NOTICE 2018-100

Form 990-T	E	Exempt Org	anization Bu	sine	SS	Income T	ax Retur	n l	OMB No 1545-0687	
is.			(and proxy tax un	der se		on 6033(e))	180	06	0047	
#	For calendar year 2017 or other tax year beginning JUL 1, 2017 and ending JUN 30, 2018 • Co to www.irs.gov/Form990T for instructions and the latest information.									
Department of the Treasury Internal Revenue Service	<u> </u>		vww.irs.gov/Form990T for mbers on this form as it m						Open to Public Inspection for 501(c)(3) Organizations Only	
A Check box if address changed	ļ	Name of organization	Emp	oyer identification number doyees' trust, see uctions)						
B Exempt under section	Print	ROCKY MOUNTAIN		74-2244146						
X 501(c <u>@3</u>)	or Type	Number, street, and r		lated business activity codes instructions)						
408(e) 220(e)	1,,,,,	2490 JUNCTION	4							
408A 530(a) 529(a)		City or town, state or BOULDER, CO 8	9000	00						
C Book value of all assets at end of year		F Group exemption r	number (See instructions.)	>						
38,235,			type 🕨 🗴 501(c) co			501(c) trust		a) trust	Other trust	
H Describe the organization	n's prim	ary unrelated business	activity. DUALIFIED	TRANS	SPOR	TATION FRINGE				
		-	an affiliated group or a par	ent-subs	sidiary	y controlled group?	>	Ye	es X No	
If "Yes," enter the name a				_				200 04	-	
J The books are in care of Part Durrelated		EATHER MCCREER			1			_	5-1003	
- W - W		de or business	income		╁	(A) Income	(B) Expens	es XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(C) Net	
1a Gross receipts or sale			⊢	1.	1					
b Less returns and allow		A I 7)	c Balance	10	╁					
2 Cost of goods sold (S			Δ	3	\vdash				1967. / V101. *** 0162. RDF	
3 Gross profit. Subtract 4a Capital gain net incom			/ \	4a				46.000		
b Net gain (loss) (Form	`	•	orm 4707)	46	╄		NAME OF			
c Capital loss deduction		· ·	RECEIV					OPIN)		
•			(attach statement) 7	5			Joseph Jaket			
6 Rent income (Schedu			1001		191			111 55		
7 Unrelated debt-finance	•	ne (Schedule E)	MAY 0 8 2	7						
8 Interest, annuities, roy	yaltıes, a	and rents from controlle	ed organizations (Sch. F)	11-0						
9 Investment income of	a sectio	on 501(c)(7), (9), or (1)	7 organization (Schemile)	<u> </u>						
10 Exploited exempt activ				10	<u> </u>					
11 Advertising income (S	Schedule	e J)		11	ļ			** * * *		
12 Other income (See ins			STATEMENT 1	12	Ļ	21,396.		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21,396.	
13 Total. Combine lines				13_	<u> </u>	21,396.	L	-	21,396.	
			nere (See instructions nust be directly connected							
14 Compensation of off	icers, di	rectors, and trustees (S	Schedule K)				' -	14		
15 Salaries and wages	•	, ,	•					15		
16 Repairs and mainten	апсе							16		
17 Bad debts		*				•		17		
18 Interest (attach sche	dule)	•						18		
19 Taxes and licenses								19		
	•	e instructions for limita	tion rules) STATEMENT	4		SEE STATEME	NT 2	20	1,878.	
21 Depreciation (attach		•				21				
•	aimed or	n Schedule A and elsew	here on return			22a		22b		
23 Depletion								23		
24 Contributions to defe		mpensation plans						24		
25 Employee benefit pro	-	-1 1 1- 15						25	 _	
26 Excess exempt exper	•	•						26		
27 Excess readership co28 Other deductions (at	•	•				SEE STATEMEN	NT 3	27	750.	
29 Total deductions (at		•					- -	29	3,497.	
		-	ating loss deduction. Subtra	nct line 2	9 fror	m line 13		30	17,899.	
