64

| Extended to Feb   |  |                               |   | _<br>            | OMP No. 1545 0597  |  |  |  |  |
|---|--|-------------------------------|---|------------------|--|--|--|--|--|
| Exempt Organization Bus   |  |                               | ax Returi                                       | 3 1              | OMB No 1545-0687   |  |  |  |  |
| (and proxy tax und  |  |                               | R 31, 201                                       | ا ۾              | 2018   |  |  |  |  |
| Go to www.irs.gov/Form990T for i  |  |                               |   | <u></u>          | 2010   |  |  |  |  |
| Department of the Treasury Internal Revenue Service  Do not enter SSN numbers on this form as it ma                       |  |                               |   | ).               | Open to Public Inspection for 501(c)(3) Organizations Only |  |  |  |  |
| A Check box if Name of organization ( Check box if name of  | changed  | and see instructions.)        |   |                  | loyer identification number bloyees' trust, see            |  |  |  |  |
| address changed Manchester Neighborhoo  | od H   | ousing                        |   | instri           | uctions)   |  |  |  |  |
| B Exempt under section Print Services, Inc.   |  |                               |   |                  |  |  |  |  |  |
| X 501(c(03)) or Number, street, and room or suite no. If a P.O. bo  | ox, see in   | structions.                   |   |                  | lated business activity code<br>instructions )             |  |  |  |  |
| 408(e) 220(e) PO BOX 3968   | City or town, state or province, country, and ZIP or foreign postal code |                               |   |                  |  |  |  |  |  |
| 529(a)   Manchester, NH 03105   | or foreig  | n postal code                 |   | 532              | 000  |  |  |  |  |
| C Book value of all assets at end of year F Group exemption number (See instructions )                                    | <b>&gt;</b>  |                               | 1 1   |                  | l lau  |  |  |  |  |
| 0. G Check organization type ► X 501(c) cor   | rporation<br>1   |                               | <u>_</u>  | ) trust          | Other trust  |  |  |  |  |
| H Enter the number of the organization's unrelated trades or businesses trade or business here                            |  |                               | the only (or first) ui<br>, complete Parts I-V. |                  |  |  |  |  |  |
| describe the first in the blank space at the end of the previous sentence, complete P                                     | arts I an  |                               | •   |                  |  |  |  |  |  |
| business, then complete Parts III-V.  | arts ran   | a ii, compicte a ochedar      | e W Tor each addition                           | ilai ilau        | 6 01   |  |  |  |  |
| During the tax year, was the corporation a subsidiary in an affiliated group or a pare                                    | nt-subs  | idiary controlled group?      | <b>•</b>  | Y                | es X No  |  |  |  |  |
| If "Yes," enter the name and identifying number of the parent corporation   |  |                               |   |                  |  |  |  |  |  |
| J The books are in care of ▶ Diane Brewster   |  |                               | one number 🕨 🤅                                  |                  |  |  |  |  |  |
| Part Unrelated Trade or Business Income   |  | (A) Income                    | (B) Expense                                     |                  | (C) Net  |  |  |  |  |
| 1a Gross receipts or sales  |  |                               |   |                  |  |  |  |  |  |
| b Less returns and allowances c Balance   | 1c 2   |                               |   |                  |  |  |  |  |  |
| <ul><li>2 Cost of goods sold (Schedule A, line 7)</li><li>3 Gross profit. Subtract line 2 from line 1c</li></ul>          | 3  |                               |   |                  | 2009 BEREST AND STREET AND STREET                          |  |  |  |  |
| 4a Capital gain net income (attach Schedule D)  | 4a   |                               |   |                  |  |  |  |  |  |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  | 4b   |                               |   |                  |  |  |  |  |  |
