| rom 990-1   | _           | all Lacinipt Organ                          | nd proxy tax unde         | er sec      | tion 6033      | (e))                                    | шж I                                      | <b></b> |                               |  |             |
|---|-------------|---|---------------------------|-------------|----------------|---|---|---------|-------------------------------|--|-------------|
| `\  | For cal     | lendar year 2015 or other tax ye            |                           |             |                |   | <b>1</b> 30.                              | 201     | 6                             | 201  | 5           |
| <b>«</b> ^  | ' " "       |   | orm 990-T and its instruc |             |                |   |   |         | _                             | ZU I   | J           |
| Department of the Treasury<br>Internal Revenue Service                      |             | Do not enter SSN numbe                      |                           |             |                |   |   |         |                               | pen to Public Insc<br>01(c)(3) Organization          |             |
| Check box if address changed  |             | Name of organization (                      |                           |             |                |   |   |         | D Employ<br>(Emplo<br>instruc | yer identification n<br>iyees' trust, see<br>itions) | umber       |
| B Exempt under section  | Print       | PHILADELPHI                                 | A CORPORATION             | ON F        | OR AGI         | NG                                      |   |         | 23                            | 3-19056  | 49          |
| X 501(c)(3)   | or          | Number, street, and room                    |                           |             |                |   |   |         | E Unrelat                     | ted business activ                                   |             |
| 408(e) 220(e)   | Type        | 642 N. BROA                                 |                           | ,           |                |   |   |         | (See ins                      | structions)  |             |
| 408A 530(a)   | 1           | City or town, state or pro-                 |                           | foreign     | postal code    |   | _   |         |                               |  |             |
| 529(a)  |             | PHILADELPHI                                 |                           |             |                |   |   |         | 5320                          | 000  |             |
| Book value of all assets at end of year                                     | F Grou      | p exemption number (See i                   | nstructions.)             | <b></b>     |                |   |   |         |                               |  |             |
| <u>36,231,614.</u>  |             |   | X 501(c) corporation      |             | 501(c) trus    |   | 401(a)                                    | trust   |                               | Other trust  |             |
|   |             | ary unrelated business act                  |                           |             |                |   | J INCO                                    | ME_     |                               |  |             |
|   |             | poration a subsidiary in an                 |                           | it-subsid   | iary controlle | d group?                                | •   |         | Yes                           | S X No   |             |
|   |             | tifying number of the parer                 |                           | _           |                |   |   |         | 1                             | 765 000  |             |
|   |             | BENJAMIN ELL                                |                           | <del></del> | /A) Inno       |   |   |         |                               | 765-900  |             |
|   |             | de or Business Inc                          | come                      |             | (A) Inco       | ille                                    | (B) Exp                                   | enses   |                               | (C) Net  |             |
| 1a Gross receipts or sal  |             |   | - Poleman                 |             |                |   |   |         |                               |  |             |
| b Less returns and allo   |             | A line 7)                                   | c Balance                 | 1c 2        |                |   | •   |         |                               |  |             |
| <ul><li>2 Cost of goods sold (</li><li>3 Gross profit. Subtract</li></ul>   |             |   |                           | 3           |                | -                                       |   |         |                               |  |             |
| <ul><li>3 Gross profit. Subtract</li><li>4a Capital gain net inco</li></ul> |             | • • • •                                     |                           | 4a          |                | -                                       |   |         |                               |  |             |
|   | •           | Part II, line 17) (attach Forn              | n 4797)                   | 4b          |                |   |   |         |                               |  |             |
| c Capital loss deduction  |             |   |                           | 4c          |                |   |   |         |                               |  |             |
| •   |             | nips and S corporations (at                 | tach statement)           | 5           |                |   |   |         |                               |  |             |
| 6 Rent income (Sched  |             |   |                           | 6           | 98,            | 575.                                    | 11  | 4,9     | 25.                           | -16,   | 350.        |
