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| 000 T | EXTENDED TO NOV | | | as Datisma | 1 | OMON | 4545.0007 | |
|--|--|-----------------------------|--|-------------------------|----------------|---------------|------------------|--|
| Form 990-T | Exempt Organization Bus | | | ax Return | F | OMB NO | 1545-0687 | |
| * | (and proxy tax und | | 21 | 018 | | | | |
| • | For calendar year 2018 or other tax year beginning Go to www.irs.gov/Form990T for i | - | 20 | JIU | | | | |
| Department of the Treasury Internal Revenue Service | Do not enter SSN numbers on this form as it ma | Open to Pul 501(c)(3) Or | blic Inspection for ganizations Only | | | | | |
| A Check box if address changed | Name of organization (Check box if name | (Emple | oyer identific loyees' trust ctions) | cation number t, see | | | | |
| B Exempt under section | Print EAST LAKE FOUNDATION, I | NC. | | | _ 5 | 8-22 | 04306 | |
| X 501(c) 3.) | Number, street, and room or suite no. If a P.O. bo | ox, see in | structions. | | | ated busine | ss activity code | |
| 408(e) 220(e) | Type 2606 ALSTON DRIVE | | | | | | | |
| 408A 530(a) 529(a) | City or town, state or province, country, and ZIP ATLANTA , GA 30317 | or foreigi | n postal code | | | | | |
| C Book value of all assets at end of year | F Group exemption number (See instructions.) | <u> </u> | | | | = | 1 | |
| | 55. G Check organization type ► X 501(c) co | rporation | | 401(a) | | | Other trust | |
| | organization's unrelated trades or businesses. | | | the only (or first) uni | | than one | | |
| trade or business here | lank space at the end of the previous sentence, complete P | arte I an | | complete Parts I-V. I | | | , | |
| business, then complete | • | ui to i uiii | a n, complete a concadio | W TOT CACH AGGINOTIC | 11 11 11 11 11 | 01 | | |
| | the corporation a subsidiary in an affiliated group or a pare | nt-subsi | diary controlled group? | ▶ [| Ye | s X |] No | |
| If "Yes," enter the name a | nd identifying number of the parent corporation. | | | | | | | |
| J The books are in care of | ► MEISHA WHITE | | · · · | one number 🕨 4 | | | | |
| Part I Unrelated | d Trade or Business Income | _ | (A) Income | (B) Expenses | | (| (C) Net | |
| 1a Gross receipts or sale | | | | | | | | |
| b Less returns and allow | | 1c | | | | | | |
| 2 Cost of goods sold (S | • | 3 | | | | | | |
| 3 Gross profit. Subtract 4a Capital gain net incon | ne (attach Schedule D) | 4a | | | | | | |
| | 4797, Part II, line 17) (attach Form 4797) | 4b | | | | | | |
| c Capital loss deduction | | 4c | | | | | | |
| • | partnership or an S corporation (attach statement) | 5 | | | | | | |
| 6 Rent income (Schedu | le C) | 6 | | | | | | |
| 7 Unrelated debt-finance | ed income (Schedule E) | 7 | | | | <u></u> | | |
| • | ralties, and rents from a controlled organization (Schedule F) | | | | | | | |
| | a section 501(c)(7), (9), or (17) organization (Schedule G | 1 1 | | | - | | | |
| • • • • • • | vity income (Schedule I) | 10 | | | - | | | |
| 11 Advertising income (S | structions; attach schedule) | 11 | | | | | | |
| 12 Other income (See in: 13 Total. Combine lines | • | 13 | 0. | | | | | |
| | ns Not Taken Elsewhere (See instructions i | | | | 1 | | | |
| | contributions, deductions must be directly connecte | | | income.) | | | | |
| 14 Compensation of off | icers, directors, and trustees (Schedule K) | IEN. | | | 14 | | | |
| 15 Salaries and wages | RECEI | 150 | 701 | | 15 | | | |
| 16 Repairs and mainten | ance TILL 15 | - 40 | /82/ | | 16 | <u> </u> | | |
| 17 Bad debts | dule) (see instructions) | 5012 | , φ\ | | 17 | <u> </u> | | |
| | dule) (see instructions) | 2019 | ا 🚉 🗓 ـــــــ | | 18 19 | | | |
| | | | | | | | | |
| 21 Depreciation (attach | 1 111-176 | 7 T | 21 | | 20 | | | |
| | umed on Schedule A and elsewhere on return | | 22a | | 22b | | | |
| 23 Depletion | | | <u> </u> | | 23 | | | |
| 11 | erred compensation plans | | | | 24 | | | |
| 25 Employee benefit pro | ograms | | | | 25 | | | |
| 26 Excess exempt expe | | | | | 26 | | | |
| 27 Excess readership co | | | | | 27 | | | |
| 28 Other deductions (at | • | | | | 28 | | 0. | |
