	- <		Į	MENDED	Retur	n-Se	ecţ	ion	512	(a)(7)		1000
C^{i}	&Ė Ì	١ .	Ë	vomnt Ora	i Anizatian	Repo	ea 1	So Inco	ma T	ov Botur		1807
7	30For	990-T		kempt Org								OMB No 1545-0687
_			F	lendar year 2017 or other t	(and proxy t						709	2017)
		•	FOT CA		www.irs.gov/Form9						10	
		artment of the Treasury nal Revenue Service	•	Do not enter SSN nu							3).	Open to Public Inspection to 501(c)(3) Organizations Only
	Ā	Check box if		Name of organization					ructions.)		DEmp	ployer identification number ployees' trust, see
		address changed		FORT WORT		OF S	CIE	NCE			Inst	ructions)
		Exempt under section	Print or	Print AND HISTORY or Number, street, and room or suite no. If a P.O. box, see instructions.								75-0755335 elated business activity codes
		501(c)(3) 408(e) 220(e)	Туре	1600 GEND		a P.U. DO	x, see II	nstructions.			(See	Instructions)
	F	408A 530(a)		City or town, state or		and ZIP o	r foreig	n postal code			-	
	Ē	529(a)		FORT WORT	н, тх 76	5107					711	1110 900002
	C B	ook value of all assets lend of year 60,220,6		F Group exemption i	number (See instru	ctions.)	▶					
707									01(c) trust		a) trust	Other trust
4.		escribe the organization uring the tax year, was t						STATEM			TTV	es X No
—		"Yes," enter the name a					III-Suus	iuiai y comuoi	ileu gi oup r		<u></u>	es LALINO
\exists	JT	he books are in care of	r 🔻	HE ORGANI	ZATION				Teleph	none number 🕨	(817	7) 255-9300
=	P	Unrelated	Trac	le or Business	Income			(A) In	come	(B) Expens	es	(C) Net
Ş		Gross receipts or sales				_						
ついとという		Less returns and allow		A line 7\	c Balance	•	1c			THE RESERVE OF THE PARTY OF THE	200	
Z	2	Cost of goods sold (So Gross profit. Subtract			\sim		3			\$501.5.2000 \$5000 \$500 \$500 \$500 \$600 \$600 \$600 \$100 \$100 \$100 \$100 \$100		
É	4 a	Capital gain net incom		•			48					
מ		Net gain (loss) (Form		•	orm 4797)		4b					
	C	Capital loss deduction for trusts									HULL	
	5	Income (loss) from pa		ps and S corporations	(attaelr statement)		5	204	000			17 400
	6	Rent income (Schedul	6 284,009. 266, d income (Schedule*5) 7						266,	580.	17,429.	
	, 8	Interest, annuities, roy			ed organizations (S	ch. F)	- 8					
	9	Investment income of										<u> </u>
	10	Exploited exempt activ					10					
	11	Advertising income (So			~~ ~ ~~~~~~		11	0.00		MANUAL DANNEY IN STR. MINE BYAN	Li EMA N	000 544
	12	Other income (See insti- Total, Combine lines			5TATEMENT	. 4	12		,744.	266,	<u> </u>	209,744. 227,173.
				t Taken Elsewi	nere (See instru	ctions fo					300.	221,113.
ı	~ ""	(Except for c	ontnbu	tions, deductions n	nust be directly co	onnected	d with t	the unrelate	d busines			
ı	14	Compensation of office	cers, dire	ectors, and trustees (S	chedule K) Inte	mal Re	venue	Service			14	
	15	Salaries and wages			Rece	eived U	IS Ba	ink - USB			15	58,598.
	16	Repairs and maintena	ince		•		719				16	9,889.
	17 18	Bad debts Interest (attach sched	lule)			AUG 2	42	UZU .	•		17	
	19	Taxes and licenses	,						•		19	
	20		ns (See	instructions for limital	tion rules)	(ansas	City,	MO		•	20	
	21	Depreciation (attach F							21	45,051.	22244	
	22	•	med on	Schedule A and elsew	here on return				22a		225	45,051.
	23	Depletion		and a state of the				•			23	
	24 25	Contributions to defer Employee benefit prog		npensation plans							24	
	26	Excess exempt expen	-	hedule I)				•			26	
	27	Excess readership cos									27	
	28	Other deductions (atta	ach sche	edule)				SEE	STAT	EMENT 3	28	132,993.
	29	Total deductions. Ad		,	Alma Inc J. 1		- -				29	246,531.
	30 21			come before net opera (limited to the amount		i. Subtraci	t line 29			EMENT 4	30 31	<19,358.
	31 32	• •		come before specific o	•	line 31 fro	om line		PIMI	ı		<19,358.
	33			\$1,000, but see line 3						8	32 33	1,000.
	34	Unrelated business to	_	income. Subtract line		-		han line 32, e	nter the sm			
		line 32								(\	34	<19,358.

