~	aga_T	E	xempt Organi	zation Busin	ess In	come Tax Re	eturn	ОМЕ	3 No 1545-0047
Form	990-T	Forcale	(and pro	xy tax under	section	on 6033(e))	1912	2	<u>019</u>
Depai	rtment of the Treasury		Go to www.irs.gov/		ctions and		on.	Open to	Public Inspection for
-	al Revenue Service	► Do no	ot enter SSN numbers or	this form as it may be	made public	c if your organization is		501(c)(3) Organizations Only
Α [Check box if address changed	Į	Name of organization (Check box if nam	ne changed a	ind see instructions)		•	ufication number see instructions)
BE	xempt under section	ί.	DOMINION BROA					-,	,
	X 501 (C () (3)	Print	Number, street, and room	n or suite no If a PO bo	x, see instruc	ctions	34-16		
Ĺ	408(e) 220(e)	or	LOGE CARTERAL O	OMMONS DR				lated busing Instructions)	ness activity code
<u>_</u>	408A 530(a)	Туре	City or town	State		ZIP code	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
L	529(a)		TOLEDO OH 436			 			
		ļ	Foreign country name	Foreign p	rovince/state	/county Foreign postal co	541800)	j
C E	Book value of all assets at	F Grou	up exemption number	er (See instructions	1 🏲				
	end of Year 71,713		ck organization type			501(c) trust	401(a)	trust	Other trust
Н	Enter the number of					541800 De			
	trade or business her first in the blank space trade or business, the	re ▶ BR ce at the	ROADCAST TV AD end of the previous	VERTISING SA	If only or	ne, complete Parts	I-V If more	than on	e, describe the
ī	During the tax year, wa If "Yes," enter the name				r a parent-	subsidiary controlled	group?	▶ [Yes X No
J	The books are in car					Telephone numbe	r ▶ 419	-874-8	862
Pa	rt I Unrelated T			e		(A) Income	(B) Expe	nses	(C) Net
	Gross receipts or sa		176,566						
	Less returns and allo			c Balance ►	1c	176,566			
2	Cost of goods sold		·		2	176.566		/	136 566
3	Gross profit Subtra	act line 2	ach Schedele <u>D)</u>	FCENCE	3 4a	176,566			176,566
4 a	Net gain (loss) (For			ch Form (707)	4h				
				11 0 0 2000				$\overline{}$	
5	Income (loss) from	a partne	rship or an Scorpora	JL 0 8 2020	21				
	(attach statement)	•			5		<u>/</u>		
6	Rent income (Sche		00	DEN, UT	6				
7	Unrelated debt-fina		ome (Schedule E)		J 7_		<u> </u>		
8 9	•		ents from a controlled or 11(c)(7), (9), or (17) organ	•	8 9				
10	Exploited exempt a			lization (Schedule G)	10				
11	Advertising income				11/				
12			ons, attach schedule	e)	12				
13_	Total. Combine line				13	176,566			176,566
Pai	t II Deductions	Not Tak	en Elsewhere (Se	e instructions for	limitation	s on deductions)	(Deduction	ns must	be
	directly conn	ected w	ith the unrelated b	<u>usiness income)</u>					
14	,		irectors, and trustee	s (Schedule K)				14	48,056
15	Salaries and wages							15	28,993
16	Repairs and mainte	enance						16	2,839
17 18	Bad debts Interest (attach sch	odulo) (s	oo instructions)					17	6,698
19	Taxes and licenses		see instructions)					19	6,519
20	Depreciation (attack		592)			20			
21			n Schedule A and el	sewhere on return		21a		21b	25,976
22	Depletion							22	
23	Contributions to def	ferred co	mpensation plans					23	
24	Employee benefit p							24	14,385
25 26	Excess exempt exp Excess readership	enses (S	ocnedule I)					25 26	
26 27	Other deductions (a	uusis (30 attach ecl	hedule)					27	55,084
28	Total deductions.			•				28	188,965
29			income before net o	perating loss deduc	ction Subt	tract line 28 from lin	ne 13	29	-12,399
30	,		loss arising in tax ye				•		
	instructions)	3	5 ,-	J 0		•		30	
<u>/31</u>	Unrelated business	taxable	income Subtract line	e 30 from line 29				31	-12,399
For P	aperwork Reduction A	ct Notice	, see instructions.					For	m 990-T (2019)
BCA								O	y b