| | dd lines 14 through 28 | ot line ac | from line 12 | | 29 30 | | 0. | |
| <u></u> , | 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) 30 31 | | | | | | | |
| • | | | | | | | | |

32 Unrelated business taxable income. Subtract line 31 from line 30

| Form 990- | · · · · · · · · · · · · · · · · · · · | 58-22 | 204306 | Page 2 |
|------------|--|---|--------------------|---------------------------------------|
| Part | Total Unrelated Business Taxable Income | | | - |
| ,_33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | | 33 | 0. |
| 34 | Amounts paid for disallowed fringes | | | |
| 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | | | |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of | " | | |
| | lines 33 and 34 | •- • | 36 | |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 37 | 1,000. | |
| 28 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, | ······································ | · | |
| | enter the smaller of zero or line 36 | | 38 | 0. |
| PAHN | Y. Tax Computation | | | |
| 89 | Organizations Texable as Corporations. Multiply line 38 by 21% (0.21) | | 89 | 0. |
| 40 | Trusts Taxable at Trust Rates, See instructions for tax computation. Income tax on the amount on line 38 from: | | | |
| | Tax rate achedule or Schedule D (Form) 1041) | | ► 40 | |
| 41 | Proxy tax. See Instructions | b | ▶ 41 | |
| 42 | Alternative minimum tax (trusts only) | | 42 | |
| 43 | Tax on Noncompliant Facility Income. See Instructions | ••• ••••••••••••••••••••••••••••••••••• | 43 | |
| | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | ************ | 44 | 0. |
| | Tax and Payments | | <u> </u> | <u></u> |
| 45a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | | 100 | |
| Ь | Other credits (see Instructions) 45b | | | |
| | General business credit. Attach Form 3800 | | | |
| ď | Credit for prior year minimum tax (attach Form 8801 or 8827) | | | |
| | Total credits. Add lines 45a through 45d | | 450 | |
| 46 | Subtract line 45e from line 44 | *************** | 46 | 0. |
| 47 | Subtract line 45e from line 44 Other taxes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other 6 | ittanh anhadista |) 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 | 0. |
| | Payments: A 2017 overpayment credited to 2018 | *************** | | <u>~</u> |
| | 2018 estimated tax payments 50b | | | |
| | Tax deposited with Form 8868 50e | | | |
| . д | Foreign organizations: Tax paid or withheld at source (see instructions) 504 | | | |
| | Backup withholding (see instructions) 50e | | | • |
| · † | Credit for small employer health insurance premiums (attach Form 8941) | | | |
| | Other credits, adjustments, and payments: Form 2439 | | | |
| -, , , | ☐ Form 4136 ☐ Other ☐ Total ▶ 60g | , | | |
| 51 | Total payments. Add lines 50a through 50g | | 51 | |
| 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 | |
| 55 | Enter the amount of line 54 you want. Credited to 2019 estimated tax | raded > | > 55 | |
| Party | Statements Regarding Certain Activities and Other Information (see instruc | tions) | | |
| . 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority | , | | Yes No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | | 1837 F.M |
| | FINCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | | (4.2) |
| | here > | _ | | X |
| . 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore | olgn trust? | | Х |
| | N "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 🕨 \$ | | | |
| el | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the treatments, and complete. Declaration of preparer (other than taxpayor) is based on all information of which preparer has any knowledge. | seat of my know | viodge and belief, | It la true, |
| Sign | 1.11/1 | 1 | May the IRS disc | uss this return with |
| Here | Chay 1 1/13/19 PRESIDENT | | the preparer show | |
| | Signature of officer Date Title | | instructions)? | X Yes No |
| | Print/Type preparer's name Preparer's signature Date (| Check 🗔 | If PTIN | |
| Pald | | self- employe | | |
| Prepa | | | | 846200 |
| Use O | | Firm's EIN | <u> 45-</u> | 4084437 |