| 7 Unrelated debt-finan  |             | me (Schedule E)                             |                           | 7           |                |   |   |         |                               |  |             |
| 8 Interest, annuities, re   | oyalties,   | and rents from controlled o                 | organizations (Sch. F)    | 8           |                |   |   |         |                               |  |             |
| 9 Investment income of  | of a secti  | on 501(c)(7), (9), or (17) o                | organization (Schedule G) | 9           |                |   |   |         |                               |  |             |
| 10 Exploited exempt ac  | tivity inco | ome (Schedule I)                            |                           | 10          |                |   |   |         |                               |  |             |
| 11 Advertising income   | •           |   |                           | 11          | 200            | 044.                                    | 5   | 3,3     | 51.                           | 146,   | <u>693.</u> |
|   |             | ns; attach schedule)                        |                           | 12          |                | 610                                     | 1.0                                       | 0 0     | 7.0                           | 120  | 242         |
| 13 Total Combine line   |             | ւցի 12<br>ot Taken Elsewhe                  | ro (Coo instructions fo   | 13          |                | ,619.                                   | <u>T                                 </u> | 8,2     | / 6 .                         | 130,   | <u>343.</u> |
|   |             | ot Taken Eisewhe<br>outions, deductions mus |                           |             |                |   | income)                                   |         |                               |  |             |
| <del> </del>  |             | lirectors, and trustees (Sch                |                           |             |                | · -                                     | ·   |         | 14                            |  |             |
| 15 Salaries and wages   |             |   | BECEI                     |             | <u></u>        |   |   | •       | 15                            |  |             |
| 16 Renairs and mainte   | nance       |   | 1767                      | V.E.L       |                | • |   | • • • • | 16                            |  |             |
| 7 Bad debts   |             |   | (9) MAY DA                | 0.0.45      |                |   |   |         | 17                            |  |             |
| 48 Interest (attach sch   | nedule)     |   | - 18 - MAY 10             | ZVIV        | Al             |   | ••••                                      | -       | 18                            |  |             |
| 19 Taxes and licenses   |             |   |                           |             | = 163          |   |   |         | 19                            |  |             |
| 20 Charitable contribu  | itions (Se  | ee instructions for limitation              | ı rul <u>es)— OYO (O)</u> | 1. [U]      |                |   |   |         | 20                            |  |             |
| 🛂 1 Depreciation (attac   | h Form 4    | 1562)                                       |                           |             |                | 21                                      | 10,2                                      |         |                               |  |             |
| 22 Less depreciation of   |             | on Schedule A and elsewhe                   |                           |             |                |   |   |         |                               |  | 0.          |
| /   |             |   |                           |             |                |   |   |         | 23                            |  |             |
|   |             | ompensation plans                           |                           |             |                |   |   |         | 24                            |  |             |
| 25 Employee benefit p   | programs    | S   |                           |             |                |   |   | •       | 25                            |  |             |
| 26 Excess exempt exp  | enses (S    | Schedule I)                                 |                           |             |                |   |   |         | 26                            |  |             |
|   |             | chedule J)                                  |                           |             |                |   |   |         | 27                            |  |             |
|   |             | chedule)<br>nes 14 through 28               |                           |             |                |   |   |         | 29                            |  | 0.          |
|   |             | income before net operatin                  |                           |             |                |   |   |         | 30                            | 130,   |             |
|   |             | in (limited to the amount or                |                           |             |                |   |   |         | 31                            | 130,   |             |
|   |             | income before specific dec                  |                           |             |                |   |   |         | 32                            |  | 0.          |
|   |             | lly \$1,000, but see line 33 :              |                           |             |                |   |   |         | 33                            | 1,   | 000.        |
|   |             | e income. Subtract line 33                  |                           |             |                |   |   |         |                               |  |             |
| line 22   |             |   |                           |             |                |   |   |         | 34                            |  | 0.          |

