

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

**2023**

For calendar year 2023 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to [www.irs.gov/Form990T](http://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

Department of the Treasury  
Internal Revenue Service

|  |                      |   |   |
|--|----------------------|---|---|
| <b>A</b> <input type="checkbox"/> Check box if address changed.<br><b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501( C )( 3 )<br><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A | <b>Print or Type</b> | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><b>MORMON DISCUSSION, INC</b> | <b>D Employer identification number</b><br>47-1244991             |
|  |                      | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>90 S. NIELSON DR</b>                                 | <b>E Group exemption number</b><br>(see instructions)             |
|  |                      | City or town State ZIP code<br><b>Washington UT 84780-1917</b>  | <b>F</b> <input type="checkbox"/> Check box if an amended return. |
|  |                      | Foreign country name Foreign province/state/county Foreign postal code  |   |

**C** Book value of all assets at end of year . . . . .

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust  State college/university  
 6417(d)(1)(A) Applicable entity

**H** Check if filing only to claim  Credit from Form 8941  Refund shown on Form 2439  Elective payment amount from Form 3800

**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-subsidary controlled group? . . .  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation

**L** The books are in care of **WILLIAM REEL** Telephone number **435-229-7153**

| <b>Part I Total Unrelated Business Taxable Income</b> |  |        |
|---|--|--------|
| <b>1</b>  | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)               | 37,768 |
| <b>2</b>  | Reserved   |        |
| <b>3</b>  | Add lines 1 and 2  | 37,768 |
| <b>4</b>  | Charitable contributions (see instructions for limitation rules)   |        |
| <b>5</b>  | Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3                             | 37,768 |
| <b>6</b>  | Deduction for net operating loss. See instructions   |        |
| <b>7</b>  | Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 37,768 |
| <b>8</b>  | Specific deduction (generally \$1,000, but see instructions for exceptions)  | 1,000  |
| <b>9</b>  | <b>Trusts.</b> Section 199A deduction. See instructions  |        |
| <b>10</b>   | <b>Total deductions.</b> Add lines 8 and 9   | 1,000  |
| <b>11</b>   | <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero        | 36,768 |

| <b>Part II Tax Computation</b> |  |       |
|--------------------------------|--|-------|
| <b>1</b>                       | <b>Organizations taxable as corporations.</b> Multiply Part I, line 11, by 21% (0.21)  | 7,721 |
| <b>2</b>                       | <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) |       |
| <b>3</b>                       | <b>Proxy tax.</b> See instructions   |       |
| <b>4</b>                       | Other tax amounts. See instructions  |       |
| <b>5</b>                       | Alternative minimum tax  |       |
| <b>6</b>                       | <b>Tax on noncompliant facility income.</b> See instructions   |       |
| <b>7</b>                       | <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies  | 7,721 |

| <b>Part III Tax and Payments</b> |   |       |
|----------------------------------|---|-------|
| <b>1a</b>                        | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)   |       |
| <b>1b</b>                        | Other credits (see instructions)  |       |
| <b>1c</b>                        | General business credit. Attach Form 3800 (see instructions)  |       |
| <b>1d</b>                        | Credit for prior-year minimum tax (attach Form 8801 or 8827)  |       |
| <b>1e</b>                        | <b>Total credits.</b> Add lines 1a through 1d   | 0     |
| <b>2</b>                         | Subtract line 1e from Part II, line 7   | 7,721 |
| <b>3a</b>                        | Amount due from Form 4255   |       |
| <b>3b</b>                        | Amount due from Form 8611   |       |
| <b>3c</b>                        | Amount due from Form 8697   |       |
| <b>3d</b>                        | Amount due from Form 8866   |       |
| <b>3e</b>                        | Other amounts due (see instructions)  |       |
| <b>3f</b>                        | <b>Total amounts due.</b> Add lines 3a through 3e   |       |
| <b>4</b>                         | <b>Total tax.</b> Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | 7,721 |
| <b>5</b>                         | Current net 965 tax liability paid from Form 965-A, Part II, column (k)   |       |

Part III Tax and Payments (continued)

Table with 11 rows (6a-6j, 7-11) and 3 columns. Includes items like 'Payments: Preceding year's overpayment', 'Current year's estimated tax payments', 'Tax deposited with Form 8868', and 'Total payments'.

