### PUBLIC INSPECTION COPY

Form	Form 990-T Exempt Organization Business Income Tax Return					
		(and proxy tax under section 6033(e))		2021		
		For calendar year 2021 or other tax year beginning, and ending, and ending	— ·	ZUZ I		
	tment of the Treasury al Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	1	Open to Public Inspection for 501(c)(3) Organizations Only		
A	Check box if address changed.	Name of organization ( Check box if name changed and see instructions.)	<b>D</b> Emplo	yer identification number		
B F	xempt under section	Print GOODWILL INDUSTRIES INTERNATIONAL, INC.	5	3-0196517		
	501( <b>c</b> )( <b>3</b> ) 408(e) 220(e)	or Type Number, street, and room or suite no. If a P.O. box, see instructions.  15810 INDIANOLA DRIVE	<b>E</b> Group	exemption number structions)		
	408A 530(a) 529(a) 529S	City or town, state or province, country, and ZIP or foreign postal code ROCKVILLE, MD 20855	F	Check box if		
		C Book value of all assets at end of year   67,550,943.		an amended return.		
G	Check organization	type 🕨 🔀 501(c) corporation 501(c) trust 401(a) trust Other trust				
<u>H (</u>	Check if filing only to	Claim credit from Form 8941 Claim a refund shown on Form 2439				
<u>l (</u>	Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation				
		attached Schedules A (Form 990-T)		<u> </u>		
K I	During the tax year,	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	<b>&gt;</b>	Yes X No		
		ame and identifying number of the parent corporation.				
		e of ▶ DAVID EAGLES Telephone number ▶ 3	01-	530-6500		
Ра		elated Business Taxable Income				
1		business taxable income computed from all unrelated trades or businesses (see	1	20,170.		
2	Б .		2			
3	Add lines 1 and 2		3	20,170.		
4	Charitable contrib	utions (see instructions for limitation rules) STMT 1	4	0.		
5		siness taxable income before net operating losses. Subtract line 4 from line 3	5	20,170.		
6	Deduction for net	operating loss. See instructions STATEMENT 2	6	20,170.		
7		business taxable income before specific deduction and section 199A deduction.				
	Subtract line 6 from		7	1,000.		
8		n (generally \$1,000, but see instructions for exceptions)	8	1,000.		
9		99A deduction. See instructions	9	1,000.		
10		Add lines 8 and 9	10	1,000.		
11		ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,	١	0.		
Pa	rt II Tax Com	nutation	11	<u>U.</u>		
1		roble as corporations. Multiply Part I line 11 by 2104 (0.21)	1	0.		
2	-	trust rates. See instructions for tax computation. Income tax on the amount on	-	<u>.</u>		
2	Part I, line 11 from	·	2			
3	Proxy tax. See ins		3			
4	Other tax amounts		4			
5	Alternative minimu		5			
6		iant facility income. See instructions	6			
7		through 6 to line 1 or 2, whichever applies	7	0.		
LHA		Reduction Act Notice, see instructions.		Form <b>990-T</b> (2021)		

