5orm	990-T	E	Exempt Orga	nization Bus	sine	ss Income 7	「ax Return		OMB No 1545-0687
		Env ca	lendar year 2018 or other tax ye	nd proxy tax und	er se			l	2018
		ru ca	•	r.irs.gov/Form990T for in	etruetu	, and ending one and the latest inform	nation	-	2010
	tment of the Treasury al Revenue Service	<b>I</b> ▶	Do not enter SSN number					l	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization (			and see instructions.)		(Emp	oyer identification number loyees' trust, see actions)
B Ex	kempt under section	Print	BLOOMFIELD-	GARFIELD CO	RPO	RATION		2	5-1290469
X	] 501( <b>c)((3</b> )	or	Number, street, and roon	n or suite no. If a P O. box	x, see ir	istructions.			ated business activity code nstructions)
	408(e) 220(e)	Туре	5149 PENN A	VENUE					
	408A530(a) 529(a)		City or town, state or pro		r foreig •	n postal code		511	110
C Boo	ok value of all assets end of year		F Group exemption num		<u> </u>				T
	2,271,3		G Check organization typ		oration	**	401(a)		Other trust
			ition's unrelated trades or t		<u> </u>		the only (or first) uni		
			EE STATEMENT				complete Parts I-V. I		•
			ce at the end of the previous	us sentonco, complete Pa	ırts i an	a II, complete a Schedul	e M for each addition	ai trade	e or ,
	siness, then complete		oration a subsidiary in an :	affiliated group or a parer	at cube	idiany controlled group?		Ye	es X No .
		-	tifying number of the paror	- · · ·	11 3005	idially controlled group.	<b>,</b>	''	,s (3.52) NO .
			RICHARD SWAR	:		Teleph	one number > 4	12-	441-6950
			de or Business Inc			(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sale	s	-	I				7 85	
b	Less returns and allow	vances		c Balance	1c				是漢語學的
2	Cost of goods sold (S	chedule	A, line 7)	•	2 ·		المعرار محالة الاصلاباء اله		1. おかればはない。
3	Gross profit. Subtract	line 2 fr	om line 1c		3		1997年 海海海河	¥.13.°	
	Capital gain net incom	•	•		4a		多的研究。		
			art II, line 17) (attach Form	n 4797)	4b		T. Latte Will		
	Capital loss deduction				4c		\$63次混乱3773。		
			thip or an S corporation (a	ttach statement)	5		<b>一种的现在分</b>	14.	
	Rent income (Schedul Unrelated debt-finance	•	ne (Cahadula E)		7				
_			nd rents from a controlled	organization (Schedule E)	8				
	=		nd fents from a controlled in 501(c)(7), (9), or (17) or	•					
	Exploited exempt activ			. ga (00000.0 0)	10				
	Advertising income (S	-	• •		11	44,264.	64,8	28.	-20,564.
12	Other income (See ins	truction	s, attach schedule)		12		Till John Mile	47	
	Total. Combine lines				13	44,264.	64,8	28.	-20,564.
Pai			ot Taken Elsewher utions, deductions must						
14	Compensation of offi	cers, dır	ectors, and trustees (Sche	edule K)				14	
15	Salaries and wages							15	
16	Repairs and maintena	ance						16	
17	Bad debts							17	
18	Interest (attach sched	dule) (se	e instructions)					18	
19 20	Taxes and licenses	nn /C	instructions for limitation	rules)			}	19 20	
21	Depreciation (attach i	•		rules)		1 21 1			
22			i Schedule A and elsewheri	e on return		21 22a		₹ 22b	
23	Depletion		Contours is any cisewiler	o on retern		228	-	23	
24	Contributions to defe	rred cor	npensation plans				ł	24	
25	Employee benefit pro		. ,	F	250	EIVED I	ľ	25	
26	Excess exempt exper	-	hedule I)	1	<u> </u>	EIVED	ļ	26	
27	Excess readership co	sts (Sch	nedule J)		`	8	ļ	27	
28	Other deductions (att	ach sch	edule)	<b>8</b> 0	CT	0 7 2019	Ī	28	
29	Total deductions. Ad					10/1	[	29	0.
30			icome before net operating			trom ino 13.		30	-20,564.
31			oss arising in tax years beg		ry-17, 20	18 (see instructions)	ļ	31	49,000 (55 5°)
32			come. Subtract line 31 fro					32	-20,564.

