Form **990-T**

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

OMB	No.	1545-0047

	For calendar year 2020 or other tax year beginning 07/01/2020		2020
artment of the Treasury	► Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Public Inspection for 501(c)(3)
nal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	Organizations Only

	ment of the Treasury	\(2\	Oper	for 501(c)(3) rganizations Only	
	I Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c Name of organization (entification number
	Check box if address changed.	TOTT	•	•	
	npt under section	Print IOWA PUBLIC RADIO, INC. Number, street, and room or suite no. If a P.O. box, see instructions.	20-42		123 ption number
	•	or	(see in		
	501(c)(3)	Type 2111 GRAND AVE City or town, state or province, country, and ZIP or foreign postal code			
	08(e) 220(e)		-	1. 1.	
	08A 530(a)	DES MOINES, IA 50312		eck bo amen	ded return
	529(a) 529A	C Book value of all assets at end of year			
		n type ▶ 🔀 501(c) corporation 🔲 501(c) trust 🔲 401(a) trust 🔲 Other trust		licable	e reinsurance entity
	heck if filing only				
		3) organization filing a consolidated return with a 501(c)(2) titleholding corporation			
J E	nter the number	of attached Schedules A (Form 990-T)		!	2
	,	r, was the corporation a subsidiary in an affiliated group or a parent-subsidiary contro	lled gro	up?	► ∐Yes X No
		name and identifying number of the parent corporation			
		care of ▶KELLY EDMISTER Telephone numb	er ▶5 1	<u> </u>	725-1705
Par		related Business Taxable Income			
1		ted business taxable income computed from all unrelated trades or businesses (se			
	instructions)		[1	390.
2	Reserved		[2	
3		d 2		3	390.
4	Charitable con	tributions (see instructions for limitation rules)		4	
5	Total unrelated	d business taxable income before net operating losses. Subtract line 4 from line 3 .	[5	390.
6	Deduction for	net operating loss. See instructions	[6	
7	Total of unrela	ted business taxable income before specific deduction and section 199A deduction	ı. [
	Subtract line 6	from line 5		7	390.
8		ction (generally \$1,000, but see instructions for exceptions)		8	1,000.
9		n 199A deduction. See instructions		9	•
10	Total deducti	ons. Add lines 8 and 9	[10	1,000.
11	Unrelated bus	siness taxable income. Subtract line 10 from line 7. If line 10 is greater than line	7,		•
	enter zero	·	l	11	
Par	Tax Com				
1		s taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	. ▶	1	
2	•	e at trust rates. See instructions for tax computation. Income tax on the amount of			
		from: Tax rate schedule or Schedule D (Form 1041)		2	
3	Proxy tax. See	_ ` ` '	-	3	
4	,	unts. See instructions		4	
5		nimum tax (trusts only)		5	
6		mpliant facility income. See instructions		6	
7		es 3 through 6 to line 1 or 2, whichever applies	<u> </u>	7	
	. J. Gail / tag IIII	22 0 m. 2 mg. 3 to mile 1 of 2, mileters applied		-	

For Paperwork Reduction Act Notice, see instructions.

	90-T (2020) IOWA PUBLIC RADIO, INC.		20-42271	23 Page
Part				
1a		1a		
b	Other credits (see instructions)	1b		
C	General 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	Subtract line 1e from Part II, line 7		2	-
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697	Form 8866		
	Other (attach statement)		. 3	
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previous	sly deferred unde	er 💮	
	section 1294. Enter tax amount here	•	4	
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	. 5	
6a	D	6a	.	_
b	0000 # 4 4 4	6b	- .	
С		3c		
d	- · · · · - · · · - · · · · · · · · · ·	3d		
е	Backup withholding (see instructions)	Se Se		
f	Credit for small employer health insurance premiums (attach Form 8941) [6]	Gf .		
g	Other credits, adjustments, and payments: Form 2439			
	☐ Form 4136 ☐ Other Total ▶ [Sa		
7	Total payments. Add lines 6a through 6g		7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	1	▶ 9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount of	verpaid	▶ 10	_
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax	Refunded		-
Part I	V Statements Regarding Certain Activities and Other Information	(see instruction	s)	. <u>.</u>
1	At any time during the 2020 calendar year, did the organization have an interest i	n or a signature	or other authority	Yes No
	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	er the name of the	e foreian country	
	here >		- · - · · · · · · · · · · · · · · · · ·	X
2	During the tax year, did the organization receive a distribution from, or was it the	grantor of, or tra	nsferor to, a	131 752 3
•	foreign trust?			X
	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	> \$		
4a	Did the organization change its method of accounting? (see instructions)			X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 9	90-PF, or Form	1128? If "No."	
	explain in Part V			
Part \	Supplemental Information	· ,		
Provide	the explanation required by Part IV, line 4b. Also, provide any other additional in	formation. See in	structions	
				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements of perjury.	ents, and to the best of r	my knowledge and belief, i	t is
Sign	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	er has any knowledge.	· · · · · · · · · · · · · · · · · · ·	
	The rate of	 .	May the IRS discuss the	
lere	Kulytumister 14/24/22 Director of	Cidana	with the preparer show (see instructions)?	
	Signature of officer Date Title			
Paid	Print/Type preparer's name Preparer's signature	Date	Check if PTIN	
	aror		self-employed	
repa	l Firm's name	<u> </u>	Firm's EIN	
Jse (Jnly Firm's address		Phone no.	
			t trong no.	

