Form 990-T	Exemp		nization Bus		ss Income T	ax Retur	'n	ОМВ	No 1545-0687		
g	_	(ar	nd proxy tax und	er se	ction 6033(e))			_	040		
	For calendar year 2018	For calendar year 2018 or other tax year beginning, and ending									
Department of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).  Open to Public Inspection for 501(c)(3) Organizations Only										
Internal Revenue Service	+										
A Check box if address changed	HUMANO	Name of organization (									
B Exempt under section			HOMES						394293		
X 501(d)(3 )			or suite no. If a P.O. box	k, see in	structions.			instruction	ness activity code is )		
408(e) 220(e)	210 0		STREET				_				
408A530(a)	GLEND	ALE, CA	ince, country, and ZIP o	r toreigi	n postal code		812	2930			
C Book value of all assets at end of year	F Group exe	emption numb	er (See instructions.)	<u> </u>					<del></del>		
276,934,4	27. G Check org	ganization type	X 501(c) corp	oration	501(c) trust		(a) trust		Other trust		
H Enter the number of the trade or business here	•			<del>_</del>		the only (or first)			-		
						, complete Parts I-			е,		
business, then complete		or the previou	s sentence, complete ra	i is i aii	d II, complete a Schedule	e IVI IUI Eacii auuili	ullal li au	e ui			
I During the tax year, was		isidiary in an a	ffiliated group or a parer	nt-suhsi	diary controlled group?		Пу	es 2	₹ No		
If "Yes," enter the name			_	it oaboi	alary controlled group			••			
J The books are in care o	► PAMELA	S. CLA	ASSEN, CFO		Teleph	none number	925-	924-	7117		
Part I Unrelate	d Trade or Bus	iness Inc	ome		(A) income	(B) Expens	ses		(C) Net		
1a Gross receipts or sa	es								1		
b Less returns and allo	wances		c Balance	1c	· · · · · · · · · · · · · · · · · · ·						
2 Cost of goods sold (	Schedule A, line 7)			2							
3 Gross profit. Subtract	t line 2 from line 1c			3							
	me (attach Schedule D	•		4a				-			
b Net gain (loss) (Form		) (attach Form	4797)	4b		<u> </u>		-			
c Capital loss deduction		ornoration (att	tach statement)	4c				<del> </del>			
• •	Income (loss) from a partnership or an S corporation (attach statement)  Rent income (Schedule C)  6							<del> </del>			
·	ced income (Schedule	F)		7							
	·	•	rganization (Schedule F)	8	<del></del>						
			ganization (Schedule G)	9							
	ivity income (Schedule		- , ,	10							
11 Advertising income	Schedule J)			11							
12 Other income (See ii	istructions; attach sch	edule)		12							
13 Total. Combine line			<u></u>	13	TNIFO	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>					
Part II Deduction (Except for	ons Not Taken I contributions, dedu	Elsewhere	<ul> <li>(See instructions for be directly connected</li> </ul>	with t	HORE OF DECLIORS						
	ficers, directors, and ti			7	NOV 201	13 /8E/	14				
15 Salaries and wages		•	•	151	NOV		15				
16 Repairs and mainte	nance			19.61	1 11	السالة	16				
17 Bad debts				\u^	COFIN		_17				
18 Interest (attach sch	edule) (see instruction	s)		- /	UGG		18				
19 Taxes and licenses	_			,			19	-			
	ions (See instructions	for limitation	rules)		1 1		20				
21 Depreciaţion (attac					21		<del></del>	-			
17%	laimed on Schedule A	and eisewnere	on return		22a		22b	1			
23 Depletion	forrad companeation a	lane					23				
<ul><li>24 Contributions to de</li><li>25 Employee benefit p</li></ul>	erred compensation p	iulio					24 25	†			
26 Excess exempt exp							26	1			
27 Excess readership							27				
28 Other deductions (a							28				
4 2	Add lines 14 through 2	8					29		0.		
			loss deduction. Subtrac	t line 29	from line 13		30		0.		
