|    | •  | DOO T   | E  | Exempt Organizati                    | on Business           | Inc        | ome            | Tax R        | eturr       | 1                                       | OM  | IB No. 154              | 15-0047                  |
|----|--|---|--|--------------------------------------|-----------------------|------------|----------------|--------------|-------------|---|---|-------------------------|--------------------------|
|    | Form   | 990-T   | (and proxy tax under section 6033(e))  |                                      |                       |            |                |              |             |   |   | മെ 🗗                    | •                        |
|    |  |   | For cale   | ndar year 2019 or other tax year t   | eginning July 1       | . 2019.    | and endin      | g June 3     | 0,20        | 20 .                                    | 4   | 201                     | 9                        |
|    | Departme   | ent of the Treasury   |  | ► Go to www.irs.gov/Form             |                       |            |                |              |             | $\sim 1$                                | Ononto  | - Public to             | reaction for             |
| /. |  | Revenue Service   | ▶ Do i   | not enter SSN numbers on this fo     |                       |            |                |              |             | (g)(g),/                                | 501(c)(   | 3) Organiz              | spection for ations Only |
|    | A C  | Check box if Name of organization ( Check box if name changed and see instructions.)  D En                                  |  |                                      |                       |            |                |              |             |   | mployer identification number mployees' trust, see instructions.) |                         |                          |
|    |  | vermet under section Vermont ETV, Inc.  |  |                                      |                       |            |                |              |             |   |   |                         | structions.)             |
|    | <b>☑</b> 50  | 501( C ) 03 ) Number, street, and room or suite no. If a P.O. box, see instructions.  |  |                                      |                       |            |                |              |             |   | 222990644<br>related business activity code                       |                         |                          |
|    | □ 40   | *   | Type 10 East Allen Street, Ste 202   |                                      |                       |            |                |              |             |   | ated bu<br>nstructi   |                         | ivity code               |
|    | 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code |   |  |                                      |                       |            |                |              |             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |                         |                          |
|    |  | 529(a) Winooski, VT 05404   |  |                                      |                       |            |                |              |             |   | 5   | 12110                   | <del></del>              |
|    | at end   | Book value of all assets at end of year  58,275,007 G Check organization type ► ✓ 501(c) corporation ☐ 501(c) trust ☐ 401(a |  |                                      |                       |            |                |              |             |   | tm set  |                         | ther trust               |
|    | H Ent  |   |  | rganization's unrelated trad         |                       |            | 1              | <u> </u>     | occribe     | 401(a)                                  |   | first) unr              |                          |
|    |  |   |  | Video Production                     |                       |            |                | olete Part   |             |   |   |                         |                          |
|    |  |   |  | it the end of the previous s         |                       |            |                |              |             |   |   |                         |                          |
|    |  |   | •  | omplete Parts III-V.                 |                       |            |                | ., ,         |             |   |   |                         |                          |
|    |  |   |  | corporation a subsidiary in a        | n affiliated group or | a pare     | nt-subsid      | diary contr  | olled gr    | oup? .                                  | .▶  | ☐ Yes                   | ✓ No                     |
|    |  |   |  | and identifying number of th         |                       |            |                | -            |             |   |   |                         |                          |
|    | J The  | e books are in  | care of  | Leonard Cunningham                   |                       |            | Те             | lephone r    | numbe       | •                                       | (8  | 302) 655-               | 2458                     |
|    | Part   | Unrelate  | d Trad   | e or Business Income                 |                       |            | (A) I          | ncome        |             | Expense                                 |   | (C)                     | Net                      |
|    | 1a/  | Gross receipts  | s or sale  | es90                                 | <u>o</u>              |            |                |              |             |   |   |                         |                          |
|    | b <sup>7</sup>   | Less returns a  |  |                                      | _ c Balance ►         | 1c         | ļ              | 900          | A HARM      |   | 100   | The same of the same of | Contraction of the       |
