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| Form <b>990-T</b>                            | Ex             | empt Organization<br>(and proxy tax                     |           |                       |               |                                       | rn                 | ОМВ                             | No 1545-0                     | 047                  |
|--|----------------|---|-----------|-----------------------|---------------|---------------------------------------|--------------------|---------------------------------|-------------------------------|----------------------|
|  | For cale       | ndar year 2019 or other tax year begin                  |           |                       |               |                                       | 2019.              | 9                               | )M <b>1</b> 0                 | 1                    |
| Department of the Treasury                   |                | ► Go to www.irs.gov/Form990                             |           |                       |               |                                       |                    | (2                              | 30 I 3                        | ,                    |
| Internal Revenue Service                     | <b>▶</b> Do    | not enter SSN numbers on this form                      |           |                       |               |                                       | (c)(3)             | Open to<br>501(c)(3)            | Public însped<br>Organization | ction for<br>ns Only |
| A Check box if address changed               |                | Name of organization ( Check b                          | ox if nai | me changed and see    | e instruction | s)                                    |                    | oyer identif<br>oyees' trust, s |                               |                      |
| B Exempt under section                       |                | THE <u>RESUR</u> RECTION PR                             | OJEC      | T_                    |               |                                       | ╛                  |                                 |                               |                      |
| X 501( C 13)                                 | Print          | Number, street, and room or suite no                    | lf a P O  | box, see instruction  | าร            |                                       | 36-3               | 576073                          |                               |                      |
| 408(e) 220(e)                                | Type           |   |           |                       |               |                                       |                    | lated busin<br>nstructions)     | ess activit                   | y code               |
| 408A530(a)                                   | **             | 1805 SOUTH PAULINA                                      |           |                       |               |                                       |                    | ,                               |                               |                      |
| 529(a)                                       |                | City or town, state or province, country                | y, and 2  | ZIP or foreign postal | code          |                                       |                    |                                 |                               |                      |
| C Book value of all assets<br>at end of year |                | CHICAGO, IL 60608                                       |           |                       |               | <del></del>                           |                    |                                 |                               |                      |
| •  |                | up exemption number (See instruct                       |           |                       | 1             |                                       | 1                  |                                 | 1 1                           |                      |
| ·  | •              | ck organization type   X 501                            |           |                       | 501(c         |                                       | 401(a)             |                                 |                               | ner trust            |
|  | _              | nization's unrelated trades or busine                   | esses     |                       |               | <del></del>                           | -                  | y (or first) ı                  |                               |                      |
| trade or business her                        |                |   |           |                       | •             | complete Parts                        |                    |                                 | , describe                    | e tne                |
| •  |                | end of the previous sentence, co                        | mpiete    | Parts I and II, cor   | mpiete a S    | cheaule witor ea                      | ach additio        | nai                             |                               |                      |
| trade or business, th                        |                | ete Parts III-v<br>corporation a subsidiary in an affil | liated a  | roup or a parent-e    | ubeidiany (   | controlled group                      | <u> </u>           |                                 | Vos                           | X No                 |
|  |                | identifying number of the parent co                     |           |                       | ubsidial y d  | ontrolled group                       |                    |                                 | res [                         |                      |
| J The books are in care                      |                |   | porati    | 011                   | Telephon      | e number ▶ 3                          | 12-374             | <del>-8095</del>                |                               |                      |
|  |                | or Business Income                                      |           | (A) Incon             |               | (B) Expe                              |                    | T                               | (C) Net                       |                      |
|  |                |   |           | , , ,                 |               | · · · · · · · · · · · · · · · · · · · |                    |                                 |                               |                      |
| b Less returns and allowa                    |                | c Balance ▶   | 1 c       |                       | į             |                                       |                    |                                 |                               |                      |
|  |                | ule A, line 7)  | 2         |                       |               |                                       |                    | 1                               | $\overline{}$                 | ,                    |
|  |                | 2 from line 1c  |           |                       |               | Internal Ker                          |                    |                                 |                               |                      |
| 4a Capital gain net i                        | ncome (a       | ttach Schedule D)                                       | 4a        |                       |               | Received U                            |                    | 7000                            |                               |                      |
| h Not goin (loce) (E                         |                | Part II, line 17) (attach Form 4797)                    |           |                       |               |                                       | 316                |                                 |                               |                      |
| c Capital loss dedu                          | iction for t   | rusts   | 4c        |                       |               |                                       | <del>2 3 702</del> |                                 |                               |                      |
