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3	.E.).	√. "			TENDED TO M			29393	19	00505	1
~	Form)	990-T	E	xempt Orga	nization Bus	sines	s Income T	ax Return	L	OMB No 1545-0047	
ر -	برر	•			nd proxy tax und			_///	<u>,</u>	2040	
- ,) l)	For cal	endar year 2019 or other tax ye					<u>u</u>	2019	
	Departr Internal	ent of the Treasury Revenue Service	•	Do not enter SSN number	v.irs.gov/Form990T for in ers on this form as it may				5	Open to Public Inspection for 01(c)(3) Organizations Only	
	A _	Check box if address changed		Name of organization (Check box if name of	changed a	ind see instructions.)		D Employ (Employ instruc	yer identification number byees' trust, see itions)	-
	B Exe	empt under section	Print	WESTERN UNI	VERSITY OF	HEAL	TH SCIENCES	S	95	5-3127273	
	X	501(C()(3)	or Type	Number, street, and roor		x, see ins	tructions			ted business activity code structions)	
		408(e) 220(e)	'',	309 E. SECO		-			İ		
	\vdash	408A530(a) 529(a)		City or town, state or pro			postal code		81		
	_ Bool	value of all assets	<u> </u>	F Group exemption num		<u> </u>			<u> </u>		1
	at er	407,040,4	64.	G Check organization typ		poration	501(c) trust	401(a)	trust	Other trust	4
				tion's unrelated trades or		1		the only (or first) un			- (
				RKING LOT IN				complete Parts I-V.		• •	
				ce at the end of the previo	ous sentence, complete Pa	arts I and	II, complete a Schedule	M for each additiona	al trade o	or	
	DUS	iness, then complete	the corr	oration a subsidiary in an	affiliated group or a pare	nt-subsid	ary controlled group?	▶ [Yes	X No	
	If "۱	es," enter the name a	and iden	tifying number of the pare	nt corporation. 🕨		, , , , , , , , , , , , , , , , , , , ,				
		books are in care of		JOSHUA MCFAR	LEN	()	<u> </u>	one number 🕨 9			
	Par			de or Business Inc	come	\longrightarrow	(A) Income	(B) Expenses	+	(C) Net	
,		Gross receipts or sale			c Balance	1, 1					
		Less returns and allo Cost of goods sold (S		A line 7)	_ C Balance	1c 2					
ا د		Gross profit Subtrac				3					
		Capital gain net incor				4a					
i				art II, line 17) (attach Forr	m 4797)	4b	 -				
1		Capital loss deductio			attach statement\	4c 5					
1		Income (loss) from a Rent income (Schedi		ship or an S corporation (a	attacii Statement)	6					
		Unrelated debt-finance		me (Schedule E)		7					
b D				and rents from a controlled							
				on 501(c)(7), (9), or (17) o	organization (Schedule G)						
•		Exploited exempt act				10	/		+		
		Advertising income (TATEMENT 1	12/	34,024.		$\overline{}$	34,024.	
		Total. Combine line		•		13	34,024.			34,024.	
		rt II Deduction	ons No	ot Taken Elsewhe	re (See instructions for	or limitat	ions on deductions)	-		_	
				be directly connected w		ness inco	ome)				
	14	Compensation of of Salaries and wages		rectors, and trustees (Sch	leaule K)				14	-	
	15 16	Repairs and mainte							16		
	17	Bad debts		/				ľ	17		
	18	Interest (attach sch	edule) (s	see instructions)					18		
	19	Taxes and licenses	_	500)			احما		19	8,309.	
	20	Depreciation (attack		562) In Schedule A and elsewhe	re on return		20 21a		21b		
	21 22	Depletion	iaiiiieu C	III Johnsonie A and eisewile	o on rotalii		[418]		22		
	23	Contributions to de	ferred ça	Impensation plans	DEOM	4 pm	 -	ļ	23		
	24	Employee benefit p			RECE	VED		[24		
	25	Excess exempt exp			<u>a</u>		ᄀ잃		25		
	26	Excess readership			MAY MAY	2021	SEE STAT	EMENT 2	26	7 088	
	27	Other deductions (a					JEE STAT	EMENT 2	27	7,088.	
	28 29	Unrelated business	taxable	income before net operatir	ng loss deduction Subtract	t line 28	rom line 13		29	18,627.	
	30	Deduction for net o	perating	loss arising in tax years be	eginning on or after Janua	ry 1, 201	8				
		(see instructions)						ļ	30	0.	
	31			income. Subtract line 30 fr					31	18,627. Form 990-T (2019)	
	92370	01 01-27-20 LHA I	or Pape	rwork Reduction Act Notic	ce, see instructions.					FORM 330-1 (2019)	