523701 01-08-16 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2015)

| Form 990-T   | (2015) PHILADELPHIA CORPORATION FOR AGING  |              | 23-1                                   | 90564        | 9                  |             | Page 2 |
|--------------|--|--------------|--|--------------|--------------------|-------------|--------|
| Part II      | Tax Computation  |              |  |              |                    |             |        |
| 35           | Organizations Taxable as Corporations. See instructions for tax computation.   |              |  |              |                    |             |        |
| `            | Controlled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions an   | ıd:          |  |              |                    |             |        |
| a            | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order   | er):         |  |              |                    |             |        |
|              | (1) \$ (2) \$ (3) \$   |              |  |              |                    |             |        |
| b            | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)  |              |  |              |                    |             |        |
|              | (2) Additional 3% tax (not more than \$100,000)  |              |  |              |                    |             |        |
| C            | Income tax on the amount on line 34  | ► 35c        |  |              | 0.                 |             |        |
| 36           | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount  | on line 3    | 4 from:                                | ) }          |                    |             |        |
|              | Tax rate schedule or Schedule D (Form 1041)  | ▶ 36         |  |              |                    |             |        |
| 37           | Proxy tax. See instructions  | ▶ 37         |  |              |                    |             |        |
| 38           | Alternative minimum tax  |              |  | 38           |                    |             |        |
|              | Total. Add lines 37 and 38 to line 35c or 36, whichever applies  |              |  | 39           |                    |             | 0.     |
|              | V Tax and Payments   | <del></del>  |  | т т          |                    |             |        |
|              | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  | 40a          |  |              |                    |             |        |
|              | Other credits (see instructions)   | 40b          |  |              |                    |             |        |
| _            | General business credit. Attach Form 3800  | 40c          |  |              |                    |             |        |
|              | Credit for prior year minimum tax (attach Form 8801 or 8827)   | 40d          |  |              |                    |             |        |
|              | Total credits. Add lines 40a through 40d   |              |  | 40e          |                    |             |        |
| 41           | Subtract line 40e from line 39   | <del> </del> | <br>La                                 | 41           |                    |             | 0.     |
| 42           | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88  | 366 [        | Other (attach schedu                   |              |                    |             |        |
| 43           | Total tax. Add lines 41 and 42   | 1 1          | •••••                                  | 43           | ~                  |             | 0.     |
|              | Payments: A 2014 overpayment credited to 2015  | 44a          |  |              |                    |             |        |
|              | 2015 estimated tax payments  | 44b          |  |              |                    |             |        |
|              | Tax deposited with Form 8868   | 44c          |  |              |                    |             |        |
|              | Foreign organizations: Tax paid or withheld at source (see instructions)   | 44d          |  | `            |                    |             |        |
|              | Backup withholding (see instructions)  | 44e          |  |              |                    |             |        |
|              | Credit for small employer health insurance premiums (Attach Form 8941)   | 44f          | <del></del>                            |              |                    |             |        |
| y            | Other credits and payments:  Form 2439  Other  Total   |              |  | 1 1          |                    |             |        |
| AE           |  | 44g          | <del></del>                            | -   ,        |                    |             |        |
| 45<br>46     | Total payments. Add lines 44a through 44g  |              |  | 45<br>46     |                    |             |        |
| 46<br>47     | Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed   |              | ·· · · · · · · · · · · · · · · · · · · | <b>→</b> 47  |                    |             | 0.     |
| 48           | Overpayment If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  | 48           |  | _            | 0.                 |             |        |
| 49           | Enter the amount of line 48 you want. Credited to 2016 estimated tax   | 49           | · <u></u>                              |              | <u> </u>           |             |        |
| Part \       |  | ion (see     | Refunded                               | 75_          |                    |             |        |
|              | ny time during the 2015 calendar year, did the organization have an interest in or a signature or o  |              |  | l account (b | ank.               | Yes         | No     |
|              | urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114,  |              |  |              | ', F               |             |        |
