## Form **990-T**

## Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning 7/01, 2018, and ending 6/30, Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No. 1545-0687

| Depa     | rtment of the Treasury<br>nal Revenue Service         |                | nter SSN numbers on th      |                   |          |                   |                 |             |                |              |             | Open to Pub                  | llc Inspection for<br>ganizations Only   |
|----------|---|----------------|-----------------------------|-------------------|----------|-------------------|-----------------|-------------|----------------|--------------|-------------|------------------------------|--|
| A        | 1 Check box if  |                |                             |                   |          | hanged and see    |                 |             |                |              | D En        | plover iden                  | tification number  |
|          | address changed                                       | Print          | GREENHILL HU                | J<br>MANE SOC     | TE       | ויע קפר א         |                 |             |                |              | - (Er       | nployees' tru<br>tructions.) | ıst, see   |
|          | Exempt under section                                  |                | 88530 GREEN 1               |                   |          | 11, 5102          | 1               |             |                |              | Q           | 3-0467                       | 7.41.2   |
| ł        | X 501( C )( 3 )<br>408(e) 220(e)                      |                | EUGENE, OR 9                |                   |          |                   |                 |             |                |              | F Ur        | related bus                  | iness activity code  |
|          | 408(e) 220(e) 530(a)                                  |                |                             |                   |          |                   |                 |             |                |              | <b>-</b> (S | ee instructio                | ns.)   |
| ŀ        | 529(a)  |                |                             |                   |          |                   |                 |             |                |              |             |                              |  |
| C        | Book value of all assets                              | F Group        | exemption number (S         | ee instruction    | ns.) Þ   | •                 |                 |             |                | •            |             | <del></del>                  |  |
| ā        | t end of year 7,207,487.                              | G Check        | organization type           | ► X 50            | 01(c     | ) corporation     | າ [             | 501(        | c) trust       | 40           | 11(a) t     | rust [                       | Other trust  |
| H        | Enter the number of the o                             | rganization's  | unrelated trades or l       | ousinesses.       |          | <u> 1</u>         |                 | De          | scribe th      | e only (or   | first)      | unrelated                    |  |
|          | trade or business here 🕨                              | RETAIL         | SALES OF PET                | RELATE            | I C      | TEMS              |                 |             |                | If or        | nly on      | e, comple                    | ete Parts I-V.   |
|          | If more than one, descri                              |                |                             |                   | f the    | previous se       | entenc          | e, cor      | nplete P       | arts I and   | d II, c     | omplete a                    | a Schedule M   |
|          | for each additional trade<br>During the tax year, was |                |                             |                   | d ar     | or o nor          | ont ou          | haidia      | oru oontr      | allad ara    | up 2        | <b>▶</b> □∨                  | '00 [V] No   |
|          |   |                |                             |                   |          |                   | ent-su          | ibsiuic     | ary conti      | olleu gro    | uρ (. ,     | ' '                          | es X No  |
|          | If 'Yes,' enter the name The books are in care of '   |                |                             | barent corpo      | iau      | )11               |                 | To          | lophone        | numbor       | <u> </u>    | 1-689-                       | 1  |
| Pa       |   | 022412         | LIEBERMAN<br>usiness Income |                   |          | (A) Inc           | como            |             |                | Expense      |             |                              | -1503<br>C) Net  |
| Lancin   | <del></del>   |                |                             |                   |          | (A) (III          | COME            | -           | 77             | Lybelise     | <b>)</b>    | WASTERNIES.                  | o) Net   |
|          | a Gross receipts or sale                              |                |                             | Balance►          | 1 c      |                   | 11              | (1)         | Κ.             |              |             |                              |  |
| _        | b Less returns and allowances                         |                |                             |                   | 2        |                   | 1 70            | <b>N</b> 3  |                | erit desergi |             |                              | 745<br>1.21.00 - 1   |
| 2        | Cost of goods sold (So<br>Gross profit, Subtract      |                |                             |                   | 3        |                   | T 2 0           | 3.          |                |              |             |                              |  |
| 3        | a Capital gain net incom                              |                |                             | <del></del>       | 3<br>4a  | 0                 | -8,1            | TU.         |                |              | 64 ·        |                              |  |
|          | <b>b</b> Net gain (loss) (Form 4797,                  |                |                             |                   | 4a<br>4b |                   |                 |             | PACE SEA       |              |             |                              |  |