| c Capital loss deduction for trusts   | 4c   |                               |   |                  |  |  |  |  |  |
| 5 Income (loss) from a partnership or an S corporation (attach statement)   | 5  |                               | MARKETA   |                  |  |  |  |  |  |
| 6 Rent income (Schedule C)  | 6  |                               |   |                  |  |  |  |  |  |
| 7 Unrelated debt-financed income (Schedule E)   | 7  |                               |   |                  |  |  |  |  |  |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)                                   | 8  |                               |   |                  |  |  |  |  |  |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G   |  |                               |   |                  |  |  |  |  |  |
| 10 Exploited exempt activity income (Schedule I)  | 10   |                               |   |                  |  |  |  |  |  |
| 11 Advertising income (Schedule J)  | 11   |                               |   | Vir. 9054881     |  |  |  |  |  |
| 12 Other income (See instructions; attach schedule)   | 12   | 0.                            |   |                  |  |  |  |  |  |
| 13 Total. Combine lines 3 through 12  Partill Deductions Not Taken Elsewhere (See instructions f                          | or limita  |                               |   |                  | l  |  |  |  |  |
| (Except for contributions, deductions must be directly connected  | ed with  | the unr <u>elated busines</u> | s income )                                      |                  |  |  |  |  |  |
| 14 Compensation of officers, directors, and trustees (Schedule K)   |  | REC                           | CEIVED  | 74               |  |  |  |  |  |
| 15 Salaries and wages   |  |                               |   | <u>5</u>         |  |  |  |  |  |
| 16 Repairs and maintenance  |  | NON S                         | 9 E 2040  | Ø 6              |  |  |  |  |  |
| 17 Bad debts  |  | S NOV                         | <b>2</b> 5 2019                                 | ф <del> </del> 7 |  |  |  |  |  |
| 18 Interest (attach schedule) (see instructions)  |  |                               |   | 2 18             |  |  |  |  |  |
| 19 Taxes and licenses   |  | OGE                           | EN, UT  | 19               |  |  |  |  |  |
| 20 Charitable contributions (See instructions for limitation rules)   |  | 1 21 1                        |   |                  |  |  |  |  |  |
| <ul><li>Depreciation (attach Form 4562)</li><li>Less depreciation claimed on Schedule A and elsewhere on return</li></ul> |  | 21<br>22a                     |   | 22b              | 5  |  |  |  |  |
| <ul><li>Less depreciation claimed on Schedule A and elsewhere on return</li><li>Depletion</li></ul>                       |  | [224]                         |   | 23               |  |  |  |  |  |
| 24 Contributions to deferred compensation plans   |  |                               |   | 24               |  |  |  |  |  |
| 25 Employee benefit programs  |  |                               |   | 25               |  |  |  |  |  |
| 26 Excess exempt expenses (Schedule I)  |  |                               |   | 26               |  |  |  |  |  |
| 27 Excess readership costs (Schedule J)   |  |                               |   | 27               |  |  |  |  |  |
| 28 Other deductions (attach schedule)   |  |                               |   | 28               |  |  |  |  |  |
| 29 Total deductions. Add lines 14 through 28  |  |                               |   | 29               | 0.   |  |  |  |  |
| 30 Unrelated business taxable income before net operating loss deduction. Subtra  |  |                               |   | 30               | 0.   |  |  |  |  |
| 31 Deduction for net operating loss arising in tax years beginning on or after January                                    | ary 1, 20  | )18 (see instructions)        |   | 31               |  |  |  |  |  |
| Unrelated business taxable income Subtract line 31 from line 30   |  |                               | <u> </u>  | 32               | 0.<br>Form <b>990-T</b> (2018)                             |  |  |  |  |

