| Position of the Control of Trace   Proceedings   Proceedings   Proceded   P   | - '''<br>Form <b>990-T</b>                                                | " Exempt Orga                         | NDED TO NOVE               | EMBI<br>sine                  | ER 16, 2020<br><b>SS Income</b> 7 | ş                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | OMB No 1545-0047           |  |
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| Post collection and Section Section   Post collection and Section Section   Post collection and Section   Post collection   Post collect   |                                                                           |                                       |                            |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · [            |                            |  |
| Do not enter \$38 numbers on this form as it may be made public figure organization is \$10(c)\$.   Structure of the structur |                                                                           | For calendar year 2019 or other tax y | ĺ                          | 2019                          |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| Name of organization (   Check box d name changed and see notifications )     Description and seed of the product of the pro   |                                                                           |                                       |                            | Open to Rubble Inchestion for |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| Address changed    Sample under section   First   WBAVER INDUSTRIES, INC.   34-1086070                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                       |                            |                               |                                   | zation is a 501(c)(3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                            |  |
| Signature   Sig    |                                                                           | Name of organization (                | (Emp                       | loyees' trust, see            |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| degree   200(e)   1996   520 SOUTH MAIN STREET   NO. 2441   1996   3400   350(e)     |                                                                           | Print WEAVER INDU                     | STRIES, INC                | •                             |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| Soloy   Sol    |                                                                           | Tuna   Wallingth, Street, alla 100    |                            |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| Seal of the state of the sta    |                                                                           | 320 SOUTH M                           |                            |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| C Books whose all seasors of the se  | = - ''                                                                    |                                       |                            | r foreig                      | n postal code                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| Belief the number of the organization syste   Statistics   Statisti    | C Book value of all assets                                                | <del></del>                           |                            | _                             |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | J              |                            |  |
| Refer the number of the organization's unrelated trades or businesses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | at end of year                                                            |                                       | <del></del>                | poration                      | 501(c) trust                      | 401(a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ) trust        | Other trust                |  |
| If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Parts I and IV, one where the first in the blank space at the end of the previous sentence, complete Parts I and IV, or one with the parts I and IV, or one    | H Enter the number of the                                                 | 1                                     |                            | poration                      |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| busness, fine complete Parts I and III, complete a Schedule M for each additional trade or busness, then complete Parts I and III, complete a Schedule M for each additional trade or busness, then complete Parts I III.    During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           | ·                                     | <u> </u>                   |                               |                                   | • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                            |  |
| During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | describe the first in the b                                               | lank space at the end of the previo   | ous sentence, complete Pa  | rts I an                      |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| If Yes, enter the name and identifying number of the parent corporation. ▶    The books are in case of ▶   DEFPREY S. JOHNSON, EXECUTIVE DIRE Telephone number ▶ 330-379-3660   Part 15  Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | business, then complete                                                   | Parts III-V.                          |                            |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| The books are in care of   DEPFREY S. JOHNSON, EXECUTIVE DIRE Telephone number   3 3 0 - 379 - 36 6 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           |                                       |                            | nt-subs                       | diary controlled group?           | ▶ [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Y <sub>6</sub> | es X No                    |  |
| Part                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                       |                            |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| 1a Gross receipts or sales b Less returns and allowances c Cost of goods sold (Schedule A, Inne 7) 3 Gross proint. Subtract line 2 from line 1c 4 Capital gain ent encome (attach Schedule D) Net gain (loss)-(Ecom 1972, Part III, line 17) c Capital gain ent encome (attach Schedule D) Net gain (loss)-(Ecom 1972, Part III, line 17) c Capital gain ent encome (attach Schedule D) Net gain (loss)-(Ecom 1972, Part III, line 17) c Capital gain ent encome (attach Schedule D) Net gain (loss)-(Ecom 1972, Part III, line 17) c Capital gain ent encome (attach Schedule D) Net gain (loss)-(Ecom 1972, Part III, line 17) c Capital gain ent encome (attach Schedule D) Net gain (loss)-(Ecom 1972, Part III, line 17) Rent mome (loss) from Loghtership of an Sopiporation (attach statement) Network (edit-finance)-(Ecomoule Composition (attach Schedule F) Network (edit-finance)-(Ecomoule Composition (edit-finance |                                                                           |                                       |                            | CUT.                          |                                   | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _              |                            |  |