	Form 99	10-T (2017	AND HISTORY	75-0	<u> 155</u>	335		Page
h	Par	ार्गा ।	Tax Computation					
N	35	Orga	anizations Taxable as Corporations. See instructions for tax computation.					
		-	trolled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and:					
			r your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):					
		(1)	\$ (2) \$ (3) \$			ŀ		
			r organization's share of: (1) Additional 5% tax (not more than \$11,750) \$		-			
			Additional 3% tax (not more than \$100,000)		- 1	4		
			me tax on the amount on line 34		. 1:	35c		
	20			•	- F	***		
	36		ts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		_ -	1-1		0
			Tax rate schedule or Schedule D (Form 1041)		^ -	35 		
	37		cy tax. See instructions	J	· -	37		
	38		rnative minimum tax		⊢	338		
	39		on Non-Compliant Facility Income. See instructions		_	39		
	40		1. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		ئىلىــ	40		0
W			Tax and Payments			 		
,,,	41		ign tax credit (corporations attach Form 1118; trusts attach Form 1116)		_	1		
			r credits (see instructions)		_	11		
		•	eral business credit. Attach Form 3800		_	\		
		d Cred	it for prior year minimum tax (attach Form 8801 or 8827)		<u> </u>	4		
		-	l credits. Add lines 41a through 41d	•	4	l1e		
	42		ract line 41e from line 40		Ŀ	42]		0
	43	Othe	r taxes. Check if from: 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🔲 Other i	attach schedul	» <u> </u>	43		
	44	Tota	I tax. Add lines 42 and 43			44		0
	45	а Рауп	nents: A 2016 overpayment credited to 2017					
		b 2017	estimated tax payments 45b		\neg			
		c Tax o	deposited with Form 8868		_	11		
		d Forei	gn organizations: Tax paid or withheld at source (see instructions) 45d		٦.	11		
			up withholding (see instructions)		٦.	H		
			it for small employer health insurance premiums (Attach Form 8941)		\exists	#		
			r credits and payments: Form 2439		\dashv	1		
			Form 4136 ☐ Other Total ► 45g]		
	46		payments. Add lines 45a through 45g	·	۱,	4		
	47		nated tax penalty (see instructions). Check if Form 2220 is attached		17	i 		
	48		due. If line 46 is less than the total of lines 44 and 47, enter amount owed		<u>. H</u>	18		0.
	49		payment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			19		0.
				unded	·	50		<u> </u>
J	Part		Statements Regarding Certain Activities and Other Information (see instruc			} 	·····	
۱۷	51		y time during the 2017 calendar year, did the organization have an interest in or a signature or other authorit			 	Yes	No
	•		a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file	,		•	103	+ ***
			N Form 114. Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country				- 1	
			,					X
		here					-	X
	52		g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust?			 	╀┻
			S, see instructions for other forms the organization may have to file.				'	İ
	53		the amount of tax-exempt interest received or accrued during the tax year > \$ sider penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	ha hast of my k	souled.	les and hollof	it in tour	
	Sign	60	rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled	ge	IUWIGO	ge and belief,	1 15 0 0 0 ,	
	Here		18/17/2020A CHIER OF CHARR	[e IRS discuss		with
	11010		Signature of officer Date CHIEF OF STAFF			parer shown b	`	¬ "
						tions)?	res	No
				Check	- 1	PTIN		
	Paid		TOWN WINGING DAVIES // A TO 100 110 100	self- employe	١	D0142	4255	,
	Prep	arer	JOHN VINCENT DAVILA June David 08/13/20			P0143	_	
	Use			Firm's EIN	<u> </u>	75-08	0/99	9
		-	777 MAIN STREET, SUITE 3250		,			
			Firm's address ► FORT WORTH, TX 76102-5304	Phone no.	(8]	./)332	-132	8

