·		-			276	0025		7
990-T	Ex	cempt Organization B	usin	ess Incom	e Tax Re	turn	OMB No 1545-	0687
Form , 330-1	(and proxy tax under section 6033(e))						201	R
		ndar year 2018 or other tax year beginn						<b>.</b>
Department of the Treasury		Go to www.irs.gov/Form990T for					Open to Public Inspe	
Internal Revenue Service Check box if	Do no	t enter SSN numbers on this form as it			<del>_</del>		501(c)(3) Organization over identification in	
A address changed	4	_		e changed and see	instructions)	, ,	oyees' trust, see instruction	
B Exempt under section		DOMINION BROADCASTING					16060	
X 501 (C 103)	Print	Number, street, and room or suite no. If		x, see instructions		34-167	6969 ated business activi	
408(e) 220(e)	1	825 CAPITAL COMMONS D		<u> </u>	ZIP code		nstructions)	ty code
408A 530(a)	Туре	ļ '	State		ZIP code			
529(a)		TOLEDO OH 43615  Foreign country name F	Oreign N	ovince/state/county	Foreign postal cor	10		
	ĺ	1 oreign country name	oreign p	ov	r Greigh postar oo	541800	ŧ	
C Book value of all assets at	F Grou	up exemption number (See instru	uctions	) ▶				
end of year	G Che	ck organization type ► X 50°	1(c) cor	poration 🔲 5	01(c) trust [	401(a) t	rust Other	trust
H Enter the number of	the organ	nization's unrelated trades or bus	sinesse	s <b>&gt;</b>	541800 Des	cribe the or	nly (or first) unrela	ated
		ROADCAST TV ADVERTISIN						
tirst in the blank spa trade or business, th		end of the previous sentence, co	omplete	Parts I and II,	complete a Sc	hedule M to	or each additiona	d
	<u>_</u>	<del></del>	aroup o	r a parent subsid	liant controlled t	roup?		X No
		poration a subsidiary in an affiliated itifying number of the parent corpora		a parent-subsid	nary controlled (	Jioup /	res [	V NO
		JAMES SCHMITZ PRESIDE		Tele	phone number	<b>▶</b> 419	-720-9562	
		Business Income		(A) Income		Expenses	(C) Net	
1 a Gross receipts or s		179,194	$\Box$					
<b>b</b> Less returns and allow	ances	c Balance ▶	1c	179,194				
2 Cost of goods sold		•	2		W 199			
3 Gross profit Subtra			3	179,194				4
4.a. Capital gain net inc			4a				<del></del>	
Capital loss deduc		art II, line 17) (attach Form 4797)	4b 4c					<del></del>
		or an S corporation (attach statement)	5					<del></del>
6 Rent income (Sche			6		A STATE OF THE STA	- Martin Spain Martin		
7. Unrelated debt-fina		ome (Schedule E)	7					
		from a controlled organization (Schedule F)	8					
		(7), (9), or (17) organization (Schedule G)	9		<del>                                     </del>			
101 Exploited exempt a			10					-
115 Advertising income	•	•	11					+-
127 Other income (See 13) Total. Combine lin		ons, attach schedule)	12	179,194	<del> </del>		179,19	
		ken Elsewhere (See instructi				) (Except t		
		directly connected with the un				, ( <b>–</b> ,00 <b>)</b> (		-,
		rectors, and trustees (Schedule			<u>, , , , , , , , , , , , , , , , , , , </u>	1.	4 46,26	4
15 Salaries and wages			' '			1		
16 Repairs and mainte						. 1		$\overline{}$
17 Bad debts		·				1		
18 Interest (attach sch	iedule) (s	RECEIVED		•		1		
						1		1
		e instructions for limitation rules)			. 21 70	1 2		
<ul><li>21 Depreciation (attac</li><li>22 Less depreciation of</li></ul>		AUG 1 2 2019 on Schedore A and elsewhere on	الما	21 22a	24,78	1 22		. 1
23 Depletion	Janneu	and elsewhere on			<del></del>	2		+
24 Contributions to de	ferred co	mpensation pagDEN, UT				2		
25 Employee benefit p	rograms					. 2		7
26 Excess exempt exp						2		
27 Excess readership	,	•			•	2		
28 Other deductions (a			•			2		
29 Total deductions.						. 2		
		income before net operating loss						
		arising in tax years beginning on or		nuary 1, 2018 (se	ee instructions)	3:		
32 Unrelated business	laxable	income Subtract line 31 from lin	<b>₩ 3U .</b>				<u>- 1                                   </u>	