|              |  |              |  |              |                    | Ì           | X      |
| 2 Duri       | ounts. If YES, enter the name of the foreign country here  ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tr S, see instructions for other forms the organization may have to file   | rust?        |  |              |                    |             | X      |
|              | er the amount of tax-exempt interest received or accrued during the tax year >\$   |              |  | • •          |                    | $\neg \neg$ |        |
| Sched        | lule A - Cost of Goods Sold. Enter method of inventory valuation N/  | A            |  |              |                    |             |        |
|              | entory at beginning of year 1 6 Inventory at end of ye   | <br>ear      |  | 6            |                    |             |        |
|              | chases 2 7 Cost of goods sold. S   | Subtract li  | ine 6                                  |              |                    |             |        |
| 3 Cos        | t of labor from line 5. Enter here   | e and in F   | Part I, line 2                         | 7            |                    |             |        |
| _            | itional section 283A costs (att. schedule) 4a 8 Do the rules of section  | n 263A (v    | with respect to                        |              |                    | Yes         | No     |
| <b>b</b> Oth | er costs (attach schedule) 4b property produced or   | acquired     | l for resale) apply to                 |              |                    |             |        |
| _5 Tot       | al. Add lines 1 through 4b 5 the organization?   |              |  |              | ,                  |             | X      |
|              | Under penalties of perjury, I declare that I have examined this remainded accompanying schedules and   | statement    | s, and to the best of my               | knowledge ar | nd belief, it is t | rue,        |        |
| Sign         | correct, fin   | ŔĔŜĬĬ        | y knowledge<br>DENT OF                 | May the IBS  | discuss this i     | return v    | with   |
| Here         | V S 15/2017 _ ANANCE   |              |  |              | r shown below      |             | ····   |
|              | Signatur of officer Date Title   |              |  | instructions | n X Yes            |             | ] No [ |
| -            | Print/Type preparer's name Preparer's signature Da   | ate          | Check                                  | if PTII      | V                  |             |        |
| Paid         |  |              | self- employ                           | - 1          |                    |             |        |
| Prepa        | MICHAEL KLINE  |              |  |              | 001482             | 247         |        |
| Use (        | CONTRACTOR OF CO |              | Firm's EIN                             |              | 2-2428             |             | 5      |
| USE (        | 1800 JFK BOULEVARD, 20TH FLOOR   | R.           |  |              |                    |             |        |
|              | Firm's address ► PHILADELPHIA, PA 19103  |              | Phone no.                              | 215-         | 545-48             | 300         |        |
| 523711 0     | 1-06-16  |              |  |              | Form 99            | 0-T (       | (2015) |

7

| Form 990-T (2015) PHILADEI Schedule C - Rent Incom   | PHI.             | A CORI                            | Proper   | TON and  | FOR AGI                                   | NG<br>Property                                   | v Lease                        | 23-19<br>ed With Real Pr  | 056<br>ropei        | 49 Page 3  |  |
|--|------------------|-----------------------------------|--|--|---|--|--------------------------------|---|---------------------|--|--|
| 1 Description of property  |                  |                                   |  | <u> </u>   |   |  |                                |   |                     |  |  |
| (1) BUILDING RENTAL  |                  |                                   |  |  |   |  |                                |   | -,                  |  |  |
| (5)  |                  |                                   |  |  |   |  |                                |   |                     |  |  |
| (3)  |                  |                                   |  |  |   |  |                                |   |                     | <del></del>  |  |
| (4)  |                  |                                   |  |  |   |  |                                |   |                     |  |  |
|  | 2.               | Rent receiv                       | ed or accrue   | ed .   |   |  |                                |   |                     | <del></del>  |  |
| (a) From personal property (if the percentage of rent for personal property is more than                                   |                  |                                   |  | of rent for pe                                   | nd personal proper<br>ersonal property ex | xceeds 50% or                                    | entage<br>r if                 | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |                     |  |  |
| 10% but not more than 5  | 10%)             |                                   |  | the rent   | t is based on profit                      |  |                                | SEE STA   | TEM.                |  |  |
| (1)  |                  |                                   |  |  |   | 98,  | <u>575.</u>                    |   |                     | 114,925.   |  |
| (2)  | ,                |                                   |  |  |   |  |                                |   |                     |  |  |
| _(3)   |                  |                                   |  |  |   |  |                                |   |                     |  |  |