31 Deduction for net of	perating loss arising in	ı tax years beg	inning on or after Janua	ry 1, 20	18 (see instructions)		31	ļ			
4.67)3	taxable income. Subtra						32	1	0.		
823701 01-09-19 LHA	or Paperwork Reducti	ion Act Notice	, see instructions.					Form	990-T (2018)		

HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA

Farm 990-1	(2018) PRESBYTERIAN HOME	SS		95-18	394293	Page					
Part I	Total Unrelated Business Tax	cable income									
33	Total of unrelated business taxable income com-	puted from all unrelated trades or busines	ses (see instruct	tions)	88	0.					
34	Amounts paid for disallowed fringes					11,757.					
35	Deduction for net operating loss arising in tax ye										
36	Total of unrelated business taxable income before			***************************************		**************************************					
•••		*******************************			88	11,757.					
37	Specific deduction (Repercits \$1.000 but see its	o 97 instructions for exceptions		***********************		1,000.					
	37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  38 Unrelated business taxable income. Subtract line 37 from line 36, if line 37 is greater than line 36,										
90	enter the smaller of zero or line 38				88	10,757.					
Dave II	Tax Computation		***************************************	*****************	1 40 [	10,1371					
	Organizatione Taxable as Corporations. Midilp	hellon 00 hu 249/ (0.24)			-   39	2,259.					
	Trusts Texable at Trust Rates. See instructions				100 m	2,233.					
40											
44	Tax fate screening of Screening of	Form 1041)	************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	40	<del></del>					
	Proxy tax. See Instructions										
42	Alternative minimum tax (trusts only)				42	<del>.,,</del>					
43	Tax on Noncompliant Facility Income. Sos inst	rucitoris		,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	48	2 250					
44	Total. Add lines 41, 42, and 43 to line 39 or 40, to	Milchever applies	***************************************	***************************************		2,259.					
	Z Tax and Payments				<u> विदेश</u>						
	Foreign tax credit (corporations attach Form 111			<del></del>	<b>一</b> 題制						
D.	Other credits (see instructions)	**************************************	45b								
0	General business credit. Attach Form 3800	***************************************	450		- 3						
	Credit for prior year minimum tax (attach Form 8										
е '	Total credits, Add lines 45a through 45d	***************************************	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	450						
46	Subtract line 45e from line 44				48	2,259.					
47	Other taxes. Check If from: Form 4255	_  Form 8611    Form 8897    Fo	rm 8866 []	Other (exact schedule)	47						
48 '	Total tax. Add lines 46 and 47 (see instructions)	44		******************	48	2,259.					
	2018 net 965 fax liability paid from Form 965-A o				49	0.					
	Payments: A 2017 overpayment credited to 2018				- [30]						
b 2	2018 estimated tax payments		605		<b>- [25]</b>						
<b>c</b> 1	Fax deposited with Form 8868	***********************************	50s								
	Foreign organizations: Tax paid or withheld at sou										
e l	Backup withholding (see instructions)				47.51						
	Credit for small employer health insurance premi		501		_ ;-						
g (	Other credits, adjustments, and payments:	Form 2439	1 1								
	Form 4136	OtherTotal	<b>▶</b>   600		_  '-						
51 1	otal payments. Add lines 50a through 50g	***************	*******		51						
52 E	stimated tax penalty (see instructions). Check if	Form 2220 is attached 🕨			52	95.					
59 1	ex due. If line 51 is less than the total of lines 45	3, 49, and 52, enter amount owed			59	2,354.					
54 (	overpayment. If line 51 is larger than the total of	lines 48, 49, and 52, enter amount overpa	ild	, <b>&gt;</b>	54						
	nter the amount of line 54 you want: Gredited to		1	Refunded	55						
Part VI	Statements Regarding Certain	Activities and Other Inform	ation (see h	nstructions)							
	it any time during the 2018 calendar year, did the					Yes No					
0	ver a financial account (bank, securities, or other	) in a foreign country? If "Yes," the organi	zation may have	to file							
F	InCEN Form 114, Report of Foreign Bank and Fin	ancial Accounts. If "Yes," enter the name o	of the foreign cou	intry		16-7-					
h	ere 📂					<u> </u>					
57 D	uring the tax year, did the organization receive a	distribution from, or was it the grantor of,	or transferor to	, a foreign trust?							