Schedule A - Cost of Good	s Sold. Enter	r method of inve	entory v	aluation N/	A				
1 Inventory at beginning of year	1		6	Inventory at end of y	ear		6		
2 Purchases	2		7	Cost of goods sold.	1967				
3 Cost of labor	3	from line 5. Enter here ar				Part I,			
4 a Additional section 263A costs			line 2 8 Do the rules of section 263A (with respect to						
(attach schedule)	4a		8 Do the rules of section 263A (with respect to						
b Other costs (attach schedule)	4b		_	property produced or acquired for resale) apply to					
5 Total. Add lines 1 through 4b	5		-	the organization?		- -			
Schedule C - Rent Income (see instructions)	(From Real	Property ar	na Pe	rsonal Property	Leas	ed With Real Pro	operty) 		
1. Description of property								-	
(1) FACILITIES RENTA	L								
(2)									
(3)									
(4)									
		ed or accrued				2/2\Fodustlans directl	· connected with th	- la saa (a	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` of rent for	personal	onal property (if the percer property exceeds 50% or ad on profit or income)	columns 2(a) a	ectly connected with the income in (a) and 2(b) (attach schedule) ATEMENT 5			
(1)				284,	009.		2	66,580.	
(2)									
(3)									
(4)									
Total	0.	Total		284,0	009.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	•			009.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	> 2	66,580.	
Schedule E - Unrelated Del	ot-Financed	Income (see	instru	ctions)					
			١,	Gross Income from		 Deductions directly conto debt-finance 	nected with or alloc	able	
1. Description of debt-fi	nanced property		-	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other	deductions schedule)	
/4)			-				 		
(1)			+-		-} -		 		
(3)			+	 _	 		 		
(4)			+		 		+		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis llocable to nced property i schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x t	le deductions total of columns and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
 		-			- En	iter here and on page 1,	Enter here an	od on page 1.	
						art I, line 7, column (A)	Part I, line 7,		
Totals				•			Part I, line 7,		