| _(4)   |                  |                                   |  |  |   |  |                                |   |                     | <del></del>  |  |
| Total  |                  | 0.                                | Total  |  |   | 98,  | <u>575.</u>                    |   |                     |  |  |
| (c) Total income Add totals of colum<br>here and on page 1, Part I, line 6, colu   |                  | and 2(b). En                      | ter  |  |   | 98.  | 575.                           | (b) Total deductions.<br>Enter here and on page 1<br>Part I, line 6, column (B)               |                     | 114,925.   |  |
| Schedule E - Unrelated D   |                  | inanced                           | Incom  | 1 <b>e</b> (see i                                | instructions)                             |  |                                |   |                     |  |  |
|  |                  |                                   |  |  | 1   |  | T                              | 3. Deductions directly of   |                     |  |  |
| 1 Description of deb   | t-finance        | d property                        |  |  | 2 Gross ind<br>or allocable<br>financed   | e to debt-                                       | (a)                            | to debt-fina<br>Straight line depreciation<br>(attach schedule)                               | anced pr            | (b) Other deductions<br>(attach schedule)                                |  |
|  |                  |                                   |  |  |   |  |                                |   |                     |  |  |
| (1)  |                  |                                   |  |  |   |  |                                |   |                     |  |  |
| (2)  |                  |                                   |  |  |   |  |                                |   |                     |  |  |
| _(3)   |                  |                                   |  |  |   |  |                                |   |                     |  |  |
| (4)  |                  |                                   |  |  |   |  |                                |   |                     | · · · · · · · · · · · · · · · · · · ·                                    |  |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average of or debt-fin |                  | of or a<br>debt-fina              | e adjusted basis<br>allocable to<br>anced property<br>ch schedule) |  | 6. Column 4 divided 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)) |  |
|  |                  |                                   |  |  |   |  |                                |   |                     |  |  |
| (1)  |                  |                                   |  |  | -   | %  |                                |   |                     |  |  |
| _(2)   | -                |                                   |  |  |   | %  |                                |   | $-\!\!\!+\!\!\!\!-$ |  |  |
| _(3)   | -                |                                   |  |  |   | %  |                                |   | _+-                 |  |  |
| _(4)   | Щ_               |                                   |  |  | <u> </u>                                  | %  |                                |   |                     |  |  |
|  |                  |                                   |  |  |   |  |                                | nter here and on page 1,<br>art I, line 7, column (A)   |                     | Enter here and on page 1,<br>Part I, line 7, column (B)                  |  |
| Totals   |                  |                                   |  |  |   | •  | ▶∟                             |   | 0.                  | 0.   |  |
| Total dividends-received deductions  | s incl <u>ud</u> | ed ın <u>colum</u> r              | 8  |  |   |  |                                |   |                     | 0.   |  |
| Schedule F - Interest, An  | nuitie           | s, Royal                          | ties, aı   | nd Rer   | nts From C                                | ontrolle   | d Orgai                        | nizations (see in   | struct              | ions)  |  |
|  |                  |                                   |  | Exemp  | t Controlled C                            | Organization                                     | ns                             |   |                     |  |  |
| Name of controlled organization  |                  | Employer ide<br>num               |  |  | 3<br>nrelated income<br>see instructions) | Total of   | 4.<br>f specified<br>ents made | 5 Part of column 4 included in the cont organization's gross                                  | rolling             | 6 Deductions directly connected with income in column 5                  |  |
|  | _                |                                   |  |  |   | 1  |                                |   |                     |  |  |
| _(2)   |                  |                                   |  | <del> </del>                                     |   | <del> </del>                                     | <del></del>                    |   |                     |  |  |
|  |                  |                                   |  | <u> </u>   |   | <del> </del>                                     |                                | -   |                     | <del></del>  |  |
| (3)  |                  |                                   |  | <del> </del>                                     | <del></del>                               | <del>                                     </del> |                                |   |                     |  |  |
| (4)  |                  | L,                                |  | <u> </u>   | <del></del>                               |  |                                | _1  |                     |  |  |
| Nonexempt Controlled Organizati  |                  |                                   |  | T -  | <del> </del>                              |  |                                |   | Γ                   |  |  |
