Unrelated business taxable income. Subtract line 31 from line 30

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

32

FUIII	990-T (2018) INTERNATIONAL ASSOCIATION FOR FOC	<u>D 35-08943</u>	54			Page	<u> </u>
Pa	rt III Total Unrelated Business Taxable income			, ,			
33	Total of unrelated business taxable income computed from all unrelated trades or but	sinesses (see					
	rinstructions)			33		78	<u>, 1</u>
34	Amounts paid for disallowed fringes			34			
35	Deductions for net operating loss arising in tax years beginning before January 1, 20	18 (see					
	instructions)			35		78	<u> 1</u>
36	Total of unrelated business taxable income before specific deduction. Subtract line 3	5 from the sum					
	of lines 33 and 34		2	36			0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		Ĵ	37		1,00	<u>, 0</u>
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is great	iter than line 36,					
***************************************	enter the smaller of zero or line 36			38			0
Pa	rt.IV Tax Computation						
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		•	39			_
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	n 1041)		40			
41	Proxy tax. See instructions		•	41			
42	Alternative minimum tax (trusts only)			42			
43	Tax on Noncompliant Facility Income. See instructions			43			_
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44			0
Pa	rt V Tax and Payments			F			
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a		4 1			
b	Other credits (see instructions)	45b		4、1			
С	General business credit Attach Form 3800 (see instructions)	45c		4 1			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		1			
е	Total credits. Add lines 45a through 45d			45e			
46	Subtract line 45e from line 44 Other taxes			46			
47	Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (a	tt sch)		47			_
48	Total tax. Add lines 46 and 47 (see instructions)			48			0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) lin	e 2		49			
50a	Payments A 2017 overpayment credited to 2018	50a		4 1			
b	2018 estimated tax payments	50b		4 1			
С	Tax deposited with Form 8868	50c		41			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		1			
е	Backup withholding (see instructions)	50e		4 1			
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		4 1			
g	Other credits, adjustments, and payments						
	Form 4136 Other Total ▶	50g		1			
51	Total payments. Add lines 50a through 50g		<u></u>	51			
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached		▶ 📙	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	53			0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount	overpaid	•	54			
<u>55</u>	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶		unded 🕨	55			_
_Pa	rt VI Statements Regarding Certain Activities and Other Infor	mation (see instruc	tions)			- , - , -	
56	At any time during the 2018 calendar year, did the organization have an interest in or	r a signature or other au	thority			Yes N	VO.
	over a financial account (bank, securities, or other) in a foreign country? If "YES," the FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the						
	here	no name er are rereign	,,,,,				K
57	During the tax year, did the organization receive a distribution from, or was it the grain	ntor of, or transferor to,	a foreign ti	ust?			K
	If "YES," see instructions for other forms the organization may have to file	_	_				
<u>58</u>	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 state	ments, and to the best of my know	vledge and beli	ef, it is			
Sig	true-correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	arer has any knowledge			May the IR	S discuss this ret	um
Her		отр∉стор			(see instruc	ctions)?	JW
	Signature of officer Date Title	DIRECTOR			X	Yes N	lo
	Print/Type preparer's name Preparer's signature		Date	Check	ıf PTIN	N	_
Paid				self-emple	╜ "│		
Prep	KATHLEEN S. NEW, CPA	, P.C.	F	s EIN	-,		_
Use		, 1.0.	Firm	3 EH F			_
U3E	THE THE THE TABLE TA FORCE		0		515-1	288-32	7 C
	Firm's address WEST DES MOTNES, TA 50266		Phon	E 110	_	200-32 2 990-T (20	

