,	
•	,
-	2
_	1
_	
CANNED	

For clarified the Table Process	Form	990-T	Ex	empt Organization	Bus	siness Ind	come	Tax Retu	irn 706	ОМ	B No 1545-0687
Description for Teasury Description De	. 0.111		For cales								୭ ⋒ 1₽
Main Check bor A Chec	D	annet of the Tongo.	FOI Cale							4	<u> </u>
Severy under ectors	-	•	▶ Do	•					l(c)(3)	Open to 501(c)(Public Inspection for 3) Organizations Only
Note 2016	A [***					D Emp	loyer ident	fication number
498(e) 270(e) 197(e)	BEXE	mpt under section		INDIANA WESLEYAN UN	IVER	SITY					
Solid Soli	Х	501(C (Q3)	ı	Number, street, and room or suite no	lfa P O	box, see instruction	ns		35-0	088559	1
420 I S 300(a) 300(a) 420 I S WASHINGTON STREET 300(a) 500(a) volume of all assets 400 per year was a time of year 400 per year was a time of year 400 per year 400											
Center quite of all assets at end of year 1 and		408A 530(a)		4201 S. WASHINGTON	STRE	ET			(566	msuucuons)	
F Group exemption number (See instructions.) F Group exemption in the programment of the organization synetate (See Instructions.) F Group exemption in the programment of the present one of the present exemption in the programment of the present corporation in the present corporation. F Group exemption in the present corporation in the present corporation. F Group exemption in the present corporation. F Group exemption in the present corporation. F Group exemption		529(a)	•	City or town, state or province, countr	y, and a	ZIP or foreign posta	code				
S21, 839, 306. Check copanization by X S01(c) corporation S01(c) trust 401(a) trust Other trust			`	MARION, IN 46953					9000	099	
H Enter the number of the organization's unrelated trades or businesses ▶ 1 Describe the only (or first) unrelated trade or business here ▶ TNESTRENTENT IN PRATTERS HITS Holly one, complete Parts I will meth anno ne, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III. V 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶		•		·							
trade or business here № INVESTMENT IN PARTINESSIES If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes ▼ No III 'Yes, 'enter the name and identifying number of the parent corporation ▶ The books are in care of ₱NANCY SCHOONNAKER Telephone number ₱ 765-677-2947 PARTI Unrelated Trade or Business Income (A) Income (B) Expenses (C) Not 1a Gross recepts or sales b test interns and attenuates C Cost of goods sold (Schedule A, line 7) 2 Cost of goods sold (Schedule A, line 7) 4 Capital goods sold (Schedule A, line 7) 4 Capital goods sold (Schedule A, line 7) 4 Expenses C capital loss deduction for trusts 5 Income (test) from pertenthe or an 8 corporation (estach statement) 5 Income (test) from a particular of trusts 6 Income (test) from a particular of trusts 7 Income (test) from a particular of trusts 8 Income (test) from a particular of trusts 9 Income (test) from a particular of trusts 10 Unrelated debt-financed income (Schedule E) 11 The trust of trusts 12 Income (test) from a particular of trusts 13 Income (test) from a particular of trusts 14 Income (test) from a particular of trusts 15 Income (test) from a particular of trusts 16 Income (test) from a particular of trusts 17 Income (test) from a from a 8 capital of trusts 18 Interest, annutes, repailes, and rank from a controlled erganization (foreduce f) 19 Income (test) from a from a 8 capital of trusts 10 Income (test) from a from a 8 capital of trusts 11 Income (test) from a from a 8 capital of trusts 12 Income (test) from a 9 income (test of trusts) 19 Income (test) from a 9 income (test of trusts) 10 Income (test) from a 9 income (test of trusts) 10 Income (test) from a 9 income (test of trusts) 11 Income (test)			•				501(c) trust	401(a) trust	Other trust
If in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V I During the lax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? I The blooks are in care of № NAMCY SCHOONMARER Telephone number № 765-677-2947 Telephone number № 7							<u> </u>			• • •	
Trade or business, then complete Parts III-V				·			•	•			ie, describe the
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation If "Yes," enter the name and identifying number of the parent corporation If "Yes," enter the name and identifying number of the parent corporation If "Yes," enter the name and identifying number of the parent corporation If the books are in care of №ANCY SCHOOMNAKER Telephone number ▶ 765-677-2947 Telephone number ▶ 765-677-2		•		· ·	mplete	Parts I and II, co	omplete a S	ichedule M for e	ach additi	onal	
