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	Department of the Treasury • Go to www irs.gov/Form9907 for instructions and the latest information.								pen to Public Inspect	ion for		
Inte	ernal Revenue Service	Do no							501(c)(3) Organizations er identification num			
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В	Exempt under section X 501 (C)()3)		DEMOCRACY NOW! PRODUCT Number, street, and room or suite no. If a P			- 	1	,	01-0708733			
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	first in the blank space	e at the	end of the previous sentence, comp	olete	Parts I and II, cor	nplete a Schedu	le M for	eac	h additional			
	trade or business, the									 -		
1	During the tax year, wa	as the corp	poration a subsidiary in an affiliated gr	oup o	r a parent-subsidia	ary controlled grou	ib,		Yes X] No		
<u> </u>	The books are in care		itifying number of the parent corporate MIRIAM BARNARD C/O DEMOC	RAC	Y NOW! Telen	hone number	(212	2) 4:	31-9090			
Ñ.			Business Income		(A) Income		penses	7	(C) Net			
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÷0:	r Paperwork Reduction	Act Notice	e, see instructions.						Form 990-T (20	018)		

For Paperwork Reduction Act Notice, see instructions.

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13-3777972

(212) 785-4600

Firm's EIN 🏲

Phone no

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Form **990-T** (2018)

01-0708733

Schedule F—Interest, Annui	ues, Royallies,			Ontrolled Org	jainzauons (Se	e msuu	Juoris)	
1. Name of controlled organization	2. Employer identification number		related incom			e controllin	g con	Deductions directly nected with income in column 5
(1)								
(2)								
(3)			 					
(4)	<u> </u>	l						
Nonexempt Controlled Organization	ns T							
7. Taxable Income	8. Net unrelated (loss) (see instru		9). Total of specified payments made	10. Part of col included in th organization's	e controllin	g conn	Deductions directly ected with income in column 10
(1)								
(2)								
(3)	<u></u>							
(4)	l	·· · ·	<u> </u>		Add solver			
					Add columns Enter here and Part I, line 8,	d on page 1	1, Enter	columns 6 and 11 here and on page 1, I, line 8, column (B)
Totals					>		0	0
Schedule G-Investment Inc	ome of a Section	n 501(c)(7), (9), c	or (17) Organiza	ation (see instru	ictions)		
1. Description of income	2. Amount of a	ncome	dire	Deductions ectly connected ttach schedule)	4. Set-aside (attach sched		and s	otal deductions et-asides (col. 3 plus col. 4)
(1)								0
(2)		···			 			0
(3)	_				ļ			0
(4)			Tubblication to the Control	5. (5.5.5.40 48to515.H-41)	AND AND THE SECOND STREET OF THE	26.727/2076		0
Totals ▶	Enter here and o Part I, line 9, colu							re and on page 1, le 9, column (B) 0
Schedule I—Exploited Exem	pt Activity Inco	ne, Othe	er Than A	Advertising Inco	ome (see instru	ctions)		
, 1. Description of exploited activity	2 Gross unrelated business incom from trade or business	e conne prod un	xpenses irectly ected with fuction of related ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	attnbut	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				, 0	1			0
(2)					1			0
(3)				0				0
(4)				0		<u> </u>		0
Totals	Enter here and c page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, 0, col (B)					Enter here and on page 1, Part II, line 26
Schedule J-Advertising Inco	ome (see instructi	ons)						· · · · · · · · · · · · · · · · · · ·
Part Income From Perio			onsolida	ated Basis				
1. Name of periodical	2. Gross advertising income	3	Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			4			 		THE THE STATE OF
(2)								
(3)								阿斯斯斯斯
(4)								
			1					
Totals (carry to Part II, line (5))	D	0	0	0	0	<u> </u>	0	0
							Fe	orm 990-T (2018)

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Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in Part II columns 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership 2. Gross gain or (loss) (col costs (column 6 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising 2 minus col 3) If minus column 5, but not more than advertising costs income costs income a gain, compute column 4) cols 5 through 7 0 0 (1) 0 0 (2) 0 (3) 0 0 (4) 0 Totals from Part I 0 Enter here and Enter here and on Enter here and on page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5) 0 Schedule K—Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4 Compensation attributable to 1. Name 2 Title time devoted to business unrelated business (1) % (2) % % (3) % (4)

Form 990-T (2018)

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