Form 990-	T(2018) BLOOMFIELD-GARFIELD CORPORATION		25-129	90469		Page 2
Part I	II Total Unrelated Business Taxable Income					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (s	see instruc	tions)	33	-20,5	64.
34	Amounts paid for disallowed fringes			34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr	tructions)	STMT 2	35		0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s					
	lines 33 and 34			36	-20,5	664.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37		00.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	e 36.				
	enter the smaller of zero or line 36	,		38	-20,5	664.
Part I	V Tax Computation			1		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			39		0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	t on line 38	3 from	"		
	Tax rate schedule or Schedule D (Form 1041)			40		
41	Proxy tax. See instructions			41		
42	Alternative minimum tax (trusts only)			42		
43	Tax on Noncompliant Facility Income See instructions			43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	· ·· · · ·	0.
Part \				44		<u> </u>
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a		1 1		
	Other credits (see instructions)	45b		┪ ┃		
	General business credit. Attach Form 3800	45c		-		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		-		
	Total credits. Add lines 45a through 45d	430		450		
46	Subtract line 45e from line 44			45e		0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	occ	Other (attach schedule)	47		<u> </u>
48	Total tax. Add lines 46 and 47 (see instructions)	000 []	Other (attach schedule)	48		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	<del></del>	0.
	Payments: A 2017 overpayment credited to 2018	50a		49		<u> </u>
	2018 estimated tax payments	50a		-		
	Tax deposited with Form 8868	<del></del>		1		
		50c		-		
	Foreign organizations. Tax paid or withheld at source (see instructions)  Backup withholding (see instructions)	50d		- 1		
		50e		-		
	Credit for small employer health insurance premiums (attach Form 8941)	50f		-		
g	Other credits, adjustments, and payments: Form 2439 Form 4136 Total	500				
51	Form 4136 Other Total Total payments. Add lines 50a through 50g	50g		١., ١		
	Estimated tax penalty (see instructions) Check if Form 2220 is attached			51		
	· · · · · · · · · · · · · · · · · · ·		_	52		
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53 54		
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want: Credited to 2019 estimated tax		l Betweeded	<del> </del>		
Part V		ion /ooo	Refunded >	55		
	At any time during the 2018 calendar year, did the organization have an interest in or a signature		•			T A1-
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				Yes	No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the					
	here	e ioreign c	ountry			
			(		—	X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ransieror t	o, a foreign trust?			
	If "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year  \$\infty\$\$					1
- 50		statements	and to the hest of my kno	wledge and he	plief it is true	<u> </u>
Sign	Under penalties of pegury, I declare that I have examined this return, including accompanying schedules and correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare	arer has any	knowledge	go a b.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Here	NA A SURVEY I IN PARIO & RYECTITE	IVE D			cuss this return	with
				e preparer sho structions)?	wn below (see	No
	Print/Type preparer's name Preparer's signature Da			f PTIN	<u> </u>	
	ANASTASIA, R.		self- employed	.   ' ' ' ' '		
D - ' - '	,			1		!
Paid	ANASTASIA R. RYDZAK RYDZAK ////////////////////////////////////	9/24/	1 9	חמקן.	640722	
Prepa	Fundamental Designation of the Company of the Compa	9/24/			640722 293930	
	Firm's name ► HOLSINGER, P.C.	9/24/	19 Firm's EIN ▶		640722 293930	
Prepa	Fundamental Designation of the Company of the Compa	9/24/	Firm's EIN	23-		7

Schedule A - Cost of Good	is Sold. Enter	method of inve	ntory v	aluation N/A			
1 Inventory at beginning of year	1			Inventory at end of year			6
2 Purchases	2		7	Cost of goods sold. Su	ıbtract l	ine 6	688
3 Cost of labor	3		7	from line 5. Enter here		16	
4a Additional section 263A costs			7	line 2			7
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to	Yes No
b Other costs (attach schedule)	4b		7	property produced or a	•	•	23 3
5 Total Add lines 1 through 4b	5		7	the organization?	•	,,	1
Schedule C - Rent Income	(From Real	Property an	d Per	sonal Property	Leas	ed With Real Prop	erty)
(see instructions)							
1 Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent receiv	ed or accrued				3/2/0-4	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	personal	onal property (if the percenta property exceeds 50% or if id on profit or income)	ige		onnected with the income in 2(b) (attach schedule)
(1)							
(2)							_
(3)				•			
(4)					-		
Total	0.	Total			0.		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter <b>&gt;</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.