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

Table with 5 main rows and 2 columns (Yes/No). Includes questions about foreign interest, distributions to foreign trusts, and NOL carryovers.

Part V Supplemental Information

Provide any additional information. See instructions.

Signature block and preparer information section. Includes 'Sign Here' area with signature, date, and title, and a 'Paid Preparer Use Only' section with name, address, and contact info.

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

## Part I — Identification

|               |   |  |
|---------------|---|--|
| Type or Print | Name of exempt organization, employer, or other filer, see instructions.<br>MORMON DISCUSSION, INC                    | Taxpayer identification number (TIN)<br>47-1244991 |
|               | Number, street, and room or suite no. If a P.O. box, see instructions.<br>90 S. NIELSON DR                            |  |
|               | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>Washington, UT 84780-1917 |  |

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **07**

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 4720 (other than individual) | 09          |
| Form 4720 (individual)                   | 03          | Form 5227                         | 10          |
| Form 990-PF                              | 04          | Form 6069                         | 11          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 8870                         | 12          |
| Form 990-T (trust other than above)      | 06          | Form 5330 (individual)            | 13          |
| Form 990-T (corporation)                 | 07          | Form 5330 (other than individual) | 14          |
| Form 1041-A                              | 08          |                                   |             |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

## Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of WILLIAM REEL  
 Telephone No. 435-229-7153 Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 11/15, 20 24, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

calendar year 20 23 or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |       |
|---|-----------|----|-------|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | 7,721 |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0     |
| <b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.       | <b>3c</b> | \$ | 7,721 |



**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990T](http://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).

OMB No. 1545-0047

**2023**

Open to Public Inspection for  
501(c)(3) Organizations Only

|   |   |
|---|---|
| <b>A</b> Name of the organization<br>MORMON DISCUSSION, INC                   | <b>B</b> Employer identification number<br>47-1244991 |
| <b>C</b> Unrelated business activity code (see instructions) . . . . . 516210 | <b>D</b> Sequence: 1 of 1                             |

**E** Describe the unrelated trade or business Media Streaming, Social Networks, & Other Content Providers

| <b>Part I</b> Unrelated Trade or Business Income   |           | (A) Income | (B) Expenses | (C) Net |
|--|-----------|------------|--------------|---------|
| <b>1a</b> Gross receipts or sales <span style="float:right">339</span>                                     |           |            |              |         |
| <b>b</b> Less returns and allowances <span style="float:right">c Balance</span>                            | <b>1c</b> | 339        |              |         |
| <b>2</b> Cost of goods sold (Part III, line 8) . . . . .   | <b>2</b>  |            |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .  | <b>3</b>  | 339        |              | 339     |
| <b>4a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . | <b>4a</b> |            |              |         |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions . . . . .                        | <b>4b</b> |            |              |         |
| <b>c</b> Capital loss deduction for trusts . . . . .   | <b>4c</b> |            |              |         |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) . . . . .                 | <b>5</b>  |            |              |         |
| <b>6</b> Rent income (Part IV) . . . . .   | <b>6</b>  |            |              |         |
| <b>7</b> Unrelated debt-financed income (Part V) . . . . .   | <b>7</b>  |            |              |         |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) . . . . .      | <b>8</b>  |            |              |         |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) . . . . .           | <b>9</b>  |            |              |         |
| <b>10</b> Exploited exempt activity income (Part VIII) . . . . .   | <b>10</b> |            |              |         |
| <b>11</b> Advertising income (Part IX) . . . . .   | <b>11</b> | 37,429     |              | 37,429  |
| <b>12</b> Other income (see instructions; attach statement) . . . . .                                      | <b>12</b> |            |              |         |
| <b>13</b> Total. Combine lines 3 through 12 . . . . .  | <b>13</b> | 37,768     | 0            | 37,768  |