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

▶ 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

A Name of the organization B Employer identification number IOWA PUBLIC RADIO, INC. 20-4227123 C Unrelated business activity code (see instructions) ▶452000 **D** Sequence: of **2** E Describe the unrelated trade or business ▶ Merchandise sales from online store Part I **Unrelated Trade or Business Income** (B) Expenses (A) Income (C) Net Gross receipts or sales 35,835. 1a b Less returns and allowances 1c **c** Balance ▶ 35,835 Cost of goods sold (Part III, line 8) 2 2 24,856 3 3 10,979. 10,979. Capital gain net income (attach Sch D (Form 1041 or Form 4a 1120)) (see instructions).............. 4a Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) . . . 4b Capital loss deduction for trusts........ 4c Income (loss) from a partnership or an S corporation (attach 5 5 Rent income (Part IV) 6 6 7 8 Interest, annuities, royalties, and rents from a controlled 8 Investment income of section 501(c)(7), (9), or (17) 9 9 10 Exploited exempt activity income (Part VIII) 10 11 11 12 Other income (see instructions; attach statement 12 13 13 10,979. Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly Part II connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 1 679. 4,195. 2 2 3 3 4 4 5 5 6 6 374. 7 8 8b 9 9 10 10 482. 11 11 643. 12 Excess exempt expenses (Part VIII) 12 13 13 14 Other deductions (attach statement) 14 3,112. 15 15 9,485. Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 16 1,494. 17 Deduction for net operating loss (see instructions) 17 1,104.

Unrelated business taxable income. Subtract line 17 from line 16

390.

18

18

		/			
Part					
1	Inventory at beginning of year				
2	Purchases				24,856.
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				04.056
6	Total. Add lines 1 through 5				24,856.
7 8	Inventory at end of year	S Enter here and in I			24 056
9	Do the rules of section 263A (with respect to prope				24,856. ? Yes X No
Part					: Tes VIAO
1	Description of property (property street address, o			<u> </u>	
•	A \square	, otato, 211 'oodo).	Oncon ii a adai acc	(coo mondono)	
	В				
	c 🗆				
	D 🗌				
		Α	В	С	D
2	Rent received or accrued				
а	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) .				
С	Total rents received or accrued by property.				
C	Add lines 2a and 2b, columns A through D				
•					
3	Total rents received or accrued. Add line 2c column	s A through D. Enter r	nere and on Part I, lin	e6, column (A) ► _	0.
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. colum	n (B)	0.
					<u>.</u>
Part	,				
1	Description of debt-financed property (street addr	ess, city, state, ZIP o	code). Check if a dua	al-use (see instruction	ns)
	A ∐ B □				
	с П				
	D \square				
		Α	В	С	D
2	Gross income from or allocable to debt-financed			-	-
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
6	financed property (attach statement)	%	%	%	0/
7	Gross income reportable. Multiply line 2 by line 6	<u>%</u>	<u> </u>	<u>%</u>	%
•	· · · · · · · · · · · · · · · · · · ·		l		
8	Total gross income (add line 7, columns A through	gh D). Enter here and	I on Part I, line 7, col	umn (A) 🕨 _	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part Llin	e7 column (R)	0.
		_	Ground Official Ci, IIII		
11	Total dividends-received deductions included	in line 10			0

