COZ O E JAT LUSTED BOUNTED SEP 1 4 2020

						29393	322	1014	06
Form 990-T	l Exempt Org	anization Bus	ines	s Income	· Tax		_	OMB No 1545-0	-
		(and proxy tax und					$\supset_{\omega}$		
مين	For calendar year 2018 or other tax	year beginning JUL 1, 20	18	, and ending	JUN 30	), 2019	<b>/</b>	2018	R
Department of the Treasury		ww.irs.gov/Form990T for in					_ L		
Internal Revenue Service	Do not enter SSN nun	bers on this form as it may	be made	public if your org	anizatio			en to Public Inspe 1(c)(3) Organizatio	
A Check box if	(Employees trust, see								
address changed									
B Exempt under section	Print AFTER SCHOOL ALL-STARS 95-4441208								
X 501(c <b>()</b> (3 )	) Or Number, street, and room or suite no. If a P.O. box, see instructions.    E Unrelated business activity code (See instructions)								
$=$ $\cdot \cdot =$ $\cdot \cdot$	500) 220(e) 3300 WILSHIKE BLVD., NO. 2000								
408A 530(a) 529(a)	LOS ANGELES, CA	province, country, and ZIP of	r toreign p	DOSTAI CODE					
Book value of all assets	<del></del>	umber (See instructions.)	<u> </u>						<del></del> ,
at end of year 8,560	<del></del>		poration	501(c) tr	ust	401(a)	trust	Other	trust
	organization's unrelated trades		-			only (or first) uni			
trade or business here		<u> </u>				nplete Parts I-V.		an one,	
describe the first in the b	lank space at the end of the pre	vious sentence, complete Pa	rts I and I						
business, then complete	Parts III-V.								
1 During the tax year, was	the corporation a subsidiary in	an affiliated group or a parer	nt-subsidia	ary controlled grou	ıρ?	`▶ [	Yes	X No	
	and identifying number of the pa								
	SPENCER STYLES,				lephone	number > 88	8-474-		
	d Trade or Business I	ncome	-	(A) Income		(B) Expenses		(C) Net	<del></del>
1 a Gross receipts or sale		┥ 。			<i>c</i>				
b Less returns and allow		c Balance	1c				<del></del>		$\longrightarrow$
2 Cost of goods sold (S			2		$\dashv$		<del></del>		
3 Gross profit. Subtract			3		-				
	ne (attach Schedule D)	orm 4707\	4a		+	RECEIV	/E	$\overline{}$	
	4797, Part II, line 17) (attach Fo	JIIII 4797)	4b 4c		++-	RECEIV		10	
•	partnership or an S corporation	(attach ctatement)	5		14				
6 ' Rent income (Schedu		(allacii Sialemeni)	6		阑	MAY 26	<del>2020 </del> -	131	
	ed income (Schedule E)		7		191			<u>∃≅ </u>	
	valties, and rents from a controlle	ed organization (Schedule F)	8	•	11-	OGDEN	·UT		
	a section 501(c)(7), (9), or (17		9		1				
	vity income (Schedule I)	, g (,	10				1		
11 Advertising income (S	- ,		11						
	structions; attach schedule)		12						
13 Total Combine lines Part II Deductio	3 through 12		13		0.				
	ns Not Taken Elsewh								
(Except for of Compensation of off Salaries and wages	contributions, deductions m	ust be directly connected	l with the	unrelated busir	ness inc	ome)			
Compensation of off	icers, directors, and trustees (S	chedule K)					14		
Salaries and wages							15		
👫 Repairs and mainten	ance						16		
17 Bad debts							17		
· ·	dule) (see instructions)						18		
19 Taxes and licenses							19		
	ons (See instructions for limitat	ion rules)		ايما			20		
21 Depreciation (attach	•			21					-
	aimed on Schedule A and elsew	here on return		22a			22b		
23 Depletion							23		<del></del>
	erried compensation plans						24		
25 Employee benefit pro							25		
26 Excess exempt exper		•					26		
<ul><li>27 Excess readership co</li><li>28 Other deductions (at</li></ul>	•						27	<del></del>	
	dd lines 14 through 28						29		0:
	axable income before net opera	ting loss deduction. Subtract	t line 20 fe	rom line 13			30	4	7 0.