If "Yes," enter the name and identifying number of the parent corporation If The books are in care of ▶NANCY SCHOOMARKER Telephone number ▶ 765-677-2947 Part III related Trade or Business income (A) Income (B) Expenses (C) Net 1a Gross recepts or sales b Lass returns and allowances c Balance ▶ 1c C Cost of goods sold (Schedule A, line 7), 2 3 Gross profit Subtract line 2 from line 1c 3 4a 4a Capital gain net income (actach Schedule D), 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797), 4b c C apital loss deduction for trusts 1 income (loss) from a participation of the partic					44_				2		Yes X No
The Books are in care of NANCY SCHOOMMAKER Telephone number					_		subsidiary (controlled group	.	– 1	Tes NO
Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross recepts or sales					porau	ON P	Telephon	ne number > 7	65-677	7-2947	
1 a Gross receipts or sales						(A) Inco		1		T	(C) Net
b Less returns and allowances 2 Cost of goods cold (Schedule A, line 7). 2 Cost of goods cold (Schedule A, line 7). 3 Gross profit Subtract line 2 from line 1c. 3 Gross profit Subtract line 2 from line 1c. 3 Gross profit Subtract line 2 from line 1c. 3 Gross profit Subtract line 2 from line 1c. 3 Gross profit Subtract line 2 from line 1c. 3 Gross profit Subtract line 2 from line 1c. 3 Gross profit Subtract line 2 from line 1c. 3 Gross profit Subtract line 2 from line 1c. 3 Gross profit Subtract line 2 from line 1c. 3 Gross profit Subtract line 2 from line 1c. 3 Gross profit Subtract line 2 from line 1c. 3 Gross profit Subtract line 2 from line 1c. 3 Gross profit Subtract line 2 from line 1c. 3 Gross profit Subtract line 2 from line 1c. 3 Gross profit Subtract line 2 from line 1c. 3 Gross profit Subtract line 2 from line 1c. 3 Gross profit Subtract line 2 from line 1c. 4 Gross profit Subtract line 2 from line 1c. 4 Gross profit Subtract line 2 from line 1c. 4 Gross profit Subtract line 2 from line 1c. 4 Gross profit Subtract line 2 from line 1c. 4 Gross profit Subtract line 2 from line 1c. 5 Gross profit Subtract line 2 from line 1c. 5 Gross profit Subtract line 2 from line 1c. 5 Gross profit Subtract line 2 from line 1c. 5 Gross profit Subtract line 2 from line 1c. 6 Gross profit Subtract line 2 from line 1c. 6 Gross profit Subtract line 2 from line 1c. 6 Gross profit Subtract line 2 from line 1c. 6 Gross profit Subtract line 2 from line 1c. 6 Gross profit Subtract line 2 from line 1d. 6 Gross profit Subtract line 2 from line 1d. 6 Gross profit Subtract line 2 from line 1d. 6 Gross profit Subtract line 2 from line 1d. 6 Gross profit Subtract line 2 from line 1d. 6 Gross profit Subtract line 2 from line 1d. 6 Gross profit Subtract line 2 from line 1d. 6 Gross profit Subtract line 2 from line 1d. 6 Gross profit Subtract line 2 from line 1d. 6 Gross profit Subtract line 2 from line 1d. 6 Gross profit Subtract line 2 from line 1d. 7 Gross profit Subtract line 2 from line 2 from line 1d. 7 Gross profit Subtract line						(1)				١.	1
2 Cost of goods sold (Schedule A, line 7)		•	-	c Balance ▶	1c						
3 Gross profit Subtract line 2 from line 1c		Cost of goods sol	d (Sched		-				•		1
b Net gain (loss) (Form 4797, Part III, Ine 17) (altach Form 4797). c Capital loss deduction for trusts 5	3	-			3	i					
b Net gain (loss) (Form 4797, Part III, Ine 17) (altach Form 4797). c Capital loss deduction for trusts 5	4a	Capital gain net ii	ncome (a	ttach Schedule D)	4a						
c Capital loss deduction for trusts 5	b				4b						
Rent income (Schedule C) . 6	С	Capital loss dedu	ction for t	rusts	4c						
Tunrelated debt-financed income (Schedule E) Interest, annules, royaltes, and rinis from a controlled organization (Schedule F) Interest, annules, royaltes, and rinis from a controlled organization (Schedule F) Interest, annules, royaltes, and rinis from a controlled organization (Schedule F) Interest (annules, royaltes, and rinis from a controlled organization (Schedule F) Interest (activity income (Schedule J) Interest (activity income (Schedule K) Interest (activity incom	5	Income (loss) from a p	artnership or	r an S corporation (attach statement)	5	-	4,497.	ATCH	1		-4,497.
Interest, annumes, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) Advertising income (Schedule J) Total Combine lines 3 through 12. Total Combine lines 13. Total Combine lines 13. Total Combine lines 14 through 28. Total deductions (attach form 4562). Total deductions (attach schedule). Total Combine lines 14 through 28. Total Combine lines 14 through 28. Total deductions (attach schedule). Total Combine lines 13. Total Combine lines 14 through 28. Total deductions (attach schedule). Total Combine lines 13. Total Combine lines 14 through 28. Total deductions (attach schedule). Total combine lines 14 through 28. Total deductions (attach schedule). Total Combine lines 13. Total Combine lines 14 through 28. Total deductions (attach schedule). Total deductions (attach schedule). Total combine lines 14 through 28. Total deductions (attach form 4562). Total deductions (attach schedule). Total Combine lines 14	6	Rent income (Sch	edule C)		6						
