Filing Instructions

Southwest Florida Community Foundation Inc

Exempt Organization Business Tax Return

Taxable Year Ended June 30, 2022

Date Due: May 15, 2023

Remittance: None is required. Your Form 990-T for the tax year ended 6/30/22 shows no balance due.

Signature: Form 8453-TE, Exempt Organization Declaration and Signature for Electronic Filing should be signed and dated by an authorized officer of the organization and returned to:

Hughes, Snell & Co., P.A.
1470 Royal Palm Square Blvd
Fort Myers, FL 33919-1082

Form 8453-TE will be included as an attachment to the electronic file and therefore must be signed and returned before the electronic file is transmitted to the IRS.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return.
Form 8453-TE

Tax Exempt Entity Declaration and Signature for Electronic Filing

For calendar year 2021, or tax year beginning 07/01/21, and ending 06/30/22

OMB No. 1545-0047

Department of the Treasury

Internal Revenue Service

Go to www.irs.gov/Form8453TE for the latest information.

Name of filer

SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC

EIN or SSN

59-6580974

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶
1b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b

2a Form 990-EZ check here ▶
2b Total revenue, if any (Form 990-EZ, line 9) 2b

3a Form 1120-POL check here ▶
3b Total tax (Form 1120-POL, line 22) 3b

4a Form 990-PF check here ▶
4b Tax based on investment income (Form 990-PF, Part V, line 5) 4b

5a Form 8868 check here ▶
5b Balance due (Form 8868, line 3c) 5b

6a Form 990-T check here ▶
6b Total tax (Form 990-T, Part III, line 4) 6b

7a Form 4720 check here ▶
7b Total tax (Form 4720, Part III, line 1) 7b

8a Form 5227 check here ▶
8b FMV of assets at end of tax year (Form 5227, Item D) 8b

9a Form 5330 check here ▶
9b Tax due (Form 5330, Part II, line 19) 9b

10a Form 8038-CP check here ▶
10b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b

Part II Declaration of Officer or Person Subject to Tax

8 □ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

□ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that X I am an officer of the above named entity or □ I am the person subject to tax with respect to (name of entity) , (EIN) , and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my immediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund.

Sign Here ▶

Hughes, Snell & Co., P.A.
Fort Myers, FL

12/15/22 ▶
PRESIDENT / CEO
Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to the selected state agency(ies).

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

ERO's signature

PATTI R HARDIN

Date

12/15/22

Check if also paid preparer □

Check if self-employed □

ERO's SSN or PTIN

000371840

Firm's name or yours if self-employed, address, and ZIP code

HUGHES, SNELL & CO., P.A.

1470 ROYAL PALM SQU FORT MY FL 33919

EIN

59-2309183

Phone no.

239-939-2233

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed □

PTIN

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

DAA
Form 990-T

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

For calendar year 2021 or other tax year beginning 07/01/21, and ending 06/30/22.

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).

A  Check box if address changed.

B  Exempt under section

- 501(c)(3)
- 220(e)
- 408A
- 530(a)
- 529(a)
- 529A

C  Book value of all assets at end of year      $150,939,743

D  Employer identification number

59-6580974

E  Group exemption number

(see instructions)

F  Check box if an amended return.

- Yes
- No

G  Check organization type

- 501(c) corporation
- 501(c) trust
- 401(a) trust
- Other trust

H  Check if filing only to:

- Claim credit from Form 8941
- Claim a refund shown on Form 2439

I  Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J  Enter the number of attached Schedules A (Form 990-T)

1

K  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

L  The books are in care of

SARAH OWEN 239-274-5900

Part I  Total Unrelated Business Taxable income

1  Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)  $-36,319

2  Reserved

3  Add lines 1 and 2  $-36,319

4  Charitable contributions (see instructions for limitation rules)

5  Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3  $-36,319

6  Deduction for net operating loss. See instructions

7  Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5  $-36,319

8  Specific deduction (generally $1,000, but see instructions for exceptions)

9  Trusts. Section 199A deduction. See instructions

10  Total deductions. Add lines 8 and 9

11  Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero

Part II  Tax Computation

1  Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)  $0

2  Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from:  Tax rate schedule or  Schedule D (Form 1041)  $0

