JUN 0 2 2019	
SCANNED	

	Exempt Organization Business Income Tax Return								3	OMB No. 1545-0687					
	(and proxy tax under section 6033(e))										2018				
For calendar year 2018 or other tax year beginning 01/01 , 2018, and ending 12/31 , 20 18										18 .	.]	<u>~</u> U	10		
	-	pepartment of the Treasury Go to www.irs.gov/Form990T for instructions and the latest information.											to Public	Inspecti	on for
		mai Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)											(3) Organ	nizations	Only
	A Caddless Clariged												identifica ' trust, see		
	B Exempt under section Print Cornell Cooperative Extension of Wyoming County											. •			10113 /
	_	1( c )( <u>D3</u> )	or	Number, street, and roo	n or suite	no If a P O. box,	see ins	structions.			E IIow		5-607 <u>289</u> business a		
	∐40 □		Туре	36 Center Street						_			ctions.)	icuvity C	,0u6
	[.] 40 [.] 52	• • •	İ	City or town, state or pro		untry, and ZIP or	toreign	postal code							
	C Book	yalue of all assets of year		Warsaw, New York 1 oup exemption num		instructions '	_			-	_		<u>511120</u>		
	at end	of year		neck organization typ				n 501	(c) tru	st [	401(a	64 a) trus		Other	trust
	H Ent	ter the number		organization's unrelated					(0) 1. 0.	Describe	<u> </u>	•			
		de or business						nty one, compl	ete Pa						
				at the end of the pre	vious s	entence, com	plete	Parts I and II.	com	olete a S	chedu	le M 1	for each	n addit	ional
				omplete Parts III-V.		,	•	•	•						
	<b>I</b> Dui	ring the tax year,	, was the	e corporation a subsid	ary in a	n affiliated grou	ip or a	parent-subsidi	ary co	ntrolled g	roup?	>	►   Ye	es 📝	No
				and identifying numb	-	•	•	•	•		•				
	J The	e books are in o	care of					Tele	phon	e numbe	r ▶				
	Part			e or Business Inc	ome			(A) Income		(B) Ex	penses		(0	) Net	
	1a	Gross receipts			_										
	b	Less returns and a			c	Balance ►	1c	6823	00				4		
	2	-	-	Schedule A, line 7) .			2						<b>MELKIN</b>		
	3	•		t line 2 from line 1c.			3_	6823	00						
	4a			ne (attach Schedule	-		4a	· 							
	b			1797, Part II, line 17)			4b							$\longrightarrow$	
	C			n for trusts			4c				200				
	5		-	tnership or an S corpora			5_							$\longrightarrow$	
	6			le C)			6							$\longrightarrow$	
	7			ced income (Schedul			7_								
	8		•	and rents from a controlle	-		8								
	9			ction 501(c)(7), (9), or (17)	-		9								
	10	•	•	ivity income (Schedu	•		10							$\longrightarrow$	
	11	Advertising inc	-	•			11	6823	00	5.470 F-00/00	TO ANY STORY OF	TO ALLES			
	12	•		ructions; attach sched	•		12		_						
i	13 Part			3 through 12 Taken Elsewhere			13				5046	00	tribution	<u> 1777</u>	00
- 1	rait			be directly connec	•					15.) (EXC	ept ioi	COII	inbuiloi	15,	
•	14			cers, directors, and t					<i>,</i>		— Т	14			
_	15	•				•			IVE		:	15			
2	16		_	ance			1	RECE			:	16			
3	17	•					1 i				.	17			
3				lule) (see instructions				MAY 2	0 2.01		۱. ۲	18			
>	19	Taxes and lice	nses .		·		. 13				\.	19			
	20			ns (See instructions				OCOF	N. I	JT.	ł. [	20			
5	21	Depreciation (a	attach f	Form 4562)				OGPE			, ,				
)	22	Less depreciat	tion cla	imed on Schedule A	and els	ewhere on re	turn .	. 22a				22b			
!	23	Depletion									$\cdot$	23			
	24	Contributions	to defe	rred compensation p	lans						. [	24			
;	25	Employee ben	efit pro	grams							. [	25	,		
)	26			nses (Schedule I) .							. [	26			
	27	Excess reader	ship co	sts (Schedule J) ach schedule)	`\ <b>\</b> ``	بر بزاید	٠.٠.		٠.	. : :	.	27	- 1	787	00
	28										5 · / [	20	<u> </u>		
	29			dd lines 14 through 2								29		787	00
	30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13										30	E Trializada de La Companya	990		
	31		-	ating loss arising in ta	-							31			-
	32			axable income. Subt	_	31 from line	30 .	<u> </u>	<u> </u>	<u></u>		32		990	
	For Pa	erwork Reduct	tion Act	Notice, see instruction	ns.			Cat. No 1129	91J				Form	990-T	(2018)