| 5 Income (loss) from a p                     | artnership o   | r an S corporation (attach statement)                   | 5         |                       |               | NUV 4                                 | C J LUL            | u                               |                               |                      |
| 6 Rent income (Sch                           | nedule C)      |   | 6         |                       |               |                                       |                    |                                 |                               | ٠.                   |
| 7 Unrelated debt-fi                          | nanced in      | come (Schedule E)                                       | 7         | <b></b>               |               | Ogd                                   | len, UT            |                                 |                               |                      |
|  | alties, and re | ints from a controlled organization (Schedule F         |           |                       |               |                                       |                    |                                 |                               |                      |
|  |                | 1(c)(7), (9), or (17) organization (Schedule G)         |           |                       |               |                                       |                    | -                               |                               |                      |
| •  | -              | ncome (Schedule I)                                      |           |                       |               | /                                     |                    | -                               |                               |                      |
|  |                | fule J)   |           |                       | /             |                                       |                    | +                               |                               |                      |
| · ·  |                | ctions, attach schedule)                                |           | · · · -               | 0.            | · · · · · · · · · · · · · · · · · · · |                    | +                               |                               |                      |
| Part II Deductio                             | ns Not         | Taken Elsewhere (See inst                               | ructio    | ons for limitation    | ,             | leductions)                           | Deducti            | ons mus                         | st be dır                     | ectly                |
|  |                | ne unrelated business incom                             | <u> </u>  | /_                    |               |                                       |                    |                                 |                               |                      |
|  |                | directors, and trustees (Schedule K                     |           | /                     |               |                                       |                    |                                 |                               | <del></del>          |
|  |                |   |           |                       |               |                                       |                    | 1                               |                               |                      |
|  |                |   | _         |                       |               |                                       |                    |                                 |                               |                      |
|  |                | (see instructions)                                      |           |                       |               |                                       |                    | 1                               |                               |                      |
|  |                |   |           |                       |               |                                       |                    | 1                               |                               |                      |
|  |                | 4562)   |           |                       |               |                                       | 13                 | +                               |                               | <del></del>          |
|  |                | on Schedule A and elsewhere on r                        |           |                       |               |                                       | 216                | .                               |                               |                      |
|  |                |   |           |                       |               |                                       |                    |                                 |                               |                      |
|  |                | compensation plans                                      |           |                       |               |                                       |                    | 1                               |                               |                      |
|  |                | s . <i>[</i>  |           |                       |               |                                       |                    |                                 |                               |                      |
|  |                | Schedule I)   |           |                       |               |                                       |                    |                                 |                               |                      |
|  |                | chedule J)  |           |                       |               |                                       |                    |                                 |                               |                      |
|  |                | chedule)  |           |                       |               |                                       |                    |                                 |                               |                      |
| 28 Total deductions                          | Add line       | s 14 through 27   |           |                       |               |                                       | 28                 |                                 |                               |                      |
|  |                | le income before net operating                          |           |                       |               |                                       |                    |                                 |                               |                      |
| 30 Deduction for ne                          | t operatin     | g loss arısıng ın tax years beginni                     | ng on o   | or after January 1,   | 2018 (see     | e instructions) .                     | 30                 |                                 |                               |                      |
|  |                | e income Subtract line 30 from line                     | e 29 .    | <u>,.</u>             | <u> </u>      |                                       | 31                 |                                 |                               |                      |
| For Paperwork Reduct                         | tion Act N     | Notice, see instructions                                |           |                       |               |                                       | 1                  | <b>₽</b> F                      | orm <b>990</b> -              | <b>-T</b> (2019)     |
| JSA<br>2740 1 000                            | ···            | /2/2022 5 52 52 5                                       |           | 0 7 5-                |               | 1150000                               | 1                  | Ü                               |                               |                      |
| 5494KA N26                                   | ok II,         | /3/2020 7:53:50 AM                                      | v 1       | .y-/.5F               |               | 1150800                               |                    |                                 |                               |                      |