10 Exploited exempt activity income (Schedule I) 10 11 11 12 12 13 -4,497	7	Unrelated debt-fir	nanced in	come (Schedule E)	7						
10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8	Interest, annuities, roya	alties, and re	nts from a controlled organization (Schedule F)						+	
Advertising income (Schedule J). 11											
12 Other income (See instructions, attach schedule) 12			•	. , , , , , , ,							
Total Combine lines 3 through 12. 13 -4, 4974		•	•							-	
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K).		•				_	4.497			' 	-4.497
deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K)		Peduction	nes 3 thr	Taken Elsewhere (See inst				leductions)	(Evcent	for cont	
14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts. 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Charitable contributions (See instructions) 20 Charitable contributions (See instructions for-limitation rules) 21 Depreciation (attach Form 4562). 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I). 27 Cother deductions (attach schedule) 28 Total deductions (attach schedule) 29 Total deductions Add lines 14 through 28. 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 19 Form 990-T (2018)	гаг								(LXCCP)	101 00111	indutions,
15 Salaries and wages	14								14	П	··-
17 Bad debts.										1	
17 Bad debts.		Repairs and main	tenance	RĖCĖN	VΕΓ][16		
Charitable contributions (See instructions for imitation rules) Depreciation (attach Form 4562). CoGDEN, UT Less depreciation claimed on Schedule A and elsewhere on return Depletion. Contributions to deferred compensation plans Employee benefit programs. Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule) Total deductions (attach schedule) Total deductions Add lines 14 through 28. Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). Total Paperwork Reduction Act Notice, see instructions.	17	Bad debts							17	·	
Charitable contributions (See instructions for imitation rules) Depreciation (attach Form 4562). CoGDEN, UT Less depreciation claimed on Schedule A and elsewhere on return Depletion. Contributions to deferred compensation plans Employee benefit programs. Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule) Total deductions (attach schedule) Total deductions Add lines 14 through 28. Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). Total Paperwork Reduction Act Notice, see instructions.	18	Interest (attach s	chedule) ((see instructions)	2010	$\mathbb{S}[\dots]$			18		
Depreciation (attach Form 4562)	19	Taxes and nochise	·						· · · · ·)	
Less depreciation claimed on Schedule A and elsewhere on return	20					 J≌ ,			20		
Depletion	21	Depreciation (atta	ch Form	4562) ↓ OGDEN	, U	Ţ _	21				
24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I). 27 Excess readership costs (Schedule J). 28 Other deductions (attach schedule) 29 Total deductions Add lines 14 through 28. 20 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). 30 Unrelated business taxable income Subtract line 31 from line 30 Company Notice (2018) 24 Contributions of the possible of the programs of the plant of the possible of the plant of the possible of the plant of	22	•				_				b	
Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule). Total deductions Add lines 14 through 28. Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13. Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). Unrelated business taxable income Subtract line 31 from line 30. Total deduction Act Notice, see instructions.	23									3	
26 Excess exempt expenses (Schedule I). 27 Excess readership costs (Schedule J). 28 Other deductions (attach schedule). 29 Total deductions Add lines 14 through 28. 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). 31 Unrelated business taxable income Subtract line 31 from line 30. 32 For Paperwork Reduction Act Notice, see instructions.	24									1	
27 Excess readership costs (Schedule J)	25										<u> </u>
Other deductions (attach schedule)	26										
Total deductions Add lines 14 through 28. 29 1,405. 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											1 405
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 -5,902. 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). 31 -5,902. 32 -5,902. 39 For Paperwork Reduction Act Notice, see instructions.											
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)											
32 Unrelated business taxable income Subtract line 31 from line 30											7
For Paperwork Reduction Act Notice, see instructions.				• • •	_						-5,902.
	For F	aperwork Reduct	ion Act N	lotice, see instructions.		- /	<u>~ · · · · · </u>	<u> </u>			
	8X274	⁰ 12248EK D32	20 11/	/11/2019 8:39:08 AM	V 1	8-7.6F 🕥	ฮ	0099849			PAGE 8

