overpayment credited to 2018	50a	1		
b	-	timated tax payments	50b			ľ
С		osited with Form 8868	50c			
d	Foreign	organizations Tax paid or withheld at source (see instructions)	50d			
е		withholding (see instructions)	50e			
f	Credit fo	or small employer health insurance premiums (attach Form 8941)	50f		1	
g		edits, adjustments, and payments Form 2439				
	Form	n 4136 Other Total ▶	50g 0	d		
51	_	yments. Add lines 50a through 50g	oug	1	51	اه
2		ed tax penalty (see instructions) Check if Form 2220 is attached	•		52	
3		. If line 51 is less than the total of lines 48, 49, and 52, enter amount o	wed		53	282
4		ment. If line 51 is larger than the total of lines 48, 49, and 52, enter a		•	54	0
5		amount of line 54 you want. Credited to 2019 estimated tax	Refunde	d 🕨	55	0
art		atements Regarding Certain Activities and Other Informa				<u> </u>
6					outhorsh.	Yes No
,6	-	me during the 2018 calendar year, did the organization have an intere nancial account (bank, securities, or other) in a foreign country? If "Yes	_		•	Tes NO
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," er				
	here ►	rolli 114, Nepolt of Foreign Bank and Financial Accounts in Tes, El	iter the name of the it	reign	Country	
7		e tax year, did the organization receive a distribution from, or was it the grai	ator of or transferor to	a forci	an truct?	X
) (-		itor or, or transferor to,	a luiei	gii trust?	
8		see instructions for other forms the organization may have to file	· • •			• •
, 0		e amount of tax-exempt interest received or accrued during the tax year or penalties of perjury, I declare that I have examined this return, including accompanying schedules and		my know	ledge and helief it	us true, correct
•	and o	complete Declaration of preparer (other than taxpayer) is based on all information of which preparer ha		,	ecoge and benci, it	13 trab, correct,
ign		18/26/19 Execu	turo Director			cuss this return with
lere			tive Director	—	the preparer sho instructions)?	wn below (see
	Sig	nature of officer Date Title				
aid		Pront/Type preparer's name Preparer's signature	Date	Chec	ck I of P	TIN
	0 20-	Kırk Wisehart Kırk Wisehart	8/21/2019	self-e	employed P	00533236
•	arer	Firm's name Wisehart Wimette Assoc PLC	Firm's EIN ► 26-4046110			
se	Only	Firm's address ► 159 River Road, Essex Junction, VT 05452		Phone		879-1055

Form 990-T (2018) Kidsgardening org	a. Inc			81	-1103989	Page 3
Schedule A—Cost of Goods Sold. Ente	-	f inventory valuation	on▶			
	1		nventory at en	d of year	6	
· · · · · · · · - ·	2			sold. Subtract		
3 Cost of labor	3		ne 6 from line			
4 a Additional section 263A costs			nd in Part I, line 2			o
(attach schedule)	4a	8	Oo the rules of	section 263A (wi	th respect to	Yes No
b Other costs (attach schedule)	4b			ced or acquired f		
5 Total. Add lines 1 through 4b	5	0 8	apply to the org	janization?		
Schedule C—Rent Income (From Real	Property a	nd Personal Pro	perty Leased	With Real Pr	operty)	
(see instructions)						
Description of property			-			
(1)						
(2)						
(3)						
(4)					-	
2. Rent receiv	ved or accrued			r		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	percentag	om real and personal prope te of rent for personal prope f the rent is based on profit	erty exceeds		directly connected v (a) and 2(b) (attach	
(1)						
(2)						
(3)	<u> </u>					
(4)						
Total 0	Total		0			
(c) Total income. Add totals of columns 2(a) and 2 here and on page 1, Part I, line 6, column (A)	(b) Enter ►		o	(b) Total deduct Enter here and Part I, line 6, co	on page 1,	C
Schedule E-Unrelated Debt-Financed	Income (se	ee instructions)			• •	
Description of debt-financed property		Gross income from or allocable to debt-finance	•	Deductions directly connected with to debt-financed properties.		cable
i. Description of describanced property		property	(a) Straight	(a) Straight line depreciation (attach schedule)		deductions chedule)
(1)						
(2)						