| Par         | 990-7 (2019) THE RESURRECTION PROJECT   |                     |  | S Page                      |
|-------------|---|---------------------|--|-----------------------------|
|             | rt III / Total Unrelated Business Taxable Income  |                     |  |                             |
| 32          | Total of unrelated business taxable income computed from all unrelated trades or bus  | sinesses (see       | 1 / 1                                      |                             |
|             | instructions)   |                     | 32   |                             |
| 33          | Amounts paid for disallowed fringes   |                     | 33   |                             |
| 34          | Charitable contributions (see instructions for limitation rules)  |                     | 34   |                             |
| 5           | Total unrelated business taxable income before pre-2018 NOLs and specific deduction.  | Subtract line       | l <b>I</b> 1                               | _                           |
|             | 34 from the sum of lines 32 and 33  |                     | 35   | 0                           |
| 6           | Deduction for net operating loss arising in tax years beginning before January 1,   |                     |  |                             |
|             | instructions)   |                     |  |                             |
| 7           | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35.  | <i>a</i>            | 37   |                             |
| 8           | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)   |                     | 38   | 1,000                       |
| 9           | Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater to   | han line 37,        |  | •                           |
| -           | enter the smaller of zero or line 37  | <u> </u>            | 39   | 0                           |
| Par         | t IV Tax Computation  |                     | 1  |                             |
| 0           | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)   |                     | 40   |                             |
| 1           | Trusts Taxable at Trust Rates. See instructions for tax computation Incom   |                     |  |                             |
|             | the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)   |                     |  | <del></del>                 |
| 2           | Proxy tax. See instructions   |                     |  |                             |
| 3           | Alternative minimum tax (trusts only)   |                     |  |                             |
| 1           | Tax on Noncompliant Facility Income. See instructions   |                     |  | •                           |
| 5           | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies   | <u> </u>            | 1 45                                       |                             |
|             | Tax and Payments  |                     |  |                             |
|             | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a   |                     | 1 1  |                             |
|             | Other credits (see instructions)  |                     | - 1  |                             |
| C           | General business credit. Attach Form 3800 (see instructions)  |                     | 1 1  |                             |
|             | Credit for prior year minimum tax (attach Form 8801 or 8827)  |                     | 1,00                                       |                             |
|             | Total credits. Add lines 46a through 46d  |                     | 1  |                             |
| 7           | Subtract line 46e from line 45  |                     |  | <del></del>                 |
| 3           | Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (a   |                     |  | 0                           |
| 9           | Total tax. Add lines 47 and 48 (see instructions)   |                     |  |                             |
| 0           | Payments. A 2018 overpayment credited to 2019   | · • • • • • • •     | 30   |                             |
|             | 2019 estimated tax payments   | -                   | 1  |                             |
| -           | Tax deposited with Form 8868  |                     | 1  |                             |
| ن           |   |                     | 1  |                             |
|             | Backup withholding (see instructions)   |                     | 1  |                             |
|             | Credit for small employer health insurance premiums (attach Form 8941)  |                     | 1  |                             |
|             | Other credits, adjustments, and payments: Form 2439   |                     |  |                             |
| 9           | Form 4136 Other Total ▶ 51g   |                     |  |                             |
| 2           | Total payments. Add lines 51a through 51g   |                     | 52   |                             |
| 3           | Estimated tax penalty (see instructions) Check if Form 2220 is attached   |                     | 53   |                             |
| 4           | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed   |                     |  |                             |
| 5           | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid   |                     | <del></del>                                |                             |
| 6           | Enter the amount of line 55 you want. Credited to 2020 estimated tax  | Refunded ►          |  |                             |
|             | rt VI Statements Regarding Certain Activities and Other Information (s  | see instruction     | is)  |                             |
| 7           | At any time during the 2019 calendar year, did the organization have an interest in or  |                     |  | y Yes No                    |
|             | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the   |                     |  |                             |
|             | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the   |                     |  |                             |
|             | here <b>&gt;</b>  |                     |  | _                           |
| 8           | During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans   | sferor to, a fore   | ign trust?                                 | . x                         |
|             | If "Yes," see instructions for other forms the organization may have to file.   |                     |  |                             |
| 9           | Enter the amount of tax-exempt interest received or accrued during the tax year > \$  |                     |  |                             |
|             | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and staten true, correct, and egopotate. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any | nents, and to the t | best of my knowled                         | ge and bellef, it           |
|             | true, correct, and companie. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any  |                     | ay the IRS discu                           | uss this return             |
| igr         |   |                     | •  | shown below                 |
|             | re 11/15/2020 CFO   |                     | · · · —                                    | <del></del>                 |
|             | Signature of officer Date Title   |                     | ee instructions)?X                         | Yes No                      |
| ier         | Signature of officer Date Title  Print/Type preparer's name Preparer's signature Date   | Chec                | ee instructions)?X                         | Yes No                      |
| ler<br>Paid | Signature of officer  Print/Type preparer's name  JOHN CUTRERA  Date  Title  Preparer's signature  Date  11/15  | (se                 | ee instructions)?X  :k if PTIN employed P0 | Yes No<br>1<br>1325603      |
| •           | Signature of officer Date Title  Print/Type preparer's name Preparer's signature Date   | /2020 Chec self-€   | ee instructions)?X  :k if PTIN employed P0 | Yes No<br>1325603<br>160260 |