Form	990-T (2018)		Page 2
Par	t III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	-5,902.
34	Amounts paid for disallowed fringes	34	6,300.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	398.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,	 	· · · · · · · · · · · · · · · · · · ·
30	enter the smaller of zero or line 36	38	0.
Par	t IV Tax Computation	100	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on	33	
40		40	
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)		
41	Proxy tax See instructions		
42	Alternative minimum tax (trusts only)		<u> </u>
43	Tax on Noncompliant Facility Income. See instructions		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
Par			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	-	
	Other credits (see instructions)	-	
	General business credit Attach Form 3800 (see instructions)	4	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	4 1	
е	Total credits. Add lines 45a through 45d	45e	·
46	Subtract line 45e from line 44	46	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	<u> </u>
	Payments A 2017 overpayment credited to 2018]]	
b	2018 estimated tax payments]	
С	Tax deposited with Form 8868	1	
	Foreign organizations Tax paid or withheld at source (see instructions)		
е	Backup withholding (see instructions)	1	
f	Credit for small employer health insurance premiums (attach Form 8941)]	
g	Other credits, adjustments, and payments Form 2439	ļ	
	Form 4136 Other Total ▶ 50g	J I	
51	Total payments Add lines 50a through 50g	51	29,497.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	29,497.
<u>55</u>	Enter the amount of line 54 you want	55	27,497.
Par	Statements Regarding Certain Activities and Other Information (see instruction	s)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other a	uthority Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	ay have	to file
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country
	here >		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	ign trust?	
	If "Yes," see instructions for other forms the organization may have to file	•	
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of penury, il declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my	knowledge and belief, it is
Sign	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Her		-	S discuss this return reparer shown below
		-	s)? X Yes No
	Print/Type preparer's name Preparer's signature Date	T	PTIN
Paid	11/11/10 Chec	k L	P01571860
Prep	arer Firm's name BKD, LLP Firm's		44-0160260
Use			0-460-4000
	Transportation and the state of	,,,,, -,,,	