3  Proxy tax. See instructions

4  Other tax amounts. See instructions

5  Alternative minimum tax (trusts only)

6  Tax on noncompliant facility income. See instructions

7  Total. Add lines 3 through 6 to line 1 or 2, whichever applies  $0

For Paperwork Reduction Act Notice, see instructions.
**Form 990-T (2021) Page 10**

### Part III: Tax and Payments

1a. Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  
1b. Other credits (see instructions)  
1c. General business credit. Attach Form 3800 (see instructions)  
1d. Credit for prior year minimum tax (attach Form 8801 or 8827)  
1e. **Total credits.** Add lines 1a through 1d  
2. Subtract line 1e from Part II, line 7  
3. **Total tax.** Add lines 2 and 3 (see instructions)  
4. Current net 965 tax liability paid from Form 965-A, Part II, column (k)  
6a. Payments: A 2020 overpayment credited to 2021  
6b. 2021 estimated tax payments. Check if section 643(g) election applies  
6c. Tax deposited with Form 8868  
6d. Foreign organizations: Tax paid or withheld at source (see instructions)  
6e. Backup withholding (see instructions)  
6f. Credit for small employer health insurance premiums (attach Form 8941)  
6g. Other credits, adjustments, and payments:  
   - Form 4136  
   - Other  
7. **Total payments.** Add lines 6a through 6g  
8. Estimated tax penalty (see instructions). Check if Form 2220 is attached  
9. Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed  
10. Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid  
11. Enter the amount of line 10 you want: **Credited to 2022 estimated tax**  

### Part IV: Statements Regarding Certain Activities and Other Information (see instructions)

1. At any time during the 2021 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  
2. 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.  
3. Enter the amount of tax-exempt interest received or accrued during the tax year  
4. Enter available pre-2018 NOL carryovers here  

<table>
<thead>
<tr>
<th>Business Activity Code</th>
<th>Available post-2017 NOL carryover</th>
</tr>
</thead>
<tbody>
<tr>
<td>531120</td>
<td>206,491</td>
</tr>
</tbody>
</table>

6a. **Did the organization change its method of accounting?** (see instructions)  
   - If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V

### Part V: Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

---

**Sign Here**

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.

**Hughes, Snell & Co., P.A.**  
**PRESIDENT / CEO**  

---

**Preparer**  
**PATTI R HARDIN**  
**FORT MYERS, FL**

**Preparer's signature**  
**Date**  
**Check if self-employed**  
**PTIN**  

---

**Use Only**  
**FORT MYERS, FL 33919-1082**  
**Phone no.**  

---

**FIRM'S NAME**  
**FIRM'S EIN**  

---

**TAXPAYERS COPY**  
**Hughes, Snell & Co., P.A.**  
**FORT MYERS, FL**

---

**Form 990-T (2021)**
### Unrelated Business Taxable Income

**From an Unrelated Trade or Business**

**SCHEDULE A**

**Form 990-T**  

**2021**

---

**A** Name of the organization  
**SOUTHWEST FLORIDA COMMUNITY**

**B** Employer identification number  
**59-6580974**

**C** Unrelated business activity code (see instructions)  
**531120**

**D** Sequence: 1 of 1

---

**E** Describe the unrelated trade or business  
**UNRELATED BUSINESS ACTIVITY**

### Part I  
**Unrelated Trade or Business Income**

<table>
<thead>
<tr>
<th></th>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Gross receipts or sales</td>
<td>c Balance</td>
<td>1c</td>
</tr>
<tr>
<td>b</td>
<td>Less returns and allowances</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Cost of goods sold (Part III, line 8)</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Gross profit. Subtract line 2 from line 1c</td>
<td></td>
<td>4a</td>
</tr>
<tr>
<td>4</td>
<td>Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions</td>
<td></td>
<td>4b</td>
</tr>
<tr>
<td>5</td>
<td>Net gain (loss) (Form 4797) (attach Form 4797). See instructions</td>
<td></td>
<td>4c</td>
</tr>
<tr>
<td>6</td>
<td>Capital loss deduction for trusts</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>Income (loss) from a partnership or an S corporation (attach statement)</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>8</td>
<td>Rent income (Part IV)</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>9</td>
<td>Unrelated debt-financed income (Part V)</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>10</td>
<td>Interest, annuities, royalties, and rents from a controlled organization (Part VI)</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>11</td>
<td>Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>12</td>
<td>Exploited exempt activity income (Part VIII)</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>13</td>
<td>Total. Combine lines 3 through 12</td>
<td></td>
<td>14</td>
</tr>
</tbody>
</table>