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1.		wan a	05 2407272 .
	ւթյակ WESTERN UNIVERSITY OF HEALTH SCIE t เมื่ Total Unrelated Business Taxable Income	ENCES	95-3127273 Paga 2
Part			10 627
	Total of unrelated business taxable income computed from all unrelated trades or bit. Asserting and fair deallowed frages.	usinesses (see instructions)	$\frac{1}{4}$ 18,627.
33 34	Amounts paid for disallowed fringes Charitable contributions (see instructions for limitation rules)		0.
	Total unrelated business taxable income before pre-2018 NOLs and specific deduction	Subtract line 34 from the sum of lines 32 and 83	
	Deduction for net operating loss arising in tax years beginning before January 1, 20		136
	Total of unrelated business taxable income before specific deduction. Subtract line 3	· · · · · · · · · · · · · · · · · · ·	18,627.
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	(1,000.
•	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is great	ater than line 37,	
—	egyer the smaller of zero or line 37		17,627.
Part	Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	\	▶ 40 3,702.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax or	the amount on line 39 from:	-
	Tax rate schedule or Schedule D (Form 1041)		► 41
	Proxy tax. See instructions		► 42
. 1	Alternative minimum tax (trusts only)		48
44	Tax on Noncompliant Facility Income. See instructions Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Part			45 57,021
	/ 	46a	
	Other credits (see instructions)	46b	
	Occasilly and a said About Four 0000	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	<u> </u>
е	Total credits Add lines 46a through 46d		46e
47	Subtract line 46e from line 45	_	47 3,702.
48	Other taxes Check if from: Form 4255 Form 8611 Form 8697	Form 8866 Other (attach schedu	•\ 48
	Total tax Add lines 47 and 48 (see instructions)	'	49 3,702.
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k),	1 . 1	50 0.
	Payments: A 2018 overpayment credited to 2019	5)a 39 000	\dashv \mid
	2019 estimated tax payments	$0^{\sqrt{38,000}}$	''-
	Tax deposited with Form 8868	5 fc 5 fd	
	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions)	5je	
	Credit for small employer health insurance premiums (attach Form 8941)	S1f	-
	Other credits, adjustments, and payments: Form 2439	1"	-
	Form 4136 Other	Total > 51g	
52	Total payments. Add lines 51a through 51g		52 38,000.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached		53
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	ر ج	▶ 54
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount	t overpaid $ackslash$ J	▶ 55 34,298.
	Enter the amount of line 55 you want: Credited to 2020 estimated tax	Refunded	▶ 56 34,298.
Part			
	At any time during the 2019 calendar year, did the organization have an interest in o		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	-	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	name of the foreign country	-
	During the tay year did the organization receive a distribution from or was it the gr	anter of or transferor to a feroian tructo	X
	During the tax year, did the organization receive a distribution from, or was it the grilf "Yes," see instructions for other forms the organization may have to file.	antor of, or transferor to, a foreign trust?	
	Enter the amount of tax-exempt interest received or accrued during the tax year	▶ \$	
	Under penalties of perjury, I declare that I have examined this return, including accompanying	schedules and statements, and to the best of my kno	owledge and belief, it is true,
Sign		n of which preparer has any knowledge	
Here	05/11/2021 N	INTERIM CFO	May the IRS discuss this return with the preparer shown below (see
		itle	instructions)? X Yes No
	Print/Type preparer's name Preparer's signature	Date Check	ıf PTIN
Paid	d & Want	Trang 05/07/2021 self-employ	
	parer QI WEN LIANG	0 03/0/12021	P01270238
	Only Firm's name FGRANT THORNTON LLP	Firm's EIN	▶ 36-6055558
	515 SOUTH FLOWER STREET	` _ _	(010) (00 4545
	Firm's address ► LOS ANGELES, CA 90071	Phone no.	(213) 627-1717
923711 0	01-27-20		Form 990-T (2019)