The second of the second

	(= /						<u> </u>
Part I		otal Unrelated Business Taxable Income					<u> -</u>
		unrelated business taxable income computed from all unrelated trade	=	- 1			,
	instruct	•			33	990	00
		s paid for disallowed fringes			34		
		on for net operating loss arising in tax years beginning before Ja	inuary 1, 2018 (se				
	instruct	•			35		
		unrelated business taxable income before specific deduction. Subtract	line 35 from the sur		]	j	
		33 and 34		_	36	990	00
	•		37	1000	_00		
		ted business taxable income. Subtract line 37 from line 36. If line 37 is				ļ	
		e smaller of zero or line 36	<u> </u>	:	38	0	00
Part I		ex Computation		- 13		<del></del>	
		zations Taxable as Corporations. Multiply line 38 by 21% (0.21)			39	<del></del>	
		Taxable at Trust Rates. See instructions for tax computation		1		1	
		ount on line 38 from: ☐ Tax rate schedule or ☐ Schedule D (Form 104		-	40		
		ax. See instructions			41		
		ive minimum tax (trusts only)			42		
		Noncompliant Facility Income. See instructions			43		
		Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<u> </u>		44		
		ax and Payments		lites	হতভা		
	_	, , , , , , , , , , , , , , , , , , , ,	45a	<b>\$</b>			
		` '	45b			1	
		` '	45c 45d	<u> </u>			
		, ,	<u>₩</u>		}		
		redits. Add lines 45a through 45d			15e		
		et line 45e from line 44			46		
		kes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 O			47		
		ax. Add lines 46 and 47 (see instructions)			48		
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (		E-3	49		
	-		50a				
			50b	§			
	•	posited with Form 8868	50c				
đ	-		50d	(8)		[	
e		withholding (see instructions)	50e			Ì	
		or small employer health insurance premiums (attach Form 8941) .	50f	<u>\$</u>			
9		redits, adjustments, and payments: Form 2439		2			
-4	Form		50g				
		ayments. Add lines 50a through 50g			51		
		ed tax penalty (see instructions). Check if Form 2220 is attached	▶	<del>-</del>	52		
		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount ow		-	53		
		syment. If line 51 is larger than the total of lines 48, 49, and 52, enter am	1 '	-	54		
		amount of line 54 you want: Credited to 2019 estimated tax	Refunded		55		<u> </u>
Part \		tatements Regarding Certain Activities and Other Information	<del></del>			tv Yes	No
		time during the 2018 calendar year, did the organization have an interes				'y	1265-25 1265-25
		financial account (bank, securities, or other) in a foreign country? If "Yes I Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," er					
	here ►	Trotti 114, Nepott of Foleigh Balik and Financial Accounts. If Tes, el	iter the name of the	; 1016	ign count	У	N
		he toy your did the experientian receive a details the frame or you it the great		forei			ļ
		he tax year, did the organization receive a distribution from, or was it the grantor	or, or transferor to, a	iorei	gn trust?.	135723	244
		" see instructions for other forms the organization may have to file.	- <b>-</b> •				
_58		ne amount of tax-exempt interest received or accrued during the tax yea penalties of perjury, I declare that I have examined this return, including accompanying schedules		e best	of my knowle	dge and he	tef it is
Sign		or perjuly, receitable that it has becamined that retain, including accompanying schedules or perjuly, receitable that it has became that the perjuly it is based on all information of which		dge 🕝			
Here		(1811 10 - 18/18/19 ) From the	in Director		May the IRS with the prep		
пеге		ire of officer Date   S/15/19   Executive of officer   Title	INC STEGOT		(see instructio		
	Jagnatt	Print/Type preparer's name Preparer's signature	Date	<del></del>		PTIN	==
Paid		Timo typo proparet a tiame	Date		k LJ (f	FIN	
Prepa	arer				employed	<u> </u>	
Use (	Only	Firm's name	- <del></del>		s EIN ▶		
		Firm's address ▶		Phon	e no		