|  | THE RE   | 20KKFCII            | ON PROJE          | .C1   |               |   | 20-  | 3310013                                       |          |       |
|--|--|---------------------|-------------------|---|---------------|---|------|---|----------|-------|
| Form 990-T (2019)  |  |                     |                   |   |               |   |      |   | F        | ege 3 |
| Schedule A - Cost of G   | oods Sold. Er  | iter method         | of inventor       | y valuation   | <b>&gt;</b>   |   |      |   | -        |       |
| 1 Inventory at beginning of  | year 1   |                     | ē                 | Inventory   | at end of yea | ır                                      | 6    |   |          |       |
| 2 Purchases  | 2  |                     | 7                 |   |               | ld. Subtract line                       |      |   |          |       |
| 3 Cost of labor  | I I  |                     |                   | 6 from lii  | ne 5 Enter    | here and in Part                        |      |   |          |       |
| 4a Additional section 263A c   |  |                     |                   | I, line 2   |               |   | 7    |   |          |       |
| (attach schedule)  | 4a   |                     | ε                 |   |               | section 263A (w                         |      | espect to                                     | Yes      | No    |
| b Other costs (attach schedu   |  |                     |                   | property  | produced      | or acquired for                         | resa | ile) apply                                    |          |       |
| 5 Total. Add lines 1 through   | 4b · 5   |                     |                   | to the org  | anization?    |   |      | <u> </u>                                      |          | Х     |
| Schedule C - Rent Incom  | e (From Real P   | roperty ar          | nd Persona        | I Property  | Leased V      | Vith Real Proper                        | rty) |   |          |       |
| (see instructions)   |  |                     |                   |   |               |   |      | _   |          |       |
| Description of property  |  | _                   |                   |   |               |   |      |   |          |       |
| (1)  | ·  |                     |                   |   |               |   |      |   |          |       |
| (2)  |  |                     |                   |   |               |   |      |   |          |       |
| (3)  | <u> </u>   |                     |                   |   |               |   |      |   |          |       |
| (4)  |  |                     |                   |   |               |   |      |   |          |       |
|  | 2. Rent recei  | ved or accrue       | ed                |   |               |   |      |   |          |       |
| (a) From personal property (if the for personal property is more than 50%                      | han 10% but not  | percenta            | ige of rent for p | ersonal property<br>ersonal property<br>ased on profit or | exceeds       | 3(a) Deductions d<br>in columns 2(      |      |   |          | ome   |
| (1)  |  |                     |                   |   |               |   |      |   |          |       |
| (2)  |  |                     |                   |   |               |   |      |   |          |       |
| (3)  |  |                     |                   |   |               |   |      |   |          |       |
| (4)  |  |                     |                   |   |               |   |      |   |          |       |
| Total  |  | Total               |                   |   |               | /b) T-4-1 d-d4:-                        |      |   |          |       |
| (c) Total income. Add totals of c  | columns 2(a) and 2   | (b) Enter           |                   | -   |               | (b) Total deduction Enter here and or   |      | 1.  |          |       |
| here and on page 1, Part I, line 6   | 6, column (A)  | ▶                   |                   |   |               | Part I, line 6, colur                   |      |   |          |       |
| Schedule E - Unrelated D   | ebt-Financed I   | ncome (se           | e instruction     | ns)   |               |   |      |   |          |       |
| 1. Description of de   | ht financed property   |                     |                   | come from or<br>debt-financed                             | 3 (           | Deductions directly con<br>debt-finance |      |   | ble to   |       |
| 1. Description of de   | bt-linanced property   |                     |                   | perty   |               | nt line depreciation<br>ch schedule)    | (    | (b) Other dedi<br>attach sche)                |          |       |
| (1)  |  |                     |                   |   |               |   |      |   |          |       |
| (2)  |  |                     |                   |   |               |   |      |   |          |       |
| (3)  | -  |                     |                   |   |               |   |      |   |          |       |
| (4)  |  |                     |                   |   |               |   |      |   |          |       |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5 Average adju<br>of or alloca<br>debt-financed<br>(attach sch | ible to<br>property | 4 dı              | olumn<br>vided<br>lumn 5                                  |               | income reportable<br>n 2 x column 6)    |      | . Allocable de<br>umn 6 x total<br>3(a) and 3 | of colum |       |
| (1)  |  |                     |                   | %   |               |   |      |   |          |       |
| (2)  |  |                     |                   | %   |               |   |      |   |          |       |
| (3)  |  |                     |                   | %   |               |   |      |   |          |       |
| (4)  |  |                     |                   | %   |               |   | -    |   |          |       |