Form **8868**

(Rev danuary 2020)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

	icts, for which an extension request must be sent to the ins of this form, visit www irs gov/e-file-providers/e-file-for-charit			ietaiis on ti	ne electromic	
Auto	matic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).			
All cor	porations required to file an income tax return other than Fouse Form 7004 to request an extension of time to file income	rm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts	
Туре	Name of exempt organization or other filer, see instruc	ctions		Taxpayer	identification num	ber (TIN)
print	WESTERN UNIVERSITY OF HEALT	H SCI	ENCES		95-31272	73
File by the due date filing you	note Number, street, and room or suite no If a PO box, se	ee instruct	ons			
return S instruction		reign addi	ress, see instructions			_
Enter 1	the Return Code for the return that this application is for (file	a separat	te application for each return)			0 7
Applic	ation	Return	Application			Return
ls For		Code	ls For			Code
Form 9	990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	990-BL	02	Form 1041-A			08
Form 4	4720 (ındıvıdual)	03	Form 4720 (other than individual)			09
Form 9	990-PF	04	Form 5227		10	
-	990-T (sec 401(a) or 408(a) trust)	05	Form 6069		11	
Form 9	990-T (trust other than above) JOSH MCFARLEN	06	Form 8870			12
Teld ● If th	books are in the care of $ ightharpoonup 309$ EAST SECOND ephone No $ ightharpoonup 909-623-6116$ ne organization does not have an office or place of business his is for a Group Return, enter the organization's four digit 0	in the Uni Group Exe	Fax No ▶tted States, check this box	If this is fo	r the whole group,	
	request an automatic 6-month extension of time until the organization named above The extension is for the orga calendar year or X tax year beginningJUL 1 , 2019 If the tax year entered in line 1 is for less than 12 months, ch	inization's	return for d endingJUN_30 , 2020	e the exem	npt organization ret —	um for
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less			3,924.
•	any nonrefundable credits. See instructions	onte: ac:	refundable gradita and	3a	\$	J, J 44 •
	If this application is for Forms 990-PF, 990-T, 4720, or 6069,	•		a-	٦ ع	3,000.
	estimated tax payments made. Include any prior year overpa			3b	\$ 3	3,000
	Balance due. Subtract line 3b from line 3a Include your pa using EFTPS (Electronic Federal Tax Payment System) See	•	• •	3c	•	0.
	on: If you are going to make an electronic funds withdrawal			1	L.¥d Form 8879-FΩ fo	
instruc		(anout det	ny man and 1 omi 0000, see 1 omi 0		2 . 3/11/00/02/01	, paymont

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LHA

Form 8868 (Rev 1-2020)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Schedule A - Cost of Goods	s Sold. Enter	method of invei	ntory va	aluation > N/A				-	
1 Inventory at beginning of year	1			Inventory at end of yea			6		
2 ¹ Purchases	2		7	Cost of goods sold. Su	Subtract line 6				
3 Cost of labor	3			from line 5 Enter here	and in f	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	with respect to		Yes No		
b Other costs (attach schedule)	4b								
5 Total. Add lines 1 through 4b	5			the organization?				X	
Schedule C - Rent Income (see instructions)	(From Real I	Property and	d Pers	sonal Property L	ease	d With Real Propo	erty)		
1. Description of property									
(1)	_					_			
(2)	•								
(3)									
(4)				-					
		ed or accrued				0/->5			
(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 percentag property exceeds 50% or if ad on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connected ad 2(b) (atta	ch schedule)	
(1)									
(2)	_								
(3)									
(4)						,			
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	_	0.	
Schedule E - Unrelated Deb		Income (see	nstru	ctions)		r are i, into o, ocianin (2)			
		(000		. Gross income from		3. Deductions directly conr to debt-finance			
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(1	D) Other deductions (attach schedule)	
(1)						-			
(2)									
(3)						<u> </u>			
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property n schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deductions umn 6 x total of columns 3(a) and 3(b))	
(1)				%					
(2)				%		•			
(3)				%					
(4)				%					
		*				inter here and on page 1, Part I, line 7, column (A)		er here and on page 1, rt I, line 7, column (B)	
Totals				•		0 .		0.	
Total dividends-received deductions in	ncluded in columi	ı 8				•		0.	
		·			_			Form 000 T (2010)	