	erating loss arising in tax years	-			١		31	-	<u> </u>
	axable income. Subtract line 31	•	., ., 2010	, foce monucinity	,		32		0.
	or Panerwork Reduction Act No					·	UL	Form <b>990-1</b>	

A-1 (90		95-4447	1208	Page 2
Part III	Total Unrelated Business Taxable Income			
	nodauram see) assentieud to ashery betatevus ila mort betugnsco smooni aldaxut zaoniaud bataletnu lo lato	.1	Tail	0.
	·	"	33	
	nounts paid for dealfound fringes		34	
\$5 De	eduction for nel operating loss arising in lax years beginning before January 1, 2018 (see instructions)		35	
88 To	stal of unrelated business laxable income before specific deduction. Subtract line 35 from the sum of		1 1	
No.	nes 33 and 34		36	
27 S	secific deduction (Banamily \$1,000, but see line 37 matructions for exceptions)	351		1,500.
	• • •	. )	<del>                                      </del>	
	Melated Dealmes taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		111	
	Her the emeller of zero or Brie 35			0.
Partity	Tax Computation			
19 Or	ganizatione Taxable as Gerperations. Multiply line 58 by 21% (0.21)		39	0.
40 Tr	auto Taxabbe et Trest Rates. See metructione for tax computation, income tax un the amount on time 38 tro	 מכ		
	Tax rata schedule or Schedule D (Form 1041)			
	racy tox. See instructions		131-	
	1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T		} <del>-19-{</del>	
	Bertradine trimineum tex (trusts only)		191-	
	us on Hosenmellant Facility Income. See instructions		43	
44 Te	rest. Add lines 41, 42, and 43 to time 39 or 40, whichever applies		1441	0.
Pert V	Tax and Paymonts		, , , , , , , , , , , , , , , , , , ,	
45 x F0	reign tex credit (corporations attach Form 1118; trusts attach Form 1116)		7	
			7 1	
	Annah Panah Panah Panah Panah		-11 1	
	ineral business credit. Attach Form 3800		-	
	edit for prior year minimum tax (sitech Form 8801 or 8827) 454			
• To	dal credita. Add lines 45a through 45d	-,	450	
45 St	ebtract line 45e from line 44		46	0.
47 Ot	her taxes. Check If from: Form 4755 Form 9611 Form 8897 Form 8668 Ott	Mi brasco sensellas		
	stal tax, Add lines 46 and 47 (see instructions)		4	٥.
		•	and the trace	0.
	18 net 965 tax illeditity pelid from Form 965-A or Form 965-B, Part II, column (k), line 2		19	
50 a Pa	syments. A 2017 overpayment credited to 2018		-1.	
<b>b</b> 20	18 esturbated tax payments	9,434	J	
e Ta	x deposited with Form 88G8		J. 1	
a fo	reige organizations: Tax paid or withheld at equirce (see instructions)		ገ.	
	ckup withholding (sen instructions)	<del></del>	<b>1</b> 1	
	adit for arrell amplayer health linestance premiums (steich Form 6941)		<b>-1</b> - 1	
			-	
• હ	her credits, adjustments, and payments: Form 2439		1 - 1	
L	Form 4136 Other Total ▶ Sp		4	
61 To	tal payments. Add lines SQs through 50g		111	9,434.
52 Ex	Simulard tax parality (see instructions). Check if Form 2220 is attached 🕨 🔲		鬼	
53 Ta	x due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<b>•</b>	ь	
84 Ov	respayment. If time 51 is larger than the total of lines 48, 49, and 52, order amount overgain	~~~~~ <b>~</b>	64	5,434.
	ter the amount of line 54 you want; Credited to 2019 estimated tax	Retracted 10	55	9,434.