•

	0-1 (2018)		·						Page 3	
	dule A-Cost of Goods Sold.	Enter	method of in	vento	ry va	luation 🕨	<del> </del>			
1 %	Inventory at beginning of year	1			6	Inventory a	at end of year	6		
2 Purchases					7	Cost of	goods sold. Subtract		-	
3	Cost of labor	3					line 5. Enter here and		ŀ	
4a	Additional section 263A costs	-				in Part I, lir	ne 2	7		
	(attach schedule)	4a			8		les of section 263A (wit		Yes No	
b	Other costs (attach schedule)	4b				property p	roduced or acquired for	resale) apply		
5	Total. Add lines 1 through 4b	5				to the orga	nization?			
Sche	dule C-Rent Income (From I	Real	Property and	Pers	onal	Property I	Leased With Real Pro	perty)		
(see	instructions)									
1. Descr	iption of property		_							
(1)										
(2)										
(3)										
(4)						·				
	2. Rent red	eived c	or accrued							
	m personal property (if the percentage of re personal property is more than 10% but not more than 50%)		(b) From real and percentage of rent f 50% or if the rent i	or perso	nal pro	perty exceeds	3(a) Deductions directly in columns 2(a) and			
(1)						•				
(2)									,	
(3)	<u></u>									
(4)						,				
Total		То	tal			_	(h) Total deductions			
(c) Tota	al income. Add totals of columns 2(a)	and 20	b). Enter				(b) Total deductions. Enter here and on page	1,		
	d on page 1, Part I, line 6, column (A)						Part I, line 6, column (B)			
Sche	dule E—Unrelated Debt-Fina	nced	Income (see	instruc	tions)					
				2. Gr	oss inc	ome from or	3. Deductions directly con	nnected with or allo ced property	ocable to	
	<ol> <li>Description of debt-financed p</li> </ol>	roperty		allocable to debt-financed			(a) Straight line depreciation	(b) Other deductions		
	•				prop	erty	(attach schedule)	(attach sc		
(1)										
(2)										
(3)										
(4)	ue							1		
	acquisition debt on or o locable to debt-financed debt	f or allo	ljusted basis cable to ed property chedule)		6. Co 4 div by col	ided	7. Gross income reportable (column 2 × column 6)	8. Allocable of (column 6 × tota 3(a) and	al of columns	
(1)						%				
(2)				<u> </u>		%		<u>                                     </u>		
(3)						%			-	
(4)						%				
							Enter here and on page 1, Part I, line 7, column (A).	Enter here and Part I, line 7,		
Totals					•	▶		<del>-</del>		
Total d	ividends-received deductions include	ed in c	column 8	• •	<u> </u>		<u></u>	<u> </u>	300 T	
								Form 9	990-T (2018	

1

Schedule F-Interest, Ann	uities, Royaltie			Controlled Org	anizations (see	nstruct	tions)	<del></del>
Name of controlled organization	2. Employer identification numb	er 3. Net	unrelated income (see instructions)		5. Part of column included in the corganization's gro	ontrolling	conne	ductions directly cted with income in column 5
(1)								
(2)								
(3)								
(4)	<u></u>			<u> </u>	<u> </u>		L	
Nonexempt Controlled Organiz	zations			<del></del>				<u></u>
7. Taxable Income	8. Net unrelate (loss) (see inst		9. To	10. Part of column included in the coorganization's gro	ontrolling	11. Deductions directly connected with income in column 10		
(1)								
(2)								
(3)					· ·			
(4)								
					Add columns 5 Enter here and o Part I, line 8, co	n page 1,	Enter he	olumns 6 and 11 ere and on page 1, line 8, column (B).
Totals					<b>&gt;</b>	- 41 1	L	
Schedule G-Investment	income of a Se	ection 5		or (17) Organi				tal deductions
1. Description of income	2. Amou	nt of incom	ne dire	actly connected tach schedule)	4. Set-aside (attach schedu		and se	et-asides (col. 3 olus col. 4)
(1)								
(2)								
(3)								
(4)			AND CALLS STARTED		racional residual dinamento de la companya de la co	n. Water sides		<del></del>
. Totals	Enter here a Part I, line	9, columr	1 (A).				Part I, Iır	re and on page 1, ne 9, column (B).
Schedule I—Exploited Exe	empt Activity I	ncome,	Other Than	Advertising Ir	come (see inst	ructions)		
1. Description of exploited activ	2. Grounder unrela business i from trabusine	ted income de or	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals •	Enter here page 1, line 10, c	Part I,	Enter here and on page 1, Part I, line 10, col (B)		distribution of the second			Enter here and on page 1, Part II, line 26
Schedule J-Advertising	Income (see ins	tructions	s)	,				<u> </u>
Part I Income From P	eriodicals Rep	orted (	on a Consol	idated Basis				
1. Name of penodical	2. Gro adverti incor	sing	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. Read	dership	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) Farm & Homestead News		6823	504	6 7 7 7 7 7	1856		2643	
(2)								
(3)								
(4)								
Totals (carry to Part II, line (5))	•	6823	504	6 1777	1856		2643	787
				<del></del>				, , , , , , , , , , , , , , , , , , , ,

Part II Income From Periodi 2 through 7 on a line-b		on a Separat	e Basis (For ea	ach periodical I	isted in Part II,	fill in columns
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)		, 32				
(4)						
Totals from Part I		-				
Totals, Part II (lines 1~5) ▶	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
Schedule K—Compensation of	Officers, Direc	tors, and Tru	stees (see instru	uctions)	An Artist to Artifestantial parish, CASE to Their details	
1. Name			2. Title	3. Percent of time devoted to business		on attributable to d business
(1)				9/	6	
(2)				9/	6	····
(3)		<del>-</del>		. %	<u>,                                    </u>	
(4)		<u></u>		9/	6	
Total. Enter here and on page 1, Part II, lin	e 14				<u> </u>	

Form **990-T** (2018)