		(limited to the amount		2	J 11 UI			31	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				from line	30			32	17,899.	
	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32								1,000.	
34 Unrelated business	taxable	income Subtract line	33 from line 32. If line 33 i	s greatei	than	line 32, enter the sn	naller of zero or	33		
line 32								34	● 16,899.	
722701 01-22 18 LHA FO									Form 990-T (2017)	

Form 990-T	(2017)	ROCKY MOUNTAIN INSTITUTE				74-22	44146			Page 2
Part II	T	ax Computation								
		Izations Taxable as Corporations. See in	structions for tax computation	on.		***************************************	1			
		piled group members (sections 1561 and 1	· ·		and:		- } ,			
		your share of the \$50,000, \$25,000, and \$					٠,			
	(1)	\$ (2) \$		(3) \$	1		١.	1		
		organization's share of: (1) Additional 5%	tax (not more than \$11 750				٠,	1		
		iditional 3% tax (not more than \$100,000)		; <u>[\$</u>	<u></u>		1			
		e tax on the amount on line 34		SEE STATE	MENT 6	1	> 35	7	3.	038.
		Taxable at Trust Rates. See instructions				,		* 		
		Tax rate schedule or Schedule D (> 36	7		
37		tou Con materialisms					▶ 37	_	~	
		ative minimum tax	.) •) [] 20 [] 100 [] .				38			
		n Non-Compliant Facility Income. See ins	tructione	•	• / • • • • • • • • • • • • • • • • • •			<u> </u>	***************************************	***************************************
		Add lines 37, 38 and 39 to line 35c or 36,				· "· 1	41-7		3	038.
Part IV	_	ax and Payments	William Control							
		n tax credit (corporations attach Form 111	R' tructe attach Form 1116)	***************************************	418		Т	Т		
	_		,	•	41b		*******			
		creams (see instructions) al business credit. Attach Form 3800			41c	······································	_			
		for prior year minimum tax (attach Form &	, 1901 or 9827)		416		┥	1		
		credits. Add lines 41a through 41d	MO 1 OI GOZI)		. 1.7/1		41	H		
		act line 41e from line 40				4	6 4	_	3	038.
		taxes. Check if from: Form 4255	Form 8611 Form	8697 Form	RRSS Other	cattach schedule		+-		
		tax. Add lines 42 and 43		003/ [] 1 With	osoo Laa oma	4			3	038.
		ents: A 2016 overpayment credited to 201	,, « , , , , , , , , , , , , , , , , ,		45a	1	۳	<u> </u>		
_	•	estimated tax payments	'		450			1		
-			*		45c		┥	1		
		eposited with Form 8868	veca (can instructions)	-	45d	***	-			
	_	n organizations: Tax paid or withheld at so	arce (see menachone)							
		p withholding (see instructions)	Supra (Attach Form 9044)		450		-	1		
		for small employer health insurance prem		· · ·	45f		-			
P		credits and payments:	Form 2439	Total	امرا		ı	1		
40		Form 4136	Other	rolar p	► 45g		- ,	-		
		payments. Add lines 45a through 45g	Corm 2000 in alleghad	<u> </u>			48			
		ated tax penalty (see instructions). Check i			N 27 1	<12 ·	- 136		O 3.	038
		ue. If line 46 is less than the total of lines 4	•	-		ورر		-		
		ayment. If line 46 is larger than the total of			` `}		► 150 ► 50			
Part V		the amount of line 49 you want: Credited to Statements Regarding Certain				tunded ctions)				
							***************************************		Yes	No