|          |   |                |                             | <u> </u>          | 40<br>4c | <del>_\\</del> }_ |                 |             | and the second | 2 (pdf)      |             |                              |  |
|          | c Capital loss deduction<br>Income (loss) from a pa   |                |                             |                   | 40       | <b>6</b> 5        |                 |             |                |              |             | •                            |  |
| •        | (attach statement)                                    |                |                             |                   | 5        | )                 |                 |             |                |              | Naja        |                              |  |
| 6        | Rent income (Schedul                                  | e C)           |                             |                   | 3        |                   |                 |             |                |              |             |                              |  |
| 7        | Unrelated debt-finance                                | ed income (    | Schedule E)                 |                   | 7        |                   |                 |             |                |              |             |                              |  |
| 8        | Interest, annuities, royalties,                       | and rents fror | n a controlled organizatio  | n (Schedule 1).   | 8        |                   |                 |             |                |              |             |                              |  |
| 9        | Investment income of a sect                           | ion 501(c)(7), | (9), or (17) organization ( | Sahedule G)       | 9        |                   |                 |             |                |              |             |                              |  |
| 10       | Exploited exempt activ                                | vity income    | (Schedule I)                |                   | 10       |                   |                 |             |                |              |             |                              |  |
| 11       | Advertising income (S                                 | chedule J).    |                             |                   | 11       |                   |                 |             |                |              |             |                              |  |
| 12       | Other income (See ins                                 | structions; a  | ttach schedule)             | , , , , , , , , , |          |                   |                 |             |                |              |             |                              |  |
|          |   |                |                             | <u> </u>          | 12       |                   |                 |             | - 14 AM        | X            |             |                              |  |
|          | Total. Combine lines 3                                |                |                             |                   | 13       |                   | <del>-8,1</del> |             |                |              | 0.          |                              | -8,110.  |
| Pa       | rt II Deductions                                      | Not Take       | n <b>Elsewhere</b> (Se      | e instruct        | ions     | s for limita      | ations          | s on        | deduct         | ions.) (     | Exce        | ept for                      |  |
| - 11     | Contributions Compensation of office                  |                | ons must be dire            |                   |          |                   |                 |             |                |              | 14          | ;. <i>)</i>                  | NAME OF THE OWNER O |
|          | Salaries and wages                                    |                |                             |                   |          |                   |                 |             |                |              | 15          |                              |  |
| 15       | Repairs and maintena                                  |                |                             |                   |          |                   |                 |             |                |              | 16          |                              |  |
| 16       | Bad debts   |                |                             |                   |          |                   |                 |             |                |              | 17          |                              |  |
| 17       | Interest (attach schedu                               |                |                             |                   |          |                   |                 |             |                |              | 18          |                              |  |
| 18<br>19 | Taxes and licenses                                    | , ,            |                             |                   |          |                   |                 |             |                |              | 19          |                              |  |
| 20       | Charitable contribution                               |                |                             |                   |          |                   |                 |             |                |              | 20          |                              |  |
| 21       | Depreciation (attach F                                | ,              |                             |                   |          |                   |                 |             |                |              |             |                              |  |
| 22       | Less depreciation clair                               |                |                             |                   |          |                   |                 |             |                |              | 22b         |                              |  |
| 23       | Depletion   |                |                             |                   |          | ı                 |                 |             |                |              | 23          |                              |  |
| 24       | Contributions to defer                                |                |                             |                   |          |                   |                 |             |                |              | 24          |                              |  |