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Form 99		·					F	⊃age 2
Part	III T	Гах and Payments						
1a	Foreig	n tax credit (corporations attach Form 1118; trusts attach For	m 1116)	1a				
b	Other	credits (see instructions)		1b				
С	Gener	ral business credit. Attach Form 3800 (see instructions)		1c				
d	Credit	for prior year minimum tax (attach Form 8801 or 8827)		1d				
е	Total	credits. Add lines 1a through 1d				1e		
2	Subtra	act line 1e from Part II, line 7				2		0.
3	Other	amounts due. Check if from: Form 4255 Form 8	611 Form	n 8697 🔲 Fe	orm 8866			
		Other (attach statement)				3		
4	Total	tax. Add lines 2 and 3 (see instructions).	inc <b>l</b> udes tax pre	vious <b>l</b> y deferred υ	ınder			
	sectio	n 1294. Enter tax amount here		▶		4		0.
5	Curre	nt net 965 tax liability paid from Form 965-A or Form 965-B, Pa	ırt II, co <b>l</b> umn (k),	line 4		5		0.
6a		ents: A 2020 overpayment credited to 2021			1,459	•		
b		estimated tax payments. Check if section 643(g) election appli						
С		eposited with Form 8868						
d	Foreig	n organizations: Tax paid or withheld at source (see instructio						
е		up withholding (see instructions)						
f		for small employer health insurance premiums (attach Form 8						
g		credits, adjustments, and payments: Form 2439						
9		Form 4136 Other	Total	_ ▶ 6a				
7		payments. Add lines 6a through 6g				7	1,4	59.
8		ated tax penalty (see instructions). Check if Form 2220 is attac			_	8		
9		<b>ue.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter a				9		
10		payment. If line 7 is larger than the total of lines 4, 5, and 8, en				10	1,4	59.
11		the amount of line 10 you want: Credited to 2022 estimated				11		0.
Part		Statements Regarding Certain Activities and Ot						
3 4 5	foreign If "Yes Enter Enter shown Post-2	g the tax year, did the organization receive a distribution from, in trust?  s," see instructions for other forms the organization may have the amount of tax-exempt interest received or accrued during available pre-2018 NOL carryovers here \$\frac{476}{3}\$, and on Schedule A (Form 990-T). Don't reduce the NOL carryovers 2017 NOL carryovers. Enter available Business Activity Code a mounts shown below by any NOL claimed on any Schedule A, Business Activity Code	to file. the tax year 339. Do not shown here by nd post-2017 No	include any post any deduction re OL carryovers. Do or the tax year. Se	▶ \$ -2017 NOL content on Pa	arryover rt I, line 4. s.		X
6а	Did th	e organization change its method of accounting? (see instruct	-	*				Х
		s "Yes," has the organization described the change on Form 9	,	PF, or Form 1128	3? <b>I</b> f "No,"			
		n in Part V	, , , , , , , , , , , , , , , , , , , ,	,	, 			
Part '	V S	Supplemental Information						
	Un	xplanation required by Part IV, line 6b. Also, provide any other	anying schedules and	statements, and to the	best of my knowl	edge and belief, i	it is true,	
Sign	Co	rrect, and complete. Declaration of preparer (other than taxpayer) is based on all info	imation of which prep	arer nas any knowledge		Marriaba 150 di		:41-
Here		May 13, 2022	► PRESII	DENT AND	ATA	May the IRS disco the preparer show		vith
		Signature of officer Date	Title				X Yes	No
		Print/Type preparer's name Preparer's signature		Date	Check	if PTIN		
Doid		1 Toparor o digitativo		- 2	self- employed	1		
Paid		sara smith Sava Smu	14.	05/05/22	con ombiolog		332734	
Prepa	ıı Cı	Firm's name ► RSM US LLP	WK I	00,00,22	Firm's EIN		071432	
Use C	nly	2021 L STREET NW, SUI	ጥድ 400		THILISLIN	L	.,	
		Firm's address WASHINGTON, DC 20036	1D 400		Dhone no	202-293	3_2200	
		Limit address MADITINGTON, DC 20030			ו ווטוופ ווט.	<u> </u>	, 4400	

# SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income From an Unrelated Trade or Business**

0004

B Employer identification number

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► 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