51		time during the 2017 calendar year, did the	•	=		_			100	1
		financial account (bank, securities, or oth			-					
		N Form 114, Report of Foreign Bank and F SEB STATEMENT 5	manciai Accounts. Il 165, ei	nter the name of th	ie ioreign country				×	┝╌
	here		- distribution from	t the exector of a	· tennatoror to a fa	eeren troop?			1	×
52		g the tax year, did the organization receive	•	t the grantor oi, o	r transteror to, a to	reign trust?			ļ	 ^ -
		s, see instructions for other forms the orga								
53		the amount of tax-exempt interest received			etalements and to the	Past of My koo	wladae er	od halled it is to	لنظ	<u> </u>
Sign	CO	der penelties of perjury, f declare that I have exami rect and combiete Declaration of preparer (other I	han taxpayor) is based on all info	mation of which prep	arer has any knowledg	•				
Here	-ls			A CRO				IRS discuss thi		wäh
******	J	Signature of officer	Date	CEO Title				lona)? X Y		
***************************************	L	· · · · · · · · · · · · · · · · · · ·		· '***	Data I	Chook			<u>55 </u>	No
		Print/Type preparer*s name	Preparer's signature	1	Date	Check		PTIN		
Paid		DON'T I POCESTO	MORT I POCOMO	L	13/14/10	self- employ	EO	P0064525	,	
Prepa	rer	DORI J, EGGETT	PORI J. EGGETT		3/14/19	Comin 50		38~1357		
Use O	nly	Firm's name PLANTE & MORAN,	AVE SUITE 600			Firm's EIN		30*1337	,,,	
		Firm's address DRNVER CO 80	•			Phone on	303-	740.9400		

Form 990-1 (2017)

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation N/A				
1 Inventory at beginning of year	11		1	Inventory at end of year	ar		6	
2 Purchases	2		1	Cost of goods sold. Si				
3 Cost of labor	3		1	from line 5 Enter here				
4 a Additional section 263A costs			1	line 2		,	7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b	•	for resale) apply to		0.67			
5 Total. Add lines 1 through 4b	5		1	the organization?				W 1888 18 1 4 4 4 1
Schedule C - Rent Income (see instructions)		Property and	Per		ease	d With Real Propo	erty)	
1. Description of property							<u> </u>	
_(1)								
(2)								
(3)								
(4)	···.							
		ed or accrued				3(a) Deductions directly	connected with the	IDCOMA IN
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	` 'of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	columns 2(a) an	d 2(b) (attach sched	ule)
(1)								·····
(2)					-			
(3)		<u> </u>						
(4)		· · · · · ·		· · · · · · · · · · · · · · · · · · ·				
Total	0.	Total			0.			-
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelated Del	ot-Financed	income (see	nstru	ctions)				
			، ا	. Gross income from		3 Deductions directly conn to debt-finance		ble
1. Description of debt-fi	nanced property		-	or allocable to debt- financed property	(a)	Straight line depreciation (ettach schedule)	(b) Other (attach s	deductions chedule)
(1)								
(2)								
(3)				-				
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x to	le deductions otal of columns ind 3(b))
(1)			Ì	%		*	1	
(2)				%				
(3)				%				
(4)	 			%				
	-		•	<u></u>		nter here and on page 1, Part I, line 7, column (A)	Enter here an Part I, line 7,	
Totals						0.		0.
Total dividends-received deductions	ncluded in column	n 8				•		0.