, Manchester Neighborhood Housing

| Form 990- | T(2018)` Services, Inc.   |                                   | 02-04                    | 55301              | Page 2                                |
|-----------|---|-----------------------------------|--------------------------|--------------------|---------------------------------------|
| Part      | Total Unrelated Business Taxable Income   | <u> </u>                          |                          |                    |                                       |
| 33        | Total of unrelated business taxable income computed from all unrelated trades or businesses (see  | instructions)                     |                          | 33                 | 0.                                    |
| 34        | Amounts paid for disallowed fringes   | ŕ                                 |                          | 34                 | 14,040.                               |
| 35        | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruc   | tions)                            |                          | 35                 |                                       |
| 36        | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sui   | •                                 |                          |                    |                                       |
|           | lines 33 and 34   |                                   |                          | 36                 | 14,040.                               |
| 37        | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)   |                                   |                          | 37                 | 1,000.                                |
| 38        | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36  | •                                 |                          |                    | 2,000.                                |
| 30        | enter the smaller of zero or line 36  | <b>'</b> ,                        |                          | 38                 | 13,040.                               |
| in and    | Va Tax Computation  |                                   |                          | 30                 | 13,040.                               |
|           | <del></del>   |                                   |                          | 7 20               | 2,738.                                |
| 39        | Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)   | 20 6                              | <b>&gt;</b>              | 39                 | 2,730.                                |
| 40        | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount or  | i iine 38 irom:                   | _                        | * ' 4.<br>******** |                                       |
|           | Tax rate schedule or Schedule D (Form 1041)   |                                   | <b>.</b>                 | 40                 |                                       |
| 41        | Proxy tax See instructions  |                                   |                          | 41 -               |                                       |
| 42        | Alternative minimum tax (trusts only)   |                                   |                          | 42                 |                                       |
| 43        | Tax on Noncompliant Facility Income. See instructions   |                                   |                          | 43                 | 0 500                                 |
| 44        | Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies  | -                                 |                          | 44                 | 2,738.                                |
|           | V☆ Tax and Payments   |                                   |                          | 1, , , , , , , , , |                                       |
| 45 a      | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)   | 45a                               |                          |                    |                                       |
| b         | Other credits (see instructions)  | 45b                               |                          |                    |                                       |
|           | General business credit. Attach Form 3800   | 45c                               | _                        |                    |                                       |
| d         | Credit for prior year minimum tax (attach Form 8801 or 8827)  | 45d                               |                          | 1 2 3 4            |                                       |
| е         | Total credits. Add lines 45a through 45d  |                                   |                          | 45e                |                                       |
| 46        | Subtract line 45e from line 44  |                                   |                          | 46                 | 2,738.                                |
| 47        | Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866  | 6 Other                           | (attach schedule)        | 47                 |                                       |
| 48        | Total tax Add lines 46 and 47 (see instructions)  |                                   |                          | 48                 | 2,738.                                |
| 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                               |                          | hatel              |                                       |
|           | 2018 estimated tax payments   | 50b                               | 600                      |                    |                                       |
|           | Tax deposited with Form 8868  | 50c                               | 3,550                    |                    |                                       |
|           | Foreign organizations: Tax paid or withheld at source (see instructions)  | 50d                               |                          |                    |                                       |
|           | Backup withholding (see instructions)   | 50e                               |                          | 7 , 1              |                                       |
|           | Credit for small employer health insurance premiums (attach Form 8941)  | 50f                               | _                        |                    |                                       |
|           | Other credits, adjustments, and payments: Form 2439   | -                                 |                          |                    |                                       |
| ٤         | <del></del>   | 50g                               |                          |                    |                                       |
| 51        | Total payments. Add lines 50a through 50g   | oug <sub>1</sub>                  |                          | 51                 | 4,150.                                |
| 52        | Estimated tax penalty (see instructions). Check if Form 2220 is attached  |                                   |                          | 52                 | 1,150.                                |
| 53        | Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  |                                   | _                        | 53                 |                                       |
| 53<br>E4  | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid   |                                   |                          | 54                 | 1,412.                                |
| 54<br>EE  |   | 12. Re                            | fundad -                 | 55                 | 0.                                    |
|           | VI Statements Regarding Certain Activities and Other Information  |                                   | funded >                 | 1 33               | · · · · · · · · · · · · · · · · · · · |
| 4 1/1 1/  | <u> </u>  |                                   |                          |                    | I Van I Na                            |
| 56        | At any time during the 2018 calendar year, did the organization have an interest in or a signature of   |                                   |                          |                    | Yes No                                |
|           | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization r  | -                                 |                          |                    |                                       |
|           | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fo  | reign country                     |                          |                    |                                       |
|           | here >  |                                   |                          |                    | X                                     |
| 57        | During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans   | sferor to, a fo                   | reign trust?             |                    | X                                     |
|           | 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 ▶\$   |                                   |                          |                    |                                       |
| ٥.        | Under penalties of perury, I declare that I have examined this return, including accompanying schedules and state correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer | tements, and to<br>has any knowle | the best of my kn<br>dge | lowledge and be    | elief, it is true,                    |
| Sign      |   |                                   |                          |                    | cuss this return with                 |
| Here      | Executive Executive   | <u>re Dire</u>                    | ctor                     | the preparer sho   |                                       |
|           | Signature of officer Date Title   |                                   | 1                        | nstructions)?      | X Yes No                              |
|           | PryVType preparer's name Preparer's signature Date  |                                   | Check                    | ıf PTIN            |                                       |
| Paid      | Barbara J. McGuan, Barbara J. McGuan,   |                                   | self- employed           | <b>.</b>           |                                       |
| Prepa     | CPA CPA 11/   | 01/19                             |                          | P00                | 219457                                |
| Use (     |   |                                   | Firm's EIN               | <b>→</b> 01-       | 0523282                               |
| USE (     | P.O. Box 1100   |                                   |                          |                    |                                       |
|           | Firm's address ▶ Portland, ME 04104-1100  |                                   | Phone no                 | (207)              | 775-2387                              |
| 922711 0  |   |                                   | -                        |                    | QQD-T (2018)                          |