| | SIX CONCOURSE PARKWAY, SUITE 600 | | | |
| | | Phone no. | 770-390 | |
| 623711.01- | n-18 | | Fo | m 990-T (2018) |

| Schedule A - Cost of Goods Sc | old. Enter | method of invent | ory v | aluation N/A | | | |
|--|-----------------------|--|---|--|----------------------|--|---|
| 1 Inventory at beginning of year | 1 | | ĭ | Inventory at end of year | r | | 6 |
| 2 Purchases | 2 | | 7 Cost of goods sold. Subtract line 6 | | | ine 6 | |
| 3 Cost of labor | 3 | | from line 5. Enter here and in Part 1, | | | | |
| 4a Additional section 263A costs | | |] | fine 2 | | | 7 |
| (attach schedule) | 4a | | 8 Do the rules of section 263A (with respect to | | | | Yes No |
| b Other costs (attach schedule) | 4b | |] | property produced or a | for resale) apply to | | |
| 5 Total. Add lines 1 through 4b | 5 | |] | the organization? | | | |
| Schedule C - Rent Income (Fro (see instructions) | m Real I | Property and | Per | sonal Property L | ease | d With Real Prope | rty) |
| 1. Description of property | | | | | | | |
| (1) | | | | | | | - |
| (2) | | | | | | | |
| (3) | | | | | | | _ |
| (4) | | | | | | <u> </u> | |
| 2. | Rent receive | ed or accrued | | - | | | |
| (a) From personal property (if the percentage rent for personal property is more than 10% but not more than 50%) | ge of | or rent for p | arsonai | onal property (if the percentag property exceeds 50% or if ed on profit or income) | ge | 3(a) Deductions directly of columns 2(a) and | onnected with the income in 2(b) (attach schedule) |
| (1) | | | | | | | - |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Total | 0. | Total | | | 0. | | |
| (c) Total income. Add totals of columns 2(a) here and on page 1, Part I, line 6, column (A) | | > | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | 0. |
| Schedule E - Unrelated Debt-F | inanced | Income (see | nstru | ctions) | | | |
| • | | | 2 | . Gross income from or allocable to debt- | (-) | 3. Deductions directly conne to debt-financed | property |
| Description of debt-financed | d property | | | financed property | (a) | Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-final | adjusted basis illocable to nced property n schedule) | 6 | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) - | | | | % | | | |
| (2) | | | | % | | <u> </u> | |
| (3) | | | | % | | _ | · |
| (4) | | - | | % | | | |
| | | | | | | nter here and on page 1, Part I, line 7, column (A) | Enter here and on page 1, Part I, line 7, column (B) |
| Totals | | | | . | | 0. | 0. |
| Total dividends-received deductions include | ed in column | 8 | | | ······ | > | 0. |

Form **990-T** (2018)

| 1. Tasable income 8. Net unrelated recome (Dear) 9. Total of experiend payments 16. Pet of column 8 that a included (rise or networking) 11. Description of income 11. Description of income 12. Amount of income 13. Description of income 13. Description of income 14. Description of income 15. Total educations 15. Total e | > | | | | Controlled O | T | | Γ. | | | |
|--|--|----------------------------|--|--|---|---|--------------------------------|---------------|-----------------|---------------------------------|---|
| nexempt Controlled Organizations 7. Tassini Interior 8. Net unbiastic recomption 9. Total of specified programs 10. Print of claims 0 that is controlling programs 11. Description of scale y command with recome in column 10 of the controlling programs 11. Description of scale y command with recome in column 10 of the second on page 1, Pert 1, the 8, column (Print) the 9, c | 1. Name of controlled organization | | identification | 3. Net un (loss) (see | | | nents made included in the con | | ed in the contr | ntrolling connected with income | |