Panty	Statements Regarding Certain Activities and Other Information (see ins	herstone)	1 00 1	
			<del></del>	
	any firms during the 2018 calendar year, did the organization have an interest in or a aignature or other both			Yes No
OM	er a financial accoust (bank, securities, or other) in a foreign country? If "Yes," the organization may have to	Me		1 1 1
Fin	ICEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign coers	try		
he	n <b>&gt;</b>			Z
57 Ou	ring the tax year, did the organization receive a distribution from, or was it the grantor of, or transistror to, a	Inchien trust?		X
	Yes," see tractructions for other forms the crossitization may have in file.	· · · · · · · · · · · · · · · · · · ·	•	
-				9
58 En	tar the amount of tex-grampt interest received or accrued during the tax year. > \$			
Sien.	Under manuffice of perjusy 4 declars that 5 term experience this return. Including processing providing pert experience, and to EXCESS, and complete Conference of property (ETA) than to-julying to invest on all federates or unsupported this any knowle			<del></del>
Sign	2 1 - 1 D	r.	May the MS class	200 10000 1000
Here	semple kein 5/2/20 000	J1	•	a below (see
1	September of others   Contract   Title		national [[	Yes Mo
	Print/Type preparer's name Preparer's signature Date	Check	# PUN	
Paid	DERRICK DE BRUYNE DERRICK DE 1 25/03/20	self- employed		1614
Prepare	PARRICE DE BEDIES INSKRICE DE 1 55/03/20		100391	
Use Onl		Firm's CIN	<u>+ 41 0</u>	746745
•	2710 HAST ROUTE 66			
	Firm's address - GLERIDORA, CA 91740	Phone no.	(626) 857-	7300
623711 01-00-				m 990-T 2018)
	<del></del>		ron	111 AAA . 1 (SO 19)

Schedule A - Cost of Goods	s Sold. Enter i	method of inven	tory valuation N/A				<del></del>	
1 Inventory at beginning of year	Inventory at beginning of year 1 6 Inventory at end of			ar		6		
2 Purchases	2		7 Cost of goods sold. S	Subtract I	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	with respect to		Yes	No	
<ul><li>Other costs (attach schedule)</li></ul>	4b		property produced or	for resale) apply to				
5 Total Add lines 1 through 4b	5		the organization?					L
Schedule C - Rent Income ( (see instructions)	(From Real F	Property and	Personal Property I	Lease	d With Real Prop	erty)		
Description of property								
(1)								
(2)								
(3)								
(4)				_	·			
	2 Rent receive		····		3(a) Deductions directly		ad with the income in	
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	than	of rent for p	nd personal property (if the percent ersonal property exceeds 50% or if t is based on profit or income)	age			ttach schedule)	l
(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	n (A)	<b>•</b>		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Deb	ot-Financea i	ncome (see	instructions)	1				
			2. Gross income from		3 Deductions directly con to debt-finance			
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	9
(1)				1				
(2)			·					
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	idjusted basis locable to ced property schedule)	6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(	8. Allocable deducticolumn 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A)		inter here and on pag Part I, line 7, column (	
Totals			•	.	0			٥.
Total dividends-received deductions in	ncluded in column	8				•		0.