						FOR FOOD	<u>35-0</u>	894354					
<u>Sch</u>	edule A - Cost of Good	ds Sold. Enter	metho					"					
1	Inventory at beginning of year	r 1				Inventory at end of y	- Internal						
2	Purchases	2		7		Cost of goods sold		1	**				
3	Cost of labor	3				line 6 from line 5 En	iter here	and					
4a	Additional sec 263A costs					in Part I, line 2			7				
	(attach schedule)	4a		{	8	Do the rules of section	on 263A	(with respect to	Yes No				
b	Other costs (attach schedule)	4b				property produced or	r acquire	ed for resale) apply					
5	Total. Add lines 1 through 4b					to the organization?	LL						
Sch	edule C - Rent Income	(From Real F	roper	ty and Per	rso	nal Property Le	ased '	With Real Proper	ty)				
_(se	ee instructions)		_					· · · · · ·	.,				
1 Des	cription of property												
(1)	N/A												
(2)													
(3)													
(4)							_						
		2 Rent receiv	ed or accn	ued					-				
	(a) From personal property (if the per	centage of rent		(b) From real	and	personal property (if the		3(a) Deductions dire	ectly connected with the income				
	for personal property is more than	-				personal property exceeds		l ''	and 2(b) (attach schedule)				
	more than 50%)			50% or if the rei	nt is	based on profit or income)							
(1)							_	-					
(2)						*							
(3)													
(4)													
Total			Total					(b) Total deductions.					
	otal income. Add totals of col	umns 2(a) and 2(l						Enter here and on page	.1				
	and on page 1, Part I, line 6, o) Litter			•		Part I, line 6, column (B					
	edule E - Unrelated De		ncom	e (see instr	uct	ions)			·				
				,		1		3. Deductions directly con	nected with or allocable to				
	4.8					income from or		debt-financ	ed property				
	Description of debt-final	псеа ргорепу		alloca	allocable to debt-financed property			Straight line depreciation	(b) Other deductions				
				property				(attach schedule)	(attach schedule)				
(1)	N/A												
(2)													
(3)													
(4)							-						
1-7	4 Amount of average	5 Average adjusted	basis		_	Column			8. Allocable deductions				
	acquisition debt on or	of or allocable to			-	divided	i	Pross income reportable	(column 6 x total of columns				
	altocable to debt-financed property (attach schedule)	debt-financed prop (attach schedule	•			column 5	(4	column 2 x column 6)	3(a) and 3(b))				
	property (discondenses)	(4.100.100.100.100.100.100.100.100.100.10	,			%							
(1)				<u> </u>									
(2)													
(3)													
(4)				l			Ente-	here and an acce 4	Enter here and an area 4				
								here and on page 1, I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)				
-	1_					_		, ,	, , , , , , , , , , , , , , , , , , , ,				
Tota	is					P							

 \blacktriangleright

Total dividends-received deductions included in column 8

1 Name of controlled		ļ.	Exemp	t Controlled	l Orga	nızatıor	ns T		ı		
 organization 		identification number		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 incom			
N/A				-							
			· -								
3)				_			<u> </u>	··-			
ł)											
Ionexempt Controlled Organizat	ions					1	_				
7 Taxable Income	1	et unrelated income s) (see instructions)		9 Total of specific payments mad		inc	Part of colum luded in the inization's gr	controlling		Deductions directly ected with income in column 10	
)						_				-	
*)											
3)			_								
						+	dd columns 5	and 10	Add	I columns 6 and 11	
otals Schedule G – Investment In	come of a Se	 ction 501(c)	(7), (9),	, or (17) O	▶ rgani	Pa	er here and or it i, line 8, co	olumn (A)		here and on page 1, I, line 8, column (B)	
1 Description of income		2 Amount of in	come		ductions connecte	ed	4	Set-asides		5 Total deductions and set-asides (col 3	
•	,		(attach	schedule			ch schedule)		plus col 4)		
) N/A	<u> </u>										
2)	1			1							
3)											
)											
otals	•	Enter here and or Part I, line 9, colu	umn (A)			<u>.</u>				er here and on page 1 rt I, line 9, column (B)	
Schedule I – Exploited Exen	npt Activity Ir	come, Othe	er Than	Advertisi	ng In	come	(see inst	ructions)		T	
Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business ind	with n of	4 Net income (from unrelated or business (co 2 minus column If a gain, compacols 5 through	rade lumn n 3) oute	from a	ss income ctivity that unrelated ss income		enses able to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
) N/A											
?)											
3)										ļ	
)	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,	······································	<u>.</u>)		······································	Enter here and on page 1, Part II, line 26	
otals ► Schedule J – Advertising Inc	come (see inst	tructions)	<u> </u>			***************************************		<u>```</u>		.1	
Part I Income From P			Conso	lidated R	asis						
Name of periodical	2 Gross advertising income	3 Direct advertising (et	4 Advertising gain or (loss) (2 minus col 3 a gain, compi	g col) If ute		rculation come		dership sts	7 Excess readership costs (column 6 minus column 5, but not more than	
				cols 5 through	7		100 ===	-	75 511	column 4)	
) PUBLICATION ADVERTIS	123,39	104	,477	•		1	180,19	9 7	75,748	4	
2)		<u> </u>			1			-			
3)		-			\ 	_		+		【 ````	
·)1				*				+		 	
		1									