| 2 Cost of goods sold (Schedule A, Iner 7) 3 Gross profits. Subtract line 2 from line 1 c 4 Capital gain net income (attach Schedule 0) 4 Not gain (loss) (Econd 1972, Part II), line 17) (attach Form 4797) 5 Not gain (loss) (Econd 1972, Part II), line 17) (attach Form 4797) 6 Capital loss deduction for frusts: 6 Income (loss) from apartineship of an Storphoration (attach statement) 7 Unrelated designant-physic (schedule 1) 8 Interest, annufes, royaltae, anglantis rinn a controlled organization (schedule 7) 9 Investment income of a section (schedule 7) 10 Exploited example activity incoming (Schedule 1) 11 Advertising income (Schedule 1) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 frough 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and maintenance 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and (leanese 10 Depletion 10 Depletion 11 Less depreciation (attach Form 4562) 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and alsewhere on return 21 Depletion 22 Depletion 23 Contributions to deferred compensation plans 24 Employee benefit programs 24 Employee benefit programs 25 Excess example expenses (Schedule I) 26 Excess example expenses (Schedule I) 27 Other deductions (attach Form 4562) 28 Total deductions (attach form 4564) 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 O. 20 Unrelated dusiness taxable income before net operating loss deduction. Subtract line 28 from line 13 29 O. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 30 Unrelated business taxable income. Subtract line 29 Unrelated business taxable income. Subtract line 29 Unrelated business taxable income. Subtract line 29 Unrelated business taxable income.                                                                                                                                        | <u> </u>                                                                  |                                       | Joine                      |                               | (A) Income                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | 1 ''                       |  |
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| 3 Gross profit. Subtract line 2 from line 1c 4 a Capital gain net income (lattach Schedule D) 4 a Capital gain net income (lattach Schedule D) 4 a Capital loss deduction for trusts 5 Income (loss) from Apartmership or an Schopforation (attach statement) 5 Income (loss) from Apartmership or an Schopforation (attach statement) 6 Rent income (Josephule C) 7 Unrelated delicitionance (Schedule E) 7 Unrelated delicitionance (Schedule E) 8 Interest, annufest, royalties, and pents from a controlled organization (Schedule G) 9 Investment income of assections 0 (1014) (4), 00 (41) organization (Schedule G) 9 Exploited exempliativity income (Schedule F) 10 Exploited exempliativity income (Schedule F) 11 Advertising income (Schedule F) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 10 Taxes and licenses 10 Taxes and |                                                                           |                                       | _ c balance                |                               | <u>.</u>                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| 48 Capital gain net income (attach Schedule D)  8 Net gain (loss) (Ecron 4/97, Part III, line 17) (attach Form 4797)  8 Income (loss) from a parimership of an Sciopporation (attach statement)  8 Rent income (Schedule C)  9 Unrelated desty (nanzèglichote) (Schedule F)  10 Unrelated desty (nanzèglichote) (Schedule G)  10 Explored desty (nanzèglichote) (Schedule G)  11 Interest, arrunties, royalties, and controlled organization (Schedule G)  12 Other income (See instructions) (Schedule G)  13 Total. Combrine (Inse Strough 12)  14 Compensation of officers, directors, and trustees (Schedule K)  15 Salaries and wages  16 Repairs and maintenance  16 Repairs and maintenance  17 Bad debts  18 Interest (attach Schedule) (see instructions)  19 Taxes and licenses  10 Depiction  10 Less depreciation (attach Form 4562)  11 Taxes and licenses  10 Depiction (attach Form 4562)  11 Taxes and licenses  12 Depiction  13 Contributions to deferred compensation plans  15 Excess exempt expenses (Schedule I)  16 Exesses exempt expenses (Schedule I)  17 Total deductions (attach Schedule I)  18 Excess exempt expenses (Schedule I)  20 Depreciation (attach Form 4562)  21 Less depreciation (attach Form 4562)  22 Depiction  23 Contributions to deferred compensation plans  23 Contributions to deferred compensation plans  24 Employee benefit programs  25 Excess exempt expenses (Schedule I)  26 Excess exempt expenses (Schedule I)  27 Other deductions (attach Schedule)  28 Outrelated dusfiness taxable income before net operating loss deduction, Subtract line 28 from line 13  29 Outrelated business taxable income before net operating loss deduction, Subtract line 29 from line 13  10 Unrelated business taxable income. Subtract line 29 from line 29  11 Unrelated business taxable income. Subtract line 29 from line 29                                                                                                                                                                                                                                              | - ,                                                                       | •                                     |                            |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | Catherin Stranger Stranger |  |
| b Net gan (loss) (Ecom 4797, Part III, line 17) (attach Form 4797) c Capital loss Beduction for Frusts: de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •                                                                         | •                                     |                            |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| Solution   Compensation of officers, directors, and trustees (Schedule K)   Salares and wages   Salares and wages   Salares and maintenance   Sala   | b Net gain (loss)-(Eorm                                                   | 4797, Part II, line 17) (attach Fori  | n 4797)                    |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | ĺ                          |  |