Schedule E - Unrelated Del	bt-Financed	Income (see	instruc	ctions)		<u> </u>	
-				Gross income from		3. Deductions directly conne to debt-finance	
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			-				
(2)			1				
(3)		<u> </u>	+				
(4)			†				
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis illocable to need property schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 . Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			<del></del>
(2)			1	%			
(3)				%			
(4)				%			
<u>-</u>						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				▶		0.	0.
Total dividends-received deductions in	icluded in column	8		, ,		<b>•</b>	0.

Comparison   Controlled   Controlled   Comparison   Controlled   Comparison   Controlled   Comparison   Controlled   Comparison   Controlled   Comparison   Controlled   Comparison   Controlled   Con				Exempt	Controlled O	rganızat	ions				
(2) (3) (4) (5) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	1 Name of controlled organi	zation	identification			<b>4</b> . To pay	ital of specified ments made	includ	ed in the contr	rolling	6. Deductions directly connected with income in column 5
(2) (3) (4) (5) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(1)		<u></u>	<del> </del>		<u> </u>		$\vdash$	<del> </del>	$\dashv$	
(de)					-						
Somewhat Controlled Organizations  7. Tasable broone  8 Net undested receive floors  8 Net undested receive floors  8 Net undested receive floors  9 Total of specified payments  10. Peri of organis 9 that is included  11 Description directions  11 Description of income  12 And column 5 that is included  And column 5 that is received to make in the controlling organization of gross protories  11 Description of income  1 Description of income  2 Annount of income  2 Annount of income  2 Annount of income  3 Description of income  2 Annount of income  2 Annount of income  3 Description of income  4 Schaades  5 Total description  5 Total description  6 Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  1 Description of income  2 Crists  1 Description of income organization or	(3)										
8 Net unrelated income (see instructions) 9 Total of searched payments and to must a motivated in the control of the control o											
(1) (2) (3) (4)  Add columns 5 and 10 Enter fine and on page 1, Part 1, bine 8, column (8) (5) (6) (7) (8) (9)  Add columns 5 and 10 Enter fine and on page 1, Part 1, bine 8, column (8) (9)  (9)  Add columns 5 and 10 Enter fine and on page 1, Part 1, bine 8, column (8) (9)  Add columns 5 and 10 Enter fine and on page 1, Part 1, bine 8, column (8) (9)  Add columns 5 and 10 Enter fine and on page 1, Part 1, bine 8, column (8)  Add columns 6 and 11 Enter fine and on page 1, Part 1, bine 8, column (8)  (9)  Add columns 6 and 11 Enter fine and on page 1, Part 1, bine 8, column (8)  (9)  Add columns 6 and 11 Enter fine and on page 1, Part 1, bine 8, column (8)  (9)  Add columns 6 and 10 Enter fine and on page 1, Part 1, bine 8, column (8)  (9)  Add columns 6 and 11 Enter fine and on page 1, Part 1, bine 8, column (8)  (9)  Add columns 6 and 11 Enter fine and on page 1, Part 1, bine 8, column (8)  (9)  Add columns 6 and 11 Enter fine and on page 1, Part 1, bine 8, column (8)  (9)  Enter fine and on page 1, Part 1, bine 8, column (8)  (9)  Enter fine and on page 1, Part 1, bine 8, column (8)  (9)  Enter fine and on page 1, Part 1, bine 8, column (9)  (9)  Enter fine and on page 1, Part 1, bine 8, column (9)  Enter fine and on page 1, Part 1, bine 8, column (9)  (9)  Enter fine and on page 1, Part 1, bine 8, column (9)  Enter fine and on page 1, Part 1, bine 8, column (9)  Enter fine and on page 1, Part 1, bine 8, column (9)  Enter fine and on page 1, Part 1, bine 8, column (9)  Enter fine and on page 1, Part 1, bine 8, column (9)  Enter fine and on page 1, Part 1, bine 8, column (9)  Enter fine and on page 1, Part 1, bine 8, column (9)  Enter fine and on page 1, Part 1, bine 8, column (9)  Enter fine and on page 1, Part 1, bine 8, column (9)  Enter fine and on page 1, Part 1, bine 8, column (9)  Enter fine and on page 1, Part 1, bine 8, column (9)  Enter fine and on page 1, Part 1, bine 8, column (9)  Enter fine and on page 1, Part 1, bine 8, column (9)  Enter fine and on page 1, Part 1, bine 8, column (9)  Enter fine	Nonexempt Controlled Orga	nizations									