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns

z iiirougii <i>i</i>	UII a	illie-by-lille basis	5.]			·	
1. Name of penodical		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) N/A·							
(2)		•					
(3)			_				
(4)							
Totals from Part I	•	123,390	104,477	, , ,		8. S	18,913
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, tine 11, col (B)	, ,			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	123,390	104,477				18,913

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

1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business		
(1) N/A		%	-		
(2)		%			
(3)		%	,		
(4)		%			
Total. Enter here and on page 1, Part II, line 14					

Form **990-T** (2018)

SCHEDULE M (Form 990₇T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury Internal Revenue Service Name of the organization

For calendar year 2018 or other tax year beginning 09/01/18, and ending 08/31/19

Go to 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

INTERNATIONAL ASSOCIATION FOR FOOD Unrelated business activity code (see instructions) ▶900099

Employer Identification number 35-0894354

Describe the unrelated trade or business ▶ SALE OF MAILING LABELS

Pa	art I Unrelated Trade or Business Income		(A) I	ncome	(B) Expenses	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance	1c			// 'w · · · ·	
2	Cost of goods sold (Schedule A line 7)	2	,			`
3	Gross profit. Subtract line 2 from line 1c	3			` .	
4a	Capital gain net income (attach Schedule D)	4a	-			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from partnership and S corporation (attach statement)	5			, ``	
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				-5.
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	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule) SEE STMT 1	12		781		781
13	Total. Combine lines 3 through 12	13		781		781
- Pa	Deductions Not Taken Elsewhere (See instructions fo deductions must be directly connected with the unrelate	r limi d bus	tations o	on deduction come.)	ons.) (Except for c	contributions,
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) (see instructions)				18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)		1	21	20	
21	Depreciation (reported on Form 4562)			22a		0
22	Less depreciation claimed on Schedule A and elsewhere on return				228	
23	Depletion				24	
24	Contributions to deferred compensation plans				25	
25	Employee benefit programs				26	
26	Excess exempt expenses (Schedule I)				27	-
27	Excess readership costs (Schedule J)				28	
28	Other deductions (attach schedule)				29	
29	Total deductions. Add lines 14 through 28				30	781
30	Unrelated business taxable income before net operating loss deduction Subtra			ne 13	30	701
31	Deduction for net operating loss arising in tax years beginning on or after Janua instructions)	ary 1, :	2018 (see		31	
32	Unrelated business taxable income Subtract line 31 from line 30				32	781
For	Paperwork Reduction Act Notice, see instructions.				Schedule	M (Form 990-T) 2018