Form **990-T** (2019)

Enter here and on page 1, Part I, line 7, column (B)

Total dividends-received deductions included in column 8 .

Enter here and on page 1, Part I, line 7, column (A)

| Schedule F – Interest, Ann          | uities, Royalties   |   |                    | ntrolled Org   |  |  | zations                                     | (see                | instructi   | ons  |  |  |
|-------------------------------------|---|---|--------------------|--|--|--|---|---------------------|---|--|--|--|
| Name of controlled<br>organization  | 2 Employer identification numb  | er 3. Ne  | t unrela           | ated income  | 4. Total   |  | fied incl                                   | uded ir             | of column 4 that is<br>in the controlling<br>ion's gross income |  | 6 Deductions directly connected with income in column 5  |  |
| (1)                                 |   |   |                    |  |  |  | <u> </u>                                    |                     |   |  |  |  |
| (2)                                 |   |   |                    |  |  |  |   |                     |   |  |  |  |
| (3)                                 |   |   |                    |  |  |  |   |                     |   |  |  |  |
| (4)                                 |   |   |                    |  |  |  |   |                     |   |  |  |  |
| Nonexempt Controlled Organiz        | zations   |   |                    |  |  |  |   |                     |   |  |  |  |
| 7. Taxable Income                   | 8 Net unrelated in<br>(loss) (see instruc                             | I .   |                    | Total of specific ayments made   |  | ind  | Part of co<br>cluded in the<br>anization's  | he cont             | rolling   |  | Deductions directly     nnected with income in     column 10                                   |  |
| (1)                                 |   |   |                    |  |  |  |   |                     |   |  |  |  |
| (2)                                 |   |   |                    |  | -  |  |   |                     |   |  |  |  |
| (3)                                 |   |   |                    |  |  |  |   |                     |   | <u> </u>   |  |  |
| (4)                                 |   |   |                    |  |  |  |   |                     |   |  |  |  |
| Totals                              |   |   | <br>:)(7),         | <br>(9), or (17  | ▶<br>′) Orga   | Er<br>P:   | dd column<br>iter here an<br>art I, line 8, | id on pa<br>, colum | age 1,<br>л (А)   | En   | dd columns 6 and 11<br>ter here and on page 1,<br>art 1, line 8, column (B)                    |  |
| 1 Description of income             | 2 Amount of   | income  |                    | 3. Deduction directly cortain (attach sch  | nected   |  |   |                     | f-asides<br>schedule)   |  | 5. Total deductions<br>and set-asides (col 3<br>plus col 4)                                    |  |
| (1)                                 |   |   |                    |  |  |  |   |                     |   |  |  |  |
| (2)                                 |   |   |                    |  |  |  |   |                     |   |  |  |  |
| (3)                                 |   |   |                    |  |  |  |   |                     |   |  |  |  |
| (4)                                 | Enter here and Part I, line 9, co                                     |   | ļ                  |  |  |  |   |                     | · · · · · · · · · · · · · · · · · · ·                           |  | Enter here and on page 1,<br>Part I, line 9, column (B)  |  |
| Totals ► Schedule I – Exploited Exe | empt Activity In  | come, Oth   | er Th              | an Adverti   | ising Ir   | ncom   | e (see in                                   | struc               | tions)  |  |  |  |
| 1 Description of exploited activity | 2. Gross<br>unrelated<br>business income<br>from trade or<br>business | 3. Expens<br>directly<br>connected<br>production<br>unrelated<br>business inc | es<br>with<br>n of | 4. Net inconfrom unrelat<br>or business<br>2 minus col<br>If a gain, or<br>cols 5 thro | ne (loss)<br>ed trade<br>(column<br>umn 3)<br>ompute | 5 Gross income from activity that is not unrelated business income |   | ne<br>nat           | 6 Expenses<br>attributable to<br>column 5                       |  | 7. Excess exempt<br>expenses<br>(column 6 minus<br>column 5, but not<br>more than<br>column 4) |  |