Part	Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)						s)	
1	I. Name of controlled organization	lled 2. Employer identification number 3. Net unrelated income (loss) (see instructions)		Total of specified payments made	Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with acome in column 5	
(1)								
(2)								
(3)								
(4)								
		•	Nonexemp	t Co	ntrolled Organizatio	ns		
	7. Taxable income	inco	unrelated me (loss) nstructions)		. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota						Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 0.	Ente	ld columns 6 and 11. er here and on Part I, line 8, column (B)
Part	VII Investment	t Income of a	Section 501	(c)(7	ʹ), (9), or (17) Org	anization (see instruction	ons)	
	1. Description of income	2. Amou	unt of income		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)		Total deductions and set-asides dd columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
Tota	ls	Enter he	unts in column 2. re and on Part I, , column (A)				Ente	amounts in column 5. er here and on Part I, ine 9, column (B)
Part	VIII Exploited Exer	mpt Activity I			nan Advertising li	ncome (see instructions)	
1	Description of exploite		·			,		
2	Gross unrelated busin	ess income from	m trade or busi	ness.	Enter here and on F	Part I, line 10, column (A)	2	
3	Expenses directly con line 10, column (B).	•				Enter here and on Part I,	3	
4	Net income (loss) from	n unrelated trad	de or business.	Subf	tract line 3 from line		4	
5							5	
6	Expenses attributable						6	
7	-						 	
•	 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line Enter here and on Part II, line 12 					7		

Part	X Advertising Income					
1	Name(s) of periodical(s). C	heck box if repo	rting two or more	periodicals on a	consolidated ba	isis.
	A 🗆					
	В					
	C 🗆					
	D 🗌					
Enter	amounts for each periodical	listed above in	the corresponding	column.		
	·		A	В	С	D
2	Gross advertising income					
	-	l		l.		
а	Add columns A through D. En	ter here and on Pa	art I, line 11, columr	n (A)		D .
3	Direct advertising costs by per	iodical				
а	Add columns A through D. En	ter here and on Pa	art I, line 11, columr	າ (B)		O .
4	Advertising gain (loss). Subtra	ct line 3 from line				
7	2. For any column in line 4 she					
	complete lines 5 through 8. Fo	•				
	line 4 showing a loss or zero,	do not complete				
	lines 5 through 7, and enter ze	-				
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line					
•	line 5, subtract line 6 from line					
	than line 6, enter zero					
8	Excess readership costs allow					
Ū	deduction. For each column sl					
	line 4, enter the lesser of line 4					
•	Add line 8, columns A through		ter of the line 8a co	l Numns total or ze	ero here and on	
а	Part II, line 13					> 0.
Part						<u> </u>
гап	X compensation of one		, and musicus (S			4. Compensation
	1. Name		2.Title		3. Percentage of time devoted	attributable to
	i. Name		2. Huc		to business	unrelated business
(1) 12 -	alle Edmiston	Dimoo	tor of Fina	777 C 077	00.58 %	679.
	elly Edmister	Direc	tor of fina	nce & ope	00.36 % %	679.
(2)					%	
(3)					%	
(4)					70	
Total	. Enter here and on Part II, line 1					670
						679.
Part	Supplemental informs	ation (see msuu	Clions)			

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

A 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

B Employer identification number

<u>IOW</u>	A PUBLIC RADIO, INC.	20-4227123					
C Un	related business activity code (see instructions) ▶541800	D Sequence:	2	of	2		
E De	scribe the unrelated trade or business Vnqualified	spo	nsorships	on .org w	vebs:	ite &	event
Part		_	(A) Income	(B) Expen	- 1		Net
1a	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					
4a	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)	-					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
_	statement)						
6	Rent income (Part IV)						
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)						
40	organizations (Part VII)	-	F4 040	EA (01		0.40
10 11	Exploited exempt activity income (Part VIII)	10 11	54,849	. 54,0	<u>, TO</u>		848.
12	Other income (see instructions; attach statement	$\overline{}$					
13	Total. Combine lines 3 through 12	-	54,849	. 54,0	001		848.
Part						directly	040.
ı aıı	connected with the unrelated business income				iusi be	unechy	
1	Compensation of officers, directors, and trustees (Part X)				1		
2	Salaries and wages						
3	Repairs and maintenance						
4	Bad debts						
5	Interest (attach statement) (see instructions)				5		
6	Taxes and licenses						
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	Total deductions. Add lines 1 through 14				15		
16	Unrelated business income before net operating loss deduction				_		
	column (C)				16		848.
17	Deduction for net operating loss (see instructions)				17		4,124.