H	"Yes," see instructions for other forms the organ	ization may have to file.									
68 E	nter the amount of tax-exempt interest received o	or accrued during the tax year >\$									
	Under ponsilies of perjury, I declare that I have examine correct, and complete. Declaration of preparer (other than	d this return, including accompanying schedules at	nd statements, and	to the best of my knowle	dge and bellaf, it i	e true,					
Sign	Correct, lend conspictor. Declaration of preparity (string that	in tempayer) is based on an innormation of which pr	chara use any vitor		lay the IRS discus						
Here	I Canda Clean	Dato CFO			ic preparer shown						
	Signature of officer	Date / Title		ln	T(2noburde	Yes No					
	Print/Type preparer's name	Preparer's signature	Date	Check	H PTIN						
Paid		1 ' ~ A	į.	self- employed							
Prepare	KERRI N. BOGDA, CPA	Keri Bopa	Mitte		P007	5.0.402					
Use On	COLL BATTO MITTLY	VIRCHOW KRAUSE, LL	P	Firm's EIN ▶		359910					
Uge VII		VILLE PIKE, SUITE	400								
	Firm's address > LANCASTER,			Phone no. 7	17.740	4863					
823711 01-09					Form	990-T (2018)					

## HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA Form 990-T (2018) PRESBYTERIAN HOMES

95-1894293

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6		
2 Purchases	2		7 Cost of goods sold. St	ubtract l	ine 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,					
4 a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section		Yes	No		
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 and	Personal Property L	.ease	d With Real Prop	erty)		
(See Instructions)								—
Description of property						-		
(1)								
(2)						<del></del> -		
(3)			<del></del>			<del></del>		
(4)	<b>0</b>				<del></del>			
4 - N Francisco - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<u>-</u> :	ed or accrued	and account arounds (if the account		3(a) Deductions directly	connected with the in	icome in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	nd personal property (if the percenta: ersonal property exceeds 50% or if t is based on profit or income)	" columns 2(a) and 2(b) (attach echadula)						
(1)								
(2)								
(3)						·		
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns		ter		^	(b) Total deductions. Enter here and on page 1,	_		^
here and on page 1, Part I, line 6, columi Schedule E - Unrelated Deb		Income (see	instructions)	0.	Part I, line 6, column (B)	<u> </u>		0.
			2 0		3. Deductions directly cont to debt-finance		le	
Description of debt-fit	nanaad aranashi		Gross income from or allocable to debt-	(a)	Straight line depreciation	1 4.	(b) Other deductions	
1. Description of debi-in	nanced property		financed property	` `	(attach schedule)	` (attach schedule)		
(1)								
(2)								
(3)	-							
(4)	<del> </del>							
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 h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 x to 3(a) an	tal of colu	ons umns
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7, o		
Totals			•		0	.		0.