| 25       | Employee benefit prog                                 |                |                             |                   |          |                   |                 |             |                |              | 25          |                              |  |
| 26       | Excess exempt expen                                   |                |                             |                   |          |                   |                 |             |                |              | 26          |                              |  |
| 27       | Excess readership cos                                 |                |                             |                   |          |                   |                 |             |                |              | 27          |                              |  |
| 28       | Other deductions (atta                                | •              |                             |                   |          |                   |                 |             |                |              | 28          |                              | ***************************************  |
| 29       | Total deductions. Add                                 | l lines 14 th  | rough 28                    |                   |          |                   |                 |             |                |              | 29          |                              |  |
| 30       | Unrelated business tax                                |                |                             |                   |          |                   |                 |             |                |              | 30          |                              | -8,110.  |
| 31       | Deduction for net operating                           |                |                             |                   |          |                   |                 |             |                |              | 31          |                              |  |
| 32       | Unrelated business tax                                | kable incom    | e. Subtract line 31 t       | from line 30      |          |                   | <u></u>         | <u></u> .,. |                |              | 32          |                              | -8,110.  |

| Par      | t III     | Total Unrelated Business Taxable Income   |  |  |                                      |                    |   |          |             |
|----------|-----------|---|--|--|--------------------------------------|--------------------|---|----------|-------------|
| 33       |           | of unrelated business taxable income computed from all un   |  |  |                                      | [                  | ******                                  |          |             |
|          |           | uctions)  |  |  |                                      | 33                 |   | -8,      | <u>110.</u> |
| 34       |           | unts paid for disallowed fringes  |  | 34   |                                      |                    |   |          |             |
| 35       |           | action for net operating loss arising in tax years beginning be   |  | 35   |                                      |                    |   |          |             |
| 36       |           | uctions)  |  | 35   |                                      |                    | · · · · · · · · · · · · · · · · · · ·   |          |             |
| 30       |           | ies 33 and 34   |  | 36   |                                      | -8.                | 110.                                    |          |             |
| 37       |           | offic deduction (Generally \$1,000, but see line 37 instructions  | 37   |  |                                      |                    |   |          |             |
| 38       |           | lated business taxable income. Subtract line 37 from line 36  |  |  |                                      | <u> </u>           |   |          |             |
|          | enter     | the smaller of zero or line 36  |  |  | · [                                  | 38                 |   | -8,      | 110.        |
| Par      | t IV      | Tax Computation   |  |  |                                      |                    |   |          |             |
| 39       | Orga      | nizations Taxable as Corporations. Multiply line 38 by 21%  | (0.21)   |  |                                      | 39                 |   |          | 0.          |
| 40       | Trust     | ts Taxable at Trust Rates. See instructions for tax computati   | on. Income tax o                               | n the amount                                     |                                      |                    | *************************************** |          |             |
|          | on lir    | ne 38 from: Tax rate schedule or Schedule D   | (Form 1041)                                    |  | , ▶                                  | 40                 |   |          |             |
| 41       |           | y tax. See instructions   |  |  |                                      | 41                 |   |          |             |
| 42       | Alter     | native minimum tax (trusts only)  |  |  | [                                    | 42                 |   |          |             |
| 43       | Tax c     | on Noncompliant Facility Income. See instructions   |  |  |                                      | 43                 |   |          |             |
| 44       | Total     | I. Add lines 41, 42, and 43 to line 39 or 40, whichever applie  | es   |  |                                      | 44                 |   |          | 0.          |
| Par      | ťΫ        | Tax and Payments  |  |  |                                      |                    |   |          |             |
|          |           | gn tax credit (corporations attach Form 1118; trusts attach F   | orm 1116)                                      | 45 a   |                                      | 1                  |   |          |             |
| b        | Other     | r credits (see instructions)  |  | 45 b   |                                      |                    |   |          |             |
| С        | Gene      | eral business credit. Attach Form 3800 (see instructions)   |  | 45 c   |                                      |                    |   |          |             |
