| Form 990-T  | E  | Exempt Orga   |                           |           |            |           |              | ax Re           | turr         | ı         | OMB No 1545-0687       | <u>_</u>     |
|---|--|---|---------------------------|-----------|------------|-----------|--------------|-----------------|--------------|-----------|------------------------|--------------|
| • ,   |  | (and proxy tax under section 6033(e))  For calendar year 2018 or other tax year beginning JUL 1, 2018  and ending JUN 30, 2019  2018  |                           |           |            |           |              |                 |              |           |                        |              |
|   | For ca   |   |                           |           |            |           |              |                 | <del></del>  | _         | <b>ZU 10</b>           |              |
| Department of the Treasury<br>Internal Revenue Service  | <b>&gt;</b>  | ■ 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).  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). |                           |           |            |           |              |                 |              |           |                        |              |
| A Check box if address changed  |  | Name of organization ( Check box if name changed and see instructions.)  Demployer identification number (Employees' trust, see instructions.)  |                           |           |            |           |              |                 |              |           |                        |              |
| B Exempt under section  | Print  | Print Oaks Christian School   |                           |           |            |           |              |                 |              |           | 5-4656912              |              |
| x 501(c <b>/j</b> )3 )  | or   | I NUMBEL SHEEL AND IDOM OF SUICE NO. II A F.O. DOA. SEE MSHUCHONS.  |                           |           |            |           |              |                 |              |           |                        |              |
| 408(e) 220(e)   | Туре   | pe 31749 La Tienda Drive  |                           |           |            |           |              |                 |              |           |                        |              |
| 408A530(a)  |  | City or town, state or province, country, and ZIP or foreign postal code  |                           |           |            |           |              |                 |              |           |                        |              |
| 529(a)  | <u> </u>   | Westlake Village, CA 91362 531120   |                           |           |            |           |              |                 |              |           |                        |              |
| C Book value of all assets at end of year   |  | F Group exemption number  |                           | <u> </u>  |            |           |              |                 |              |           |                        |              |
| 133,608   | <del></del>  | G Check organization typ  |                           | poration  | <u> </u>   | 50        | )1(c) trust  |                 | 401(a)       |           | Other trust            | _            |
| H Enter the number of the   | •  |   | ·                         | 1         |            |           | •            | the only (or f  | •            |           |                        |              |
|   |  | d-financed commerc  |                           |           |            | _         | -            | complete Pa     |              |           |                        |              |
| describe the first in the b   | lank spa   | ice at the end of the previo  | us sentence, complete Pa  | arts I an | d II, cor  | nplete    | e a Schedule | M for each a    | addition     | ial trade | ) Or                   |              |
| business, then complete   |  |   |                           |           |            |           |              |                 |              |           | <del></del>            | _            |
|   |  | oration a subsidiary in an  |                           | nt-subs   | idiary co  | ontrol    | led group?   |                 | ► L          | Ye        | es X No                |              |
|   |  | tifying number of the paren   | it corporation.           |           |            |           |              |                 |              |           |                        | _            |
| J The books are in care of  |  |   |                           |           | ,          | A \ 1=    |              | one number      |              |           |                        | <del>-</del> |
| <b>_</b>  |  | de or Business Inc  | ome                       |           | (          | A) Inc    | come         | (B) EX          | penses       | •         | (C) Net                |              |
| 1 a Gross receipts or sale  |  |   |                           |           |            |           |              |                 |              |           |                        | -1           |
| b Less returns and allo   |  |   | c Balance                 | 10        |            |           |              |                 | <del></del>  |           |                        | -            |
| 2 Cost of goods sold (S   |  |   |                           | 2         |            |           |              |                 |              |           |                        | _!           |
| 3 Gross profit Subtract   |  |   |                           | 3         |            |           |              |                 |              |           | /                      | _            |
| 4 a Capital gain net incon  | •  | •   | 4707\                     | 4a        |            |           |              |                 |              |           |                        | —            |
|   | n 4797, Part II, line 17) (attach Form 4797)               |   |                           |           |            |           |              |                 | /            |           | —                      |              |
| c Capital loss deduction  |  |   | ttach statement\          | 4c        |            |           |              |                 | /            | -         |                        | _            |