	GOODWILL INDUSTRIES INTERNATIONAL, INC.				53-0196517			
	E2120	0		<b>D</b> 0	1			
<i>;</i> (	Inrelated business activity code (see instructions) > 53139	<u> </u>		<b>D</b> Sequence:	1	of 2		
: r	escribe the unrelated trade or business PASSTHROUGH	рарт	NERSHIP HET					
		<u> </u>		(D) F	$\top$	(O) Not		
Par	Officiated Trade of Business income		(A) Income	(B) Expenses		(C) Net		
1 a	Gross receipts or sales							
b	Less returns and allowances c Balance ▶	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4 a	Capital gain net income (attach Sch D (Form 1041 or Form							
	1120)). See instructions	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement) STATEMENT 4	5	7,570.			7,570.		
6	Rent income (Part IV)	6			$-\!\!\!+$			
7	Unrelated debt-financed income (Part V)	7			$-\!\!\!+$			
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8			$-\!\!\!+$			
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9			$-\!\!\!+$			
10	Exploited exempt activity income (Part VIII)	10			-+			
11	Advertising income (Part IX)	11			_			
12	Other income (see instructions; attach statement)	12	7 570			7,570.		
13	Total. Combine lines 3 through 12	13	7,570.			7,570.		
Par			r limitations on dedu	ıctions. Deduc	tions	must be		
	directly connected with the unrelated business in	come						
1	Compensation of officers, directors, and trustees (Part X)				1			
2	Salaries and wages				2			
3	Repairs and maintenance			1	3			
4	Bad debts			1	4			
5	Interest (attach statement). See instructions				5			
6	Taxes and licenses			1	6			
7	Depreciation (attach Form 4562). See instructions		7					
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b			
9	Depletion				9			
10	Contributions to deferred compensation plans				10			
11	Employee benefit programs				11			
12	Excess exempt expenses (Part VIII)				12			
13	Excess readership costs (Part IX)				13			
14	Other deductions (attach statement)				14			
15					15	0.		
16	Unrelated business income before net operating loss deduction. Su	ubtract	line 15 from Part I, line 13	3,				
	column (C)				16	7,570.		
17	Deduction for net operating loss. See instructions				17	0.		
18	Unrelated business taxable income. Subtract line 17 from line 16	3			18	7,570.		
_HA	For Paperwork Reduction Act Notice, see instructions.			Sc	nedule	A (Form 990-T) 2021		

Schedule A (Form 990-T) 2021 Page 2 Part III Cost of Goods Sold Enter method of inventory valuation Inventory at beginning of year 2 2 3 3 Cost of labor Additional section 263A costs (attach statement) 4 4 5 5 Other costs (attach statement) Total. Add lines 1 through 5 6 6 7 Inventory at end of year 7 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 Yes Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? No Rent Income (From Real Property and Personal Property Leased with Real Property) Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. В С D D 2 Rent received or accrued From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) 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) Total rents received or accrued by property. Add lines 2a and 2b, columns A through D Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0. Unrelated Debt-Financed Income (see instructions) Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. Α В С D В D Gross income from or allocable to debt-financed property 3 Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debtfinanced property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 7 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 8 9 Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 10

Schedule A (Form 990-T) 2021

0.

Total dividends-received deductions included in line 10

Schedule A (Form 990-T) 2021 Page 3 Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions) **Exempt Controlled Organizations** 5. Part of column 4 1. Name of controlled 2. Employer 3. Net unrelated 4. Total of specified 6. Deductions directly that is included in the organization identification income (loss) payments made connected with controlling organizanumber (see instructions) income in column 5 tion's gross income (1) (2) (3) (4)Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated 9. Total of specified 10. Part of column 9 11. Deductions directly that is included in the income (loss) payments made connected with controlling organization's (see instructions) income in column 10 gross income (1) (2) (3) (4)Add columns 5 and 10. Add columns 6 and 11. Enter here and on Part I, Enter here and on Part I, line 8, column (A) line 8, column (B) 0 Investment Income of a Section 501(c)(7), (9), or (17) Organization Part VII (see instructions) 1. Description of income 5. Total deductions 2. Amount of 3. Deductions 4. Set asides and set-asides income directly connected (attach statement) (add cols 3 and 4) (attach statement) (1)(2)(3) (4)Add amounts in Add amounts in column 2. Enter column 5. Enter here and on Part I, here and on Part I, line 9, column (A) line 9, column (B) Totals Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Description of exploited activity: 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7

Gross income from activity that is not unrelated business income

Expenses attributable to income entered on line 5

Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line

Schedule A (Form 990-T) 2021

5

6

6

4. Enter here and on Part II, line 12

1 Schedule A (Form 990-T) 2021 Page 4 Part IX **Advertising Income** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis. Α В С D Enter amounts for each periodical listed above in the corresponding column. В С D 2 Gross advertising income Add columns A through D. Enter here and on Part I, line 11, column (A) а Direct advertising costs by periodical \_\_\_\_\_ 3 Add columns A through D. Enter here and on Part I, line 11, column (B) Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 5 Readership costs Circulation income Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 Compensation of Officers, Directors, and Trustees (see instructions) Part X 3. Percentage 4. Compensation 1. Name 2. Title of time devoted attributable to unrelated business to business % (1) % (2)% (3) (4) % 0. Total. Enter here and on Part II, line 1 Supplemental Information (see instructions)

Schedule A (Form 990-T) 2021

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#### GOODWILL INDUSTRIES INTERNATIONAL, INC.