"Pa	rt 🚻 🚺	Total Unrelated Business Taxable	Income			
32	Total o	unrelated business taxable income com	puted from all unrelated trad	les or businesses (see	. 1	'
	ınstruc	юns)			32	-12,399
33	Amour	ts paid for disallowed fringes			3	
34		ble contributions (see instructions for lin	nitation rules)		34	
35	Total u	related business taxable income before	pre-2018 NOLs and specific	deduction Subtract		1
		from the sum of lines 32 and 33		-	$5 \begin{bmatrix} 3 \end{bmatrix}$	-12,399
36		on for net operating loss arising in tax ye	ears beginning before Janua	rv 1, 2018 (see		
	instruc	, ,		., ., (36	; [
37		unrelated business taxable income befo	re specific deduction. Subtra	act line 36 from line 35	A -	
38		deduction (Generally \$1,000, but see li	•		S 38	
39	•	ted business taxable income. Subtract		-		1,000
33		e smaller of zero or line 37	Time of non-time of non-time of	o io greater triair inte t	Î 39	-12,399
Der		Tax Computation		 _	- 11 - 59	1 12/3/3
· —				 		2 601
` 40		zations Taxable as Corporations. Mult			▶ 40	-2,604
41		Taxable at Trust Rates. See instruction	· · ·			
		on line 39 from Tax rate schedu	e or Schedule D (Form	n 1041)	41	
42	-	ax. See instructions			▶ 42	
43		tive minimum tax (trusts only)			43	
44		Noncompliant Facility Income. See in			_ 44	
45		Add lines 42, 43, and 44 to line 40 or 41,	whichever applies		7 45	-2,604
\ P€		Tax and Payments				,
46		tax credit (corporations attach Form 111	8, trusts attach Form 1116)	46a		
!		redits (see instructions)		46b		
		I business credit Attach Form 3800 (see		46c		
	d Credit f	or prior year minimum tax (attach Form 8	801 or 8827)	46d		
•	e Total c	edits. Add lines 46a through 46d			460	
47		t line 46e from line 45			47	
48		es Check if from Form 4255 Form 861		Other (attach schedu		
49		x. Add lines 47 and 48 (see instructions			49	
50	2019 n	et 965 tax liability paid from Form 965-A	or Form 965-B, Part II, colun		50	<u> </u>
51 :		nts A 2018 overpayment credited to 201	9	51a		
1	b 2019 e	stimated tax payments		51b		
	c Tax de	osited with Form 8868		51c		
•	d Foreigr	organizations Tax paid or withheld at so	ource (see instructions)	51d		
(withholding (see instructions)		51e		
1	f Credit f	or small employer health insurance prem	iums (attach Form 8941)	\$1f		
9	g Othero	redits, adjustments, and payments	Form 2439			
	For	m 4136 Other	Total ►	51g	1	
52		ayments. Add lines 51a through 51g		1	52	
53	-	ed tax penalty (see instructions) Check	if Form 2220 is attached	>	53	
54		e. If line 52 is less than the total of lines		t owed	▶ 54	
55		yment. If line 52 is larger than the total of	-		▶ 55	
56/		amount of line 55 you want Credited to 202		Refunded		
		atements Regarding Certain Activ				
						ithority Yes No
57		me during the 2019 calendar year, did the				
		nancial account (bank, securities, or oth	, -	•	•	
		Form 114, Report of Foreign Bank and I	-inancial Accounts if fes,	enter the name of the	ioreign co	
	here •		Authorities from a comparison to the			X
58	-	ne tax year, did the organization receive a dis	_	intor or, or transferor to,	a loreign ti	rust?. X
		see instructions for other forms the orga	· · · · · · · · · · · · · · · · · · ·	. .		
59		e amount of tax-exempt interest received				
	and	er penalties of penjury, I declare that I have examined this ret complete Declaration of preparer (other than taxpayer) is b			my knowledge	and belief, it is true, correct,
Sig	n Mo	2 /	12 . 22	_	May	the IRS discuss this return with
Her	e Œ	10 7. Tul	7-1-20 SR V	P OF BUSINESS		reparer shown below (see
		nature of officer	Date Title		instru	uctions)? X Yes No
	251	natore of officer				
		Print/Type preparer's name	Preparer's signature	Date	Check [of PTIN
Pai	d	Pnnt/Type preparer's name	Preparer's signature	Date	Check self-employ	- J."∣
		,	athen allen	Date	_	yed P00107634

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orm	990-T	(201	9)

DOMINION BROADCASTING IN	G INC	STING	BROADC	DOMINION	
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Page 3

Schedule A—Cost of Goo	ds Sold. Ente	r method o	f inventory valuati	on Þ	>			
1 Inventory at beginning of year 1					ntory at er	id of year	6	
2 Purchases	·	2				sold. Subtract	\$	
3 Cost of labor		3				5 Enter here	***	
4 a Additional section 263A	costs				ın Part I, lı		7	
(attach schedule)	1	la	ì		•	section 263A (w	th respect to	Yes No
b Other costs (attach sche		b				ced or acquired f	•	7. 11. 11.
5 Total. Add lines 1 through	··-/	5				ganization?	or resure,	
Schedule C—Rent Income							nerty)	
(see instructions)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·		,	,	, , , , , , , , , , , , , , , , , , , ,	, po.t.y /	
Description of property								
(1)								
(2)						·		
(3)								
(4)								
	2 Rent receiv	ed or accrued						
(2) [(5) [(b) F			d the	3(a) Dodustinos di		h tha .a
 (a) From personal property (if the personal property is more than 			om real and personal prop e of rent for personal prop			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)		
more than 50%)		the rent is based on prof			, , , , , , , , , , , , , , , , , , , ,			
								