Total dividends-received deductions	acluded in column	n 8						<u> </u>

Form 990-T (2018)

1. Name of controlled organization considered in the control of controlled organization (controlled organization) (control	Schedule F - Interest, A	T	, <b>,</b>			Controlled O		-		(000 1110	struction	,	
(see instructions)  (see instructions)  (see instructions)  1. Description of income  1. Description of income  2. Amount of income  2. Amount of income  3. Description of income  4. Set-saides (effacts achedule)  (see instructions)  1. Description of income  2. Amount of income  3. Description of income  4. Set-saides (effacts achedule)  (see instructions)  (see instructions)  5. Total of (effacts achedule)  (see instructions)  6. Enter here and on page 1. Part 1, line 9, column (A)  (ced 3 pl. defined by a column (A)  (defined by	Name of controlled organizate	on	identific	oloyer cation	3. Net unr	elated income	4. To			included in the controlling		ng connected with income	
(3) (4) (4) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	(1)												
Nonexempt Controlled Organizations	(2)												
Nonexempt Controlled Organizations   R. Net undated recome (see instructions)   Protein of spaceted payments (see controlling organizations (see instructions)   Protein of spaceted payments (see controlling organizations (see instructions)   Protein of spaceted payments (see controlling organizations (see instructions)   Protein of spaceted payments (see controlling organizations (see instructions)   Protein of spaceted payments (see instru									ļ				
7. Taxeable income   8. Net useralated mome (lose) (see instructions)   9 Total of specified payments and on the controlling organizations (see instructions)   11. Description of income of a Section 501(c)(7), (9), or (17) Organization (see instructions)   1. Description of income   2, Amount of income   3, Deductions (see instructions)   1. Description of income   2, Amount of income   3, Deductions of early (see instructions)   1. Description of income   2, Amount of income   3, Deductions of early connected (statch achedula)   6, See instructions   1. Description of income   2, Amount of income   3, Deductions of early connected (statch achedula)   6, See instructions							<u> </u>		<u> </u>				
(see instructions)  (see instructions)  (see instructions)  (1)  (2)  (3)  (4)  Add columns 6 and 10  Enter here and on page 1, Part 1, line 8, column (A)  (see instructions)  (see instructions)  1. Description of income  2. Amount of income  2. Amount of income  (ritach schedule)  (ritach schedul				T						<del></del>	r		
(2) (3) (4)  Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (A) (see instructions)  1. Description of income  2. Amount of income  2. Amount of income  3. Deductions draretly connected (attach schedule) (1) (2) (3) (4)  Enter here and on page 1, Part 1, line 8, column (A) (see instructions)  1. Description of income  2. Amount of income  3. Deductions draretly connected (attach schedule) (attach schedule) (attach schedule) (b)  Enter here and on page 1, Part 1, line 8, column (A) (attach schedule)  1. Description of income  2. Amount of income  2. Amount of income (see instructions)  4. Sat-asides (col 3 ph (col 3 p	7. Taxable Income	8. Net uni (se	related incomi ie instructions	e (loss) )	9 Total		nents	in the controlli	ing organ	ization's		eductions directly connect in income in column 10	ted
(2) (3) (4)  Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (A) (see instructions)  1. Description of income  2. Amount of income  2. Amount of income  3. Deductions draretly connected (attach schedule) (1) (2) (3) (4)  Enter here and on page 1, Part 1, line 8, column (A) (see instructions)  1. Description of income  2. Amount of income  3. Deductions draretly connected (attach schedule) (attach schedule) (attach schedule) (b)  Enter here and on page 1, Part 1, line 8, column (A) (attach schedule)  1. Description of income  2. Amount of income  2. Amount of income (see instructions)  4. Sat-asides (col 3 ph (col 3 p	(1)												
Add columns 5 and 10   Enter here and on page 1, Part 1, line 8, column (A)													
Add columns 6 and 10 Enter here and on page 1, Part 1, line 8, column (A)  1. Description of income  1. Description of income  2. Amount of income  2. Amount of income  3. Deductions directly connected (attach schedule)  (attach schedule)  (b)  (c)  (3)  (4)  Enter here and on page 1, Part 1, line 8, column (A)  (see instructions)  3. Deductions directly connected (attach schedule)  (attach schedule)  (attach schedule)  (b)  Enter here and on page 1, Part 1, line 8, column (A	•	_											