(1) (2) (3) (4) (4) (5) (7) Table income  (8) Net unrelated income (rest) (1) (sees instructions) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Schedule F - Interest, A		ioyaide.				<u> </u>		(See ins	truction	5)
2    3    3    4    5    5    5    5    5	Name of controlled organizat	tion	identificatio	ar 3. Net un	related income	4. Tot	al of specified	includ	ed in the contr	olling	connected with income
2								<del>                                     </del>			``
33				<u> </u>		····					
Add columns 5 and 10   Enter here and on page 1, Part I, time 8, columns (3)   State here and on page 1, Part I, time 8, columns (3)   State here and on page 1, Part I, time 8, columns (4)   Part I, time 8, columns (5)   Part I, time 8, columns (7)   Part I, time 8, columns (8)   Part I, time 8, columns (8)   Part I, time 8, columns (9)   Part II, time								_			
Table from   Security   Securit		<del>  </del> -								+	<del></del>
Table from   B   Net unrelated motions (less instructions)   9, Total of specified payments in the corribing organizations (less instructions)   10, Part of couling flying state in the corribing organization (less instructions)   10, Part of couling flying state in the corribing organization (less instructions)   Add columns 5 and 10   Add columns 5 and 10   Add columns 6 and 11   Enthr have and or page 1, Part I, time 8, Column (less instructions)   0,   O,   O,   O,   O,   O,   O,   O,											
(1) (1) (2) (3) (4)  Add columns 5 and 1) Enter here and on page 1, Part 1, time 8, column (5) (6) (7) (8) (8) (9)  Add columns 6 and 1) Enter here and on page 1, Part 1, time 8, column (8) (9) (9) (9) (1) (1) (2) (3) (4)  Add columns 6 and 1) Enter here and on page 1, Part 1, time 8, column (8) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	<del></del>	1		. 1 .		<u>_</u>			;		
Add columns 6 and 11   Enter here and on page 1, Part I, Inne 8, column (8)	7 Taxable Income			ss) 9. Tota		nents	in the controlli	ng organ	is included ization's	11 De with	ductions directly connecte income in column 10
2	(1)	<u> </u>									
Add columns 5 and 10 Enter here and on page 1, Part I, Inne 8, column (8)  1 Description of income  2 Amount of income  2 Amount of income  3 Description  3 Description of income  4 Sea and a page 1, Part I, Inne 8, column (8)  1 Description of income  2 Amount of income  2 Amount of income  3 Description of income (state h schedule)  (state h schedule)  4 Set and a schedule)  (state h schedule)  4 Set and a schedule)  (state h schedule)  5 Total deductors (state h schedule)  (state h schedule)  6 Enter here and on page 1, Part I, Inne 8, column (8)  9 Description of income  1 Description of income  2 Amount of income  2 Amount of income  3 Description of income (state h schedule)  5 Total deductors (state h schedule)  6 Enter here and on page 1, Part I, Inne 8, column (8)  9 Description of income (state h schedule)  1 Description of income on the income form of the income form of the inne schedule income form of the inne schedule income form schedule income form schedule income form income income form schedule income form						İ					
Add columns 5 and 11 Enter here and on page 1, Part I line 8, column (A)  1 Description of recome  2 Amount of mome  2 Amount of mome  2 Amount of mome  3 Descriptions (statch schedule)  (rittach schedule)		1									
Add columns \$ and 10 Enter here and on page 1, Part 1, line 8, column (A)  1 Description of income  2 Amount of income  2 Amount of income  2 Amount of income  3 Deductions (statch schedule)  (1)  2)  3)  4)  Enter here and on page 1, Part 1, line 8, column (B)  Enter here and on page 1, Part 1, line 8, column (B)  Enter here and on page 1, Part 1, line 8, column (B)  Enter here and on page 1, Part 1, line 8, column (B)  4. Sat-asides (statch schedule)  5 Total deduction and set-asides (cel 2 plus cel 4  Enter here and on page 1, Part 1, line 8, column (B)  Enter here and on page 1, Part 1, line 8, column (B)  Enter here and on page 1, Part 1, line 8, column (B)  Enter here and on page 1, Part 1, line 8, column (B)  Enter here and on page 1, Part 1, line 8, column (B)  Enter here and on page 1, Part 1, line 9, column (B)  Enter here and on page 1		1									
Enter here and on page 1, Part 1, Inne 6, column (A)   Enter here and on page 1, Part 1, Inne 6, column (B)	(4)	<u> </u>			-						
Chedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)    1							Enter here and	on page	1, Part I, N)	Enter h	ere and on page 1, Part I, line 8, column (B)
(see instructions)  1 Description of income 2 Amount of income directly connected (attach schedule) (a			-1 - 0 -	1: - 504/-\/:	7) (0)(	17) 0			0.		