| 6 Rent income (Spendule C) 7 Unrelated debt inacted by force is chedule F) 8 Interest, arphrutes, royaltes, and pents from a controlled organization (Schedule F) 9 Investment income of a section 30 Http://p. (9), 07, 147) organization (Schedule G) 9 Investment income (Schedule I) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule II) 12 Other income (Sce instructions; attach schedule) 12 Investment income (Schedule II) 13 Total. Combine lines 3 through 12    Part III   Deductions Not Taken Elsewhere (See instructions for limitations on deductions)   (Deductions must be directly connected with the unrelated business income)  14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Depreciation (attach Form 4562) 21 Less depreciation (attach Form 4562) 22 Depletion 22 Contributions to deferred compensation plans 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 Excess exadership costs (Schedule I) 26 Excess readership costs (Schedule I) 27 Other deductions (attach schedule) 27 Other deductions (attach schedule) 28 O. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 O. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 30 Unrelated business taxable income. Subtract line 30 from line 29 31 Unrelated business taxable income. Subtract line 30 from line 29                                                                                                                                                                                                                                                                                                                | c Capital loss deduction                                                  | for trusts                            |                            | 4c                            |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| Total dept-inanceglinotome (Schedule) Interest, any outles, any dept-strom a controlled organization (Schedule G) Investment income of a section of the Advertising income (Schedule G) Investment income of a section of the Advertising income (Schedule G) Interest, any outles, any of the Advertising income (Schedule G) Interest (any of the Advertising income (Schedule G) Interest (attach schedule) (see instructions) Interest | 5 Income (loss) from a                                                    | partnership or an Scorporation (a     | ittach statement)          | 5                             |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.1.7.         |                            |  |
| Total dept-inanceglinotome (Schedule) Interest, any outles, any dept-strom a controlled organization (Schedule G) Investment income of a section of the Advertising income (Schedule G) Investment income of a section of the Advertising income (Schedule G) Interest, any outles, any of the Advertising income (Schedule G) Interest (any of the Advertising income (Schedule G) Interest (attach schedule) (see instructions) Interest | 6 Rent income (Schedu                                                     | e C)                                  |                            | 6                             |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| Separation of the state of th   | 7 Unrelated deht-finance                                                  | つうしかとのからへ (なっちゅうしょう モン・アングー           |                            | 7                             | .,                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| Separation of the state of th   | 8 Interest, armuties, roy                                                 | alties, and rents from a controlled   | organization (Schedule F)  |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12    Part III   Deductions Not Taken Elsewhere (See instructions for limitations on deductions)   Coeductions must be directly connected with the unrelated business income)    Compensation of officers, directors, and trustees (Schedule K)   Salaries and wages   15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9 investment income of                                                    | .a.section 50°HeH-1-(9), or.(17) (    | organization (Schedule G)  | 1 1                           |                                   | <del>[</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                            |  |
| 12 Other income (See instructions; attach schedule)  13 Total. Combine lines 3 through 12  Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions)  (Deductions must be directly connected with the unrelated business income)  14 Compensation of officers, directors, and trustees (Schedule K)  15 Salaries and wages  16 Repairs and maintenance  18 Bad debts  17 Interest (attach schedule) (see instructions)  19 Taxes and licenses  19 Depreciation (attach Form 4562)  20 Depreciation (attach Form 4562)  21 Less depreciation claimed on Schedule A and elsewhere on return  22 Depletion  23 Contributions to deferred compensation plans  24 Employee benefit programs  25 Excess exempt expenses (Schedule I)  26 Excess readership costs (Schedule J)  27 Other deductions (attach schedule)  28 Total deductions. Add lines 14 through 27  29 Unrelated pusiness taxable income before net operating loss deduction. Subtract line 28 from line 13  29 O-  10 Unrelated business taxable income. Subtract line 30 from line 29  30 O-  31 Unrelated business taxable income. Subtract line 30 from line 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                       |                            |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| Total. Combine lines 3 through 12    Part III   Deductions Not Taken Elsewhere (See instructions for limitations on deductions)   Coeductions must be directly connected with the unrelated business income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                                                                         | 774000                                |                            |                               |                                   | A MANAGERAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | d Mary         |                            |  |
| Deductions Not Taken Elsewhere (See instructions for limitations on deductions)   Code (Deductions must be directly connected with the unrelated business income)    Compensation of officers, directors, and trustees (Schedule K)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •                                                                         |                                       |                            |                               | 0.                                | The art of the control of the contro | "L LADICTURA   |                            |  |
| 14   Compensation of officers, directors, and trustees (Schedule K)   14     15   Salaries and wages   15     16     16     17     18   Interest (attach schedule) (see instructions)   18   17     18   Interest (attach schedule) (see instructions)   19   19   19   19   19   19   19   1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part III Deduction                                                        | ns Not Taken Elsewhei                 | re (See instructions fo    | r limita                      | rtions on deductions)             | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | 1                          |  |