	.c.aaca iii oolaffii							

Comparison of the controlling payments made Properties in the controlling payments in sold in the controlling payments		Ī		Exempt (Controlled O	rganızatı	ions					
20 40 40 40 40 40 40 40	1 Name of controlled organization		identification		elated income instructions)			include	ncluded in the controlling		6 Deductions directly connected with income in column 5	
20 (d)	(1)		_						-			
(d) Nonexempt Controlled Organizations 7 Tawbis income 8. Net unrelated income (local gian entirections) 8. Net unrelated income (local gian entirections) 9. Total of specified peryments 10. Part of column (i) are a procluded organization of the controlling oppressions) 10. Enter here and on page 1, Part I, I Deductions of succily come of the column (i) and income of a Section SO1(c)(7), (9), or (17) Organization 1 Description of income 2 Amount of income 2 Amount of income 2 Amount of income 1 Description of income 2 Amount of income 2 Amount of income 3 Enter here and on page 1, Part I, I for 6, orbann (i) a grant or page 1, Part I, I for 6, orbann (ii) a grant or page 1, Part I, I for 6, orbann (ii) a grant or page 1, Part I, I for 6, orbann (ii) a grant or page 1, Part I, I for 6, orbann (iii) a grant or page 1, Part I, I for 6, orbann (iii) a grant or page 1, Part I, I for 6, orbann (iii) a grant or page 1, Part I, I for 6, orbann (iii) a grant or page 1, Part I, I for 6, orbann (iii) a grant or page 1, Part I, I for 6, orbann (iii) a grant or page 1, Part I, I for 6, orbann (iii) a grant or page 1, Part I, I for 6, orbann (iii) a grant or page 1, Part I, I for 6, orbann (iii) a grant or page 1, Part I, I for 6, orbann (iii) a grant orbann orb										T		
Monexempt Controlled Organizations		<u> </u>								7		
Nonexempt Controlled Organizations 7 Teache Income 8, Net unabled access [558] 9, Total of specified payments 10 Part of course 5 pairs activated 11 Conductions describly come in the controlling organization of the controlling organization of the controlling organization of the controlling organization of the course in column 10 2) Add columns 5 and 10 Enter five and on page 1, Part I, line 8, column (8) 10 Describing of mounts 11 Describing of mounts 12 Amount of recorse access from controlling organization (see instructions) 13 Describing of mounts 14 Strandes (parts of page 1) 2) Amount of recorse access from page 1, Part I, line 8, column (8) 10 Describing of mounts 11 Describing of mounts 2 Amount of recorse access from page 1, Part I, line 9, column (8) 10 Describing of mounts 11 Describing of mounts 2 Amount of recorse access from page 1, Part I, line 9, column (8) 2) Amount of recorse access from page 1, Part I, line 9, column (8) 10 Describing of mounts access from page 1, Part I, line 9, column (8) 10 Describing of mounts access from page 1, Part I, line 9, column (9) 10 Describing of mounts access from page 1, Part I, line 9, column (9) 11 Describing of mounts access from page 1, Part I, line 9, column (9) 11 Describing of mounts access from page 1, Part I, line 9, column (9) 12 Describing of mounts access from page 1, Part I, line 10, column (9) 13 Describing of mounts access from page 1, Part I, line 10, column (9) 14 Name of page 1, Part I, line 10, column (9) 15 Describing of mounts access from page 1, Part I, line 10, column (9) 16 Describing of mounts access from page 1, Part I, line 10, column (9) 17 Excess readers access from page 1, Part I, line 10, column (9) 17 Excess readers access from page 1, Part I, line 10, column (9) 18 Describing of mounts access from page 1, Part I, line 10, column (9) 19 Describing of mounts access from page 1, Part I, line 10, column (9) 10 Describing of mounts access from page 1, Part I, line 2, column (9) 10 Describing of mou												
7 Tausbie brooms 8, Neturelated accome foscs) (specified payments) 10 Perior course fast as socilude in the controlling organization's gross accome with income in column 10 (ii) (iii) (i		zations		_				_				