1 Description of income 2 Amount of income 3 Description of income 4. Set-asides (attach schedule) 3 (attach schedule) 4. Set-asides (attach schedule) 4. Set-asides (attach schedule) 3 (attach schedule) 4. Set-asides (attach schedule) 4. Set-asides (attach schedule) 4. Set-asides (attach schedule) 5 (attach schedule) 6 (attach schedule) 7 (attach schedule) 7 (attach schedule) 8 (attach schedule) 8 (attach schedule) 9 (atta			of a Sec	tion 501(c)(	/), (9), or (	1/) Org	anization		• 1		
1) 2) 3) 4)  Enter here and on page 1, Part I, lime 9, column (A)  Losscription of exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  2 Gross unrelated business income from trade or business are trade or business income from trade or business income from trade or business income from trade or business are from tr		•			2 Amount of	ıncome					5 Total deduction and set-asides
2) 3) 4)  Enter here and on page 1, Part I, line 6, column (A)  Enter here and on page 1, Part I, line 9, column (A)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  2 Gross urelated business income from trade or business income from trade or business income from business income  1. Description of exploited activity  2 Gross urelated business income from trade or business income from trade or business income  1. Description of exploited activity  2 Gross urelated business income from trade or business income  1 Name of periodical  2 Gross advertising Income  2 Gross advertising Income  Enter here and on page 1, Part I, line 10, cel (A)  Income From Periodicals Reported on a Consolidated Basis  4 And income (loss)  4 Nationome (loss)  5 Gross income from activity that so turvablad business income  6 Expanses altributable to column 3) if a gan, compute cels 5 shur urelated business income  7 Excess exemption of the form activity that so turvabled business income  8 Gross and activity that so turvabled business income  9 Gross and activity that so turvabled business income  1 Name of periodical  2 Gross advertising Income  2 Gross advertising gan advertising gain corrigions) (cel 2 minus col.) in 18 gain, compute cels 5 through 7  4 Advertising gain or (loss) (cel 2 minus cels)  4 And income (see instructions)  6 Readership costs (column 6 minus cels)  7 Excess readership costs (so through 7 costs but not more uncome column 4)  1) 2)		,			1		(attach sched	ule)	(attach s	Criedale)	(col 3 plus col 4
4)  Enter here and on page 1. Part I, line 9, column (A)  See instructions  1. Description of exploited activity  1. Description of exploited business income from activity that is not urrelated					<u> </u>						
Enter here and on page 1.   Enter here and on page 1.   Enter here and on page 1.   Part I, line 9, column (A)   Part I, line 9, c											
Enter here and on page 1. Part I, line 9, column (A)  Cheedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  2 Cross unrelated business and part (line 9, column (A)  1. Description of exploited activity income from trade or business income from trade or business income (see instructions)  4 Alt income (lose) 5 (from sincome from trade or business income (see instructions)  5 Cross income from trade or business income (see instructions)  6 Expenses attributable to column 3 (from activity that is not unrelated business income (see instructions)  7 Excess exempter and on page 1, Part (line 9, column 6)  8 Enter here and on page 1, Part (line 9, column 6)  9 Column 6 (see instructions)  1 Name of periodical 2 Gross advertising Income (see instructions)  1 Name of periodical 2 Gross advertising costs advertising costs advertising gain or (loss) (col gain, compute cols 5 through 7)  1 Name of periodical 2 Gross advertising costs advertising costs advertising gain or (loss) (col gain, compute cols 5 through 7)  1 Name of periodical 3 Reported on a Consolidated Basis	(3)										1
otals    Part I, line 9, column (A)   Part I, line 9, column (A)	(4)										
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity income from income from income from activity that significant from unrelated business income from activity that is a not unrelated business income from activity that is a not unrelated business income from activity that is a not unrelated business income from activity that is an											Enter here and on page Part I, line 9, column (B