**16,706** 53,025  

---

**Part II  
Deductions Not Taken Elsewhere**

See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

<table>
<thead>
<tr>
<th></th>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Compensation of officers, directors, and trustees (Part X)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Salaries and wages</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Repairs and maintenance</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Bad debts</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Interest (attach statement). See instructions</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Taxes and licenses</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Depreciation (attach Form 4562). See instructions</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Less depreciation claimed in Part III and elsewhere on return</td>
<td>8a</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Depletion</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Contributions to deferred compensation plans</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Employee benefit programs</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Excess exempt expenses (Part VIII)</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Excess readership costs (Part IX)</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Other deductions (attach statement)</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Total deductions. Add lines 1 through 14</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Deduction for net operating loss. See instructions</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td><strong>Unrelated business taxable income</strong>, Subtract line 17 from line 16</td>
<td>18</td>
<td></td>
</tr>
</tbody>
</table>

---

**For Paperwork Reduction Act Notice, see instructions.**

---

**Schedule A (Form 990-T) 2021**

---

**DAA**
### Part III Cost of Goods Sold

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inventory at beginning of year</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Purchases</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Cost of labor</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Additional section 263A costs (attach statement)</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Other costs (attach statement)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td><strong>Total. Add lines 1 through 5</strong></td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Inventory at end of year</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2</strong></td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1. **Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.**
   - A
   - B
   - C
   - D

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)
   - c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D

3. Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ........

4. **Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)** ....

5. **Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)** ........

### Part V Unrelated Debt-Financed Income (see instructions)

1. **Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.**
   - A
   - B
   - C
   - D

2. **Gross income from or allocable to debt-financed property** .................................................. 16,706

3. **Deductions directly connected with or allocable to debt-financed property**
   - a Straight line depreciation (attach statement) .......................................................... 2,988
   - b Other deductions (attach statement) .............................................................................. 50,037
   - c Total deductions (add lines 3a and 3b, columns A through D) .................................... 53,025

4. **Amount of average acquisition debt on or allocable to debt-financed property (attach statement)**
   - SEE STATEMENT 2
   - 16,800,000

5. **Average adjusted basis of or allocable to debt-financed property (attach statement)**
   - SEE STATEMENT 3
   - 16,616,404

6. **Divide line 4 by line 5** .................................................................................................................. 100.00%

7. **Gross income reportable. Multiply line 2 by line 6** .................................................................... 16,706

8. **Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ........** 16,706

9. **Allocate deductions. Multiply line 3c by line 6** ............................................................................ 53,025

10. **Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ........** 53,025

11. **Total dividends-received deductions included in line 10** ................................................................ 53,025
## Part VI: Interest, Annuities, Royalties, and Rents from Controlled Organizations

### Exempt Controlled Organization

<table>
<thead>
<tr>
<th>1. Name of controlled organization</th>
<th>2. Employer identification number</th>
<th>3. Net unrelated income (loss) (see instructions)</th>
<th>4. Total of specified payments made</th>
<th>5. Part of column 4 that is included in the controlling organization's gross income</th>
<th>6. Deductions directly connected with income in column 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Nonexempt Controlled Organizations

<table>
<thead>
<tr>
<th>7. Taxable income</th>
<th>8. Net unrelated income (loss) (see instructions)</th>
<th>9. Total of specified payments made</th>
<th>10. Part of column 9 that is included in the controlling organization's gross income</th>
<th>11. Deductions directly connected with income in column 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Totals

- Add columns 5 and 10. Enter here and on Part I, line 8, column (A)
- Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

## Part VII: Investment Income of a Section 501(c)(7), (9), or (17) Organization

### 1. Description of income
### 2. Amount of income
### 3. Deductions directly connected (attach statement)
### 4. Set-asides (attach statement)
### 5. Total deductions and set-asides (add columns 3 and 4)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Totals

- Add amounts in column 2. Enter here and on Part I, line 9, column (A)
- Add amounts in column 5. Enter here and on Part I, line 9, column (B)

## Part VIII: Exploited Exempt Activity Income, Other Than Advertising Income

### 1. 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)
### 4. Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7
### 5. Gross income from activity that is not unrelated business income
### 6. Expenses attributable to income entered on line 5
### 7. Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line

<table>
<thead>
<tr>
<th>1 Description of exploited activity:</th>
<th>2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)</th>
<th>3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)</th>
<th>4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7</th>
<th>5 Gross income from activity that is not unrelated business income</th>
<th>6 Expenses attributable to income entered on line 5</th>
<th>7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

Schedule A (Form 990-T) 2021
## Part IX Advertising Income

1. Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

Enter amounts for each periodical listed above in the corresponding column.