| nexempt Controlled Organizations 7. Teach is income 8. Not creditate recome (book) 9. Total of specified poyments in the creditate glassiasters glass income 11. Description of section 500 (cr) (7), (9), or (17) Organization (see instructions) 1. Description of recome 1. Description of recome 1. Description of recome 1. Description of section 501 (cr) (7), (9), or (17) Organization (see instructions) 2. Amount of income 2. Amount of income 3. Obdictions oriting constructions (see instructions) 1. Description of section 501 (cr) (7), (9), or (17) Organization (see instructions) 2. Amount of income 3. Obdictions oriting constructions (see instructions) 1. Description of section 501 (cr) (7), (9), or (17) Organization (see instructions) 2. Amount of income 3. Obdictions oriting constructions (see instructions) 3. Evaluation or settle constructions (see instructions) 4. Sections schooling (print instructions) (see instructions) 2. Cross 1. Characteristic description of section 501 (cr) (7), (9), or (17) Organization (see instructions) 2. Amount of income (see instructions) 3. Evaluation or settle school organization (see instructions) 4. Sections schooling (print instructions) (see instructions) (see instructions) 4. Sections schooling (print instructions) (see instructions) (see instructions) (see instructions) 4. Sections schooling (print instructions) (see instructions) (se |) | | | | | | | | | | |
| nexempt Controlled Organizations 7. Trade in receive (See instructions) 8. Net unrelated increase (Death (one sush reclears) | | | | | ., | | | | | | |
| Description of micrors Section Solid Color Section Solid Color Section Solid | | | | T | | | | | | | |
| nexempt Controlled Organizations 7. Transite income 8. Net stretiled income (less mithicine) (see mithicine) (see mithicine) 1. Transite income 8. Net stretiled income (less mithicine) (see mithicine) 1. Transite income 8. Net stretiled income (less mithicine) (see mithicine) 1. Description of income 1. Description of income 2. Amount of income (see instructions) 2. Amount of income (see instructions) 3. Organization (see instructions) 4. Set suchas (sets) (see the base and on page 1. Part I, the 8, column (less on the base of less of less on the base of less on the base of less of less on the base of less of less on the base of less on the base of less of less on the base of less of less of less on the base of less of l | | | | | | | | | | | |
| Column C | | nizations | | | | | | | | | |
| Enter have and on page 1, Part 1, Inne 8, column (8) Chedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions directly connected (alturb schedule) (alturb schedule) (alturb schedule) (alturb schedule) (call sphare of a sphare of | 7. Taxable Income | | | 9. Total | | ments | in the controll | ng orgar | nzation's | | |
| Add columns 5 and 10 Enter here and on page 1, Part 1, Inne 8, column (A) 1. Description of income 2. Amount of income 2. Amount of income 3. Description of open 1, Part 1, Inne 9, column (A) Enter here and on page 1, Part 1, Inne 9, column (B) 3. Description of open 1, Part 1, Inne 9, column (B) Enter here and on page 1, Part 1, Inne 9, column (B) 2. Amount of income 2. Amount of income 2. Amount of income 2. Amount of income Enter here and on page 1, Part 1, Inne 9, column (A) Enter here and on page 1, Part 1, Inne 9, column (A) Enter here and on page 1, Part 1, Inne 9, column (B) 2. Cross unrelated business are come and a column (B) 2. Cross unrelated business are come and and a column (B) 2. Cross unrelated business are come and and a column (B) 2. Cross unrelated business are come and and a column (B) 2. Cross unrelated business are come and and a column (B) 2. Cross unrelated business are come and and a column (B) 3. Expenses and 10 Enter here and on page 1, Part 1, Inne 9, column (B) 2. Cross unrelated business are come and |) | | | | | | | | | | |
| Add columns 5 and 10 Enter here and on page 1, Part 1, time 8, column (8) Column (8) Column (9) Colu | | | | | | | | | | | |
| Add columns 5 and 10 Enter here and on page 1, Part I, time 6, column (2) 1. Description of income 2. Amount of income 2. Amount of income 3. Ordinational (attach schedule) 1. Description of income 2. Amount of income 2. Amount of income 3. Ordinational (attach schedule) 4. Set-saides (intach schedule) 5. Total deduction (cell 3 plus cell 4) 6. Enter here and on page 1, Part I, lime 9, column (3) 6. Enter here and on page 1, Part I, lime 9, column (3) 7. Excass owengh segments (column 5) 1. Description of segments and segments (column 2) and segments (column 2) and segments (column 5) 1. Description of segments (column 2) and segments (column 2) and segments (column 5) and segments (column 6) and segme | | | | | | | | | | | |