53-0196517

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT 1
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2016 15,896,656 FOR TAX YEAR 2017 FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	15,896,656	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	15,896,656 0	_
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	15,896,656 0 15,896,656	_
ALLOWABLE CONTRIBUTIONS DEDUCTION	<u> </u>	0
TOTAL CONTRIBUTION DEDUCTION		0

#### GOODWILL INDUSTRIES INTERNATIONAL, INC.

FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 2
PRE-2018 NOL CARRY FORWA PRE-2018 NOL DEDUCTION I	RD FROM PRIOR YEAR NCLUDED IN PART I, LINE 6	476,339. 20,170.
SCHEDULE A PORTION OF PR SCHEDULE A ENTITY	E-2018 NOL SCHEDULE A SHARE	
1 2	0. 0.	
TOTAL SCHEDULE A SHARE ONET OPERATING DEDUCTION BALANCE AFTER PRE-2018 NEXPIRING NET OPERATING L	OL DEDUCTION OSSES	0. 20,170. 0. 0. 456,169.

FORM 990-T	PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/04	51,066.	8,548.	42,518.	42,518.
12/31/05	60,011.	0.	60,011.	60,011.
12/31/06	54,994.	0.	54,994.	54,994.
12/31/08	45,857.	0.	45,857.	45,857.
12/31/09	46,445.	0.	46,445.	46,445.
12/31/10	72,651.	0.	72,651.	72,651.
12/31/11	34,243.	0.	34,243.	34,243.
12/31/12	40,222.	0.	40,222.	40,222.
12/31/13	27,916.	0.	27,916.	27,916.
12/31/14	10,472.	0.	10,472.	10,472.
12/31/15	19,628.	0.	19,628.	19,628.
12/31/16	5,203.	0.	5,203.	5,203.
12/31/17	16,179.	0.	16,179.	16,179.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	476,339.	476,339.

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 4
DESCRIPTION	NET INCOME OR (LOSS)
PASSTHROUGH PARTNERSHIP ACTIVITY - NET RENTAL REAL ESTATE INCOME	7,570.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	7,570.

## SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income From an Unrelated Trade or Business**

0004

B Employer identification number

53-0196517

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990T for instructions and the latest information.

GOODWILL INDUSTRIES INTERNATIONAL, INC.

▶ 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

<u>c</u> ს	Unrelated business activity code (see instructions) > 541900				D Sequence: 2 of 2		
<u>E [</u>	Describe the unrelated trade or business   MEMBER MARKE	TPLA	CE ADVERTISIN	1G			
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net		
1 a	Gross receipts or sales12,600.						
b	Less returns and allowances c Balance ▶	1c	12,600.				
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3	12,600.		12,600.		
4 a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	12,600.		12,600.		
_	directly connected with the unrelated business in  Compensation of officers, directors, and trustees (Part X)	come			T Thust be		
1 2							
3	Salaries and wages						
4	Repairs and maintenance Bad debts			_			
5	Interest (attach statement). See instructions						
6	Taxes and licenses						
7	Depreciation (attach Form 4562). See instructions		7				
8	Less depreciation claimed in Part III and elsewhere on return			8b			
9	Doplation		•	9			
10	Contributions to deferred compensation plans						
11	Employee benefit programs						
12	Excess exempt expenses (Part VIII)						
13	Excess readership costs (Part IX)						
14	Other deductions (attach statement)						
15					0.		
16	Unrelated business income before net operating loss deduction. Su						
	column (C)			' I	12,600.		
17	Deduction for net operating loss. See instructions				0.		
18	Unrelated business taxable income. Subtract line 17 from line 16				12,600.		
LHA	For Paperwork Reduction Act Notice, see instructions.				ule A (Form 990-T) 2021		

Schedule A (Form 990-T) 2021 Page 2 Part III Cost of Goods Sold Enter method of inventory valuation Inventory at beginning of year 2 2 3 3 Cost of labor Additional section 263A costs (attach statement) 4 4 5 5 Other costs (attach statement) Total. Add lines 1 through 5 6 6 7 Inventory at end of year 7 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 Yes Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? No Rent Income (From Real Property and Personal Property Leased with Real Property) Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. В С D D 2 Rent received or accrued From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) 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) Total rents received or accrued by property. Add lines 2a and 2b, columns A through D Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0. Unrelated Debt-Financed Income (see instructions) Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. Α В С D В D Gross income from or allocable to debt-financed property 3 Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debtfinanced property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 7

Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

Schedule A (Form 990-T) 2021

0.