|   | a partnership or an S corporation (attach statement)  5  6 |   |                           |           |            |           |              |                 |              |           | _                      |              |
| <ul><li>6 Rent income (Schedu</li><li>7 Unrelated debt-finance</li></ul>  | •  | ma (Schadula E)   |                           | 7         |            |           |              |                 |              |           |                        | —            |
|   |  | and rents from a controlled   | organization (Schedule F) | 8         |            |           |              | /               |              |           |                        |              |
|   | -  | on 501(c)(7), (9), or (17) o  | _                         | -         |            |           |              | <u></u>         |              |           |                        | _            |
| 10 Exploited exempt acti  |  |   | · gamzanon (concacio a)   | 10        |            |           |              |                 | •            |           |                        | _            |
| 11 Advertising income (   | •  |   |                           | 11        |            |           |              |                 |              |           | -                      | _            |
| • ,   |  | ns; attach schedule) See  | Statement 2               | 12        |            |           | 388,779.     |                 |              |           | 388,77                 | <u>9.</u>    |
| 13 Total. Combine lines   |  |   |                           | 13        | $\nearrow$ |           | 388,779.     | -               |              |           | 388,77                 | <u>9.</u>    |
| Part II Deduction   | ns No  | ot Taken Elsewhei   | re (See instructions fo   | or Jimita | ations o   | on de     | ductions.)   | ···········     |              |           |                        | _            |
| (Except for   | contrib  | utions, deductions mus  | t be directly connected   | d with    | the un     | relate    | d business   | Lincome)        | ·<br>\       | 7         |                        |              |
| 14 Compensation of of   | ficers, di   | rectors, and trustees (Sche   | edule K)                  |           | ĺ          |           | TILO         |                 |              | 14        |                        |              |
| 15 Salaries and wages   |  |   |                           |           |            | $\approx$ |              |                 | S            |           | 34,40                  | 9.           |
| 16 Repairs and mainter  | nance  |   |                           |           | Į          | C32       | JUL 2        | <b>2 0</b> 2020 | 10           | 16        | 277,37                 | ٥.           |
| 17 Bad debts  |  |   |                           |           |            | $^{L}$    | ·            |                 | 8            | 17        | 37                     | 5.           |
| 17 Bad debts 18 Interest (attach sche 19 Taxes and licenses   | edule) (s  | ee instructions)  |                           |           |            |           | OGDI         | EN, U           | Γ -          | 18        |                        | _            |
| 19 Taxes and licenses   |  |   |                           |           | Ĺ          |           |              |                 | <del>-</del> | 19        |                        |              |
| 20 Charitable contributi  | ions (Se   | e instructions for limitation   | rules)                    |           |            |           |              |                 |              | 20        |                        | _            |
| 21 Depreciation (attach   |  |   |                           |           |            |           | 21           | 337             | ,605.        |           |                        |              |
| 5 22 Less depreciation cl   | aimed o  | n Schedule A and elsewher   | e on return               |           |            |           | 22a          |                 |              | 22b       | 337,60                 | <u>5.</u>    |
|   |  |   |                           |           |            |           |              |                 |              | 23        |                        | _            |
| 24 Contributions to def   |  | mpensation plans  |                           |           |            |           |              |                 |              | 24        |                        |              |
| 25 Employee benefit pr  | -  |   |                           |           |            |           |              |                 |              | 25        |                        | _            |
| 26 Excess exempt expe   |  |   |                           |           |            |           |              |                 |              | 26        |                        | _            |
| Contributions to def<br>Employee benefit pr<br>Excess exempt expe<br>Excess readership c<br>Other deductions (a |  |   |                           |           | _          |           | <b>a.</b>    | - 3             |              | 27        | 250.51                 | <del>~</del> |
| Other deductions (a)  |  |   |                           |           | S          | ee :      | Statemen     |                 | )c/          | 28        | 256,04                 | _            |
| 29 Total deductions. A  |  |   |                           |           | 0 (        |           |              | C               | 18.          | 29        | 905,79                 | _            |
| /   |  | ncome before net operating  |                           |           |            |           |              |                 |              | 30        | -517,02                | <u>.</u>     |
| <i>'</i>  | _  | loss arising in tax years be  | -                         | ıry 1, 20 | 992) או נ  | ınstr     | uctions)     | 7               | 31           | 31        | -517,020               | ᆜ            |
|   |  | ncome. Subtract line 31 fro   |                           |           |            |           |              |                 | <u> </u>     | 32        | Form <b>990-T</b> (201 | _            |