(3) (4)  Add columns 5 and 10 Enter here and on page 1, Part 1, Inne 8, column (A) (see instructions)  1 Description of income (see instructions)  1 Description of encome (3) (4)  2) (3) (4)  1 Description of encome (see instructions)  2 Amount of income (see instructions)  3 Deductions (see instructions)  4 Series here and on page 1, Part 1, Inne 8, column (A) (see instructions)  5 Total deduction direction of encome (set in here and on page 1, Part 1, Inne 9, column (A) (see instructions)  4 Net income from (see instructions)  4 Net income from (see instructions)  4 Net income flows (see instructions)  5 Closes income for encome	7. Taxable Income			9 Total		ments	in the controlls	ing organ	nization's		eductions directly connected h income in column 10
(4)  Add columns 5 and 10 Enter here and no page 1, Part 1, Ima 8, column (4)  Description of income  1 Description of income  2, Amount of income  2, Amount of income  3. Descurtions (see instructions)  5. Total deductions (and 5 plus col (phase 5 schedule)  1 Description of income  2 Amount of income  2 Amount of income  3 Descurtions (and 5 plus col (phase 5 schedule)  1 Description of income  2 Cross (col 3 plus col (col (col 3 plus col (col (col (col (col (col (col (col (											
Add columns 6 and 11   Enter here and on page 1, Part 1, inns 8, column (A)   Col				<b>_</b>							
Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (8)  1 Description of income  2 Amount of income  3 Deductions oriently connected place in schedule (1) (2) (3) (4)  1 Description of experiments and on page 1, Part I, line 8, column (8)  1 Description of income  2 Amount of income  3 Deductions oriently connected place in schedule)  5 Total deduction oriently connected place in schedule)  6 Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  1 Description of schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  1 Description of schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  1 Description of schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  4 Net moore (schodule)  4 Net moore (schodule)  5 Gross moone form to more schodule or business (schodule)  1 Description of schodule I - Exploited Exempt Activity Income, Other Than Advertising Income  1 Description of schodule I - Exploited Exempt Activity Income, Other Than Advertising Income  1 Description of schodule I - Exploited Exempt Activity Income, Other Income (schodule)  1 Description of schodule I - Exploited Exempt Activity Income, Other Income (schodule)  1 Description of schodule I - Exploited Exempt Activity Income, Other Income (schodule)  1 Description of schodule I - Exploited Exempt Activity Income, Other Income (schodule)  1 Description of schodule I - Exploited Exempt Activity Income, Other Income (schodule)  1 Description of schodule I - Exploited Exempt Activity Income, Other Income Inco				<del>-  </del>							<del></del>
Totals    Enter here and on page 1, Part I line 8, column (B)	(4)										
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1 Description of income  2 Amount of income except yearnected (attach schedule)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part 1, line 9, column 2 account of uncome explored activity and exception of explored activity and e							Enter here and	on page	1, Part I,		here and on page 1, Part I,
(see instructions)  1 Description of income 2. Amount of income destription or income destription of income income destription of income income income destription of income				504/ \	(m) (a)	<u> </u>			0.		0.