34-1676969

Part	III T	otal Unrelated Business Taxable	Income					
33	Total of u	inrelated business taxable income com	puted from all unrelated trac	des or l	ousinesses (see			
	instruction	ons)	•			33		1
34		s paid for disallowed fringes				34		
35		on for net operating loss arising in tax ye	ears beginning before Janua	ary 1, 2	018 (see			
	instruction		0 0	•	•	35		
36		inrelated business taxable income befo	re specific deduction. Subtr	act line	35 from the sur	n 🗀		
		33 and 34	·			36	-23	1 _
37		deduction (Generally \$1, 000, but see I	ine 37 instructions for excer	otions)		37	1,00	0
38	•	ed business taxable income. Subtract			reater than line 3	36.		$\top$
		e smaller of zero or line 36		J		38	-23	1
Part		ax Computation						
39		ations Taxable as Corporations. Mult	unly line 38 by 21% (0.21)			▶ 39	- 4	9
40		axable at Trust Rates. See instruction		me tax	on the			
40		on line 38 from Tax rate schedu				▶ 40		
41		x. See instructions	le or conedate z (i or		,	▶ 41		$\top$
42	-	ve minimum tax (trusts only)	· .			42		
43		Noncompliant Facility Income. See in	structions			43		$\top$
44		dd lines 41, 42, and 43 to line 39 or 40,				44	- 4	9
Part		ax and Payments	www.app.ico			1 1		
45 a		tax credit (corporations attach Form 111	8: trusts attach Form 1116)	45a				T
+⇒ a b	_	edits (see instructions)	o, trusts attach i oith i i ioj	45b				
C		business credit Attach Form 3800 (see	instructions)	45c				
d		r prior year minimum tax (attach Form 8	·	45d				
		edits. Add lines 45a through 45d	,001.01.00277	700		45e		
46		line 45e from line 44	•		•	46		
47		s Check if from Form 4255 Form 861	1 Form 8697 Form 8866	, [	Other (attach schedu			$\neg$
48		c. Add lines 46 and 47 (see instructions			] 02.0. (220 0000.	48		$\top$
49		t 965 tax liability paid from Form 965-A		mn (k)	line 2	49		1
50 a		is: A 2017 overpayment credited to 201		50a				
b		imated tax payments .		50b				
C		osited with Form 8868		50c				ĺ
d		organizations Tax paid or withheld at so	nurce (see instructions)	50d				İ
e	_	withholding (see instructions)	suree (see metraetions)	50e				
f		r small employer health insurance p <u>ren</u>	nums (attach Form 8941)	50f				
			Form 2439					
9			Total ▶	50~				
-4	_	1 4136 Other	Total >	50g		51		
51		yments. Add lines 50a through 50g ed tax penalty (see instructions) Check	of Form 2220 is ottoohod		_	52	· <del></del>	
52 52		. If line 51 is less than the total of lines		nt ower	•	<b>▶</b> 53		_
53 54		ment. If line 51 is less than the total of lines				<b>▶</b> 54		+
54 55		amount of line 54 you want. Credited to 20		ainou	Refunded	<del>+</del>		_
55		atements Regarding Certain Activ		ation /				
Part							. 1	
56		me during the 2018 calendar year, did t						s No
		nancial account (bank, securities, or oth						
		Form 114, Report of Foreign Bank and	Financial Accounts If "Yes,"	enter	the name of the	toreign coun	try	
	here 🕨					- 6	<del> </del>	X
57	-	e tax year, did the organization receive a di		antor of	r, or transferor to,	a foreign trus	· · · ·	X
		see instructions for other forms the orga		_	•			
_58	Enter the	amount of tax-exempt interest receive	d or accrued during the tax	year►	\$		d holod at a take at	
	// and/d	r penalties of perjury, I declare that I have examined this re omplete Declaration of preparer (other than taxpayer) is t	turn, including accompanying scriedules based on all information of which prepare	ano staten r has any l	nents, and to the best of knowledge	my knowledge and	J beller, it is tide, co	mieci,
Sign		12 3-1	TQ 7 19				IRS discuss this reti	
Here	; {  " <del>"/-</del>	TOLEDO OR 43613 - 7	0 - ( - 1   SR 1	AP OF	BUSINESS	the prepa	arer shown below (s	
		nature of officer	Date Title			instructio	ns)? X Yes	No No
	<del> </del>	Print/Type preparer's name	Preparer's signature	1	Date	Check	ıf PTIN	
Paid		ARTHUR ALLEN CPA	Willen Ill	in	M6AU6 19	self-employed	P001076	534
Prep	arer		COMPANY LLC		<u> </u>	Firm's EIN ► 8	32-319488	
Use	Only	Firm's address > 2500 W SVIVANTA					119-475-3	