Column Controlled Column				Exempt C	ontrolled O	rganizatio	ons					
(2) (3) (4) Nonexempt Controlled Organizations 7. Totalbin memore 8. Net created internal (loss) (see excellations) (see excellations) 9. Total of specified payments (see excellations) 10. Post of scheme in the controlled companisations (see excellations) (see excellations) 11. Description of companisations (see extractions) 12. Add columns 5 and 10. Enter here and on see 9. Port. Internal payments (see extractions) 1. Description of recome 1. Description of recome 2. Amount of recome 3. Description of recome (see enstructions) 5. Total date (set in the controlled rates) (see enstructions) 1. Description of companisations 1. Description of recome (see enstructions) 2. Amount of recome 3. Description of companisations (see enstructions) 5. Total date (set in the set		on a	dentification	3. Net unre (loss) (see	lated income instructions)			includ	included in the controlling		6. Deductions directly connected with income in column 5	
20 40 40 40 40 40 40 40	(1)											
Add columns Sand 17 Column Sand 17												
(4) Nonexempt Controlled Organizations 7. Totable income 8. Net unrelated accome losse) (see main sections) 9. Total of specified payments (see main sections) 10. Perfor of volum 3 that a suchidate in the controlling organizations (groun income 10. Perfor of volum 3 that a suchidate in the controlling organizations (groun income 11. Describes and 10. Enter the sent on pays 1. Performance on pays 1. Perf												
Nonexempt Controlled Organizations 8, Networked moore (pose) 8, Total of specified pegments 10, Petric reduction 8 data sections (in the controlling agranations in the controlling agranations in the controlling agranations (per matter) 11, Decisions density commends (per matter) 12, and the controlling agranations (per matter) 12, and the controlling agranations (per matter) 13, and the controlling agranations (per matter) 14, and column 8 and 10												
(1) (2) (3) (4) Add columns 5 and 10 (5) (6) Add columns 6 and 11 (5) (6) Add columns 6 and 11 (5) (6) (7) (8) (9) Add columns 6 and 10 (6) (6) Add columns 6 and 10 (6) (6) Add columns 6 and 10 (6) (6) (7) (8) (8) Add columns 6 and 10 (6) (8) (9) Add columns 6 and 10 (6) (8) (9) Add columns 6 and 10 (8) (8) Add columns 8 and 10 (8) (8) Add columns 6 and 10 (8) (8) Add columns 8 and 10 (8) (8) (9) 9) (9) (9) (9) (9) (9) (9) (9) (9		ations	·									
(d) (d) Add columns S and 10 Enter here and on page 1, Part I, Inne 8, column (R) 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 3. Deductions 6restly connected (stach schedule) (c) (3) (4) Enter here and on page 1, Part I, Inne 8, column (R) (c) (3) (4) Enter here and on page 1, Part I, Inne 8, column (R) (c) (3) (4) Enter here and on page 1, Part I, Inne 8, column (R) Fort I, Inne 9, column (A) Enter here and on page 1, Part I, Inne 9, column (A) Enter	7. Taxable Income			9. Total o		nents	in the controll	ing organ	iization's			
(4) Add columns 5 and 10 Enter here and on page 1, Pert 1, line 8, column (6) (7) (8) (9) (9) (1) (9) (1) (1) (2) (3) (4) 1. Description of income 2. Amount of income 2. Amount of income 2. Amount of income 3. Deductions (see instructions) 4. Set-acides (attach schedule) (call 5 place 6 (data schedule) (call	(1)											
Add columns S and 10 Enter here and on page 1, Part 1, line 0, column (a)	(2)											
Add columns S and 10 Enter here and on page 1, Part 1, line 8, column (8)	(3)											
Add columns 3 and 10 Enter have and on page 1, Part I, three 8, column (A) 1. Description of income 1. Description of income 2. Amount of income 3. Deductions (ettach schedule) (ettach sch												
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 detectly connected (attach schedule) (stach schedule) (see instructions) (4) Enter here and on page 1. Pert I, line 9, column (A) Pert I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Nat income (loss) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Nat income (loss) 4. Nat income (loss) 5. Gross income translation and income translation and income translation and income (see instructions) 4. Nat income (loss) 4. Nat income (loss) 5. Gross income translation and income translation							Enter here and	on page	1, Part I, A)	Enter he	re and on page 1, Part I, ne 8, column (8)	
(see instructions) 1. Description of income 2. Amount of income 3. Description of active connected (stretly		at Income of	a Sactio	n 501(c)(7)	(0) or /:	17) Ora	anization		0.		0	
1. Description of income 2. Amount of income (existly connected (attach schedule) (exist) connected (collaborate schedule) (exist) connected (collaborate schedule) (fill collaborate schedule) 2. Cross (arealises schedule in Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3. Expenses directly connected on a Consolidated Basis 4. Not income (loss) horn urrelated basis schedule in a collaborate schedule in a colla			a Sectio	11 30 I(C)(7)	,, (a), Or (.,, org	jain za li011					
(2) (3) (4) Enter here and on page 1, Part 1, time 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity and invested business income (see instructions) 2. Gross urrelated business income (see instructions) 3. Expenses description of exploited activity and invested or business income (see instructions) 4. Not income (case) from urrelated trade or business (column 2 gain, compute coll 5 through 7 7 (1) (2) (3) (4) Enter here and on page 1, Part 1, line 9, col (A) Enter here and on page 1, Part 1, line 10, col (B) Ine 10, col (C) O. Schedule J - Advertising Income (see instructions) 1. Name of periodical 2. Gross and on page 1, Part 1, line 10, col (B) Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising goals of page 1, Part 1, line 2, Gross and on page 1, Part 1, line 2,	1. Descr	iption of income			2. Amount of	ıncome	directly conne	ected			5. Total deductions and set-asides (col 3 plus col 4)	