1 Description of income 2, Amount of income develop connected (attach schedule) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column 6, or owners income of explored activity and page 1, Part I, line 9, column 6, or owners income or page 1, Part I, line 9, column 6, or owners income or page 1, Part I, line 9, column 6, or owners income or page 1, Part I, line 9, column 6, or owners income or page 1, Part I, line 9, column 6, or owners income or page 1, Part I, line 9, column 6, or owners income or page 1, Part I, line 9, column 6, or owners income or page 1, Part I, line 9, column 6, or owners income or page 1, Part I, line 10, col (N)  1, Name of periodical  2, Gross advertising income (see instructions)  2, Gross advertising income (see instructions)  2, Gross advertising income (see instructions)  4. Net income (loss) from unrelated varied or business income or owners income owners income or owners income owners income or owners inco	see insection - Investm)	ient income d structions)	of a Sectio	n 501(c)(	(/), (9), or	(1 /) Oi	rganization	)			
(2) (3) (4)  Enter here and on page 1 Part I, line 9, column (A)  Cockedule I - Exploited Exempt Activity Income, Other Than Advertising Income  1 Description of exploited activity unclassed business income from trade or business income from trade or business income from trade or business income from page 1, Part I, line 10, col (A)  2 Gross unrelated business income with production of unrelated business income from activity that activity of activities from activity that activities from	1 De:	scription of income			2. Amount of	income	directly conne	cted			5. Total deductions and set-asides (col 3 plus col 4)
Content   Cont	(1)										1
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income   1 Description of exploited activity   Part I, line 9, column (A)	(2)				1						
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)   2 Gross unrelated business income from trade or business income from trade or business income from page 1. Part I, line 9, column (A)   3. Expenses directly connected with production of unrelated business income from trade or business income from trade or business income income (see instructions)   3. Expenses directly connected with production of unrelated business income from activity that is autorisated business income from activity that gain, compute cols 5 through 7   5. Gross income from activity that gain, compute cols 5 through 7   5. Gross income from activity that gain, compute cols 5 through 7   5. Gross income from activity that gain, compute cols 5 through 7   5. Gross income from activity that gain, compute cols 5 through 7   5. Gross income from activity that gain, compute cols 5 through 7   6. Expenses attributable to column 5   6. Expenses attributable to column 6   6. Readership Column 6	(3)										
otals    Part I, line 9, column (A)   Part I, line 9, column (A)	(4)	-									
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  2 Gross unrelated business directly connected with production of exploited activity and a	otais			•		lumn (A)					Enter here and on page 1 Part I, line 9, column (B)
1 Description of exploited activity and acti			ivity Incon	ne, Othe	r Than Ad	vertis	ing Income	;			
2) 3) 4)  Enter here and on page 1, Part 1, line 10, col (8) O . O . O . Dage 1, Part I, line 26  Schedule J - Advertising Income (see instructions)  Part I I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical 2. Gross advertising income advertising costs advertising costs advertising costs advertising costs advertising costs of 5 through 7  1) 2) 3) 4. Advertising gain or (loss) (col 2 minus compute cost 5 through 7  Enter here and on page 1, Part I, line 26  Part II, line 26  6. Readership costs costs (column 6 min column 5, but not mor than column 4)  7 Excess readership costs of through 7  1) 2) 3) 4. Advertising gain or (loss) (col 2 minus compute cost 5 through 7  Income Income costs (column 6 min column 4)  7 Excess readership costs of through 7  8 Advertising gain or (loss) (col 2 minus column 5 but not mor than column 4)  1)	1 Description of	2 Gross unrelated busines	ss directly with p	connected roduction nrelated	from unrelated business (co minus colum gain, compute	trade or lumn 2 n 3) If a cols 5	from activity to is not unrelate	hat ed	attributa	ible to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Inne 10, col (A)  Description  Checked Let J - Advertising Income (see instructions)  Part 1.9 Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income advertising costs col 3 if a gain, compute cols 5 through 7  1)  2)  3)  4)  Enter here and on page 1, Part I, line 26  Checked Let J - Advertising Income (see instructions)  Factors readership costs (column 6 minus column 7)  Through Table 1. Name of periodical for periodical for periodical advertising costs (column 6 minus column 