(d) Add columns 5 and 10 Enter here and on page 1, Part I, the 6, column (d) Schedule 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 drates and see in the first here and on page 1, Part I, the 6, column (d) (2) (3) (4) Enter here and on page 1, Part I, the 6, column (d) Enter here and on page 1, Part I, the 6, column (d) Enter here and on page 1, Part I, the 6, column (d) Enter here and on page 1, Part I, the 6, column (d) Enter here and on page 1, Part I, the 6, column (d) (2) (3) (4) Enter here and on page 1, Part I, the 6, column (d) Enter here and on page 1, Pa		8. Net unretai		9. Total		nents	in the controlli	ng organi	is included zation's		ductions directly connected income in column 10	
(d) Add columns 5 and 10 Enter here and on page 1, Part I, Inne 6, column (8) Totals Schedule 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 (rectly connected (platich schedule)) (rectly conne	(1)											
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Schedule 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 drately connected (attach schedule) (1) (2) (3) (4) Enter here and on page 1 Pert I, line 9, column (A) Pert I, line 9, column (A) Pert I, line 9, column (A) I. Description of wisplotted Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of wisplotted Exempt Activity Income, Other Than Advertising Income (see instructions) 2 Goss urrelated blusiness income for wisplotted activity and or business income (see instructions) 3. Expenses directly connected business income for wisplotted activity and or business income (see instructions) 1. Description of wisplotted Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of wisplotted Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of wisplotted Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of wisplotted Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of wisplotted Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of wisplotted Exempt Activity Income, Other Than Advertising Income (see instructions) 2 Gross urrelated business income (see instructions) 3. Expenses directly connected business income business income (see instructions) 4 A Nation of the directly of the sea of the original sea of the production of the original sea original sea original sea original sea				•			Enter here and	on page	1, Part I,	Enter he	ere and on page 1, Pert I,	
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1 Description of income 2 Amount of income (article achedule) (a			J. 4 JOUIO	55 . (5)(1	,, (-), (,	,					
(2) (3) (4) Enter here and on page 1, Part 1, Inne 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (5 see instructions) 1. Description of exploited activity unclaimed business income from trade or business income in the following from unrelated trade or business (column 2) if agen, compute coto 5 incourned to business income from unrelated business income from activity that incourse (asset) from unrelated business income from activity that incourse (asset) from unrelated business income from activity that incourse (asset) from unrelated trade or business (column 2) if agen, compute coto 5 incourse from activity that incourse from a	1 Desc	cription of income			2 Amount of	income	directly conne	ted			5. Total deductions and set-asides (col 3 plus col 4)	
(2) (3) (4) Enter here and on page 1, Part 1, Irre 9, column (A) 1. Description of exploited activity Income from trade or business income (3) (4) 2 Gross unclaided business income from trade or business income from activity that gan, compute color 5 through 7 (3) (4) Enter here and on page 1, Part 1, Irre 9, column (A) 2 Gross unclaided business income description of exploited activity (3) (4) Enter here and on page 1, Part 1, Irre 9, column (A) 2 Gross unclaided business income description of unrelated business income from activity that gan, compute color 5 through 7 (3) (4) Enter here and on page 1, Part 1, Irre 9, column (B) if gan, compute color 5 through 7 Enter here and on page 1, Part 1, Irre 9, column (B) if gan, compute color 5 through 7 Enter here and on page 1, Part 1, Irre 9, column (B) 7 Excess exert expenses (column 5) if gan, compute color 5 through 7 Enter here and on page 1, Part 1, Irre 9, column (B) 8 Expenses of excetty connected with a column (B) 9 (C) 1 (D) 1 (D) 2 (D) 3 (D) 4 Advertising gain or (Iosa) [col 2 minus coll 3 if gan, compute color 5 through 7 Enter here and on page 1, Part 1, Irre 9, column (B) 9 (D) 1 (D) 1 (D) 2 (D) 3 (D) 4 Advertising gain or (Iosa) [col 2 minus coll 3 if gan, compute color 5 through 7 Enter here and on page 1, Part 1, Irre 9, column (B) 9 (D) 1 (D) 2 (D) 3 (D) 4 Advertising gain or (Iosa) [col 2 minus coll 3 if gan, compute color 5 through 7 Enter here and on page 1, Part 1, Irre 9, column (B) 9 (D) 1 (D) 1 (D) 2 (D) 3 (D) 4 Advertising gain or (Iosa) [col 2 minus coll 3 if gan, compute color 5 through 7 Enter here and on page 1, Part 1, Irre 9, column (B) 1 (D) 1 (D) 2 (D) 3 (D) 4 Advertising column (B) 4 Advertising column (B) 1 (D) 2 (D) 3 (D) 4 Advertising column (B) 4 Advertising column (B) 1 (D) 2 (D) 3 (D) 4 Advertising column (B) 4 Advertising column (B) 5 (C) 6 (D) 7 (D) 8 (D) 9 (D)	(1)					_						