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| Schedule A - Cost of Good  | s Sold. Enter     | method of inver   | ntory valuation N/A  | <del></del>   |                 | <del></del>  |    |
|--|-------------------|---|--|---|-----------------|--|----|
| 1 Inventory at beginning of year   | 1                 |   | 6 Inventory at end of year   |   | 6               |  |    |
| 2 Purchases  | 2                 |   | 7 Cost of goods sold. Su   | ibtract line 6  | 7 7 7           | 14<br>14:  |    |
| 3 Cost of labor  | 3                 |   | from line 5. Enter here  |   |                 |  |    |
| 4 a Additional section 263A costs  |                   |   | line 2   |   | 7               |  |    |
| (attach schedule)  | 4a                |   | 8 Do the rules of section  |   | Yes             | No   |    |
| b Other costs (attach schedule)  | 4b                |   | property produced or acquired for resale) apply to   |   |                 |  |    |
| 5 Total. Add lines 1 through 4b  | 5                 | _   | the organization?  |   |                 |  |    |
| Schedule C - Rent Income (see instructions)  | (From Real        | Property an   | d Personal Property  | Leased With Re  | al Prope        | rty)   |    |
| 1. Description of property   |                   |   |  |   |                 |  |    |
| (1)  |                   |   | <u> </u>   |   |                 |  |    |
| (2)  |                   |   |  | ·   |                 |  |    |
| (3)  |                   |   |  | <del></del>   |                 |  |    |
| (4)  |                   |   |  |   |                 |  |    |
|  | 2. Rent receiv    | ed or accrued   |  | 3/0) Dadway   |                 |  |    |
| (a) From personal property (if the per<br>rent for personal property is mor<br>10% but not more than 50% | e than            | ` of rent for   | and personal property (if the percent<br>personal property exceeds 50% or if<br>nt is based on profit or income) | age   '' colu   |                 | nected with the income<br>o) (attach schedule)                   | ıa |
| (1)  |                   |   |  |   |                 |  |    |
| (2)  |                   |   |  |   |                 |  |    |
| (3)  |                   |   | <u> </u>   |   |                 |  |    |
| (4)  |                   |   | :  |   |                 |  |    |
| Total  | 0.                | Total   |  | 0.  |                 |  |    |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns                      | n (A)             | <b>&gt;</b>   |  | (b) Total dedu<br>Enter here and or<br>Part I, line 6, colu | page 1,         |  | 0. |
| Schedule E - Unrelated De  | bt-Financed       | I Income (see   | instructions)  |   |                 |  |    |
|  |                   |   | Gross income from<br>or allocable to debt-   | to  | debt-financed p |  |    |
| 1. Description of debt-f   | inanced property  |   | financed property  | (a) Straight line depre<br>(attach schedul                  |                 | (D) Other deduction<br>(attach schedule)                         |    |
| (1)  |                   |   | <u> </u>   |   |                 |  |    |
| (2)  | <del></del>       |   |  |   |                 |  |    |
| (3)  | -                 |   |  |   |                 |  |    |
| (4)  |                   |   |  |   |                 |  |    |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)        | of or a           | adjusted basis<br>allocable to<br>inced property<br>a schedule) | 6. Column 4 divided by column 5  | 7. Gross income reportable (column 6)                       |                 | 8. Allocable deduct<br>(column 6 x total of co<br>3(a) and 3(b)) |    |
| (1)  |                   |   | %  |   |                 |  |    |
| (2)  |                   |   | %  |   |                 |  |    |
| (3)  |                   |   | %  |   |                 |  |    |
| (4)  |                   |   | %  |   |                 |  |    |
|  |                   |   |  | Enter here and on pa  |                 | Enter here and on pag<br>Part I, line 7, column                  |    |
| Totals   |                   |   | •  | ,   | 0.              |  | 0. |
| Total dividends-received deductions in   | ncluded in column | n 8   |  |   | <b></b>         |  | 0. |