| d        | l Credi   | it for prior year minimum tax (attach Form 8801 or 8827)  |  | 45 d   |                                      | 7 44               |   |          |             |
|          |           | credits. Add lines 45a through 45d  |  | ( <b>)</b>                                       |                                      | 45 e               |   |          | 0.          |
| 46       | Subtr     | ract line 45e from line 44  |  |  | , ,                                  | 46                 |   |          | 0.          |
| 47       | Other     | r taxes. Check if from: Form 4255 Form 8611 Form  | n 8697 ∐ For                                   | 8866   |                                      |                    |   |          |             |
|          |           | Other (attach schedule)   |  |  | · · · · · · · · · ·                  | 47                 |   |          |             |
| 48       |           | tax, Add lines 46 and 47 (see instructions)   |  |  |                                      | 48                 |   |          | 0.          |
| 49       |           | net 965 tax liability paid from Form 965-A or Form 965-B, P   |  | ), line 2  |                                      | 49                 |   |          |             |
| 50 a     | Paym      | nents: A 2017 overpayment credited to 2018  |  | 50 a   |                                      |                    |   |          |             |
|          |           | estimated tax payments  | 6 Y  | 50 b   |                                      |                    |   |          |             |
| C        | Tax c     | deposited with Form 8868gn organizations: Tax paid or withheld at source (see instruc   | <i>!</i>                                       | 50 c   |                                      |                    |   |          |             |
|          |           |   | ctions)  | 50 d   |                                      |                    |   |          |             |
|          |           | up withholding (see instructions)   |  | 50 e   |                                      |                    |   |          |             |
|          |           | it for small employer health insurance premiums (attach Form  | m 8941)  | 50 f   |                                      |                    |   |          |             |
| g        | PARTITION | r credits, adjustments, and payments:   | Takal  | 50   |                                      |                    |   |          |             |
|          |           | form 4136 Othe  | <del>_</del>                                   | 50 g   |                                      |                    |   |          | •           |
|          | Total     | payments. Add lines 50a through 50g   |  |  |                                      | 51                 |   |          | <u>0.</u>   |
| 52       | Estin     | nated tax penalty (see instructions). Oleck if Form 2220 is a   | ttacned  |  | الِيا *                              | 52                 |   |          |             |
|          |           | due. If line 51 is less than the total of lines 48, 49, and 52, e   |  |  |                                      | 53                 |   |          |             |
| 54       |           | payment. If line 51 is larger than the total of lines 48, 49, ar  |  | 1  | . 1                                  | 54                 |   |          |             |
|          |           | r the amount of line 54 you want: Credited to 2019 estimate   |  |  | Refunded >                           | 55                 |   |          |             |
| 10000000 | t VI      | Statements Regarding Certain Activities and C   |  |  |                                      |                    |   |          |             |
| 56       |           | y time during the 2018 calendar year, did the organization have a   |  |  |                                      |                    | 1 7 4                                   | Yes      | No          |
|          |           | cial account (bank, securities, or other) in a foreign country? If 'Ye  |  | =  | file FINCEIN                         | Form               | 114,                                    | 100      |             |
|          |           | rt of Foreign Bank and Financial Accounts. If 'Yes,' enter the nan  |  |  |                                      |                    |   | ļ        | X           |
| 57       |           | ng the tax year, did the organization receive a distribution fro  |  | grantor of, or tra                               | insferor to, a                       | a forei            | gn trust?.                              |          | X           |
|          |           | s,' see instructions for other forms the organization may have to   |  |  |                                      |                    |   |          |             |
| 58       | Enter     | the amount of tax-exempt interest received or accrued during the  | e tax year ►                                   | \$   | 0.                                   |                    |   |          |             |
|          |           | Under penalties of perjury, I declare that I have examined this return, including bellef, it is true, correct, and complete. Declaration of preparer (other than taxp | accompanying schedu<br>ayer) is based on all i | ules and statements, a<br>information of which p | ind to the best o<br>reparer has any | f my kn<br>knowled | owledge and<br>dge.                     |          |             |
| Sigr     | 1         |   |  | XECUTIVE DI                                      |                                      | May the            | RS discuss to<br>parer shown be         | his retu | rn with     |
| Here     | 9         | Signature of officer Date   | Title  | )  |                                      | instruct           | ions)? XY                               |          | ĎΝο         |
|          |           | Print/Type preparer's name Preparer's signature   | Dat  | to   | a . F1.                              | D.                 | TIN .                                   |          | ـــار       |
| Paic     | 1         |   | Dat  | (G   | Check if                             |                    |   |          |             |