Intelias  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income 2. Amount of income directly connected directly connected directly connected (attach schedule) (3) (4)  Enter here and on page 1, Part 1, Inne 9, column (8)  Enter here and on page 1, Part 1, Inne 9, column (8)  Enter here and on page 1, Part 1, Inne 9, column (8)  Enter here and on page 1, Part 1, Inne 9, column (9)  Enter here and on page 1, Part 1, Inne 9, column (9)  Enter here and on page 1, Part 1, Inne 9, column (9)  Enter here and on page 1, Part 1, Inne 9, column (9)  Enter here and on page 1, Part 1, Inne 9, column (9)  Enter here and on page 1, Part 1, Inne 9, column (9)  Enter here and on page 1, Part 1, Inne 9, column (9)  Enter here and on page 1, Part 1, Inne 9, column (9)  Enter here and on page 1, Part 1, Inne 9, column (9)  Enter here and on page 1, Part 1, Inne 9, column (9)  Enter here and on page 1, Part 1, Inne 9, column (9)  Enter here and on page 1, Part 1, Inne 9, column (9)  Enter here and on page 1, Part 1, Inne 9, column (9)  Enter here and on page 1, Part 1, Inne 9, column (9)  Enter here and on page 1, Part 1, Inne 9, column (9)  Enter here and on page 1, Part 1, Inne 9, column (9)  Enter here and on page 1, Part 1, Inne 9, column (9)  Enter here and on page 1, Part 1, Inne 9, column (9)  Enter here and on page 1, Part 1, Inne 10, col (9)  Enter here and on page 1, Part 1, Inne 10, col (9)  Enter here and on page 1, Part 1, Inne 10, col (9)  Enter here and on page 1, Part 1, Inne 10, col (9)  Enter here and on page 1, Part 1, Inne 10, col (9)  Enter here and on page 1, Part 1, Inne 10, col (9)  Enter here and on page 1, Part 1, Inne 10, col (9)  Enter here and on page 1, Part 1, Inne 10, col (9)  Enter here and on page 1, Part 1, Inne 10, col (9)  Enter here and on page 1, Part 1, Inne 10, col (9)  Enter here and on page 1, Part 1, Inne 10, col (9)  Enter here and on page 1, Part 1, Inne 10, col (9)  Enter here and on page 1, Part 1, Inne 10, col (		·	-										
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 directly connected (attach schedule)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part 1, line 9, column (A)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  3. Expenses directly connected exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  4. Set-asides (attach schedule)  5. Cross uncome from unrelated trade or business (column 2, I again, compute colds 5 through 7  (see instructions)  5. Cross income from activity that a surveitated business income  4. Nat income (loss)  Find unrelated trade or business (column 3, I again, compute colds 5 through 7  (see instructions)  5. Cross income from activity that a surveitated business income  (see instructions)  6. Expenses attributable to activate the business income  from activity that a surveitated business income  f								Enter here and	on page	1, Part I, A)		dd columns 6 and 11 nere and on page 1, Part I Ime 8, column (B)	
(see instructions)  1. Description of income  2. Amount of income  2. Amount of income  3. Deductions drecity connected (attach schedule)  (attach							▶			0.		(	<u>o.</u>
1. Description of income  2. Amount of income  2. Amount of income  3. Deductions directly connected (attach schedule)  4. Set-assides (attach schedule)  (col 3 yk.  (col 3 y			e of a S	ection 5	501(c)(7	), (9), or (	17) Org	ganization					
1. Description of income 2. Amount of income directly connected (attach schedule) (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 (see instructions)  1. Description of explored activity incomes from vade or business income from detailed business income for business income for the varieties of business income for the splored activity incomes from page 1, Part 1, Inne 10, col (A)  (4)  Enter here and on page 1, Part 1, Inne 10, col (B)  (5)  (6)  Enter here and on page 1, Part 1, Inne 10, col (A)  Enter here and on page 1, Part 1, Inne 10, col (B)  (6)  Enter here and on page 1, Part 1, Inne 10, col (B)  (7)  Enter here and on page 1, Part 1, Inne 10, col (B)  (6)  Enter here and on page 1, Part 1, Inne 10, col (B)  (6)  Enter here and on page 1, Part 1, Inne 10, col (B)  (7)  Enter here and on page 1, Part 1, Inne 10, col (B)  (8)  Enter here and on page 1, Part 1, Inne 10, col (B)  (9)  Enter here and on page 1, Part 1, Inne 10, col (B)  (9)  Enter here and on page 1, Part 1, Inne 10, col (B)  (9)  Enter here and on page 1, Part 1, Inne 10, col (B)  (1)  Enter here and on page 1, Part 