Page 4

| Schedule F - Interest,                | Annuities, Roya  | alties, ar                      |   |   |   |   | atio                           | <b>1S</b> (see ins                  | truction          | s)  |
|---------------------------------------|--|---------------------------------|---|---|---|---|--------------------------------|-------------------------------------|-------------------|---|
|                                       |  |                                 | Exempt (  | Controlled O  | rganızatı                                   | ions  |                                |                                     |                   |   |
| 1. Name of controlled organizal       | identif  | nployer<br>fication<br>nber     | 3. Net unre<br>(loss) (see                            | elated income<br>instructions)  | 4. Toi<br>payi                              | tal of specified ments made 5. Part of column 4 included in the control organization's gross in |                                | rolling connected with income       |                   |   |
| (1)                                   |  |                                 |   |   |   |   |                                |                                     |                   |   |
| (2)                                   |  |                                 |   | -   |   |   |                                |                                     |                   |   |
| (3)                                   |  |                                 |   |   |   |   |                                |                                     |                   |   |
| (4)                                   |  |                                 |   |   |   | *   | <u> </u>                       | <del></del>                         |                   | ·   |
| Nonexempt Controlled Organi           | zations  |                                 |   |   |   |   |                                |                                     |                   | ····  |
| 7 Taxable Income                      | 8 Net unrelated inco<br>(see instruction                           |                                 | 9. Total  | of specified payi<br>made   | ments                                       | 10. Part of colur<br>in the controlli<br>gross  | nn 9 tha<br>ng organ<br>income | nization's                          |                   | ductions directly connected income in column 10   |
| (1)                                   |  |                                 |   |   |   | ·   |                                |                                     |                   |   |
| (2)                                   |  |                                 |   | •   |   |   | -                              |                                     |                   |   |
| (3)                                   | i  |                                 |   |   |   |   |                                |                                     |                   |   |
| (4)                                   |  |                                 |   |   |   |   |                                |                                     |                   |   |
|                                       |  |                                 |   |   |   | Add colun<br>Enter here and<br>line 8, c  |                                | 1, Part I,<br>A)                    |                   | ld columns 6 and 11<br>ere and on page 1, Part I,<br>line 8, column (B)                     |
| Totals                                |  |                                 |   |   | <u> </u>                                    |   |                                | 0.                                  |                   | 0.  |
| Schedule G - Investme                 |  | Section                         | 501(c)(   | 7), (9), or   | (17) Oı                                     | rganization   | 1                              |                                     |                   |   |
| (see insti                            | ructions)  |                                 |   | 2. Amount of  | income                                      | 3. Deduction  |                                | 4. Set-a                            |                   | 5 Total deductions and set-asides   |
|                                       |  |                                 |   |   |   | (attach sched   | ule)                           | (attach s                           | cnedulej          | (col 3 plus col 4)  |
| (1)                                   | <del>===</del>   |                                 |   |   |   |   |                                |                                     |                   |   |
| (2)                                   |  |                                 |   |   |   |   |                                |                                     |                   |   |
| (3)                                   |  |                                 |   |   |   |   |                                |                                     |                   |   |
| (4)                                   |  |                                 |   |   |   |   |                                |                                     |                   |   |
| Totals                                |  |                                 |   | Enter here and o<br>Part I, line 9, co                                  |   |   |                                |                                     |                   | Enter here and on page 1, Part I, time 9, column (B)  |