(1)			 					
(2)	 							
(3)								
(4) T-1-1		Total						
Total		Total				(b) Total deduct	tions.	
(c) Total income. Add totals of col		b) Enter				Enter here and o		
here and on page 1, Part I, line 6,		<u>></u>				Part I, line 6, coli	umn (B) 🕨	
Schedule E-Unrelated De	ebt-Financed	Income (se	e instructions)					
	•		2 Gross income from (or	3 D	eductions directly con		able
1 Description of debt	-financed property		allocable to debt-financed (a) Straigh		(a) Strought	to debt-finance	(b) Other de	ductions
						n schedule)	(attach sch	
(1)				_				
(2)				\neg				
(3)								
(4)						7		
4. Amount of average	5. Average adj	usted basis	s Column				9 Allegable de	dustions
acquisition debt on or	of or alloc		6 Column 4 divided			come reportable	8 Allocable de (column 6 × total	-
allocable to debt-financed	debt-financed (attach sch		by column 5		(column	2 × column 6)	3(a) and	
property (attach schedule)	(attach sci	ledule)	 	<u> </u>				
(1)	 			%				
(2)	 			%				
(3)				% %				
(4)			I	$\neg \neg$				
				}		and on page 1,	Enter here and	
* 4-1-			_		Part I, line	7, column (A)	Part I, line 7, c	olumu (R)
Totals	:		•	- L		>		
Total dividends-received deducti	ions included in c	olumn 8						000 T
							Form	990-T (2019)

Schedule F-Interest, Annuitie	es, Royalties, a	and Rer	ts From	Contro	lled Orga	inizations (se	ee instruc	ctions)		
		Exempt Controlled Organizations								
Name of controlled organization	3 Net unrelated inc				otal of specific	ea included in ti	5 Part of column 4 that is included in the controlling ofganization's gross income		connected with income	
(1)								1		
(2)										
(3)										
(4)										
Nonexempt Controlled Organization	is									
7 Táxable Income		8 Net unrelated income (loss) (see instructions)		9. Total of specified payments made		included in th	10 Part of column 9 that is included in the controlling organization's gross income		11 Deductions directly connected with income in column 10	
(1)										
(2)										
(3)			ļ							
(4)										
Totals				•		Enter here ar Part I, line 8,	Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)		Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	
Schedule G-Investment Inco	me of a Section	n 501(c)(7), (9), (or (17) (ictions)			
1 Description of income			come dire		Deductions ctly connected ach schedule)		4 Set-asides (attach schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)	 		1	ttoor conca	<u> </u>	 			<u> </u>	
(2)					-	 				
(3)	 		 							
(4)	 		 							
	Enter here and o Part I, line 9, colu								re and on page 1, e 9, column (B)	
Totals •	A -41: -14: - 1:	041-		Rickling -			154, 13-30 154, 13-30		 	
Schedule I—Exploited Exempt	Activity incor	ne, Oth	er inan A	Advertis	ing inco	me (see instru	ctions)			
Description of exploited activity	2 Gross unrelated business incom from trade or business	ne conn prod ur	Expenses directly ected with duction of nrelated ess income	from unre or busine 2 minus If a gain	come (loss) elated trade ess (column column 3) o, compute through 7	5 Gross income from activity that is not unrelated business income	attribu	penses table to Imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)										
(4)						}				
Enter here and or page 1, Part I, line 10, col (A) Totals		page	n Enter here and on page 1, Part I, Inne 10, col (B)						Enter here and on page 1, Part II, line 25	
Schedule J-Advertising Incom	e (see instructio	ns)								
Part I Income From Period			onsolida	ated Ba	sis					
income from tenes	Tiodio reporte	1	20113011d1		ertising	·	 		I	
1 Name of periodical	, 2 Gross advertising income	1	Direct tising costs	gain or (2 minus a gain,	(loss) (col col 3) If compute hrough 7	5 Circulation income	1	dership sts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)							 			
(2)							ļ			
(3)							ļ			
(4)							 			
Totals (carry to Part II, line (5))	•			ı						

	ROADCASIING	1110			34 10/020	7 rage U
Part III Income From Periodic	Basis (For each	periodical lister	d in Part II, fill	ın		
columns 2 through 7 or	n a line-by-line b	asis)				
1 Name of periodical	2 Gross advertising income	3. Direct advertising costs 4 Advertising gain or (loss) (coi 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)						
(4)	<u> </u>					
Totals from Part I						
Totals, Part II (lines 1–5)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26	
Schedule K—Compensation of	Officers, Direct	ors, and Trus	tees (see instruction	ons)		·
1 Name		2 Title	3 Percent of time devoted to business	, i	tion attributable to ed business	
(1) SEE STMT				%	48,056	
(2)				%		
(3)					%	
(4)					%	
Total. Enter here and on page 1, Part II, lin	ne 14				>	<u>48,056</u>

Form **990-T** (2019)