Unrelated business taxable income. Subtract line 17 from line 16

Concad	CA (FORM SOCI) 2020 IONA FOBILE ICADIO			20 322/12	
Part	Cost of Goods Sold Enter method	of inventory valua	ation 🕨		
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to prope				☐ Yes ☐ No
Part	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `			<u> </u>	
1	Description of property (property street address, o	city, state, ZIP code).	. Check if a dual-use	(see instructions)	
	A				
	B				
	C				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	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) .				
С	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 column	s A through D. Enter h	nere and on Part I. lin	e6. column(A) ▶	0.
	-				<u> </u>
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 or	Part I, line 6, colum	n (B) >	0.
	<u> </u>				
Part	,			. ,	,
1	Description of debt-financed property (street addr	ess, city, state, ZIP o	code). Check if a dua	al-use (see instructions	S)
	<u>A</u> <u> </u>				
	B				
	c				
	D			_	
•		Α	В	С	D
2	Gross income from or allocable to debt-financed				
_	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through	nh D) Enter here one	lon Part Lline 7 col	umn (Δ)	0.
	· .	gri שן. בווגפו וופופ allo	Torraiti, iiile 7, COI	<u> </u>	<u> </u>
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	Athrough D Enter h	ere and on Part I lin	e 7. column (R)▶	0.
		-		• • • • • • • • • • • • • • • • • • • •	
11	Total dividends-received deductions included	ın line 10			0.

Part			es, and Rent			janizations (see instru		
	,					ontrolled Organizations		7
	Name of controlled organization	2. Employer identification number	3. Net unrelat income (loss (see instruction	s)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexemp	t Co	ntrolled Organizatio	ns		
	7. Taxable income	inco	unrelated me (loss) nstructions)	9	D. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota	ıls				>	Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 0.	Ent	ld columns 6 and 11. er here and on Part I, line 8, column (B)
Part	VII Investment	Income of a	Section 501	(c)(7	'), (9), or (17) Org	anization (see instruction	ons)	
	1. Description of income	2 . Amou	ınt of income		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)		Total deductions and set-asides dd columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
		Enter he	unts in column 2. re and on Part I, , column (A)				Ente	amounts in column 5. or here and on Part I, ine 9, column (B)
Tota		>	0					0.
Part	VIII Exploited Exen	npt Activity I	ncome, Othe	er Th	nan Advertising l	ncome (see instructions	<u>s)</u>	
1	Description of exploited	d activity: <u>UNC</u>	UALIFIED	SF	ONSORSHIPS	ON .ORG		
2						Part I, line 10, column (A)		54,849.
3		•				Enter here and on Part I,		
	line 10, column (B).						3	54,001.
4	Net income (loss) from					• .	_	
-							4	848.
5							5	
6 7	Expenses attributable t					than the amount on line	6	
1							7	

Part		X Advertising Income				
1		Name(s) of periodical(s). Check box if report	rting two or more	periodicals on a c	onsolidated ba	sis.
	1	A 🗌				
	ı	B 🗌				
	(
		D				
Ente	r a	amounts for each periodical listed above in	the corresponding	column.		
		<u>'</u>	A	В	С	D
2		Gross advertising income				
		•				
а		Add columns A through D. Enter here and on Pa	art I, line 11, columr	n (A)		▶ 0.
3		Direct advertising costs by periodical				
а		Add columns A through D. Enter here and on Pa	art I, line 11, columr	ı (B)		• 0.
4		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				
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				
а		Add line 8, columns A through D. Enter the grea	ter of the line 8a. co	olumns total or zero	here and on	
a		Part II, line 13				• 0.
Par						<u> </u>
ı aı	.		,		3. Percentage	4. Compensation
		1. Name	2. Title		of time devoted to business	attributable to unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
`						
Total	. E	Enter here and on Part II, line 1.............				0.
Part	Σ	Supplemental Information (see instru	ctions)			
			•			

Details for Schedule A, Part II, Line 17

20-4227123

	Date	Description		Amount
_	06/30/2019	Net Operating Loss - Activity 45200		1,104.00
			Total	1,104.00

Details for Schedule A, Part II, Line 17

20-4227123

Date	Description	Amount
06/30/2019	Net Operating Loss - Activity 541800	4,124.00
	То	tal 4,124.00