| 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 17 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Depletion 21 Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 22 Contributions to deferred compensation plans 23 Cemployee benefit programs 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 Total deductions (attach schedule) 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 O. 30 Oeduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income. Subtract line 29 31 O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Deductions                                                               | must be directly connected w          | ith the unrelated busin    | essino                        | ome)                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| Repairs and maintenance  Bad debts  Interest (attach schedule) (see instructions)  Interest (attach schedule A and elsewhere on return (see instructions) (see instructions)  Interest (attach schedule A and elsewhere on return (see instructions) (see instructions)  Interest (attach schedule A and elsewhere on return (see instructions) (see instructions)  Interest (attach schedule A and elsewhere on return (see instructions) (see ins | 14 Compensation of offi                                                   | cers, directors, and trustees (Sch    | edule K)                   | ,                             | -                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14             |                            |  |
| 17 18 Interest (attach schedule) (see instructions) 19 10 Taxes and licenses 19 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 21 Depletion 22 Contributions to deferred compensation plans 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 Total deductions (attach schedule) 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 O .  30 O .  31 Unrelated business taxable income. Subtract line 30 from line 29 31 O .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | •                                                                         |                                       |                            |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 15             |                            |  |
| Interest (attach schedule) (see instructions)  18 19 10 10 11 11 11 12 12 12 12 12 12 12 12 12 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ·                                                                         | ance                                  |                            |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| Taxes and licenses  Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  19  20  21  21  22  23  24  24  25  Excess readership costs (Schedule J)  26  27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  30  O .  31  Unrelated business taxable income. Subtract line 30 from line 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           | dula) (ana matamata)                  |                            |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\overline{}$  |                            |  |
| Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions: Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  31  O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           | Jule) (see instructions)              |                            |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| Less depreciation claimed on Schedule A and elsewhere on return  21a  21b  22  Depletion  22  Contributions to deferred compensation plans  Employee benefit programs  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           | Form 4562)                            |                            |                               | امدا                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| Depletion  Contributions to deferred compensation plans  Employee benefit programs  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  Junelated business taxable income. Subtract line 30 from line 29  31  O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | •                                                                         |                                       | e on return                |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7              |                            |  |
| Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  10  Unrelated business taxable income. Subtract line 30 from line 29  11  12  23  24  25  26  27  28  Other deductions (attach schedule)  27  28  Other deductions Add lines 14 through 27  29  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  10  11  12  13  14  15  16  17  17  18  18  18  18  18  18  18  18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           |                                       | 5 511 7 5 ta 111           |                               | 2141                              | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                            |  |
| Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions: Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  30  O.  Unrelated business taxable income. Subtract line 30 from line 29  31  O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 23 Contributions to defe                                                  | rred compensation plans               |                            |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\overline{}$  |                            |  |
| Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions: Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  30  O.  Unrelated business taxable income. Subtract line 30 from line 29  31  O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 24 Employee benefit pro                                                   | grams                                 |                            |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| 27 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 27 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 O .  30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 O .  31 Unrelated business taxable income. Subtract line 30 from line 29 31 O .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 25 Excess exempt exper                                                    | ises (Schedule I)                     |                            |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 25             |                            |  |
| Total deductions: Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  30  Unrelated business taxable income. Subtract line 30 from line 29  31  O .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | 26                                    |                            |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  30  0.  Unrelated business taxable income. Subtract line 30 from line 29  31  0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7                                                                         | · · · · · · · · · · · · · · · · · · · |                            |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  30  0.  Unrelated business taxable income. Subtract line 30 from line 29  31  0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           | $\overline{}$                         |                            |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| (see instructions) 31 Unrelated business taxable income. Subtract line 30 from line 29 31 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                       |                            |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