| Add columns 6 and 10 Enter here and on page 1, Part 1, Ine 8, column (A) Chedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Described (attach schedule) (intach s | | | | | | | | | | | • |
| chedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 2. Amount of income 3. Deductions directly connected (states schedule) (stat | | | | | | | Enter here and | on page | 1, Part I, | | ere and on page 1, Part I, |
| (see instructions) 1. Description of income 2. Amount of income 3. Description of gracity connected (attach schedule) 4. Set-saides (attach schedule) 5. Total deduction and set-setting (attach schedule) 6. Constructions 6. Each schedule (attach schedule) 7. Enter here and on page 1. Pert I, line 9, column (A) 8. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited externity and activity and acti | | | , | | | • | | | 0. | | 0 |
| 1. Description of income 2. Amount of income 3. Description of directly connected directly connected (attach schedule) 3. Explaints (attach schedule) 4. Set-isrodes (attach schedule) 5. Total disdiction of directly connected (attach schedule) 6. Set have and on page 1. Part 1, line 9, column (b) 6. Set have and on page 1. Part 1, line 9, column (c) 7. Excess exemption of exploited Exempt Activity Income, Other Than Advertising Income 8. Expanses 9. Set have and on page 1. Part 1, line 9, column (b) 1. Description of exploited strivity 2. Costs 2. Expanses 3. Expanses 4. Net income (costs) 6. Expanses 6 | | | of a Section | on 501(c)(7 | 7), (9), or (| 17) Org | ganization | | | | |
| 1. Description of Income 2. Amount of income 3. Amount of income 4. Set-blooks (altach schedule) 4. Set-blooks (altach schedule) 5. Constitution 6. Constitution 7. Excess exempt 1. Income 8. Column (A) 9. Constitution 9. Column (B) 9. Colum | (see ins | tructions) | | | 1 | | | | 1 | | 1 |
| Section Sect | 1 . Des | scription of income | | | 2. Amount of | income | directly conne | cted | | | and set-asides |
| Set the here and on page 1 Part 1, Iris 9, column (4) | | | | | <u> </u> | | (attach sched | lu!e) | (attact) | criodale, | (col 3 plus col 4) |
| Enter here and on page 1, Pert I, line 9, column (A) Pert I, line 9, column (A) | | | | | | | - | | | | · · · · · · · · · · · · · · · · · · · |
| Interpretation of exploited activity interpretations into the exploited activity interpretation of exploited activity interpretations into the exploited activity interpretation of exploited activity interpretations into the exploited activity interpretation of exploited activity interpretations into the exploited activity interpretation interpretation into the exploited activity interpr | | | | | | | | | | | |
| Enter here and on page 1. Part I, line 9, column (A) Chedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross urrelated business income from trade or business income from activity that distribution to column 5 1. Description of exploited Exempt Activity Income, Other Than Advertising Income from activity that distribution to column 5 3. Expenses developed from activity that distribution to the page 1, Part I, line 10, con (B) 2. Gross income from activity that distribution to column 5 3. Excess exempt suppressed (column 6 and page 1, Part I, line 10, col (B) 2. Gross income from activity that distribution to column 5 3. Excess exempt suppressed (column 6 and page 1, Part I, line 10, col (B) 3. Excess exempt suppressed from activity that distribution to column 5 4. Natincome (loss) from urrelated basic suppressed from activity that distribution to column 5 6. Expenses at the distribution to column 6 7. Excess exempt suppressed from activity that distribution to column 6 8. Expenses at the distribution to column 5 8. Expenses overing activity that distribution to the column 6 8. Expenses exempt suppressed (column 6 8. Expenses activity that distribution to column 5 8. Excess exempt suppressed (column 6 8. Expenses activity that distribution to column 5 8. Excess exempt suppressed (column 6 8. Expenses activity that distribution to column 5 9. Credeal or the from tradeal tradeal or column 6 9. Enter here and on page 1, Part I, line 10, col (B) 9. Credeal or the from tradeal or column 6 9. Credeal or the from tradeal or column 6 9. | | | | | <u> </u> | | | | | | |