Allocable deductions. Multiply line 3c by line 6

Total dividends-received deductions included in line 10

8

9

10

Schedule A (Form 990-T) 2021

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

Exempt Controlled Organizations

1. Name of controlled

2. Employer

3. Net unrelated

4. Total of specified

5. Part of column 4

6. Deductions directly

Exempt Controlled Organizations												
1. Name of controlled		<b>2.</b> Emp <b>l</b> oyer	<b>3.</b> Net	unrelated	4. Tota	al of specified		art of colur		<b>6.</b> D	eductions directl	у
organization		identification	incon	ne (loss)	payn	nents made		included		С	connected with	
		number	(see ins	structions)				gross inc		inc	ome in co <b>l</b> umn 5	
(1)												
(2)												
(3)												
(4)												
		No	nexempt (	Controlled Or	ganizati	ons						
7. Taxable Income	8. 1	Net unre <b>l</b> ated	<b>9.</b> To	ota <b>l</b> of specif	ied	<b>10.</b> Part o			11.	Ded	luctions directly	
	ı	icome ( <b>l</b> oss)	ра	yments mad	е	that is inc					nected with	
	(see	e instructions)					incom		ine	come	e in co <b>l</b> umn 10	
(1)												
(2)												
(3)												
(4)												
						Add colum					umns 6 and 11.	
						Enter here line 8, c		,			re and on Part I, 3, column (B)	
						line o, c	Olumn	` ,	! 	1116 C	, , ,	
Totals	<u></u>				<u></u> ▶	<u> </u>		0.			0	•
		of a Section 50	1(c)(7), (			<u>nization (s</u>	ee inst	ructions)		—		_
<b>1.</b> Des	cription of	income		2. Amou incon		3. Deduction		4. Set		- 1	i. Total deduction and set-asides	
				lilicon	10	directly conne (attach stater		(attach st	ateme	11)	(add cols 3 and 4	
						,	•			+		_
<u>(1)</u>										$\dashv$		_
(2)										+		_
(3) (4)										+		_
(4)				Add amou	ınts in					+	Add amounts in	_
				column 2.							column 5. Enter	
				here and or line 9, colu							here and on Part line 9, column (B	,
Totals				line 9, coic	0.						0	•
	xempt A	ctivity Income,	Other 1	han Adve		Income (	see in	structions)				÷
Description of exploite						,	OCC III	or actions)				_
2 Gross unrelated busin	•		ness Ente	r here and o	n Part I	line 10. colum	n (A)		2			
3 Expenses directly con					,	,	` ,					_
line 10, column (B)		•					,		3			
4 Net income (loss) from									┌┷┤			_
						-			4			
5 Gross income from ac									5			_
6 Expenses attributable									6			_
7 Excess exempt expen												_
4. Enter here and on F									7			

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Sched Part	ule A (Form 990-T) 2021  IX Advertising Income				Page
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals	on a consolidated basi	s.	
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
	,	A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on			<b>&gt;</b>	0.
а	-	,			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	·		<b>&gt;</b>	0.
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in	n			
	line 4 showing a loss or zero, do not complete	e			
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le	ss			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g	reater of the line 8a, colum	ns total or zero here ar	nd on	
	Part II, line 13			<b>&gt;</b>	0.
Part	X Compensation of Officers, Di	rectors, and Trustee	<b>S</b> (see instructions)	1	
				3. Percentage	4. Compensation
	<b>1.</b> Name	<b>2.</b> Tit	tle	of time devoted	attributable to
				to business	unrelated business
<u>(1)</u>				%	
<u>(2)</u>				%	
(3)				%	
<u>(4)</u>				%	
_					•
	Enter here and on Part II, line 1			<b></b>	0.
Part	XI Supplemental Information (se	ee instructions)			
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