|    | 2  | •   | •  |                                      |                       | 2          | <b> </b>       | 310          | Had at the  | MATE THE TANK                           | A CONTRACTOR  | 到地域的                    |                          |
|    | 3  | •   |  |                                      |                       | 3          | <u> </u>       | 590          | St. Abic./A |   | A 3-48  | <u></u>                 | 590                      |
|    | 4a   |   |  | ne (attach Schedule D) .             |                       | 4a<br>4b   | <del> </del>   |              | Sept.       |   | THE THE   | -                       | <del></del>              |
|    | b  |   | loss) (Form 4797, Part II, line 17) (attach Form 4797) . ss deduction for trusts |                                      |                       |            |                |              |             |   |   |                         |                          |
|    | С<br>5   |   | ) from a partnership or an S corporation (attach                                 |                                      |                       |            |                |              |             |   |   |                         | <del></del>              |
|    | •  | statement)  |  |                                      |                       | 5          | K              |              | KE          | CEIVE                                   |   | <b>3</b> 1              |                          |
|    | 6  | •   | Schedu   | le C)                                |                       | 6          |                | 1            |             |   |   |                         |                          |
|    | 7  | •   |  | ced income (Schedule E)              |                       | 7          |                | 191          | ΜΔΕ         | 01                                      | 2021  | ဗ္ဗ                     |                          |
|    | 8  |   |  | s, and rents from a controlled orga  | 8                     | 8 W        |                |              |             | LOLI                                    | 10  |                         |                          |
|    | 9  | Investment incor  | ne of a s  | ection 501(c)(7), (9), or (17) organ | 9/                    |            |                |              |             |   | <u> </u>  |                         |                          |
|    | 10   | Exploited exer  | mpt act  | ivity income (Schedule I) .          | <u> </u>              | £. 4       | <u>/\J\</u>    | <u>IFIN</u>  |             |   |   |                         |                          |
|    | 11   | Advertising inc   | •  | •                                    |                       | as product | 1 - 10 dy 1 or | 914 261 B    | AT APPROX.  |   |   |                         |                          |
|    | 12   |   | •  | See instructions; attach schedule)   |                       |            |                |              |             |   | # 19 M  |                         | F00                      |
|    | 13   | Total. Combin   |  | 3 through 12                         | otructions for limit  | 13         | o on do        | ductions     | ) (Dadi     | ıctions                                 | muci  | he dire                 | 590                      |
|    | Part   |   |  | he unrelated business inco           |                       | tation     | is on de       | auctions.    | ) (Deui     | uctions                                 | illusi  | i De une                | Cuy                      |
|    | 14   | Compensation  | of offic   | cers, directors, and trustees        | (Schedule K)          |            |                |              |             | T                                       | 14  | <del></del>             |                          |
|    | 15   |   |  |                                      |                       |            |                |              |             |   | 15  |                         |                          |
|    | 16   | Repairs and m   | naintena   | ince /                               | <b>/</b>              |            |                |              |             |   | 16  |                         |                          |
|    | 17   | Bad debts .   |  | <i></i> /.                           |                       |            |                |              |             | [                                       | 17  |                         |                          |
|    | 18   | Interest (attacl  | h sched  | lule) (see instructions)             |                       |            |                |              |             |   | 18  |                         | <del></del>              |
| )  | 19   | Taxes and lice  | enses .  | /                                    |                       |            |                | - ; -        |             |   | 19  |                         |                          |
| 5  | 20   |   |  | Form 4562) . /                       |                       |            |                | 20           |             |   |   |                         |                          |
|    | 21   |   |  | imed on Schedule A and els           |                       |            | -              | 21a          |             |   | 21b   |                         |                          |
|    | 22   |   |  | /                                    |                       |            |                |              |             |   | 22 23   |                         |                          |
|    | 23   |   |  | rred compensation plans              |                       |            |                |              |             |   | 24  |                         |                          |
|    | 24<br>25   |   |  | grams                                |                       |            |                |              |             | }                                       | 25  |                         |                          |