Column C												
(4) Enter here and on page 1, Part 1, line 9, column (A)					i							
Enter here and on page 1, Part I, line 9, column (A)					·-			_				
(see instructions) 1. Description of exploited activity invalidation of exploited activity invalidation of unrelated business income from trade or business income from activity that is not unrelated business. Therefore, There		_		•	Part I, line 9, co	umn (A)					Enter here and on page 1, Part I, line 9, column (B)	
1. Description of exploited activity under the first production of the firs	-	-	tivity Incon	ne, Other	Than Adv	ertisin	g Income					
(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part II Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2 Gross advertising income 3 Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3)	1. Description of	2 Gross unrelated busin income from	ness directi	y connected production unrelated	from unrelated business (co minus colum gain, compute	trade or lumn 2 i 3) If a cols 5	from activity ti is not unrelate	nat ed	attributa	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(3) (4) Enter here and on page 1, Part 1, line 10, col (A) Ine 10, col (B) O. Schedule J - Advertising Income (see instructions) Part II Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2 Gross advertising income II. Name of periodical 3 Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3)	(1)				-			- 1				
(3) (4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2 Gross advertising income 3 Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3)		†									<u> </u>	
Enter here and on page 1, Part I, line 10, col (A) Enter here and on page 1, Part I, line 10, col (B)		1			<u> </u>		•		•			
Enter here and on page 1, Part I, line 10, col (A) Totals O. O. Schedule J - Advertising Income (see instructions) Part II Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2 Gross advertising income 1. Name of periodical 2 Gross advertising costs 3 Direct advertising costs 3 Direct advertising costs for (loss) (col 2 minus cols 5 through 7 costs 4 Advertising gain or (loss) (col 2 minus cols 5 through 7 costs 5 Circulation income 6 Readership costs (column 6 minus column 5, but not mother column 5, but not mother column 5, but not mother column 6 minus column 4) (1) (2) (3)		†			· · · · · · · · · · · · · · · · · · ·						 	
Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2 Gross advertising costs 3 Direct advertising costs 4 Advertising gain or (loss) (ccl 2 minus cols (ccl 2 minus cols 5 through 7 5 Circulation (income costs 5		page 1, Part	I, pagi A) line '	e 1, Part I, 10, col (B)						17.	Part II, line 26	
Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2 Gross advertising an or (loss) (col 2 minus col 3) If a gain, compute colsts 5 through 7 (1) (2) (3)		ng Income			- 1888 (S.A.Y.***	4 Mary	ave-ile (Materi	Sell min	27.48.745.	**************************************	<u> </u>	
1. Name of periodical advertising costs advertising costs advertising costs (col. 2 minus costs (col. 2 minus costs) (col. 2 minus costs) (col. 3) if a gain, compute costs (col. 2 minus col. 2 minus costs) (col. 3) if a gain, compute costs (col. 2 minus col. 2 minu					solidated	Basis				•••		
(2) (3)	1. Name of periodical	adve	ertising a		or (loss) (co col 3) If a ga	l 2 minus in, comput		on			7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(3)	(1)											
(4)	(3)											
	(4)						Ť	-		-		
Totals (carry to Part II, line (5)) ▶ 0. 0.	Totals (carry to Part II, line (5))	<u> </u>	0.	0							0. Form 990-T (2017	

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.			2000 ST 1874	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.				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.

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