| 7. Taxable Income  |                  | nrelated incom<br>se instructions |  | 9. To  | tal of specified pay<br>made              | ments 1  | in the con                     | column 9 that is included trolling organization's ross income                                 |                     | Deductions directly connected<br>with income in column 10                |  |
| (1)  |                  |                                   |  | <del>                                     </del> | · · · · · ·                               | <del></del>                                      |                                |   |                     |  |  |
| (2)  |                  |                                   |  | 1  |   |  |                                |   |                     |  |  |
|  |                  |                                   |  | <del>                                     </del> |   |  |                                |   | <u> </u>            |  |  |
| (3)  |                  |                                   |  | <del>                                     </del> |   |  |                                |   |                     |  |  |
| _(4)   |                  |                                   |  | л  |   | <del></del>                                      | <del></del>                    |   |                     |  |  |
|  |                  |                                   |  |  |   |  | Enter here                     | olumns 5 and 10<br>and on page 1, Part I,<br>8, column (A).                                   |                     | Add columns 6 and 11  If here and on page 1, Part I,  Ine 8, column (B). |  |
| Totals   |                  |                                   |  |  |   |  |                                | 0.  |                     | 0.   |  |
| 523721 01-08-16  |                  | <del></del>                       | <u></u> .  |  |   |  |                                |   |                     | Form 990-T (2015)  |  |

23-1905649

Form 990-T (2015) PHILADELPHIA CORPORATION FOR AGING

| Schedule G - Investme<br>(see instr                         |  | Section 8   | 501(c)(7)                               | ), (9), or (17) O  | rganizat             | tion   |                                      |  |
|---|--|---|---|--|----------------------|--|--------------------------------------|--|
| 1 Descr   | ription of income  |   |   | 2. Amount of income  |                      | uctions<br>connected<br>schedule)              | 4. Set-asides<br>(attach schedule)   | 5. Total deductions<br>and set-asides<br>(col 3 plus col 4)                      |
| (1)   | <del></del>  |   |   |  |                      |  |                                      | (συ σ μισσοσί 4)   |
| (5)   |  |   |   |  | <u> </u>             |  |                                      |  |
| (3)   | <del></del>  |   |   |  |                      |  |                                      |  |
| (4)   |  |   | <del>+</del>                            |  |                      |  |                                      | -  |
| (4)   |  |   |   | inter here and on page 1,<br>Part I, line 9, column (A)  |                      |  |                                      | Enter here and on page 1,<br>Part I, line 9, column (B)                          |
| Totals  |  |   | •                                       | 0.   |                      |  |                                      | 0.   |
| Schedule I - Exploited (see instru                          |  | Income  | , Other                                 | Than Advertis  | ing Inco             | me   |                                      |  |
|   |  |   |   | 4 Net income (loss)  |                      |  |                                      | 7 -  |
| 1 Description of exploited activity                         | 2 Gross unrelated business income from trade or business | 3. Experdirectly conwith produof unrelables business in | inected<br>uction<br>ited               | from unrelated trade or<br>business (column 2<br>minus column 3) if a<br>gain, compute cols 5<br>through 7 | from act<br>is not u | s income<br>ivity that<br>nrelated<br>s income | 6. Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)   |
| (1)   |  |   |   |  | <u> </u>             |  |                                      |  |
| (2)   |  |   |   |  |                      |  |                                      |  |
| (3)   |  |   |   |  | <u> </u>             |  |                                      |  |
|   |  |   |   |  | <del> </del>         |  |                                      |  |
| (4)   | Enter here and on  | Enter here  | and on                                  |  | L                    |  |                                      | Enter here and   |
|   | page 1, Part I,<br>line 10, col (A)                      | page 1, P   | art I,                                  |  |                      |  |                                      | on page 1,<br>Part II, line 26   |
| <u>Totals</u>   | 0.   |   | 0.                                      |  |                      |  |                                      | 0.   |
| Schedule J - Advertisii                                     | ng Income (see i   | nstructions   | )                                       |  |                      |  |                                      |  |
| Part I Income From I  | Periodicals Rep  | orted on  | a Cons                                  | olidated Basis   | •                    | _  |                                      |  |
| Name of periodical  | 2 Gross<br>advertising<br>income                         |   | Direct<br>sing costs                    | 4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, computed 5 through 7                         |                      | rculation<br>come                              | 6 Readership costs                   | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|   |  |   |   | <del> </del>   |                      |  |                                      |  |