| Part I, line 9, column (A) Part I, line 9, column (A) | <u>) </u> | | | | | | | | <u></u> | | |
| Chedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited detivity 1. Description of exploited details and exploited details and exploited details and exploited details and exploited from exploited from exploited e | | | | | | | | | | | Part I, line 9, column (B) |
| (see instructions) 1. Description of exploited activity urelated business income from trade or business income from page 1, Part 1, line 10, col (8) Enter here and on page 1, Part 1, line 10, col (8) O. O. O. The business income from page 1, Part 1, line 10, col (8) It line 10, col (8) 1. Name of periodical Reported on a Consolidated Basis 2. Gross average from units column 3, page 1, Part 1, line 10, col (8) 1. Name of periodical activity and trade or business income from trade or business income from units column 4, and the from activity that the | tals | | | <u> </u> | | | | | | | 0 |
| 1. Description of exploited described business income from trade or business (column 2 business (column 2 business (column 2 business (column 3) If a gain, compute cols 5 through 7 Enter here and on page 1, Part I, line 10, col (A) Chedule J - Advertising Income (see instructions) 2. Gross advertising income (see instructions) 2. Gross readership costs advertising ocosts 1. Name of periodical 2. Gross advertising costs 3. Direct advertising gain or (loss) (col 2 minus column 4) 2. Gross advertising costs 3. Direct advertising gain or (loss) (col 2 minus col) (see instructions) 2. Gross advertising costs 3. Direct advertising gain or (loss) (col 2 minus col) (see instructions) 2. Gross advertising costs 4. Advertising gain or (loss) (col 2 minus col) (see instructions) 2. Gross advertising costs advertising costs for through 7 3. Direct advertising gain or (loss) (col 2 minus col) (see instructions) 3. Direct advertising costs business (column 2 minus column 3) 4. Advertising gain or (loss) (col 2 minus col) (see instructions) 2. Gross advertising costs advertising costs business (column 6 in minus column 4) 3. Direct advertising costs business (column 6 in minus column 6) 4. Advertising gain or (loss) (col 2 minus column 6) 6. Readership costs (column 6 minus column 6) 7. Excess readership costs (column 6 minus column 6) 9. Crudation is not unrelated business (column 6) 1. Name of periodical (column 6) 1. Name of periodical (column 6) 2. Gross advertising costs advertising costs business (column 6) 3. Direct advertising costs business (column 6) 4. Advertising costs business (column 6) 6. Readership costs (column 6) 7. Excess readership costs business (column 6) 8. Enter here and on page 1, Part 1, line 10, col (B) 9. Column 6) 1. Name of periodical (column 6) | • | - | ctivity Inco | me, Other | Than Adv | vertisin | g Income | | | | |
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| | 1. Name of periodical | ac | vertising | | or (loss) (d col 3) If a g | ol 2 minus ain, comput | | | | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
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| | ale (carry to Dart II line (E)) | | ا م | n | | | 1 | | | | o |

Form 990-T (2018) EAST LAKE FOUNDATION, INC. 58-22043 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 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) | | | | | | | | |
| (4) | .] | | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. | | |
| | 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) | 0. | 0. | 1 | | | _ 0. | | |
| Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) | | | | | | | | |

| 1. Name | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|---|----------|--|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | • | 0. |

Form 990-T (2018)