| Schedule I - Exploited<br>(see instru |  | y Incom                         | e, Othei  | Than Ad   | lvertisi                                    | ing Income  | )                              | e remitter traver commenter travers | r tettodette 1914 | ASSER _   |
| 1. Description of exploited activity  | 2. Gross<br>unrelated business<br>income from<br>trade or business | directly of with pro            | penses<br>connected<br>oduction<br>elated<br>s income | 4. Net incomfrom unrelated business (cominus columgain, compute through | trade or<br>dumn 2<br>n 3) If a<br>e cots 5 | 5. Gross inco<br>from activity t<br>is not unrelat<br>business inco                             | hat<br>ed                      | 6. Exp<br>attributa<br>colum        | able to           | 7. Excess exempt<br>expenses (column<br>6 minus column 5,<br>but not more than<br>column 4) |
| (1)                                   |  |                                 |   |   |   | r   |                                |                                     |                   |   |
| (2)                                   |  |                                 |   |   |   |   |                                |                                     |                   |   |
| (3)                                   |  |                                 |   |   |   |   |                                |                                     |                   |   |
| (4)                                   |  |                                 |   |   |   |   |                                |                                     |                   |   |
| Totals -                              | Enter here and on page 1, Part I, line 10, col (A)                 | Enter her<br>page 1<br>line 10, | e and on<br>, Part I,<br>col (B)                      |   |   |   |                                |                                     |                   | Enter here and on page 1, Part II, line 26  |
| Schedule J - Advertisi                |  | Instruction                     |   | ALES AND SERVICES   | CHYPELIAE                                   | entilian il Telita  | engalenda 1947                 | in a little and the                 | tud-nami i de     | <u> </u>  |
| Part II Income From                   |  |                                 |   | solidated   | Basis                                       |   |                                |                                     |                   |   |
|                                       |  |                                 |   | 4. Advert   | ising gain                                  |   |                                |                                     |                   | 7 Excess readership   |
| 1. Name of periodical                 | 2. Gross<br>advertising<br>income                                  |                                 | 3 Direct<br>ertising costs                            | or (loss) (co<br>col 3) If a ga<br>cols 5 th                            | ol 2 minus<br>ain, compul                   |   | ion                            | 6. Reade costs                      |                   | costs (column 6 minus<br>column 5, but not more<br>than column 4)                           |
| (1)                                   |  |                                 |   |   | (I) FM                                      | Ç.  |                                |                                     |                   |   |
| (2)                                   |  |                                 |   |   |   |   |                                |                                     |                   | ranggash  |
| (3)                                   |  |                                 |   |   |   |   |                                |                                     |                   |   |
| (4)                                   |  |                                 |   |   |   |   |                                |                                     |                   |   |
| Totals (carry to Part II, line (5))   | <b>•</b>   | 0.                              | 0   |   |   |   |                                |                                     |                   | 0.  |
|                                       |  |                                 |   |   |   | •   |                                |                                     |                   | Form <b>990-T</b> (2018)  |

T. 3

Form 990-T (2018) Services, Inc.

02-04553

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<br>advertising<br>income                        | 3. Direct advertising costs                              | 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 readersh costs (column 6 mir column 5, but not m than column 4) | กบร |
|-----------------------------|---|--|--|--|-----------------------|--------------------|---|-----|
| (1)                         |   |  |  |  | - " "                 |                    |   |     |
| (2)                         |   |  |  |  |                       |                    |   |     |
| (3)                         |   |  |  |  |                       |                    |   |     |
| (4)                         |   |  |  |  |                       |                    | <del></del> -   |     |
| Totals from Part I          | • | 0.   | 0.   |  | FARBUNANCE            |                    |   | 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) | • | 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>&gt;</b>                            | 0.  |

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