| Pre-     | ı         | KERRY RASMUSSON   | CCON TED                                       |  | self-employed                        |                    | 0054435                                 | 3        |             |
| pare     | er        | Firm's name MUELLER YUVA OSTERMAN RASMU   | SSON TTL                                       |  | Firm's EIN                           | ∠6-                | <u> 1589090</u>                         |          |             |
| Use      |           | Firm's address 225 E 4TH AVE  | <del></del>                                    |  |                                      |                    | 44 \ ~ ~ ~ ~                            |          | • •         |
| Only     | У         | EUGENE, OR 97401  |  |  | Phone no.                            | (5                 | 41) 344                                 |          |             |
| BAA      |           | TEEA0202  | 2L 01/24/19                                    |  |                                      |                    | Form 9                                  | 90-T (   | 2018)       |

| Schedule A - Cost of Goods Sold.   | Enter method of inve   | ntory valuation 🟲  |                              |   |   |                                       |                  |  |  |
|--|--|--|------------------------------|---|---|---------------------------------------|------------------|--|--|
| 1 Inventory at beginning of year   | . 1  | 6 Inve   | ntory at                     | end of year   | 6   |                                       |                  |  |  |
| <b>2</b> Purchases   | . 2  | 7 Cos  | Cost of goods sold. Subtract |   |   |                                       |                  |  |  |
| 3 Cost of labor  | . 3  | line   | 6 from li                    | ne 5. Enter here  | <u></u>   |                                       |                  |  |  |
| 4 a Additional section 263A costs (attach schedule)  |  | and  | in Part I                    | , line 2  | 7   | T                                     |                  |  |  |
|  | . 4a   |  |                              |   |   | Yes                                   | No               |  |  |
| <b>b</b> Other costs   | 46   |  |                              | of section 263A (with   |   | 18940<br>1871                         |                  |  |  |
| (attach sch)   | · <del> </del>   |  |                              | duced or acquired for a zation?   | 4441,07 (21mpp                                      |                                       |                  |  |  |
| Schedule C — Rent Income (From Ro  | ·  |  |                              |   |   | nstructi                              | ions)            |  |  |
| 1 Description of property  |  |  |                              |   |   |                                       | <del></del>      |  |  |
| (1)  |  | <del>,</del> ,   |                              |   |   |                                       |                  |  |  |
| (2)  |  |  |                              |   |   |                                       |                  |  |  |
| (3)  |  |  |                              |   |   | ·                                     |                  |  |  |
| (4)  | ALLEAN WEST CO.  |  |                              |   |   |                                       |                  |  |  |
|  | eived or accrued   |  |                              | <u> </u>  |   | · · · · · · · · · · · · · · · · · · · |                  |  |  |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)              | (b) From re<br>(if the perce                                 | eal and personal propentage of rent for perspeeds 50% or if the reon profit or income) | onal                         | <b>3(a)</b> Deductions the income in cattac                                   | directly connect<br>columns 2(a) ar<br>ch schedule) | ted wit<br>nd 2(b)                    | .h               |  |  |
| (1)  |  |  |                              |   |   |                                       |                  |  |  |
| (2)  |  |  | ,                            | $\sim$  |   |                                       |                  |  |  |
| (3)  |  |  | •                            | 17 ·  |   |                                       |                  |  |  |
| (4)  |  |  |                              | <b>,</b>  |   |                                       |                  |  |  |
| Total  | Total  | <del> </del>   | V                            |   |   |                                       |                  |  |  |
| (c) Total income. Add totals of columns 2(a) a here and on page 1, Part I, line 6, column (A)                                    | ) <b>&gt;</b>  | .40  | )                            | (b) Total deductions. En<br>here and on page 1, Part<br>I, line 6, column (B) |   |                                       |                  |  |  |
| Schedule E — Unrelated Debt-Finance  | ced Income (see  | instructions)  |                              |   |   |                                       |                  |  |  |
| 1 Description of debt-financed pr  | conarty  | 2 Gross income from or allocable to debt-  | 1                            | eductions directly conductions debt-finance                                   | nected with or a<br>ed property                     | allocab                               | le to            |  |  |
| i Description of dest-infanced pr  | operty   | inarced property   |                              | (a) Straight line reciation (attach sch)                                      | (b) Other de<br>(attach so                          | eductio<br>hedule                     | ns<br>:)         |  |  |
| (1)  | Ň  | 9  |                              |   |   |                                       |                  |  |  |
| (2)  |  |  |                              |   |   |                                       |                  |  |  |
| (3)  |  |  |                              |   |   |                                       |                  |  |  |
| (4)  | (10)   |  |                              |   |   |                                       |                  |  |  |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average or allocabl property | adjusted basis of<br>a to dibt-financed<br>(attach schedule) | <b>6</b> Column 4<br>divided by<br>column 5  |                              | 7 Gross income portable (column 2 x column 6)                                 | 8 Allocable of (column 6 columns 3(a)               | x total                               | of               |  |  |