| <b>Part II</b> Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income |           |  |   |        |
|--|-----------|--|---|--------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X) . . . . .  | <b>1</b>  |  |   |        |
| <b>2</b> Salaries and wages . . . . .  | <b>2</b>  |  |   |        |
| <b>3</b> Repairs and maintenance . . . . .   | <b>3</b>  |  |   |        |
| <b>4</b> Bad debts . . . . .   | <b>4</b>  |  |   |        |
| <b>5</b> Interest (attach statement). See instructions . . . . .   | <b>5</b>  |  |   |        |
| <b>6</b> Taxes and licenses . . . . .  | <b>6</b>  |  |   |        |
| <b>7</b> Depreciation (attach Form 4562). See instructions . . . . .   | <b>7</b>  |  |   |        |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return . . . . .   | <b>8a</b> |  |   |        |
| <b>9</b> Depletion . . . . .   | <b>9</b>  |  |   |        |
| <b>10</b> Contributions to deferred compensation plans . . . . .   | <b>10</b> |  |   |        |
| <b>11</b> Employee benefit programs . . . . .  | <b>11</b> |  |   |        |
| <b>12</b> Excess exempt expenses (Part VIII) . . . . .   | <b>12</b> |  |   |        |
| <b>13</b> Excess readership costs (Part IX) . . . . .  | <b>13</b> |  |   |        |
| <b>14</b> Other deductions (attach statement) . . . . .  | <b>14</b> |  |   |        |
| <b>15</b> Total deductions. Add lines 1 through 14 . . . . .   | <b>15</b> |  | 0 |        |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) . . . . .                                   | <b>16</b> |  |   | 37,768 |
| <b>17</b> Deduction for net operating loss. See instructions . . . . .   | <b>17</b> |  |   |        |
| <b>18</b> Unrelated business taxable income. Subtract line 17 from line 16 . . . . .   | <b>18</b> |  |   | 37,768 |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Line 6 Total: 0. Line 8 Cost of goods sold: 0. Line 9: Do the rules of section 263A... apply to the organization? Yes No

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

Table for Rent Income. Line 2: Rent received or accrued. Line 3: Total rents received or accrued. Line 4: Deductions directly connected with the income. Line 5: Total deductions. Columns A, B, C, D.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Line 2: Gross income from or allocable to debt-financed property. Line 3: Deductions directly connected with or allocable to debt-financed property. Line 4: Amount of average acquisition debt. Line 5: Average adjusted basis. Line 6: Divide line 4 by line 5. Line 7: Gross income reportable. Line 8: Total gross income. Line 9: Allocable deductions. Line 10: Total allocable deductions. Line 11: Total dividends - received deductions.

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

| 1. Name of controlled organization | 2. Employer identification number                 | Exempt Controlled Organizations                   |  |   |  |
|------------------------------------|---|---|--|---|--|
|                                    |   | 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 income | 6. Deductions directly connected with income in column 5 |
| (1)                                |   |   |  |   |  |
| (2)                                |   |   |  |   |  |
| (3)                                |   |   |  |   |  |
| (4)                                |   |   |  |   |  |
| Nonexempt Controlled Organizations |   |   |  |   |  |
| 7. Taxable income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made               | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                          |  |
| (1)                                |   |   |  |   |  |
| (2)                                |   |   |  |   |  |
| (3)                                |   |   |  |   |  |
| (4)                                |   |   |  |   |  |
|                                    |   |   | 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)                  |  |
| <b>Totals</b> . . . . .            |   |   | 0  | 0   |  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 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)              |
|--------------------------|---------------------|---|----------------------------------|---|
| (1)                      |                     |   |                                  | 0   |
| (2)                      |                     |   |                                  | 0   |
| (3)                      |                     |   |                                  | 0   |
| (4)                      |                     |   |                                  | 0   |
|                          |                     | 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) |
| <b>Totals</b> . . . . .  |                     | 0   |                                  | 0   |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |  |   |   |
|---|--|---|---|
| 1 | Description of exploited activity: _____   |   |   |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)  | 2 |   |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) . . . . .                  | 3 |   |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 . . . . .                   | 4 | 0 |
| 5 | Gross income from activity that is not unrelated business income . . . . .   | 5 |   |
| 6 | Expenses attributable to income entered on line 5 . . . . .  | 6 |   |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 . . . . . | 7 | 0 |

Part IX Advertising Income

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

- A [ ] YOUTUBE
B [ ]
C [ ]
D [ ]

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

Table with 4 columns (A, B, C, D) and rows for Gross advertising income, Direct advertising costs, Advertising gain (loss), Readership costs, Circulation income, Excess readership costs, and Excess readership costs allowed as a deduction.

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

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Includes a Total row at the bottom.

Part XI Supplemental Information (see instructions)

Series of horizontal dashed lines for supplemental information.