1, Inne 10, col (B)  (1)  Enter here and on page 1, Part 1, Inne 10, col (B)  (1)  Enter here and on page 1, Part 1, Inne 10, col (B)  (1)  Enter here and on page 1, Part 1, Inne 10, col (B)  (1)  Enter here and on page 1, Part 1, Inne 10, col (B)  (1)  Enter here and on page 1, Part 1, Inne 10, col (B)  (1)  Enter here and on page 1, Part 1, Inne 10, col (B)  (1)  Enter here and on page 1, Part 1, Inne 10, col (B)  Enter here and on page 1, Part 1, Inne 10, col (B)  Enter here and on page 1, Part 1, Inne 10, col (B)  Enter here and on page 1, Part 1, Inne 10, col (B)  Enter here and on page 1, Part 1, Inne 10, col (B)  Enter here and on page 1, Part 1, Inne 10, col (B)  Enter here and on page 1, Part 1, Inne 10, col (B)  Enter here and on page 1, Part 1, Inne 10, col (B)  Enter here and on page 1, Part 1, Inne 10, col (B)  Enter he	(see instr	uctions)						<del></del>		•			
(2) (3) (4)  Enter here and on page 1, Part I, line 9, column (A)  1. Description of exploited activity  2. Gross unrelated business income from trade or business income business income  (1) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (Boss) from unrelated business income business in	1. Description of income					2. Amount of	2. Amount of income directly connected 4. Set-asides		5. Total deduction and set-asides (col. 3 plus col. 4	:			
(3) (4)  Enter here and on page 1, Part I, line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  2. Gross urrelated business income from trade or business income from trade or business income  (1) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (A)  Totals  5. Gross income from activity that is not urrelated business income  (1) (2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Description of exploited activity  Enter here and on page 1, Part I, line 10, col (B)  Description of exploited activity in activity that is not urrelated business income from activity that is not urrelated business income from activity that is not urrelated business income from activity that is not urrelated business income  (1) (2) (3) (4)  Enter here and on page 1, Part I, line 10, col (B)  Description of exploited activity in activity that is not urrelated business income from activity that is not urrelated business income	(1)												
Enter here and on page 1, Part I, line 9, column (A)	(2)												
Enter here and on page 1, Part 1, line 9, column (A)	(3)												
Fotals  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity Income from unrelated business income with production of unrelated business income from activity has page 1, Part I, line 10, col (A)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 10, col (B)  Schedule J - Advertising Income  Enter here and on page 1, Part I, line 10, col (B)  Schedule J - Advertising Income  (5)  (6)  Enter here and on page 1, Part I, line 10, col (B)  D - Column S  (7)  Enter here and on page 1, Part I, line 10, col (B)  Schedule J - Advertising Income  (8)  (8)  Enter here and on page 1, Part I, line 10, col (B)  D - Column S  (9)  Enter here and on page 1, Part I, line 10, col (B)  D - Column S  Enter here and on page 1, Part I, line 10, col (B)  Schedule J - Advertising Income  (8)  Enter here and on page 1, Part I, line 10, col (B)  D - Column S  Enter here and on page 1, Part I, line 10, col (B)  Enter here and on page 1, Part I, line 10, col (B)  Enter here and on page 1, Part I, line 10, col (CB)  Enter here and on page 1, Part I, line 10, col (CB)  Enter here and on page 1, Part I, line 10, col (CB)  Enter here and on page 1, Part I, line 10, col (CB)  Enter here and on page 1, Part I, line 10, col (CB)  Enter here and on page 1, Part I, line 10, col (CB)  Enter here and on page 1, Part I, line 10, col (CB)  Enter here and on page 1, Part I, line 10, col (CB)  Enter here and on page 1, Part I, line 10, col (CB)  Enter here and on page 1, Part I, line 10, col (CB)  Enter here and on page 1, Part I, line 10, col (CB)  Enter here and on page 1, Part I, line 10, col (CB)  Enter here and on page 1, Part I, line 10, col (CB)  Enter here and on page 1, Part I, line 10, col (CB)  Enter here and on page 1, Part I, line 10, col (CB)  Enter here and on page 1, Part I, line 10, col (CB)  Enter here and on page 1, Part I, line 10, col (CB)  Enter here and on page 1, Part I, line 10, col (CB)  Enter here and on page 1, Part I, line 10, col (CB)  Ente	(4)												