| 823701 01-09-19 LHA F   | or mape:   | WOIK NEUDCTION ACT NOTICE   | e, see mistructions.      |           | •          | ^         | ١            |                 |              |           | roini <b>990-1</b> (20 | 10)          |

| L<br>Form 990-T | (2018) Oaks Christian School   | 95-46569                 | 912                    | Page 2           |
|-----------------|--|--------------------------|------------------------|------------------|
| Partil          | <u> </u>   |                          |                        |                  |
|                 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructi                                 | ons)                     | 33                     | -517,020.        |
|                 | Amounts paid for disallowed fringes  | 1                        | 34                     |                  |
| 35              | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)                                  | •                        | 35                     |                  |
| 36              | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of                                     |                          |                        |                  |
|                 | lines 33 and 34  | Cal                      | 36                     | -517,020.        |
| 37              | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  | 8 <i>3</i> %             | 37                     | 1,000.           |
| 38              | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,                                      | 11 26                    | :   V                  |                  |
|                 | enter the smaller of zero or line 36   | 115                      | 38                     | -517,020.        |
| Partil          | VI Tax Computation   |                          |                        |                  |
| 39 (            | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)  | <b>•</b>                 | 39                     | 0.               |
| 40              | $\underline{\textbf{Trusts Taxable at Trust Rates. See}} \ \textbf{instructions for tax computation. Income tax on the amount on line 38}$ | from:                    |                        |                  |
|                 | Tax rate schedule or Schedule D (Form 1041)  | <b>•</b>                 | · 4D                   |                  |
| 41              | Proxy tax. See instructions  | <b>•</b>                 | - 41                   |                  |
| 42              | Alternative minimum tax (trusts only)  |                          | 42                     |                  |
| 43              | Tax on Noncompliant Facility Income. See instructions  |                          | 43                     |                  |
| 44              | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  |                          | 44                     | 0.               |
| (Parti)         | Tax and Payments   |                          |                        |                  |
| 45 a            | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a   | _                        |                        |                  |
| b               | Other credits (see instructions) 45b   |                          |                        |                  |
| C               | General business credit. Attach Form 3800 45c  |                          |                        |                  |
| d               | Credit for prior year minimum tax (attach Form 8801 or 8827)  45d  |                          |                        |                  |
| е               | Total credits. Add lines 45a through 45d   |                          | 4\$e                   |                  |
| 46              | Subtract line 45e from line 44   |                          | 46                     | 0.               |
| 47              | Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866  | Other (attach schedule)  | 47                     |                  |
| 48              | Total tax. Add lines 46 and 47 (see instructions)  |                          | 48                     | 0.               |
| 49              | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2   |                          | 49                     | 0.               |
| 50 a            | Payments: A 2017 overpayment credited to 2018 50a  |                          |                        |                  |
| b               | 2018 estimated tax payments 50b  |                          |                        |                  |
|                 | Tax deposited with Form 8868   |                          |                        |                  |
| d               | Foreign organizations, Tax paid or withheld at source (see instructions) 50d   |                          |                        |                  |
|                 | Backup withholding (see instructions) 50e  |                          |                        |                  |
|                 | Credit for small employer health insurance premiums (attach Form 8941) 50f   |                          |                        |                  |
|                 | Other credits, adjustments, and payments: Form 2439  |                          |                        |                  |
| •               | Form 4136 ☐ Other Total ► 50g  |                          |                        |                  |
| 51              | Total payments. Add lines 50a through 50g  |                          | 54                     |                  |
| 52              | Estimated tax penalty (see instructions). Check if Form 2220 is attached   |                          | 54<br>52               |                  |
| 53              | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  | <b>•</b>                 | - 5\$                  |                  |
| 54              | Overpayment, If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  | <b>•</b>                 | - 54                   |                  |