| (1)                                 |   |   |                    |  |  |  |   |                     |   |  |  |  |
| (2)                                 |   |   |                    | -  |  |  |   |                     |   |  |  |  |
| (3)                                 |   |   |                    |  |  |  |   |                     |   |  |  |  |
| (4)                                 |   | -   |                    |  |  |  |   |                     |   |  |  |  |
|                                     | Enter here and on page 1, Part I, line 10, col (A)                    | Enter here at<br>page 1, Pa<br>line 10, col                                   | rt I,              |  |  |  |   |                     | J   |  | Enter here and<br>on page 1,<br>Part II, line 25   |  |
| Totals                              | come (see instri  | uctions)  |                    | <u> </u>   |  |  |   |                     |   |  | 1  |  |
|                                     |   |   | neoli              | dated Bac  | rie .  |  |   | -                   |   |  |  |  |
| Part I Income From Per              | lodicais Report   | eu on a Co  | inson              | luateu bas   | 515  | I  |   |                     |   |  |  |  |
| 1. Name of periodical               | 2 Gross<br>advertising<br>income                                      | 3 Direct advertising of   |                    | 4. Adverting an or (los 2 minus co a gain, co cols 5 thro                              | ss) (col<br>ol 3) If<br>mpute                        | 5. Circulation income  |   | 6. Readership costs |   | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |  |  |
| (1)                                 | 1   |   |                    |  |  |  |   | $\overline{}$       |   |  |  |  |
| (2)                                 | -   |   |                    |  |  |  |   | $\neg \uparrow$     |   |  | <u> </u>   |  |
| (3)                                 |   |   |                    | <u> </u>   |  |  |   |                     |   |  |  |  |
| (4)                                 | 1   |   |                    |  |  |  |   |                     |   |  |  |  |
| Totals (carry to Part II, line (5)) |   |   |                    |  |  |  |   |                     |   |  |  |  |
|                                     |   |   |                    |  |  |  |   |                     |   |  |  |  |

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

| 1 Name of periodical          | 2. Gross<br>advertising<br>income                  | 3 Direct   | 4 Advertising<br>gain or (loss) (col<br>2 minus col 3) If<br>a gain, compute<br>cols 5 through 7 | 5 Circulation income | 6. Readership costs | 7. Excess readership<br>costs (column 6<br>minus column 5, but<br>not more than<br>column 4) |
|-------------------------------|--|--|--|----------------------|---------------------|--|
| (1)                           |  |  |  |                      |                     |  |
| (2)                           |  |  |  |                      |                     |  |
| (3)                           |  |  |  |                      |                     |  |
| (4)                           |  |  |  |                      |                     |  |
| Totals from Part I ▶          |  | <del></del>  |  |                      |                     |  |
|                               | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (B) |  |                      |                     | Enter here and on page 1, Part II, line 26   |
| Totals, Part II (lines 1-5) ▶ |  |  |  |                      | <u> </u>            |  |

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

| 1. Name  | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--|---------|---------------------------------------|---|
| 1)   |         | %                                     |   |
| 2)   |         | %                                     |   |
| 3)   |         | %                                     |   |
| ······································           |         | %                                     |   |
| otal Enter here and on page 1, Part II, line 14. |         |                                       |   |

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