|    | 26   |   |  | sts (Schedule J)                     |                       |            |                |              |             |   | 26  |                         | _ <del></del> _          |
|    | 27   |   |  | ach schedule)                        |                       |            |                |              |             |   | 27  | -                       | <u> </u>                 |
|    | 28   |   |  | Id lines 14 through 27 .             |                       |            |                |              |             |   | 28  |                         |                          |
|    | 29   | Unrelated bus   | iness ta   | xable income before net or           | perating loss deduc   | ction)     | Subtract       | : line 28 fc | om line     | 13                                      | 29  |                         | 590                      |
|    | 30   | Deduction for   | net op   | perating loss arising in tax         | years beginning       | op ør      | after J        | andary 1,    | 2018        | (see                                    | IT  |                         | <del></del>              |
|    |  | , ,   |  |                                      | 7                     | 4.1        | 711            | · F ·        | ·) ·        | · 🗥                                     | 30  |                         |                          |
|    | 31   | Unrelated his   | iness ta   | yahle income. Suhtract line          | 30 from line 29       | 1 (        | <i>γ</i> ν''   |              |             | (1)'                                    | 31 1  |                         | 590                      |
|    | ,  | /   |  |                                      | ~                     |            |                |              |             | \.'                                     |   |                         |                          |

| 7 01111 33 | <i>79</i> ·  |  | rage <b>z</b>                                    |
|------------|--|--|--|
|            | Total Unrelated Business Taxable Income  |  |  |
| 32//       | Total of unrelated business taxable income computed from all unrelated trades or businesses (s   |  |  |
| •          | instructions)  | . 32                                   | 590  |
| 33         | Amounts paid for disallowed fringes  | . 33                                   |  |
| 34         | Charitable contributions (see instructions for limitation rules) \   | . 34                                   |  |
| 35         | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract I  | ine                                    |  |
|            | 34 from the sum of lines 32 and 33   | 35                                     | 590  |
| 36         | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (s  | see                                    |  |
|            | instructions)  | .   36                                 |  |
| 37         | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35  | _                                      | 590  |
| 38         | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)  |  | 900  |
| 39         | Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 3  |  |  |
| -          | enter the smaller of zero or line 37   |  | 0  |
| Part       | Y Tax Computation  | <del>- 1</del>                         |  |
| 40 /       | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)  | ▶ 40                                   | 0  |
| 41 /       | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax  |  | <u> </u>   |
| 4.7        | the amount on line 39 from:   Tax rate schedule or   Schedule D (Form 1041)  |  | 4  |
| 40         | <del></del>  |  |  |
| 42         | Proxy tax. See instructions  |  | <del> </del>                                     |
| 43         | Alternative minimum tax (trusts only)  |  |  |
| 44         | Tax on Noncompliant Facility Income. See instructions  |  | <del>                                     </del> |
| 45         | Jotal. Add lines 42, 43, and 44 to line 40 or 41, whichever applies  | .   45                                 | 0  |
|            | Tax and Payments   | T-3                                    | ,  |
| . "        | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |  |
| b'         | Other credits (see instructions)   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  |
| C          | General business credit. Attach Form 3800 (see instructions)   |  |  |
| d          | Credit for prior year minimum tax (attach Form 8801 or 8827) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |  | 4  |
| е          | <b>Total credits.</b> Add lines 46a through 46d  | . 46e                                  |  |
| 47         | Subtract line 46e from line 45   | . 47                                   | 0  |
| 48         | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule   |  |  |
| 49         | Total tax. Add lines 47 and 48 (see instructions)  |  | 0  |
| 50         | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), jine 3   | . 50                                   |  |
| 51a        | · · · · · · · · · · · · · · · · · · ·  | 1717                                   | }  |
| b          | 2019 estimated tax payments  |  |  |
| C          | Tax deposited with Form 8868   |  | 1  |
| d          | Foreign organizations: Tax paid or withheld at source (see instructions)   |  | l  |
| e          | Backup withholding (see instructions)  | ************************************** |  |
| f          | Credit for small employer health insurance premiums (attach Form 8941)   |  | .]   |
| g          | Other credits, adjustments, and payments:   Form 2439  | 1                                      |  |
|            | ☐ Form 4136 ☐ Other Total ▶ <b>51g</b>   | e1 39                                  |  |
| <b>52</b>  | Total payments. Add lines 51a through 51g  | 52                                     | 1717   |