| 55              | Enter the amount of line 54 you want: Credited to 2019 estimated tax   | Refunded <b>&gt;</b>     | - 55                   |                  |
| (Parti)         | Statements Regarding Certain Activities and Other Information (see   | nstructions)             |                        |                  |
| 56              | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other a                              |                          |                        | Yes No           |
| ,               | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have                            | e to file                |                        |                  |
|                 | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign co                                 | untry                    |                        |                  |
|                 | here >   |                          |                        | х                |
| 57              | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to                          | , a foreign trust?       |                        | х                |
|                 | If "Yes," see instructions for other forms the organization may have to file.  |                          |                        |                  |
| 58              | Enter the amount of tax exempt interest received or accrued during the tax year >\$  |                          |                        |                  |
|                 | Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statements,                    | and to the best of my ki | nowledge and belief, i | t is true,       |
| Sign            | correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any k                |                          | May the IRS discuss    | this return with |
| Here            | (023/20 Chief Financial O  | fficer                   | the preparer shown b   |                  |
|                 | Signature of officer Date Title  |                          | instructions)? X       | Yes No           |
|                 | Print/Type preparer's name Preparer's signature Date   | Check                    | ıf PTIN                |                  |
| Do:-            |  | self- employe            | d                      |                  |
| Paid            | red R. Batson, Jr. Led R. Batsan 6/23/2020   |                          | P007219                | 51               |
| Prepa           | Funda same & Contra Crougo LLB   | Firm's EIN               | 36-3990                | 392              |
| Use C           | 3050 Saturn Street, Suite 104  |                          |                        |                  |
|                 | Firm's address   Brea, CA 92821  | Phone no                 | (714) 577-09           | 88               |
| 823711 01       |  |                          | Form                   | 990-T (2018)     |

| Schedule A - Cost of Goods S   | <b>old.</b> Enter    | method of invent   | tory v  | aluation N/A  |            |  |   | _  |
|--|----------------------|--|---|---|------------|--|---|----|
| 1 Inventory at beginning of year   | 1                    |  | 6   | Inventory at end of year  | ır         |  | 6   | _  |
| 2 Purchases  | 2 Purchases 2        |  |   |   | ıbtract lı | ine 6  |   | _  |
| 3 Cost of labor  | 3                    |  | ]   | from line 5. Enter here   | and in F   | Part I,  |   |    |
| 4 a Additional section 263A costs  |                      | _  | 1   | 7   |            |  |   |    |
| (attach schedule)  | 4a                   |  | 8 Do the rules of section 263A (with respect to |   |            |  |   |    |
| b Other costs (attach schedule)  | 4b                   |  | ]   | property produced or a  | acquired   | for resale) apply to   |   |    |
| 5 Total. Add lines 1 through 4b  | 5                    |  |   | the organization?   |            |  |   | _  |
| Schedule C - Rent Income (From (see instructions)  | om Real              | Property and   | l Pe  | rsonal Property   | Lease      | ed With Real Prop  | erty)<br>   |    |
| 1. Description of property   |                      |  |   |   |            |  |   |    |
| (1)  |                      |  |   |   |            |  |   |    |
| (2)  |                      | -  |   |   |            |  |   |    |
| (3)  |                      |  |   |   |            |  |   |    |
| (4)  |                      |  |   |   |            |  | ·   |    |
| 2.   |                      | ed or accrued  |   |   |            | 3/2\Deductions directly o  | connected with the income in  |    |
| (a) From personal property (if the percenta<br>rent for personal property is more than<br>10% but not more than 50%) | ge of                | ` of rent for p  | ersonal   | onal property (if the percenta<br>property exceeds 50% or if<br>ed on profit or income) | age        | columns 2(a) and   | 2(b) (attach schedule)  |    |
| (1)  |                      |  |   |   |            |  |   |    |
| (2)  |                      |  |   |   |            |  |   | _  |
| (3)  |                      |  |   |   |            |  |   |    |
| (4)  |                      |  |   |   |            |  |   |    |
| Total  | 0.                   | Total  |   |   | 0.         |  |   |    |
| (c) Total income. Add totals of columns 2(a) here and on page 1, Part I, line 6, column (A)                          | and 2(b). En         | ter <b>&gt;</b>  |   |   | 0.         | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (8) | <b>&gt;</b> (   | Ο. |
| Schedule E - Unrelated Debt-F  | inanced              | Income (see  | ınstru  | ctions)   |            |  |   |    |
|  |                      |  | 2   | Gross income from<br>or allocable to debt-  | (9)        | 3. Deductions directly connected to debt-financed                          | d property  | _  |
| Description of debt-finance  | d property           |  |   | financed property   | (a)        | Straight line depreciation<br>(attach schedule)                            | (D) Other deductions<br>(attach schedule)                                 |    |
| (1)  |                      |  |   |   |            |  |   | _  |
| (2)  |                      |  |   | _   |            |  |   | _  |
| (3)  |                      |  |   | •   |            |  |   |    |