| (1)  |  |  | %                            |   |   |                                       |                  |  |  |
| (2)  |  |  | જ                            |   |   |                                       |                  |  |  |
| (3)  |  |  | %                            |   |   |                                       |                  |  |  |
| (4)  |  |  | જ                            |   |   |                                       |                  |  |  |
|  |  |  | Ente<br>Part                 | r here and on page 1,<br>I, line 7, column (A).                               | Enter here and<br>Part I, line 7,                   | d on pa<br>columr                     | age 1,<br>1 (B). |  |  |
| Totals   |  |  | <b>-</b>                     |   |   |                                       |                  |  |  |
| Total dividends-received deductions included   |  |  |                              | <u> </u>  |   |                                       |                  |  |  |
| RAA  |  | FA0203L 01/30/19   |                              |   | Form  | 990-T (                               | (2018)           |  |  |

| Schedule F — Interest, A                   | nnuiti                               | es, Royalti   |             |  | trolled Or   |                            |   | rgarر                       | nizations (  | see instru                      | ctions)                                   |   |  |
|--|--------------------------------------|---|-------------|--|--|----------------------------|---|-----------------------------|--|---------------------------------|---|---|--|
| 1 Name of controlled organization          | ider                                 | <b>2</b> Employer identification number                         |             | 3 Net unrelated income (loss) (see instructions)   |  | 4                          | 4 Total of specifie payments made   |                             | <b>5</b> Part of c<br>that is inc<br>the cont<br>organiza<br>gross in  | luded in<br>rolling<br>ation's  | ded in connected wit income in colum on's |   |  |
| (1)  |                                      |   |             |  |  |                            |   |                             |  |                                 |   |   |  |
| (2)  |                                      |   |             |  |  |                            |   |                             |  |                                 |   |   |  |
| (3)  |                                      |   |             |  | *  | ļ                          |   |                             |  |                                 |   |   |  |
| (4)  |                                      |   |             |  |  |                            |   |                             |  |                                 | <u> </u>                                  |   |  |
| Nonexempt Controlled Organiz               | ations                               |   |             |  |  |                            |   |                             |  | .,                              |   |   |  |
| <b>7</b> Taxable Income                    | 7 Taxable Income 8 Net incom (see in |   |             | Total of specified payments made 10 Part of column 9 the included in the control organization's gross in |  |                            |   | ontrolling                  | trolling connected with income   |                                 |   |   |  |
| (1)  |                                      |   |             |  |  |                            |   |                             |  |                                 |   |   |  |
| (2)  |                                      |   |             |  |  |                            |   |                             |  |                                 |   |   |  |
| (3)  |                                      |   |             |  |  |                            |   |                             |  |                                 |   |   |  |
| (4)  |                                      |   |             |  |  |                            |   |                             |  |                                 |   |   |  |
| Totals                                     |                                      |   |             |  |  |                            | Add columns<br>here and on p<br>8, co   | s 5 and<br>page 1<br>lumn ( | , Part I, line   |                                 | d on p                                    | 6 and 11. Enter<br>age 1, Part I, line<br>umn (B).  |  |
| Schedule G – Investmer                     | t Inco                               | me of a Se  | ction       | 5010   | c)(7), (9  | ). 0                       | r (17) Orgai  | nizati                      | <b>on</b> (see inst  | ructions)                       |   |   |  |
| 1 Description of income                    |                                      | 2 Amount  |             |  | 3<br>direc   | Dec                        |   |                             | 4 Set-asides   | 5 Total set-as                  |   | al deductions and<br>asides (column 3<br>lus column 4)                                      |  |
| (1)  |                                      |   |             |  |  |                            | 10  |                             |  |                                 |   |   |  |
| (2)  |                                      |   |             |  |  |                            |   |                             |  |                                 |   |   |  |
| (3)  |                                      |   |             |  |  | C                          | <u>V</u>  |                             |  |                                 |   |   |  |
| (4)  |                                      |   |             |  |  | 1                          |   | V                           | The state of the s | 06 16 16 16 L                   |   |   |  |
| TotalsSchedule I — Exploited E             | <b>&gt;</b>                          | Enter here an Part I, line 9,                                   | colum       | nn (A).  | S  |                            | dvertising  | Incor                       | ne (see inst   | Pa                              | art I, li                                 | re and on page 1,<br>ne 9, column (B).  |  |