| 53         | Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ [   | <b></b>                                |  |
| 54         | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  | <b>⊳</b> 54                            | 0  |
| 55         | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid  | 55                                     | 1717   |
| 56         | Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶ 1717 Refunded   | ▶ 56                                   | 0  |
| ✓ Part \   | Statements Regarding Certain Activities and Other Information (see instructions)   |  |  |
| 57         | At any time during the 2019 calendar year, did the organization have an interest in or a signature or  | other aut                              | thority Yes No                                   |
|            | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization r   |  |  |
|            | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the  | foreign co                             | ountry 🛴   |
|            | here ▶   |  | V  |
| 58         | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a f   | oreign trus                            | t? .   |
|            | If "Yes," see instructions for other forms the organization may have to file.  | •                                      |  |
| 59         | Enter the amount of ax-exempt interest received or accrued during the tax year > \$  |  |  |
|            | Under genetities of penuly, I declare that I have examined this return, including accompanying schedules and statements, and to the  | best of my k                           |  |
| Sign       | true, correct) and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  | ge                                     | IRS discuss this return                          |
| \Here      | PresidentiCEO  | with the                               | preparer shown below                             |
| ,e.e       | Signature of officer Date Title  | (see inst                              | ructions)? [Yes No                               |
|            | Day of the second secon |  | μ PTIN   |
| Paid       |  | Check                                  | " }  |
| Prepa      | irer   | self-employ                            |  |
| ٠.         | .   Einnis sams   L  | Simm'r EINI 🖿                          | •  |

| Sche     | dule A-Cost of Goods Solo   | . Ente     | r method of i  | nver   | itory va   | aluation >               | -      |   |                    |   |       | 30-0   |
|----------|---|------------|--|--|------------|--------------------------|--------|---|--------------------|---|-------|--------|
| 1        | Inventory at beginning of year  | 1          |  |  | 6          |                          | _      | end of year   | $\overline{\cdot}$ | 6                                       |       |        |
| 2        | Purchases   | 2          |  | •  | 7          | -                        |        | ods sold. Subtract h  |                    |   |       |        |
| 3        | Cost of labor   | 3          |  | 310  | 1          |                          | _      | 5. Enter here and in P  |                    |   |       |        |
| 4a       | Additional section 263A cost  | 3          |  |  |            | I, line 2                |        |   | . [                | 7                                       |       | 310    |
|          | (attach schedule)   | 4a         |  |  | 8          | Do the r                 | ule    | s of section 263A (v  | vith i             | respect to                              | Yes   | No     |
| b        | Other costs (attach schedule)   | 4b         |  |  |            | property                 | pro    | oduced or acquired fo   | or res             | sale) appl                              | y Die |        |
| 5        | Total. Add lines 1 through 4b   | 5          |  | 310  |            | to the org               | gan    | ization?  |                    |   |       |        |
|          | dule C—Rent Income (From instructions)  | Real       | Property and   | d Pe   | rsonal     | Property                 | / Lo   | eased With Real P   | rope               | erty)                                   |       |        |
| 1. Descr | aption of property  | ·          |  |  |            |                          |        |   |                    |   | -     | ·      |
| (1)      |   |            | -  |  |            |                          |        |   |                    |   | -     |        |
| (2)      |   |            |  |  |            |                          |        |   |                    |   |       |        |
| (3)      |   |            |  |  |            |                          |        |   |                    |   |       |        |
| (4)      |   |            | •  |  |            |                          |        |   |                    |   |       |        |
|          | 2. Rent a   | eceived o  | or accrued   |  |            |                          |        |   |                    |   |       |        |
|          | rn personal property (if the percentage of<br>personal property is more than 10% but no<br>more than 50%) |            | (b) From real as<br>percentage of rent<br>50% or if the rent | tor pe   | rsonal pro | perty exceed             |        | 3(a) Deductions directions 2(a) a   |                    |   |       | ne     |
| (1)      |   |            | ·  |  |            |                          |        |   |                    |   |       |        |
| (2)      |   |            |  |  |            |                          |        |   |                    |   |       |        |
| (3)      |   |            |  |  |            |                          |        |   |                    |   |       |        |
| (4)      |   |            |  |  |            |                          |        |   |                    |   |       |        |