Form 990-T (2017) AND HISTORY

Comparison of particular Controlled Cognizations Controlled Process Controlled Proces				Exempt	Controlled O	rganizat	ions					
(2) (3) (4) Nonexampt Controlled Organizations 7. Tauable income 8. Net urrainable recore (sex) (see halt scribtors) 9. Total of sportments in the controlling againstance of the properties of the controlling against income in column in the controlling againstance of the column in the controlling against income in column in the column	Name of controlled organiza	ation 2.	2. Employer identification number		3. Net unrelated income (loss) (see instructions)				included in the controlling		ng connected with income	
(3) (4) Nonexempt Controlled Organizations 7, Teachib income 8, Net vertical recombination of pass) (see Individual parameter (see Individual para	<u></u>			+				 				
Nonexempt Controlled Organizations 8. Net vereitable fections (loss) 9. Total or ispellind payments 10. Per or cohere to that a lectude of in the controlling organization's grows income (see instructions) 10. Per or cohere to that a lectude of in the controlling organization's grows income (see instructions) 10. Per or cohere to that a lectude of in the controlling organization's grows income organization or organiza				 	-			 		-		
(d) Nonexempt Controlled Organizations 7. Tautable income 8. New translated income (loss) (see instructions) 8. New translated income (loss) (see instructions) 9. Total or specified payments 10. Part of calaxies 8 set a seculation in the controlling arganization's gross fractions and 10 Enter free and on page 1, Part 1, line 8, column (k) 11. Description of income 12. Amount of income 13. Description of gritton scheduley (see instructions) 14. Description of income 25. Amount of income 26. Gross (see instructions) 17. Enter free and on page 1, Part 1, line 8, column (k) 26. Gross (see instructions) 27. Enter free and on page 1, Part 1, line 8, column (k) 28. Gross (see instructions) 40. Part 1 line 8, column (k) 29. Amount of income 10. Part 1 line 8, column (k) 20. Significant scheduley (see instructions) 10. Description of schedule 1 - Exploited Exempt Activity Income, Other Than Advertising Income 10. Significant scheduley 10.				+								
Nonexempt Controlled Organizations 8. Net viewted income flows) 9. Total of specified payments 10. Part of column 8 made 11. Detections of mich payments 10. Part of column 9 made 11. Detections of mich payments 10. Part of column 9 made 11. Detections of mich payments 10. Part of column 9 made 11. Detections of mich payments 10. Part of column 9 made 11. Detections of mich payments 10. Part of column 9 made 11. Detections of mich payments 10. Part of column 9 made 11. Detections of mich payments 10. Part of column 9 made 11. Detections of mich payments 10. Part of column 9 made 11. Detections of mich payments 10. Part of column 9 made 11. Detections of mich payments 10. Part of column 9 made 11. Detections of mich payments 10. Part of column 9 made 11. Detections of mich payments 10. Part of column 9 made 11. Detections of mich payments 10. Part of column 9 made 11. Detections of mich payments 11. Detections of mic										-+		
7, Tassable income 8, Net unveiled income (loss) 9, Total of appetited payments 10, Per of column 8 that a lending appetition of the control of the		nizations	,					L				
(1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part I. (fine & column (8)) (5) (6) 1. Description of income (6) (7) (8) (9) Totals Checkedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (5) (6) (7) (8) (9) 1. Description of income 2. Amount of income 2. Amount of income 3. Defeatibles (foliated schedule) (9) (9) First here and on page 1, Part I. (fine & column (8)) (1) (2) (3) (4) First here and on page 1, Part I. (fine & column (8)) (1) (2) (3) (4) First here and on page 1, Part I. (fine & column (8)) (1) (2) (3) (4) First here and on page 1, Part I. (fine & column (8)) (1) (2) (3) (4) First here and on page 1, Part I. (fine & column (8)) (6) (7) (8) First here and on page 1, Part I. (fine & column (8)) (6) (7) (8) (9) First here and on page 1, Part I. (fine & column (8)) (9) (1) (9) First here and on page 1, Part I. (fine & column (8)) (1) (2) (3) (4) First here and on page 1, Part I. (fine & column (8)) (6) (7) (8) First here and on page 1, Part I. (fine & column (8)) (9) (9) (1) (9) First here and on page 1, Part I. (fine & column (8)) (1) (2) (3) (4) First here and on page 1, Part I. (fine & column (8)) (6) (7) (8) First here and on page 1, Part I. (fine & column (8)) (9) (9) (1) (1) (2) (3) (4) First here and on page 1, Part I. (fine & column (8)) (6) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8			ncome (loce)	0 Total	of condition nave		10 Port of colu	ma O that	un in alturdard	11 00		