| 31 Unrelated business taxable income. Subtract line 30 from line 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           | eraung loss arising in tax years be   | ginning on or after Januar | ry 1, 20                      | 18                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | ,                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | ivable income. Subtract line 20 for   | om line 20                 |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions. |                                       |                            |                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | Form <b>990-T</b> (2019)   |  |

|          |            | WBAVER INDUSTRIES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                | 34-:           | 1086070 Page 2                             |
|----------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|--------------------------------------------|
| 批印       |            | Total Unrelated Business Taxable Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                |                                            |
| 32       | Total o    | f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                | 32             | 0                                          |
| 38       | Amoun      | ts paid for disallowed fringes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                | 33             |                                            |
| 34       | Charita    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 34             | 0,             |                                            |
| 35       | Total u    | DIS CONTRIBUTIONS (888 INSTRUCTIONS FOR limitation rules)  related business taxable income before pre-2018 NOLs and specific deduction. Subtractions 34 from the similar investage and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 33             | 35             |                                            |
| 36       | Deduct     | ion for net operating loss at sing in tax years beginning before January 1, 2018 (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ~ Ի            | 36             | <del></del>                                |
| 37       | Total of   | f unrelated business taxable income before specific deduction. Subtract line 36 from line 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                | 37             |                                            |
| 38       | Specific   | c deduction (Generally \$1,000, but see line 38 instructions for exceptions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S۲             | 38             | 1,000.                                     |
| 39,      | Unreta     | ted business taxable income. Subtract line 38 from line 37, If line 38 is greater than line 37,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | نز ک           | <del>~</del> - | 2,000.                                     |
| 1        | enter t    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1              | 39             | 0.                                         |
| Par      |            | na smaller of zero or line 37  Fax Computation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                | 38             |                                            |
| 40       |            | zations Taxable as Corporations. Multiply line 39 by 21% (0.21)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ~              | T              | 0.                                         |
| 1        | 'Truefe'   | Texable at Frust Rates, See instructions for tax computation, income tax on the amount on line 39 from:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                | 40 E           |                                            |
| * :      | T t        | av rate schedule or Schedule D. Committees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _ [4           |                |                                            |
| 42       | Penns      | ax rate schedule or Schedule D (Form 1041)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ₹              | 41             |                                            |
| 43       | Attorer    | ax. See Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>&gt;</b>  - | 42             |                                            |
|          | Augua      | tive minimum tax (trusts only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ,. L           | 43             |                                            |
| 44 \     | / 32.00    | Noncempliant Facility Income. See Instructions' and lines 42, 43, and 44 to line 40 or 41, whichever applies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                | 44             |                                            |
| 45       | NOEAE.     | Tax and Payments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | 45             | 0.                                         |
|          | 3 4 5 (A)  | Tax and t dynamics                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 15.            | or death at    |                                            |
| 461      | Foreign    | tax credit (corporations attach Form 1118; trusts attach Form 1116)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                |                                            |
|          |            | redits (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                |                                            |
| 3.       | General    | business credit, Attach Form 3800                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                |                                            |
| đ        | Credit     | or prior year minimum tax (attach Form 8801 or 8827)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |                |                                            |
| 8        | Total c    | redits. Add lines 46a through 46d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | . , L          | 460            |                                            |
| 47       | Subtrac    | It line 46e from line 45 ixes. Check if from: Form 4265 Form 8611 Form 8697 Form 8866 Other (unsch school                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | [              | 47             | 0.                                         |
| 48       | -Other to  | ixes. Check if from: Form 4265 Form 8611 Form 8697 Form 8866 Other (union school                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (nipt)         | 48             | ,                                          |