| Total    |   | To         | otal   |  |            |                          |        | (b) Total deductions.   |                    |   |       |        |
|          | al income. Add totals of columns 2(ad on page 1, Part I, line 6, column (A                                | •          | • •  |  |            |                          |        | Enter here and on page 1, Part I, line 6, column (B) ▶                    |                    |   |       |        |
|          | dule E-Unrelated Debt-Fin   |            |  | instr  | uctions    | )                        |        |   |                    |   |       |        |
|          | Description of debt-financed  | property   | ,  | 2. Gross income from or allocable to debt-financed |            |                          |        | Deductions directly connected with or allocable to debt-financed property |                    |   |       |        |
|          |   |            |  |  | property   |                          |        | <ul><li>(a) Straight line depreciation<br/>(attach schedule)</li></ul>    | <sup>n</sup>       | (b) Other deductions (attach schedule)  |       |        |
| (1)      |   |            |  | 1  |            |                          | o      | ······································                                    |                    | · · · · · · · · · · · · · · · · · · ·   |       |        |
| (2)      |   |            |  | T  |            |                          | 十      |   | $\top$             |   |       |        |
| (3)      |   |            |  |  |            |                          | $\top$ |   | $\top$             |   |       |        |
| (4)      |   |            | -  |  |            |                          |        | ·····   | $\neg$             |   |       |        |
| ali      | acquisition debt on or locable to debt-financed de  | of or allo | ed property  |  | 4 div      | olumn<br>vided<br>tumn 5 |        | 7. Gross income reportable (column 2 × column 6)                          | , (c               | 8. Allocable<br>column 6 × to<br>3(a) a |       |        |
| (1)      |   |            |  |  |            | 96                       | 6      |   |                    |   |       |        |
| (2)      |   |            |  |  |            | 96                       | 6      |   |                    |   |       |        |
| (3)      |   |            |  |  |            | 9/                       | 6      |   |                    |   |       |        |
| (4)      |   |            |  |  |            | 94                       | б      |   |                    |   |       |        |
| <b></b>  |   |            |  |  |            |                          |        | Enter here and on page 1<br>Part I, line 7, column (A)                    |                    | nter here a<br>Part I, line 7           |       |        |
| Totals   | hidanda saabad dadustissa isab  | dod.m -    |  | -  |            | ▶                        | L      |   |                    | <del></del>                             |       |        |
| i otal d | lvidends-received deductions inclu  | aea in c   | olumn 8 .  | <u> </u>   | <u></u>    | · · ·                    |        | <u> ▶</u>   | —                  |   | 000 = |        |
|          |   |            |  |  |            |                          |        |   |                    | Form                                    | 990-T | (2019) |

| Sch                                  | edule F-Interest, Ann   | uities, Royalties,   | and Ren                     | ts From                                       | Controlled Org   | anizations (se   | e instruc                 | ctions)  |   |  |
|--------------------------------------|---|--|-----------------------------|---|--|--|---------------------------|--|---|--|
|                                      |   |  | Exempt                      | Controlled                                    | d Organizations  | ,  |                           | <u>,                                      </u> |   |  |
|                                      | Name of controlled organization                                 | 2. Employer identification number                                  |                             | lated income instructions)                    | 4. Total of specified payments made  | 5. Part of column included in the organization's gr                          | controlling               | солл   | eductions directly<br>ected with income<br>in column 5  |  |
| (1)                                  |   |  |                             | · · · · · · · · · · · · · · · · · · ·         |  |  |                           | <u> </u>                                       |   |  |
| (2)                                  |   |  |                             |   |  | -  | <u>.</u>                  | <del></del>                                    | · · · · · · · · · · · · · · · · · · ·   |  |
| (3)                                  |   | · · · · · · · · · · · · · · · · · · ·                              |                             |   |  |  |                           | 1 -  |   |  |
| (4)                                  |   |  |                             |   |  |  |                           | <del> </del>                                   |   |  |
| None                                 | exempt Controlled Organi  | zations  |                             |   | <u> </u>   |  |                           |  |   |  |
|                                      | <del>_</del>  |  |                             |   |  | 10. Part of colum  | on 0 that is              | 11 0   | Peductions directly   |  |
|                                      | 7. Taxable Income  8. Net unrelated inc (loss) (see instruction |  |                             |   |  |  | controlling<br>oss income | connected with income in                       |   |  |
| (1)                                  |   |  |                             |   |  |  |                           | 1  |   |  |