(2) (3) (4) Totals T	/ .			3 . 10.a.		nems	in the controlli	ing organ		with	income in column 10	
(2) (3) (4) Totals T	(1)											
(4) Add columns 5 and 10 Enter here and on page 1, Part I, free b, column 2, If page 1, Part I, free b, column 3, If page 1, Part I, free b, column 3, If page 1, Part I, free b, column 3, If page 1, Part I, free b, column 3, If page 1, Part I, free b, column 3, If page 1, Part I, free b, column 3, If page 1, Part I, free b, column 3, If page 1, Part I, free b, column 3, If page 1, Part I, free b, column 3, If page 1, Part I, free b, column 3, If page 1, Part I, free b, column 3, If page 1, Part I, free b, column 3, If page 2, Part I, free b, column 3, If page 2, Part I, free b, column 3, If page 2, Part I, free b, column 3, If page 2, Part I, free b, column 3, If page 2, Part I, free b, column 3, If page 2, Part I, free b, column 3, If page 2, Part I, free b, column 3, If page 2, Part I, free b, column 3, If page 2, Part I, free b, column 3, If page 2, Part I, free b, column 3, If page 2, Part I, free b, column 3, If page 2, Part I, free b, column 3, If page 2, Part I, free b, column 3, If page 2, Part I, free b, column 3, If page 2, Part I, free b, column 3, If page 2, Part I, free b, column 3, If page 2, Part I, free b, column 3, If page 2, Part I, free b, column 3, If page 2, Part I, free b, column 4, If page 2, Part I, free b, co												
Add columns 5 and 10 Enter hore and on page 1, Part I, the 6, column PI 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. Description of Enter here and on page 1, Part I, the 9, column (A) Part I like 9, c		1										
Add columns 8 and 10 Enter here and on page 1. Per 1. Inne 8, column (R) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 3. Description of income (etach schedule) (etach schedul		 		—			- -					
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 detectly connected (struch schedule) (cc) (3) (4) Enter here and on page 1. Set (cc) (3) (4) Enter here and on page 1. Set (cc) (3) (4) Enter here and on page 1. Set (cc) (3) (4) Enter here and on page 1. Set (cc) (3) (4) Enter here and on page 1. Set (cc) (3) (4) Enter here and on page 1. Set (cc) (4) (4) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6							Enter here and	on page	1, Part I,	Enter h	ere and on page 1, Part I, line 8, column (B)	
(see instructions) 1. Description of income 2. Amount of income 2. Amount of income 2. Amount of income 3. Desturitors directly connected (etach schedule) 4. Set-asides (etach schedule) (col 3 plus col (col 4 plus col (col (col 4 plus col (col (col (col (col (col (col (col (<u> </u>	<u></u>		0.		0	
1. Description of Income 2. Amount of Income (c) (3) (4) Enter here and on page Part I, line 9, column by Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions) 3. Expenses directly connected of exploited exempt Activity Income (ose) Income from which production for unrelated trade or page I, Part I, Income (loss) Income from trade or business income from trade or business exempt Income (ose)			a Sectio	n 501(c)(7), (9), or ((17) Oı						
(2) (3) (4) Enter here and on page 1 Part I, line 9, column (A) Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross unrelated business with production of exploited activity that the production of ex	1, Desc	cription of Income			2. Amount of	ncome	directly connec	cted			5. Total deductions and set-asides (col 3 plus col 4)	
Column 4 Enter here and on page 1, Part 1, line 9, column (A)	(1)											
Companies Column 6 Finter here and on page 1 Finte	(2)	,									Ţ ·	
Column 4 Enter here and on page 1, Part 1, line 9, column (A)	(3)											
Enter here and on page 1, Part I, line 9, column (A) Find the page 1, Part I, line 9, column (A)												
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity Income from the production of uncelled business income from trade or business income from the production of uncelled business income from the production of uncelled business income from the production of uncelled business income from activity that is not uncelled business income from activities not uncelled busines						n page 1, umn (A)					Enter here and on page Part I, line 9, column (B)	
1. Description of exploited activity hat during the form activity that is not unrelated business income from activity that is not u		Exempt Activ	ity Incon	ne, Other	Than Ad	vertisi	ng Income	ager in the	rijer koje za		<u>aj 0</u>	