Schedule E-Onrelated De	ept-rinanced income (see instructions)				
1. Description of debt-	financed emports	Gross income from or allocable to debt-financed	Deductions directly connected with or allocable to debt-financed property			
1. Description of debe	-ппапсей ргореку	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) 	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. Aliocable deductions (column 6 × total of columns 3(a) and 3(b))		
(1)		%	0	0		
(2)		%	0	0		
(3)		%	0	0		
(4)		%	0	0		
			Enter here and on page 1,	Enter here and on page 1,		
			Part I, line 7, column (A)	Part I, line 7, column (B)		
Totals		►į	0	0		
Total dividends-received deduct	tions included in column 8		>			

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Schedule F—Interest, Annuiti	es, Royalties,			Controlled Organizations		nizations (se	e instru	ictions)_		
1. Name of controlled organization	2. Employer identification number	ployer		ne 4. Total of specified		5. Part of columnicuded in the organization's g	controlli	ng con	6. Deductions directly connected with income in column 5	
(1)			. .							
(2)										
(3)					_	-				
(4)	-								•	
Nonexempt Controlled Organization	s			<u>k</u>		 ,				
7. Taxable Income	8. Net unrelated in (loss) (see instruc			Total of specified payments made		10. Part of colu included in the organization's g	ne controlling conn		Deductions directly inected with income in column 10	
(1)										
(2)				·						
(3)										
(4)										
						Add columns Enter here and Part I, line 8, c	on page	1, Enter	columns 6 and 11 here and on page 1, I, line 8, column (B)	
Totals								0	0	
Schedule G—Investment Inco	me of a Section	<u>n 501(c</u>			<u>nizați</u>	i on (see instru	ctions)			
1. Description of income	2. Amount of in	of income dir		Deductions city connected ach schedule)		4 Set-asides (attach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)					ĺ				0	
(2)									0	
(3)									0	
(4)									0	
	Enter here and o Part I, line 9, colu	umn (A)					re and on page 1, ne 9, column (B)			
Totals		0	1			-			0	
Schedule I—Exploited Exemp	t Activity Inco	ne, Oth	er Than .	Advertising	Incon	ne (see instruc	tions)			
1. Description of exploited activity	2. Gross unrelated business incom from trade or business	e conn proc	expenses lirectly ected with duction of irelated ess income	4. Net income (I from unrelated t or business (col 2 minus colum If a gain, comp cols 5 through	rade lumn n 3) lute	5. Gross income from activity that is not unrelated business income	attrib	xpenses utable to lumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)					0				0	
(2)					0				0	
(3)					0				0	
(4)					ol				0	
	Enter here and o page 1, Part I, line 10, col (A)	page	nere and on e 1, Part I, 0, col (B)						Enter here and on page 1, Part II, line 26	
Totals	<u> </u>	0	0			 			0	
Schedule J—Advertising Inco						 .				
Part I Income From Perio	dicals Reporte	d on a (Consolid	ated Basis						
1. Name of penodical	2. Gross advertising income	3. Direct advertising costs		4. Advertising gain or (loss) (constant) (co	col) If ite	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)									<u> </u>	
Totals (carry to Part II, line (5))	•	0	0		0	0	·	0	0	

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

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Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in .Part.llcolumns 2 through 7 on a line-by-line basis) 4. Advertising 7. Excess readership gain or (loss) (col 2 minus col 3) If 2. Gross costs (column 6 3. Direct 5. Circulation 6. Readership 1. Name of periodical minus column 5 advertising advertising costs income costs but not more than income a gain, compute column 4) cols 5 through 7 2,343 2,343 0 (1) Kidsgardening org ō 0 (3) 0 0 0 0 (4) Totals from Part I 0 0 0 Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) 0 Schedule K—Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4. Compensation attributable to 1. Name 2. Title time devoted to unrelated business business (1) % (2) % (3) % (4) %

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