| (2)                                  |   |  |                             |   |  |  | · · ·                     |  |   |  |
| (3)                                  | , , ,   | ,  |                             |   |  |  |                           |  |   |  |
| (4)                                  |   |  | Ì                           |   |  |  |                           |  |   |  |
| Total                                |   |  |                             |   | <b>. &gt;</b>  | Add columns 5<br>Enter here and c<br>Part I, line 8, co                      | on page 1,<br>olumn (A)   | Enter h<br>Part I,                             | columns 6 and 11.<br>nere and on page 1,<br>line 8, column (B).                                 |  |
| Sch                                  | edule G-Investment  | Income of a Sect   | ion 501(                    | c)(7), (9),                                   | or (17) Organi   | zation (see ins  | tructions                 | 3)   |   |  |
|                                      | 1. Description of income  | 2. Amount o  | fincome                     | dire  | Deductions<br>ctly connected<br>ach schedule)  | 4. Set-aside (attach sched   |                           | and s  | otal deductions<br>et-asides (col. 3<br>plus col. 4)  |  |
| (1)                                  |   |  |                             |   |  |  |                           |  |   |  |
| (2)                                  |   |  |                             |   |  |  |                           |  |   |  |
| (3)                                  |   |  |                             |   |  |  |                           |  |   |  |
| (4)                                  |   |  |                             |   |  |  |                           | ·  |   |  |
| Total                                |   | Enter here and Part I, line 9, c                                   | olumn (A).                  |   |  |  |                           | Part I, Ii                                     | re and on page 1,<br>ne 9, column (B).  |  |
| <u>Scn</u>                           | edule I—Exploited Ex  | empt Activity inco   | ome, Ou                     | ner inan                                      | Advertising in   | come (see insi   | ructions                  | <u>)                                    </u>   |   |  |
| 1. Description of exploited activity |   | 2. Gross<br>unrelated<br>business inco<br>from trade o<br>business | me connected with           |   | 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<br>from activity that<br>is not unrelated<br>business income | attribut                  | penses<br>table to<br>mn 5                     | 7. Excess exempt<br>expenses<br>(column 6 minus<br>column 5, but not<br>more than<br>column 4). |  |
| (1)                                  |   | ,  |                             |   |  |  | <b></b>                   |  |   |  |
| (2)                                  |   |  |                             |   |  |  |                           |  |   |  |
| (3)                                  |   |  |                             | 1   |  |  |                           |  | <u> </u>  |  |
| (4)                                  |   |  |                             |   |  |  | 1                         | <del></del>                                    |   |  |
| Total                                | s   | Enter here and page 1, Part line 10, col. (/                       | I, page                     | here and on<br>e 1, Part I,<br>I 0, col. (B). |  |  |                           |  | Enter here and<br>on page 1,<br>Part II, line 25  |  |
| Sch                                  | edule J-Advertising   | income (see instruc  | ctions)                     |   |  |  |                           |  |   |  |
| Pai                                  | t I Income From P   | Periodicals Repor  | ted on a                    | Consoli                                       | dated Basis  |  |                           |  |   |  |
| 1. Name of periodical                |   | 2. Gross<br>advertising<br>income                                  | 3. 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<br>costs (column 6<br>minus column 5, but<br>not more than<br>column 4).   |  |
| (1)                                  |   |  |                             |   |  |  |                           |  |   |  |
| (2)                                  |   | -  |                             | · · · · · · ·                                 |  | <del></del>  |                           |  |   |  |
| (3)                                  | · · · · · · · · · · · · · · · · · · ·                           |  |                             |   |  |  | i                         |  |   |  |
| (4)                                  |   |  |                             |   |  | · · · · · · · · · · · · · · · · · · ·  |                           |  |   |  |
|                                      |   |  |                             |   | The second second second second is   |  |                           |  |   |  |
| Total                                | s (carry to Part II, line (5))                                  | . ▶  |                             |   |  |  | <u> </u>                  | F  | orm <b>.990-T</b> (2019)  |  |

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership gain or (loss) (col. 2 minus col. 3). If 2. Gross costs (column 6 3. Direct 5. Circulation 6. Readership 1. Name of penodical advertising minus column 5, but advertising costs Income costs not more than column 4) income a gain, compute cols. 5 through 7. (1) (2) (3) (4) Totals from Part i Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 26. line 11, col. (A). line 11, col. (B). Totals, Part II (lines 1-5) Schedule K—Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 1. Name 2, Title unrelated business (1) % (2) % (3) % (4) % Total. Enter here and on page 1, Part II, line 14

Form **990-T** (2019)