Form 990-T (2018)

Form 990-T (2018)									Page
Schedule A - Cost of Go	ods Sold. En	ter method	of inventory	valuation	>				
1 Inventory at beginning of ye	ear 1		6	Inventory	at end of yea	ar	6		
2 Purchases	2		7	Cost of	goods so	id. Subtract line			
3 Cost of labor	6 I			6 from I	line 5 En	iter here and in	j		
4a Additional section 263A co	sts			Part I, line	2		7		
(attach schedule)	4a		8	Do the	rules of	section 263A (w	ith r	espect to	Yes No
b Other costs (attach schedul	le) . 4b			property	produced	or acquired for	resa	ile) apply	
5 Total. Add lines 1 through				to the orga	anization? .				Х
Schedule C - Rent Income	(From Real P	roperty a	nd Personal	Property	Leased V	Vith Real Proper	ty)		
(see instructions)									
Description of property						 -			
(1)									
(2)									
(3)						_ ,			
(4)									
	2. Rent recei	ved or accrue	ed						
(a) From personal property (if the for personal property is more than 50%)		percenta	rom real and pers age of rent for per of the rent is base	sonal property	exceeds	3(a) Deductions di in columns 2(a		connected with the school (attach school)	
(1)									
(2)									•
(3)	•								
(4)	· -		•						
Total		Total							
(c) Total income. Add totals of co	olumns 2(a) and 2(b) Enter				(b) Total deduction Enter here and on		1	
here and on page 1, Part I, line 6,	column (A)	▶				Part I, line 6, colun			
Schedule E - Unrelated De	ebt-Financed I	ncome (se	e instructions)					
			2 Gross inco	me from or	3 (Deductions directly con debt-finance			e to
1 Description of deb	t-financed property		1	allocable to debt-financed		ht line depreciation	(b) Other deductions		
			prope	пу		ach schedule)		(attach schedi	
(1)									
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju- of or alloca debt-financed (attach sche	ble to property	6 Colu 4 divid by colu	led		income reportable n 2 x column 6)		Allocable deduumn 6 x total of 3(a) and 3(b	columns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
Totals					Enter her Part I, lir	re and on page 1, ne 7, column (A)		er here and or t I, line 7, colu	
Total dividends-received deducti	ons included in co	olumn 8							

Schedule F-Interest, Ann	uities, Royalties	, and Re	nts Fro	om Contro	lled Or	ganiz	atio	ns (see	instruction	ons)	
		Exe	mpt Co	ntrolled Org	ganizatio	ons					
Name of controlled organization	2 Employer identification number	:1		ated income nstructions)	4. Total payme	of speci	fied	ıncluded	column 4 ti in the contr on's gross in	olling	6. Deductions directly connected with income in column 5
(1)										_	
(2)	**										
(3)											
(4)	_										
Nonexempt Controlled Organi	zations										•
7 Taxable Income	8 Net unrelated in (loss) (see instruct	I .		Total of specific ayments made		inc	luded	of column in the cor ion's gross	ntrolling		Deductions directly nnected with income in column 10
(1)											
(2)						-					_
(3)											
(4)											
Totals					▶) Orga	En Pa	ter her irt i, lir	re and on pre 8, colur	page 1, nn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
1 Description of income	2 Amount of			3 Deduction directly contact (attach sch	tions inected		,	4 Set	-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)						į					
Totals	Enter here and of Part I, line 9, co	lumn (A)	7 1	A d A					-4		Enter here and on page 1 Part I, line 9, column (B)
Schedule I-Exploited Ex	empt Activity inc	ome, Ot	ner in	an Adverti	ising ir	Come	e (se	e instru	ctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expendirecte connecte producti unrela business i	lly d with on of ted	4 Net inconfrom unrelated or business 2 minus collected for collected for the collec	ed trade (column umn 3) ompute	from ıs n	activi	ncome ity that elated ncome	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				 							
(2)	1			<u> </u>		<u> </u>					·
(3)				†··		l			-		
(4)				†			-				
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, i line 10, c	Part I,			l			<u> </u>		Enter here and on page 1, Part II, line 26
Totals	·	intions'									
Schedule J-Advertising In Part I Income From Per			`oncol	idated Dec	·ie				-		
Part I Income From Per	Tiodicais Report	eu on a C	onsoi	Tuateu Das	515	I					
1 Name of periodical	2 Gross advertising income	3 Dire advertising		4 Advertigan or (los 2 minus co a gain, coi cols 5 thro	s) (col ol 3) If mpute	ı	Circul		6 Read cos	-	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	 										
(2)	†			1							
(3)	1			1							
(4)	 			1							
· ·	1				<u> </u>		•	_			
Totals (carry to Part II, line (5))											Form 990-T (2015

Part II 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)

1 Name of penodical	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)						
(4)						
otals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		•		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)	_	
1 Name			Title	3 Percent of	4 Compensation	on attributable to

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
1)		%	
otal. Enter here and on page 1. Part II. line 1	4		

Form 990-T (2018)

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

INCOME FROM PARTNERSHIP

-4,497.

INCOME (LOSS) FROM PARTNERSHIPS

-4,497.

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES

1,405.

PART II - LINE 28 - OTHER DEDUCTIONS

1,405.