| 49       | FOTAL TE   | x. Add lines 47 and 48 (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                | 49             | 0.                                         |
| 50       | 2019 n     | at 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                | 50             | 0.                                         |
| 51 a     | Paymer     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6              |                | <del></del>                                |
| b        | 2019 es    | stimated tax payments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                |                                            |
| G        | Tax dep    | osited with Form 8868                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                |                                            |
| đ        | Foreign    | organizations: Tax paid or, withheld at source (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                |                                            |
|          | Backup     | withholding (see instructions) 51e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                |                                            |
|          |            | or'small employer health insurance premiums (attach Form 8941)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                |                                            |
|          | Other c    | redits, adjustments, and payments: Form 2439                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                |                                            |
| •        | Fr Fr      | orm 4136 Other Total ▶ 5tg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ğ              |                |                                            |
| 52       | Total n    | wm 4136 Other Total ▶ 5tg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                | 1230           | 076                                        |
| 53       | Fetimat    | syments. Add lines 51a through 51g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ├-             | 52             | 876.                                       |
| 54       | Tay due    | ed tax penalty (see instructions). Check if Form 2220 is attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ·              | 53             | <del> </del>                               |
| 55       | Premara    | s. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | 54             |                                            |
| 56<br>56 | Enter th   | yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Refunded                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                | 55             | 876.                                       |
| Part     | SV43       | Statements Regarding Costain Activities and Other Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                | 56             | 876.                                       |
|          |            | Statements Regarding Certain Activities and Other Information (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | <u> </u>       | <del></del>                                |
| 57       | At any t   | ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                | ī              | Yes No                                     |
|          | OVER 2 T   | inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                |                                            |
|          |            | Form 114, Report of Foreign Bank and Financial Accounts, if "Yes," enter the name of the foreign country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                |                                            |
|          | here       | <b>-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                | X                                          |
| 58       | Ouring 1   | the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign trust?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                | X                                          |
|          | if "Yes,"  | see instructions for other-forms the organization may have to file.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                |                                            |
| 59       | Enter th   | e amount of tax-exempt interest received or accrued during the tax year 🕒 💲                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                |                                            |
| oi       | Uq         | der parafiles of perjuny if defiare that I have examined this return, including accompanying schedules and statements, and to the best of my kill<br>if act, and complete. Defial of or perfer (other than taxpayer) is based on all information of which properer has any knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | howledge       | and belie      | if, It is truo                             |
| Sign     |            | A the character of the character of the character of an analysis of the character of an analysis of the character of the char | -              |                |                                            |
| Here     |            | EXECUTIVE DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                | scups this roturn with<br>nown boson (sees |
|          |            | Signature of officer Date Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                | X Yes No.                                  |
|          |            | Print/Type preparer's name Preparer's signature Date Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | if             | PTIN           |                                            |
| Paid     | ŀ          | self- emph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                | ' '''          |                                            |
| -        | e<br>Darer | JILL M. BOYLE, CPA JILL M. BOYLE, CPA11/12/20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | .100           | pňi            | L246734                                    |
| , -      |            | Firm's name SIKICH LLP Firm's Ell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | u 👆            |                | -3168081                                   |
| USE      | Only       | 274 WHITE POND DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | V -            | 20-            | PICOROT                                    |
|          |            | Production in September of Association                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | / 2            | 2016           | ) CA 6661                                  |
| 929711 ( | ht-27-46   | Hrm's address ► AKRON, OH 4432U-1118 Phone no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | . (3           |                | 364-6661                                   |
|          |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | F              | om <b>990-T</b> (2019)                     |