| (4)  |                      |  |   |   |            |  |   |    |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)                       | of or a<br>debt-fina | adjusted basis<br>illocable to<br>nced property<br>n schedule) | €   | . Column 4 divided<br>by column 5   |            | 7. Gross income reportable (column 2 x column 6)                           | 8, Allocable deductions<br>(column 6 x total of columns<br>3(a) and 3(b)) | S  |
| (1)  |                      |  |   | %   |            |  |   | _  |
| (2)  | •                    |  |   | %   |            |  |   |    |
| (3)  |                      |  |   | %   |            |  |   |    |
| (4)  |                      |  |   | %   |            |  |   |    |
|  |                      |  |   |   |            | nter here and on page 1,<br>Part I, line 7, column (A)                     | Enter here and on page 1,<br>Part I, line 7, column (B)                   | _  |
| Totals   |                      |  |   | <b>&gt;</b>   | L          | 0.   |   | Ο. |
| Total dividends-received deductions include  | ed in columr         | 18   |   |   |            | <u> </u>   | (   | ٥. |

| Schedule F - Interest, A             | annuitie                        | s, Royal                                | ities, an                        | ,  | S From Co<br>Controlled O  |  |   | ation   | is (see ins                  | truction | is)   |  |
|--------------------------------------|---------------------------------|---|----------------------------------|--|--|--|---|---|------------------------------|----------|---|--|
|                                      |                                 | 0 -                                     |                                  | ···  |  |  |   | Te  |                              |          | 6.5.  |  |
| Name of controlled organization      | ion                             | 2. Emp<br>identific<br>num              | cation                           | 3. Net unr<br>(loss) (see                              |  |  | al of specified<br>nents made   | 5. Part of column 4 that is included in the controlling organization's gross income |                              | rolling  | ng connected with income  |  |
| (1)                                  |                                 |   |                                  |  |  |  |   |   |                              | Î        |   |  |
| (2)                                  |                                 |   |                                  |  |  |  |   |   |                              |          |   |  |
| (3)                                  |                                 |   |                                  |  |  |  |   |   |                              |          |   |  |
| (4)                                  |                                 |   |                                  |  |  |  |   |   |                              |          |   |  |
| Nonexempt Controlled Organia         | zations                         |   |                                  |  |  |  |   |   |                              |          |   |  |
| 7. Taxable Income                    | 8. Net u                        | nrelated incomee instructions           |                                  | 9. Total   | of specified payi<br>made  | ments  | 10. Part of column the controll gross   |   |                              |          | ductions directly connected in income in column 10  |  |
| /4\                                  |                                 |   |                                  |  |  |  |   |   |                              |          |   |  |
| (1)                                  |                                 |   |                                  |  |  | -  |   |   | <del>-  </del>               |          |   |  |
| (2)                                  |                                 |   |                                  |  |  | ŀ  |   |   | -                            |          | <del>_</del>  |  |
| (3)                                  |                                 |   |                                  |  |  |  |   |   | -                            |          |   |  |
| (4)                                  |                                 |   |                                  |  |  |  | <del>-</del>  | _   |                              |          |   |  |
|                                      |                                 |   |                                  |  |  |  | Add colun<br>Enter here and<br>line 8, c  |   | 1, Part I,                   |          | id columns 6 and 11<br>nere and on page 1, Part I,<br>line 8, column (B)                    |  |
| Totals                               |                                 |   |                                  | <u> </u>   |  | ▶  |   |   | 0.]                          |          | 0,  |  |
| Schedule G - Investme (see instr     |                                 | me of a                                 | Section                          | 501(c)(  | 7), (9), or  | (17) Or                                      | ganizatior  | 1   |                              |          |   |  |
| 1, Descr                             | ription of inco                 | me                                      |                                  |  | 2. Amount of   | income                                       | <ol> <li>Deduction</li> <li>directly connected</li> <li>(attach sched)</li> </ol> | cted  | 4. Set-a                     |          | 5. Total deductions<br>and set-asides<br>(col 3 plus col 4)                                 |  |
| (1)                                  |                                 |   |                                  |  |  |  |   |   |                              |          |   |  |
| (2)                                  |                                 |   |                                  |  |  |  |   |   |                              |          |   |  |
| (3)                                  |                                 |   |                                  |  |  | 1  |   |   |                              | •        |   |  |
| (4)                                  |                                 |   |                                  |  |  |  |   | Î   |                              |          |   |  |