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" Form 990-T	Busin Description UNREL			hedules W		eet		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2018
Name	Description OTVICED	AIED DOS	7 1117	DD ACTIVI					fication Number
INTERNATIONAL ASS							35-08	3943	354
Unincorporated Business Income Tax Code	541800 Ad	ıvıty ADVER	TIS:	ING AND R	ELAT.	ED SER	<u>VICES</u>		
Schodule A Cost of Goods	s Sold								
Schedule A – Cost of Goods 1 Inventory at beginning of year	1		5 Inve	entory at end of ye	ear		5		
2 Purchases and Other Costs	2			st of goods sold.		t Line 5 from			
3 Sec 263A Costs	3			e 4, show the amo				990T	
4 Total. Add lines 1 through 3	4			,,					
Schedule C – Rent Income (From Real Prop	erty and Pe	rsona						_
1. Description of property				2a Income 10% to 5	0%	2b Income o	iver 50%		3 Expense
(1)									
(2)									
(3) Total of Schedule C items for this activity, En	ter Col 2 on Line 6A and Co	ol 3 on Line 6B	<u> </u>	<u></u>		<u>-</u> s	<u> </u>		
Schedule E – Unrelated Deb	t-Financed Inco	nme (see instr	uctions	e)					
Description of debt-financed property		ome/Expense amount		3. Debt Ratio	, T		come reportable 2 x Ratio)	5	Allocable deductions (column 3 x Ratio)
(1)	ıncome				%	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	
,	expense								
(2)	ıncome				%				
	expense								
(3) Total of Schedule E items for this activity, En	ter Col 4 on Line 7A and Co	ol 5 on Line 7B	-			•		•	
	141 - 15 - 141 - 1		•	04 114 -0-	:	4: /			
<u> Schedule F – Interest, Annu</u>						tions (see)	
Name of Controlled Organization	2 EIN	3	Exempt/N	onexempt Controlled O	rganization		4. Income	+	5 Expenses
(1)								+	
(2) (3) Total of Schedule F items for this activity (co	mbining Evernal and NonEv	emot) Enter Col 4 on	Line 8A	and Col 5 on Line 8B					
5) Total of Schedule Filterns for this activity (co	norming Exempt and NonEx	empty, Enter Cor 4 on	Line on t	and Gor o on Line ob		<u> </u>			
<u> Schedule G – Investment In</u>	come of a Secti	on 501(c)(7)	, (9), c	or (17) Organi	zation	(see instru	ctions)		
1 Description of property		2 Income		3. Deductions		4 Set	Asides	5 Ded	uction & Set-Aside Total
1)									
(2)					<u> </u> -				
3) Total for Schedule G activities- use on line 9	column (A) and (B)				Ł	••••			
Schedule I – Exploited Exen	ant Astivity Inc	ma Othar T	han /	Ndvorticina In	oomo (coo instru	tions)		
	2. Gross Income	3 Related Expens		4 Net Income		I	6. Non-UBIT exper		7 Excess expense
1 Description	2. Gross income	3 Related Expens	-	4 Net income	3 140/1-01	or income	6. Non-Obit exper	136	r Excess expense
(2)			1						
Fotals for Schedule I - use on line 10 col (A) and	(B)				``\		Sch I amount on li	ne 26	
` ' '									
Schedule J - Advertising In	come (see instruc	ctions)				_			
Consolidated Basis (Part I) ˌ				Advertising gain or		culation	6 Readership		7 Excess readership
1 Name of periodical	2 Gross Adv Income	3 Direct costs		s) If a gain, compute next 3 columns		ome	costs		costs (col 6 - col 5) but not more than col 4
1) PUBLICATION ADVERTIS	123,390	104,4	77	1	1	80,199	775,7	748	
(2)				1				—[`	
3) Totals (for Part I)	122 200	104 4	, , †	10 013	1	80,199	775 7	748	18,913
Totals (for Part I) Separate Basis (Part II)	123,390	104,4	' '	18,913		00,199	775,7	**0	10,913
2)			+	+		+		-†	
Totals from Part I	123,390	104,4	77	·				$\neg \uparrow$	18,913
	Enter here and on	Enter here and or	_			×	,		Enter here and
	page 1, Part I, line 11, col. (A)	page 1, Part I, line 11, col (B)		, , , , , , , , , , , , , , , , , , ,			100	-]	on page 1, Part II, line 27
Totals, Part II (lines 1-5)	123,390	104,4	77			`	` ' \ ' '		18,913