| (2)   |  |   |   | 1  |                      |  |                                      | 1  |
|   | <del></del>  |   |   | -  |                      |  |                                      | -  |
| (3)   |  |   |   | -  | -                    |  |                                      | -  |
| <u>(4)</u>  |  |   |   | <del> </del>   |                      |  | <del></del>                          | <del>-</del>   |
| Totals (carry to Part II, line (5)) Part II   Income From I |  | 0.  | 0.                                      | rote Pasis //  |                      |  | - D - t H - Cl                       | 0.   |
|   | 7 on a line-by-line ba                                   |   | а оера                                  | iate basis (For  | each penc            | odicai listed i                                | n Part II, III III                   |  |
| 1 Name of periodical  | <b>2</b> Gross advertising income                        |   | Direct<br>ising costs                   | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compucols 5 through 7                          |                      | rculation<br>come                              | 6. Readership costs                  | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) MILESTONES  | 200,04   | 4. 53   | ,351.                                   | 146,693  | •                    |  |                                      |  |
| (2)   |  |   |   | <del> </del>   |                      |  |                                      | <del> </del>   |
| _(3)  |  |   |   | -  |                      |  |                                      | <del>                                     </del>                                 |
| _(4)  |  |   |   | ļ  | _l                   |  |                                      | ļ <u></u>  |
| Totals from Part I  |  | 0.  | 0.                                      |  |                      |  |                                      | 0.   |
|   | Enter here and o<br>page 1, Part I,<br>line 11, col (A)  | page  | ere and on<br>1, Part I,<br>1, col (B). |  |                      |  |                                      | Enter here and<br>on page 1,<br>Part II, line 27                                 |
| Totals, Part II (lines 1-5) Schedule K - Compens            | ► 200,04   |   | ,351.                                   | d Trustons (see  | unata satsa          |  |                                      | 0.   |
|   |  | S, Direct   | Urs, an                                 |  | HISTIUCIO            | 3. Percent of time devoted                     | * 4. Com                             | pensation attributable   |
| 1. N  | lame   |   |   | 2. Title   |                      | business                                       | 10 (1                                | nrelated business  |
| (1)   | <del></del>  |   | <del> </del>                            |  |                      |  | %                                    |  |
| (2)   |  |   | <del> </del>                            |  |                      | <u> </u>                                       | %                                    |  |
| _(3)  |  |   | <b>_</b>                                |  |                      |  | %                                    |  |
| _(4)  |  |   | L                                       |  |                      | J  |                                      | <del></del>  |
| Total. Enter here and on page 1, P                          | art II, line 14  | <u></u>   |   | <del></del> .  |                      |  | <u> </u>                             | 0.   |

| FORM 990-T  | NET                  | OPERATING LOSS                | DEDUCT          | ION  | STATEMENT              |
|---|----------------------|-------------------------------|-----------------|--|------------------------|
| TAX YEAR  | LOSS SUSTAINED       | LOSS<br>PREVIOUSLY<br>APPLIED |                 | LOSS<br>MAINING  | AVAILABLE<br>THIS YEAR |
| 06/30/02  | 68,945.              | 68,945.                       |                 | 0.   | 0.                     |
| 06/30/03  | 81,952.              | 81,952.                       |                 | 0.   | 0.                     |
| 06/30/04  | 220,082.             | 220,082.                      |                 | 0.   | 0.                     |
| 06/30/05  | 221,679.             | 76,455.                       |                 | 145,224.   | 145,224.               |
| 06/30/06  | 103,868.             | 0.                            |                 | 103,868.   | 103,868.               |
| 06/30/07  | 37,192.              | 0.                            |                 | 37,192.  | 37,192.                |
| 06/30/11  | 56,428.              | 0.                            |                 | 56,428.  | 56,428.                |
| 06/30/12  | 38,984.              | 0.                            |                 | 38,984.  | 38,984.                |
| NOL CARRYOV   | ER AVAILABLE THIS    | YEAR                          |                 | 381,696.   | 381,696.               |
| FORM 990-T  | DEDUCTIONS           | CONNECTED WITH                | RENTAL          | INCOME   | STATEMENT 2            |
| DESCRIPTION   | ı                    |                               | TIVITY<br>UMBER | AMOUNT   | TOTAL                  |
| DEPRECIATION BOND INTERE INSURANCE & MANAGEMENT REPAIRS & MUTILITIES MISC | EST<br>TAXES<br>FEES |                               |                 | 10,286<br>17,455<br>33,929<br>2,172<br>7,363<br>43,697 | •<br>•<br>•            |
| <del></del> <del></del>   |                      | - SUBTOTAL -                  | 1               |  | 114,925                |
| TOTAL TO FO   | 114,925              |                               |                 |  |                        |