(see instructions)  1. Description of exploited activity unrelated business income from unrelated business income from business income from unrelated business income from of unrelated business income from page 1, Part I, line 10, col (A)  [1] Enter here and on page 1, Part I, line 10, col (A)  [2] O. O. O.  [3] Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross ancome from activity that is not unrelated business income from activity that is not unrelated business.  [5] Gross is activities and a				<u> </u>							1
1. Description of exploited activity	•	-	tivity Inc	come, Other	Than Adv	ertisin	g Income				
2) 3) 4)  Enter here and on page 1, Part I, line 10, col (A)  Details  O.  O.  Cochedule 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  3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  7 Excess readership costs (column 6 minus column 4)  (1)  (2)  (3)		unrelated busi income fro	ness C	directly connected with production of unrelated	from unrelated business (co minus colum gain, compute	trade or lumn 2 n 3) If a a cols 5	from activity t is not unrelat	hat ed	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)  Details  O.  O.  Cochedule 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  3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  7 Excess readership costs (column 6 minus column 4)  (1)  (2)  (3)	1)				<u> </u>						
Social States   Social State		<u> </u>			<del>                                     </del>						╅───
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 or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  1)  2)  3 Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  5 Circulation on page 1, Part II, line 26  7 Excess readership costs (column 6 minus column 4)  1)  2)  (3)  (4)  (5)  (6)  (7)  (6)  (7)  (7)  (7)  (8)  (8)  (9)  (9)  (9)  (9)  (9)  (1)  (1)  (1		<del> </del>	<del></del>		+		<u>.</u>				<del>                                     </del>
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 income  3. Direct advertising costs  3. Direct advertising costs (column 6 minus column 5) If a gain, compute cols 5 through 7  1)  2)  3)  1)  2)  3)  4)  4)  4)  4)  4)  4)  4)  5)  6)  6)  7)  6)  7)  8)  7)  8)  8)  10  10  10  10  10  10  10  10  10  1		<del>                                     </del>			<del>                                     </del>						+
Data   Decided	4)			page 1, Part I,							on page 1,
Part I Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical  2 Gross advertising and periodical  3. Direct advertising costs advertising costs advertising costs cols 5 through 7  5 Circulation income 6 Readership costs (column 6 minum column 6, but not more than column 4)  1) 2) 3)			0.	0.							Part II, line 26
2 Gross advertising income  3. Direct advertising costs  3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  5 Circulation income  6 Readership costs (column 6 minu column 4)  1)  2)  3)  3)  4. Advertising gain or (loss) (col 2 minus coll span)  6 Readership costs  7 Excess readership costs  1)  1)  2)  3)  4)  4)  4)  4)  4)  4)  4)  4)  5 Circulation income  6 Readership costs  1)  1)  2)  4)  4)  4)  4)  4)  4)  4)  4)  4											
1 Name of periodical  2 Gross advertising advertising costs  3. Direct or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7  5 Circulation income  6 Readership costs  costs (column 6 minu column 4)  1)  2)  3)  3)  4 September 1 September 2 September 2 September 3 Sept	Part I Income From	Periodicals	Report	ed on a Con	solidated	Basis					
2)	1 Name of periodical	adv	ertising		or (loss) (c col 3) If a ga	ol 2 minus ain, computi					7 Excess readership costs (column 6 minus column 5, but not more than column 4)
2) ~ 3)	1)						1				
3)			· · · · · ·		_						
					$\dashv$				······		
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Totals (carry to Part II, line (5))

## Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				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		<b>•</b>	0.

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

TAX ON DISALLOWED FRINGES WAS REPEALED ON DECEMBER 20, 2019. RETURN FILED TO CLAIM REFUND OF TAX PAID.

TO FORM 990-T, PAGE 1