7)  Through Table 1. Name of periodical for periodical for page 1, Part I, line 26  Through Table 1. Name of periodical for periodical for page 1, Part I, line 26  Through Table 1. Name of periodical for periodical for page 1, Part I, line 26  Through Table 1. Name of periodical for page 1, Part I, line 26  Through Table 1. Name of periodical for page 1, Part I, line 26  Through Table 1. Name of periodical for page 1, Part I, line 26  Through Table 1. Name of periodical for page 1, Part I, line 26  Through Table 1. Name of periodical for page 1, Part I, line 26  Through Table 1. Name of periodical for page 1, Part I, line 26  Through Table 1. Name of periodical for page 1, Part I, line 26  Through Table 1. Name of periodical for page 1, Part I, line 26  Through Table 1. Name of periodical for page 1, Part I, line 26  Through Table 1. Name of periodical for page 1, Part I, line 26  Through Table 1. Name of periodical for page 1, Part I, line 26  Through Table 1. Name of periodical for page 1, Part I, line 26  Through Table 1. Name of periodical for page 1, Part I, line 26  Through Table 1. Name of periodical for page 1, Part I, line 26  Through Table 1. Name of page 1, Part I, line 26  Through Table 1. Name of page 1, Part I, line 26  Through Table 1. Name of page 1, Part I, line 26  Through Table 2. Name 1, Part II, line 26  Through Table 2. Name 1, Part II, line 26  Through Table 2. Name 1, Part II, line 26  Through Table	(1)		<u> </u>								
(3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Income From Periodical Reported on a Consolidated Basis  2. Gross advertising income (see instructions)  2. Gross advertising costs advertising costs (sol 2 minus col 3) if a gain, compute cols 5 through 7  1. Name of periodical 7  2. Gross advertising costs (sol 3) if a gain, compute cols 5 through 7  1)  2)  3)  4)	(2)										
Enter here and on page 1, Part 1, line 10, col (A)  O. O. O. D. D.  Chedule J - Advertising Income (see instructions)  Part I. Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising an or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  1)  2)  3)  4)  Advertising gain or (loss) (col 2 minus cols 5 through 7  1)  2)  3)  4)  4)						-					· · · · · · · · · · · · · · · · · · ·
page 1, Part I, line 10, col (A)  O.  O.  O.  O.  O.  O.  O.  O.  O.  O	(4)			•		-					
Costa   Column   Costa   Cos	otals	page 1, Part I,	page line 10	1, Part I, 0, col (B)							on page 1,
Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  3. Direct advertising costs col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)		ing Income (			1 110 M 2 4500	272 142 1	and the property	11 44 .	aruren va e d		<u></u>
1. Name of periodical advertising advertising costs of (loss) (col 2 minus col 3) If a gain, compute costs (column 6 mincome of the costs of the column 4) (1) (2) (3) (3) (4) (4)					solidated	Basis					······································
1. Name of periodical advertising advertising costs of (loss) (col 2 minus col 3) (if a gain, compute cols 5 through 7 costs (column 6 minus column 4) (1)  (2)  (3)  (4)		2 00	ross		4. Advert	sing gain	T .	. <u> </u>			7 Excess readership
2) 3) 4)	1. Name of periodical	advert	ising ad		col 3) If a ga	in, comput	be Sirculati income	on			column 5, but not more
3)					<b>建筑</b>		2 <sup>1</sup>	1			NAME OF THE PERSON
4)							Ý C				
						3.00	#				<b>一种产品的</b>
stele (correcte Part II line (5))	4)				<b>高祖教教</b>		i i				<b>家。我想到于米克顿</b>
$\frac{\text{Mais}(\text{carry to Part II}, \text{line (3)})}{\text{Mais}} = \frac{\text{Mais}(\text{carry to Part II}, \text{line (3)})}{\text{Mais}} = \frac{\text{Mais}(carry to Part II$	otals (carry to Part II, line (5))	•	0.	0							0.

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) THE BULLETIN	44,264.	64,828.	-20,564.			
(2)						
(3)					1	
(4)	-					<del></del>
Totals from Part I	▶ 0.	. 0.	A CONTROL OF THE PARTY OF THE P	GREEN SAMERS	的性化的抗學	0.
•	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, Inne 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<b>44,264.</b>	64,828.			能夠能認到	0.

. Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	-
Total. Enter here and on page 1, Part II, line 14		<b>•</b>	0.

Form 990-T (2018)

FORM 990-T	DESCRIPTION OF ORGANIZATI	ON'S PRIMARY UNRELATED	STATEMENT 1
	BUSINESS AC	TIVITY	

ADVERTISING INCOME FROM PERIODICAL

TO FORM 990-T, PAGE 1

NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
35,516.	0.	35,516.	35,516.
2,080.	0.	<del>-</del>	2,080.
50,793.	0.	50,793.	50,793.
40,796.	0.	40,796	40,796.
49,008.	0.	•	49,008.
33,952.	0.	33,952.	33,952.
VER AVAILABLE THIS	YEAR	212,145.	212,145.
	35,516. 2,080. 50,793. 40,796. 49,008. 33,952.	LOSS PREVIOUSLY APPLIED  35,516. 0. 2,080. 0. 50,793. 0. 40,796. 0. 49,008. 0.	LOSS PREVIOUSLY APPLIED  35,516. 2,080. 50,793. 40,796. 49,008. 33,952.  LOSS REMAINING  2 0. 35,516. 2,080. 50,793. 0. 40,796. 49,008. 33,952.