|                                      |                                 |   |                                  |  | Enter here and<br>Part I, line 9, co   |  |   |   |                              |          | Enter here and on page 1,<br>Part I, line 9, column (B)                                     |  |
| Totals                               |                                 |   |                                  | •  | arti, iiie 3, cc   | 0.   |   |   |                              |          | 0.  |  |
| Schedule I - Exploited               | Exempt                          | Activity                                | Incom                            | e, Othe  | r Than Ac  | lvertisi                                     | ng Income   | ;   | **                           |          | <del></del> 1   |  |
| (see instru                          | ictions)                        |   |                                  |  |  |  |   |   |                              |          |   |  |
| 1. Description of exploited activity | unrelated<br>incom              | iross<br>business<br>e from<br>business | directly c<br>with pro<br>of unr | penses<br>connected<br>oduction<br>related<br>s income | 4. Net incon<br>from unrelated<br>business (co<br>minus colum<br>gain, comput<br>through | trade or<br>olumn 2<br>n 3) If a<br>e cols 5 | 5. Gross inco<br>from activity to<br>is not unrelate<br>business inco             | hat<br>eđ   | 6. Exp<br>attributa<br>colun | able to  | 7. Excess exempt<br>expenses (column<br>6 minus column 5,<br>but not more than<br>column 4) |  |
| (1)                                  |                                 |   |                                  |  |  |  | -   | Ī   |                              |          |   |  |
| (2)                                  |                                 |   |                                  |  | 1  |  |   |   |                              |          |   |  |
| (3)                                  |                                 |   |                                  |  |  | Î  |   |   |                              |          | -   |  |
| (4)                                  |                                 |   |                                  |  |  | Ì  |   | Ì   |                              |          |   |  |
|                                      | Enter her<br>page 1<br>line 10, |   | page 1                           | re and on<br>, Part I,<br>col (B)                      |  | · · · · · ·                                  |   |   |                              |          | Enter here and<br>on page 1,<br>Part II, line 26  |  |
| Totals <b>•</b>                      |                                 | 0.                                      |                                  | 0.   |  |  |   | . , . ,   |                              |          | 0.  |  |
| Schedule J - Advertisi               |                                 |   |                                  |  |  |  | _   |   |                              |          |   |  |
| Rart⊞ Income From I                  | Periodic                        | als Rep                                 | orted o                          | n a Con  | solidated  | Basis  |   |   |                              |          |   |  |
| 1. Name of periodical                |                                 | 2. Gross<br>advertising<br>income       |                                  | 3 Direct ertising costs                                | or (foss) (c   |  | 5 Circulat<br>e income  |   | 6. Reade                     |          | 7. Excess readership costs (column 6 minus column 5, but not more than column 4)            |  |
| (1)                                  |                                 |   |                                  |  |  |  |   |   |                              |          |   |  |
| (2)                                  |                                 |   |                                  |  |  |  |   |   |                              |          |   |  |
| (3)                                  |                                 |   |                                  |  |  |  |   | I   |                              |          |   |  |
| (4)                                  |                                 |   |                                  |  |  |  |   |   |                              |          |   |  |
|                                      |                                 |   |                                  |  |  |  |   |   |                              |          |   |  |
| Totals (carry to Part II, line (5))  | <b>•</b>                        |   | 0.                               |  | 0.   | -  |   |   |                              |          | 0.<br>Form <b>990-T</b> (2018)  |  |

## 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<br>advertising<br>income                        | 3. Direct advertising costs                              | 4. Advertising gain<br>or (loss) (col. 2 minus<br>col. 3) If a gain, compute<br>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<br>page 1, Part I,<br>line 11, col (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (B) |   |                             |                        | Enter here and<br>on page 1,<br>Part II, line 27                                 |
| Totals, Part II (lines 1-5) | <b>▶</b> 0.  | . 0.   | ·   | يو ماي بيدن الار ماليس بوري | ele e a sellene erena. | 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>&gt;</b>                            | 0.  |

Form 990-T (2018)

| Form 990-T  | Other          | Income     | Statement 2  |
|---|----------------|------------|--|
| Description   |                |            | Amount   |
| Rental income   | 388,779.       |            |  |
| Total to Form 990-T, P  | age 1, line 12 |            | 388,779.   |
| Form 990-T  | Other          | Deductions | Statement 3  |
| Description   |                |            | Amount   |
| Assessments Insurance Mgt fees Amortization Office/misc Tax prep fees |                |            | 153,120.<br>13,633.<br>27,200.<br>31,892.<br>29,145.<br>1,050. |
| Total to Form 990-T, P  | age 1, line 28 |            | 256,040.   |