(2) (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) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross unclaimed business unclaimed business unclaimed business income (see) unrelated trade or obusiness income (see) unrelated trade or obusiness income (see) through 7 through 8	(1)				-		-					
(3) (4) Enter here and on page 1, Pert 1, line 9, column (A) Enter here and on Pert 1, line 9, column (A) Enter here and on Pert 1, line 9, column (A) Pert 1, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited business income from trade or business from activity that production of unrelated business income from trade or business (sclown 2 gain, compute cole 5 ftrough 7 ftrou				-								
Enter here and on page 1, Pert 1, line 6, column (A)												
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 exploited activity in trade or business income business income in trade or business income in trade or business income (1) (2) (3) (4) Enter here and on page 1, Part 1, Ine 10, cot (A) In 10, cot (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Cross advertising income (see instructions) A. Authorizing plan or (loss) from urrelated business income from activity that is not urrelated business inc				-				-			Enter here and on page Part I, line 9, column (B)	
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross unrelated business freetly connected with production of urrelated business income from trade or business (scolumn 2 from activity that is not urrelated business income from activity that activity that is not urrelated business income from	Totals			•		0.					0	
1. Description of exploited activity and activity the exploited activity and activity the income to business income from trade or business income or business income from trade or business income or business income from trade or business income fr	Schedule I - Exploited F		vity Incor	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 I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs advertising costs for income 3. Direct advertising costs of 3 if a gain, compute cols 5 through 7 (1) (2) (3) (4)		unrelated busines income from	s direct with of	ty connected production unrelated	from unrelated business (co minus colum gain, compute	I trade or dumn 2 n 3) If a e cols 5	from activity in is not unrelated	that ted	attribut	able 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) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs advertising costs for income 3. Direct advertising costs of 3 if a gain, compute cols 5 through 7 (1) (2) (3) (4)	(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 1. Name of periodical 2. Gross advertising costs advertising costs advertising costs of 3 if a gain, compute col 3 if a gain, compute col 5 through 7 (1) (2) (3) (4)												
(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. Grass 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)			 									
Enter here and on page 1, Part I, line 10, cot (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 2. Gross 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)		•	 									
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 col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) (4)		page 1, Part I,	pag	ge 1, Part I,					<u>. </u>		Enter here and on page 1, Part II, line 25	
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 cols 5 through 7 (1) (2) (3) (4) (4)											0	
1. Name of periodical 2. Gross advertising and or (loss) (col 2 minus cols 5 through 7 4. Advertising gain or (loss) (col 2 minus cols 5 through 7 5. Circulation income 6. Readership costs (column 5, but not than column 4) (1) (2) (3) (4)					-1:-1-41	D:-			***			
1. Name of periodical 2. Grass advertising advertising costs advertising costs advertising costs (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4)	Part I Income From F	eriodicals F	Reported	on a Cons	olidated	Basis						
(2) (3) (4)	1. Name of periodical	advert	ising ,		or (loss) (c col 3) If a g	ol 2 minus ain, compute					7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(2) (3) (4)	(1)											
(3) (4)					7							
(4)					7							
					7					$\overline{}$		
Fabric (corrects Dart II) Inno (51)	<u></u>											
	Totals (carry to Part II, line (5))	•	0.	0	•				<u> </u>		0 Form 990-T (201	

%

%

Total. Enter here and on page 1, Part II, line 14

(1) (2) (3) (4)

Part'III 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 26
Totals, Part II (lines 1-5)	▶ 0.	0.				0.
Schedule K - Compensati	on of Officers, I	Directors, and	Trustees (see in	nstructions)		
1. Name			2. Title	3 Percer time devot busines	ed to to un	ensation attributable related business

Form 990-T (2019)

0.

FORM 990-T	OTHER	INCOME	STATEMENT 1
DEŚČRIPTION			AMOUNT
DIAMOND PARKING LOT			34,024.
TOTAL TO FORM 990-T, PAGE 1,	LINE 12		34,024.
FORM 990-T	OTHER	DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT
ACCOUNTING FEES PARKING LOT EXPENSES			2,000. 5,088.
TOTAL TO FORM 990-T, PAGE 1,	LINE 27		7,088.