| 1 Description of exploited a               |                                      | 2 Gross<br>unrelate<br>busines<br>income in<br>trade<br>busines | d           | 3 Exper<br>conne<br>pro<br>of u  | nses directly<br>ected with<br>duction<br>nrelated<br>ess income | 4 N<br>fror<br>or k<br>2 m | let income (loss)<br>m unrelated trade<br>business (column<br>ninus column 3).<br>a gain, compute<br>mms 5 through 7, | 5 Gros<br>activ             | s income from<br>ity that is not<br>ated business<br>income  | 6 Expen<br>attributab<br>column | le to                                     | 7 Excess exempt<br>expenses (column 6<br>minus column 5, but<br>not more than<br>column 4). |  |
| (1)  |                                      | NO.   |             |  | <del></del>  |                            |   |                             |  | ····                            |   |   |  |
| (2)  |                                      | V   |             |  |  |                            |   |                             |  |                                 |   |   |  |
| (3)  |                                      | 1   |             | an   |  | T                          |   |                             |  |                                 |   |   |  |
| (4)  |                                      |   |             |  |  |                            |   |                             |  |                                 |   |   |  |
| Totals                                     | .,,,,,                               | Enter here<br>on page<br>Part I, line<br>column (               | 1,<br>e 10, | on p<br>Part   | here and<br>page 1,<br>I, line 10,<br>mn (B).                    | 100                        |   |                             |  |                                 |   | Enter here and<br>on page 1,<br>Part II, line 26.   |  |
| Schedule J – Advertisin                    | g Inco                               | me (see inst  | ruction     | าร)  |  |                            |   |                             |  |                                 |   |   |  |
| Part I Income From Pe                      |                                      |   |             |  | nsolida  | ted                        | Basis   |                             |  |                                 |   |   |  |
| 1 Name of periodical                       |                                      | 2 Gross<br>advertisi<br>income                                  | ng          | <b>3</b> [<br>adve   | Direct<br>ertising<br>osts                                       | 4 A                        | Advertising gain or<br>oss) (col. 2 minus<br>col. 3). If a gain,<br>compute cols. 5<br>through 7.                     | <b>5</b> C                  | irculation<br>ncome  | 6 Reade<br>costs                |   | 7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).                  |  |
| (1)  |                                      |   |             |  |  | 287,100<br>57,417          | anough 7.   |                             |  |                                 |   | 2.270   |  |
| (2)  |                                      |   |             |  |  |                            |   |                             |  |                                 |   |   |  |
| (3)  |                                      |   |             |  |  |                            |   |                             |  |                                 |   |   |  |
| (4)  |                                      |   |             |  |  |                            |   |                             |  |                                 |   |   |  |
|  |                                      |   |             |  |  |                            |   |                             | 1  |                                 |   |   |  |
| <b>Totals</b> (carry to Part II, line (5)) | )                                    |   |             |  |  | <u> </u>                   |   | 1                           |  |                                 | r   | Orm 000 T (2019)  |  |

| Part II Income From Periodica 7 on a line-by-line basis.) | ls Reported or   | n a Separate E  | <b>Basis</b> (For each p  | eriodical listed in                  | Part II, fill in col | umns 2 through   |
|---|--|---|---|--------------------------------------|----------------------|--|
| 1 Name of periodical                                      | <b>2</b> Gross<br>advertising<br>income                        | <b>3</b> Direct advertising costs                               | 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5 Circulation income                 | 6 Readership costs   | 7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4). |
| (1)   |  |   |   |                                      |                      |  |
| (2)   |  |   | 1   |                                      |                      |  |
| (2)<br>(3)<br>(4)   |  |   |   |                                      |                      |  |
| Totals from Part I  |  |   |   |                                      |                      |  |
|   | Enter here and<br>on page 1,<br>Part I, line 11,<br>column (A) | Enter here and<br>on page 1,<br>Part I, line 11,<br>column (B). |   |                                      |                      | Enter here and<br>on page 1,<br>Part II, line 27.                          |
| Totals, Part II (lines 1- 5)▶                             |  |   |   |                                      |                      |  |
| Schedule K — Compensation of                              | Officers, Dire   | ctors, and Tru  | u <b>stees</b> (see instru  | uctions)                             |                      |  |
| 1 Name  |  |   | <b>2</b> Title  | 3 Percent of time devote to business | d to unrela          | ation attributable<br>ated business  |
|   |  |   |   | 4                                    | 용                    |  |
|   |  |   |   |                                      | %                    |  |
|   |  |   |   | <u>_0</u>                            | રુ                   |  |
|   |  |   |   | 07                                   | 8                    |  |
| Total. Enter here and on page 1, Part II                  | , line 14  |   | <u> (</u>   | <u> </u>                             | <b>&gt;</b>          |  |
| BAA   |  | TEEA0204 L  | 12/31/18  | <b>9</b>                             | F                    | orm 990-T (2018)   |

TEEA0204 L 12/31/18