1. Description of exploited activity 2. Gross urrelated business income from the work from urrelated business income from the production of urrelated business income with production of urrelated business income with production of urrelated business income business income for business (column 3) if a gain, compute cole 5 through 7 (1) (2) (3) (4) Enter here and on page 1, Part 1, line 10, col (a) Totals O. O. O. Schedule J - Advertising Income (see instructions) Part I inne 10, col (a) 1. Name of periodical 2. Gross income from urrelated business income business income business income of unrelated business income business income of unrelated business income business income of unrelated business income business inco	(see instru	uctions)									<u> </u>	
(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. 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 advertising costs 3. Direct advertising gain or (loss) (col 2 minus col) 1/8 gain, compute cols 5 through 7 (1) (2) (3) (4)		unrelated business income from	directly with p of ur	connected roduction related	from unrelated business (col- minus column gain, compute	trade or umn 2 3) If a cols 5	from activity the is not unrelated	nat ed	attributa	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. O. O. Schedule J - Advertising Income (see instructions) Part II, line 2 2. Gross advertising Income 1. Name of periodical 2. Gross advertising Income 2. Gross advertising costs 3. Direct advertising costs 1. Name of periodical (1) (2) (3) (4)	(1)										 	
(3) (4) Enter here and on page 1, Part 1, line 10, col (A) Totals O O Schedule J - Advertising Income (see instructions) Part II, line 25 1. Name of periodical 2. Gross advertising Income advertising costs 3. Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute col 3) if a gain, compute col 5 through 7 (1) (2) (3) (4)			 					-			1	
(4) Enter here and on page 1, Part 1, line 10, col (A) Totals O. O. Schedule J - Advertising Income (see instructions) Part II, line 26 Schedule J - Advertising Income (see instructions) Part III 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) (4)	(3)										 	
Enter here and on page 1, Part I, line 10, col (A) Totals O. O. Column 10, col (B) D. O. Enter here and on page 1, Part I, line 10, col (B) D. O. Column 10, col (B) D. O. Schedule J - Advertising Income (see instructions) Part II, line 26 Schedule J - Advertising Income (see instructions) Part II, line 26 1. Name of periodical 2. Gross advertising lincome 2. Gross advertising costs 3. Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute cost 5 through 7 (1) (2) (3) (4)			+			+		-+			 	
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) (4)	(1)	page 1, Part I,	page	1, Part I,							Enter here and on page 1, Part II, line 26	
Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising lincome 3. Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4)	Totals >										0.	
1. Name of periodical 2. Gross advertising Income 3. Direct advertising costs 3. Direct advertising costs 3. Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4)					.							
1. Name of periodical advertising advertising costs advertising costs Solution Solut	Part Income From I	Periodicals Re	ported o	n a Con	solidated	Basis						
	1. Name of periodical	advertisin	ig I and		or (loss) (col col 3) If a gal cols 5 thr	2 minus n, comput ough 7	e income	on			•	
	(1)			,			y T			165 187		
										2		
				·			4	-†		22		
· · · · · · · · · · · · · · · · · · ·	Totals (carry to Part II, line (5))	>	0.	0					ر —		0 . Form 990-T (2017	

Form 990-T (2017) AND HISTORY

75-07553

Partill 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.			Charles of the or will be seen to	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)	- भिनाइक	%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		▶	0.

Form, 990-T (2017)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

SCREENING COMMERCIAL FILMS FACILITIES RENTAL

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
OMNI ADMISSIONS		209,744.
TOTAL TO FORM 990-T, PAGE	1, LINE 12	209,744.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
DISTRIBUTION AND PRODUCTION OTHER ADMINISTRATIVE EXPER		121,611. 11,382.

FORM 990-T	DEDUCTIONS	CONNECTED	WITH REN	NTAL IN	COME	STATEMENT	5
DESCRIPTION			ACTIV		AMOUNT	TOTAL	
CATERING CONTRASALARIES AND WAS CREDIT CARD SER SUPPLIES CONTRACT SERVICE REPAIRS AND MAI OTHER ADMINISTRADEPRECIATION EXPREGISTRATION FROM	AGES RVICE CHARGES CES INTENANCE RATIVE EXPENSE			1	147,247. 72,342. 6,656. 4,643. 2,806. 1,216. 1,435. 18,832. 11,403.		0.
TOTAL TO FORM 9	990-T, SCHEDUL	E C, COLUM	an 3			266,58	0.