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  2. Gross unrelated business income from trade or business income  (1) (2) (3) (4)  Enter here and on page 1, Part I, line 10, col (8) Schedule J - Advertising Income (see instructions)  4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7  5. Gross income from activity that is not unrelated business income (see instructions)  7. Excess expenses of 5 minus column 5 with production of unrelated business income (a) (a) (b) (c) (c) (d) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g												Enter here and on pag Part I, line 9, column (	
(see instructions)  1. Description of exploited activity  1. Description of exploited activity  2. Gross urrelated business income from trade or business income trade or business income business income of urrelated business income trade or business income of urrelated business income trade or business income of urrelated activity that is not urrelated business income of urrelated business income of urrelated business income of urrelated activity that is not urrelated business income of urrelated business income of urrelated activity that is not urrelated business income of urrelated activity that is not urrelated business income of urrelated activity that is not urrelated business income of urrelated activity that is not urrelated business income of urrelated activity that is not urrelated business income of urrelated activity that is not urrelated activity that is not urrelated business income of urrelated activity that is not urrelated activity that is not urrelated activity that is not urrelated business income of urrelated activity that is not urrelated.  5. Gross activity that is not urrelated activity that is not urrelated business income of urrelated activity that is not	Totals				<b>•</b>		0.						0.
2. Gross unrelated business unrelated business income from trade or business income from trade or business income with production of unrelated business income from trade or business income business (column 2) if a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 10, col (A)  Inno 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 authorized business income from unrelated trade or business (column 2) from unrelated business income from trade or business income from trade or business (column 3) if a gain, compute income from trade or business income from trade or business (column 5)  6. Expenses attributable to column 5  6. Expenses (aminus column 5)  6. Expenses attributable to column 5  6. Expenses (aminus column 5)  7. Excess reactions)  7. Excess reactions advertising gain column 5, but income income costs  7. Excess reactions and the column 5 income costs column 5 income column 5, but in the column 5 income colum	•	-	Activity	Income,	, Other	Than Adv	ertisir/	g Income					
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(2) (3) (4)  Enter here and on page 1, Part I, Inne 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 an or (loss) (col 2 minus costs)  4. Advertising gain or (loss) (col 2 minus costs)  6. Readership costs (column column) for the page 1, Part I, Inne 10, col (B)  7. Excess reactions for (loss) (col 2 minus costs)  (cost) (col 2 minus costs)  (cost) (col 3) If a gain, compute costs	(1)												
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Page 1, Part I, Inne 10, col (A)    Part I   Inne 10, col (A)   Part I   Inne 10, col (B)   Part I   Income From Periodicals Reported on a Consolidated Basis    2 Gross advertising aim or (loss) (col 2 minus or (loss) (col 2 minus costs (column 5, but or costs (column 5, but or costs)   7   Excess reaction or (loss) (col 2 minus column 5, but or costs (column 5, but or costs)	(4)												
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Part I Income From Periodicals Reported on a Consolidated Basis  2 Gross advertising 3. Direct or (loss) (col 2 minus or (loss) (col 2 minus ocosts (column s, but ocosts)  1. Name of periodical 2 Gross advertising costs ocosts (column s, but ocosts)  2 Gross advertising costs ocosts (column s, but ocosts)						<u> </u>					•	1	0.
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(1)	(1)							•					
(2)												]	
(3)												]	
(4)													
Totals (carry to Part II, line (5))			· ·	$\sqrt{}$									0.

Page 4

Part II.	Income Fr	om Perio	dicals Repor	ted on a Sep	arate Basis	(For ea	ch periodical liste	d in Part II, fill in
	columns 2 thr	ough 7 on a	ı lıne-by-line bası:	s)				
-					4.4			

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)	Ì						
(4)							
Totals from Part I	<b></b>	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.	,		* *	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)