<table>
<thead>
<tr>
<th>2</th>
<th>Gross advertising income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Add columns A through D. Enter here and on Part I, line 11, column (A).

<table>
<thead>
<tr>
<th>3</th>
<th>Direct advertising costs by periodical</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Add columns A through D. Enter here and on Part I, line 11, column (B).

<table>
<thead>
<tr>
<th>4</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 less than line 6, enter zero

8. 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

a. 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.

## Part X Compensation of Officers, Directors, and Trustees (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percentage of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Enter here and on Part II, line 1

## Part XI Supplemental Information (see instructions)
## Schedule A Loss Carryover Calculation

### 2021

<table>
<thead>
<tr>
<th>Activity</th>
<th>Income</th>
<th>Deductions</th>
<th>Income or Loss</th>
<th>Line 3</th>
<th>Line 4</th>
<th>Line 5</th>
<th>Line 6</th>
<th>Line 7</th>
<th>Line 8</th>
<th>Line 9</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-36,319</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>-36,319</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>206,491</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>206,491</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>36,319</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>242,810</td>
<td></td>
</tr>
</tbody>
</table>

Each activity may carryforward losses after 2018

- **E1** Post-2017 loss amounts from 2020, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code)  
  - 206,491

- **E2** Prior year activity losses included on Schedule A, Line 17
### Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>UBIT Num</th>
<th>Available Carryover</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNRELATED BUSINESS ACTIVITY</td>
<td>531120</td>
<td>$206,491</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>$206,491</strong></td>
</tr>
</tbody>
</table>
### Unrelated Business Activity

#### Statement 1 - Schedule A (990T), Part V, Line 3b - Other Debt Finance Expense Information

<table>
<thead>
<tr>
<th>Description</th>
<th>Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>RENTAL - FOR PROFIT ORG</td>
<td></td>
</tr>
<tr>
<td>INTEREST</td>
<td>$17,084</td>
</tr>
<tr>
<td>TECHNOLOGY</td>
<td>$15,569</td>
</tr>
<tr>
<td>INSURANCE</td>
<td>$5,674</td>
</tr>
<tr>
<td>OCCUPANCY</td>
<td>$11,710</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$50,037</strong></td>
</tr>
</tbody>
</table>

#### Statement 2 - Schedule A (990T), Part V, Line 4 - Amount of Average Acquisition debt on or Allocable to Debt Financed Property

<table>
<thead>
<tr>
<th>Description</th>
<th>Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>RENTAL - FOR PROFIT ORG</td>
<td></td>
</tr>
<tr>
<td>SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH</td>
<td>$201,600,000</td>
</tr>
<tr>
<td>DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD</td>
<td>12</td>
</tr>
<tr>
<td>AVERAGE ACQUISITION DEBT</td>
<td>$16,800,000</td>
</tr>
<tr>
<td>UNRELATED ACTIVITY PERCENTAGE</td>
<td>100</td>
</tr>
<tr>
<td>Allocated Acquisition Debt</td>
<td>$16,800,000</td>
</tr>
</tbody>
</table>

#### Statement 3 - Schedule A (990T), Part V, Line 5 - Average Adjusted Basis of or Allocable to Debt Financed Property

<table>
<thead>
<tr>
<th>Description</th>
<th>Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>RENTAL - FOR PROFIT ORG</td>
<td></td>
</tr>
<tr>
<td>Adjusted Basis on First Day Property was Held</td>
<td>$16,616,404</td>
</tr>
<tr>
<td>Adjusted Basis on Last Day Property was Held</td>
<td>$16,616,404</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$33,232,808</td>
</tr>
<tr>
<td>DIVIDED BY 2</td>
<td>2</td>
</tr>
<tr>
<td>AVERAGE ADJUSTED BASIS</td>
<td>$16,616,404</td>
</tr>
<tr>
<td>UNRELATED ACTIVITY PERCENTAGE</td>
<td>100</td>
</tr>
<tr>
<td>Allocated Adjusted Basis</td>
<td>$16,616,404</td>
</tr>
</tbody>
</table>