Schedule A-Cost of Goo	ds Sold. Ente	r method c	of inventory v	aluatior	1 ▶			<u> </u>
1 Vinventory at beginning of		1			ventory at e	nd of year	6	
2 Purchases	-	2			Cost of goods sold. Subtract			
3 Cost of labor		3				5 Enter here	32.76.76	
4 a Additional section 263A	costs			ar	nd in Part I, I	ine 2	7 .	
(attach schedule)		la		8 D	o the rules o	f section 263A (v	with respect to	Yes No
b Other costs (attach sche	<del>-</del>	b				iced or acquired	•	
5 Total. Add lines 1 through		5			oply to the or	•	,	F 15. 9. 11. 131
Schedule C—Rent Income		<del> </del>	nd Persona				operty)	<del></del>
(see instructions)	(1.10	оро у		е	,		- po.t., ,	
Description of property							<del></del>	
(1)								_
(2)	<del></del>		<del></del>				<del></del>	
(3)								
(4)								
	2 Rent receiv	red or accrued						
(0) 5		45.5				2/2/ 02-44	4	
<ul><li>(a) From personal property (if the personal property is more than</li></ul>		, ,	orn real and personal property (if the lie of rent for personal property exceeds			3(a) Deductions directly connected with the in columns 2(a) and 2(b) (attach scheen)		
more than 50%)	. 1070 000 1100	50% or if the rent is based on profit or income)					uneddie,	
						ļ		
(1)	<del></del> ·					<del>                                     </del>	_ <del></del>	
(2)					· <del></del>		<del></del>	
(3)		·					<del></del>	<del></del>
(4) Total		Tatal				<del></del>		
lotai		Total				(b) Total deduc	tions.	
(c) Total income. Add totals of col		b) Enter				Enter here and		
here and on page 1, Part I, line 6, o						Part I, line 6, co	lumn (B)	
Schedule E—Unrelated De	bt-Financed	Income (s	<u>ee instructions</u>	<u> </u>				
			2. Gross incom	e from or	3 1	Deductions directly co to debt-finan		able
<ol> <li>Description of debt-</li> </ol>	financed property	allocable to debt-financed property		(a) Straigh	t line depreciation	(b) Other deductions		
					ch schedule)	(attach schedule)		
(1)								
(2)								
(3)								
(4)								
4. Amount of average	5. Average adj	usted basis	6. Colum	20			8 Allocable d	aductions
acquisition debt on or	of or alloc		4 divide		7. Gross II	(column 6 × tota		
allocable to debt-financed property (attach schedule)	debt-financed (attach sch		by colum	n 5	(column	2 × column 6)	3(a) and	
	(attach sci	leddie)	-	%	<del> </del>		<del></del> -	
(1)				<u> </u>		···		
(2)			<del> </del>	%	<del></del>		<del></del>	
(4)				<u></u>		····		
(7)			J	70				<del></del>
						and on page 1,	Enter here and	. •
Totals				<b>.</b>	raπ i, ilne	e 7, column (A)	Part I, line 7, c	olumn (B)
ਾਹਾਲ।s Total dividends-received deducti	one included in a	olumn g						
	THE RESERVE OF LANDINGS	with the C						

Schedule F—Interest, Annuitie	es, Royalties,			Organizations	ilizations (Sec	e instruc	(IOTIS)		
1 Name of controlled organization	2 Employer dentification number		related incom-	· .	i included in the	controllin	ig conn	eductions directly ected with income in column 5	
(1)									
(2)			<u> </u>						
(3)								<del>_</del>	
(4)									
Nonexempt Controlled Organization	s						·		
7 Taxable Income	8. Net unrelated income (loss) (see instructions)		1	Total of specified payments made	included in the	10. Part of column 9 that is included in the controlling organization's gross income		connected with income in	
(1)									
(2)									
(3)		·							
(4)									
Totals				•	Add columns Enter here and Part 1, line 8, o	on page	1, Enter l	columns 6 and 11 here and on page 1, , line 8, column (B)	
Schedule G—Investment Inco	me of a Section	n 501(c	)(7), (9), c	or (17) Organiza	tion (see ınstru	ctions)		·	
1 Description of income	2 Amount of I		3 dire	. Deductions actly connected tach schedule)	4 Set-aside (attach schedu	s	and se	5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)									
(2)		_							
(3)									
(4)									
Totals	Enter here and of Part I, line 9, coli	umn (A)						e and on page 1, e 9, column (B)	
Schedule I—Exploited Exempt  1. Description of exploited activity	2 Gross unrelated business incon from trade or business	3. E conn	Expenses directly ected with duction of hrelated 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	6 Expattribu	penses Itable to Irmn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)									
(2)									
(3)						ļ			
(4)					·	<u> </u>			
Totals	Enter here and page 1, Part I line 10, col (A	, page	here and on e 1, Part I, 0, col (B)					Enter here and on page 1, Part II, line 26	
Schedule J-Advertising Incom	ne (see instruction	ons)							
Part I Income From Period	dicals Reporte	ed on a C	Consolida	ated Basis					
1. Name of periodical	2. Gross advertising income	3	Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	1	adership osts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)									
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5))						<u> </u>	F	orm <b>990-T</b> (2018)	

34-1676969

DOMINION BROADCASTING INC

Partil Income From Period	•	•	Basis (For each	periodical liste	ed in Part II, fil	lın
columns 2 through 7	<u>on a line-by-line b</u>	oasis)				
1 Name of periodical	2 Gross advertising 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 costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)			<u> </u>			
(4)					<u> </u>	
Totals from Part I	•					
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		A STATE OF THE PARTY OF THE PAR		Enter here and on page 1, Part II, line 27
Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)						

1. Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business	
(1) ALL OFFICERS	VARIOUS	11.21 %	46,264	
(2)		%		
(3)		%		
(4)		%		
Total. Enter here and on page 1, Part II, line 14		Þ	46,264	

Form **990-T** (2018)