|  |  |                   |             | 2020               | 2 A A      | (0.450.  |  |  |  |  |  |
|--|--|-------------------|-------------|--------------------|------------|--|--|--|--|--|--|
| EXTENDED TO A  | MAY 1  | 15, 2019          | ,           | 2708               | 9 U Z      | 604326   |  |  |  |  |  |
| Form 990 T   | sine   | ss Incor          | ne T        | ax Retui           | rņ         | OMB No 1545-0687   |  |  |  |  |  |
| (and proxy tax un  |  |                   |             | 150                | 6          | 2047   |  |  |  |  |  |
| For calendar year 2017 or other tax year beginning $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$  |  |                   |             |                    | 18         | ZU 17  |  |  |  |  |  |
| Department of the Treasury Internal Revenue Service  Do not enter SSN numbers on this form as it m.  |  |                   |             |                    | 3)         | Open to Public Inspection for 501(c)(3) Organizations Only |  |  |  |  |  |
| A Check box if address changed Name of organization ( Check box if name  | x if Name of organization ( Check box if name changed and see instructions.)  D Employer identification number (Employees' trust, see  |                   |             |                    |            |  |  |  |  |  |  |
| The state of the s | The second secon |                   |             |                    |            |  |  |  |  |  |  |
| X 501(C)(3) ) Or Type Number, street, and room or suite no. If a P.O. b 7136 WINCHESTER  | or Number, street, and room or suite no. If a P.O. box, see instructions. 7136 WINCHESTER    E Unrelated business activity codes (See instructions.)   |                   |             |                    |            |  |  |  |  |  |  |
| 408A 530(a) City or town, state or province, country, and ZIP 529(a) MEMPHIS, TN 38125   | City or town, state or province, country, and ZIP or foreign postal code   |                   |             |                    |            |  |  |  |  |  |  |
| C Book value of all assets at end of year F Group exemption number (See instructions.)   | <b>•</b>   |                   |             |                    |            |  |  |  |  |  |  |
| 10,029. G Check organization type ► X 501(c) co  |  |                   | c) trust    | 40                 | l(a) trust | Other trust  |  |  |  |  |  |
| H Describe the organization's primary unrelated business activity. ▶ RETAIL  |  |                   | 0           | •                  |            | <b>V</b>   |  |  |  |  |  |
| During the tax year, was the corporation a subsidiary in an affiliated group or a par<br>if "Yes," enter the name and identifying number of the parent corporation.  | rent-subs  | idiary controlled | group       |                    | · ү        | es X No  |  |  |  |  |  |
| J The books are in care of STEVE WARING  |  |                   | Telepho     | one number 🕨       | 901-       | 761-4771   |  |  |  |  |  |
| Part I Unrelated Trade or Business Income  |  | (A) Incor         |             | (B) Expen          |            | (C) Net  |  |  |  |  |  |
| 1a Gross receipts or sales 136,133.  |  |                   |             |                    |            | *  |  |  |  |  |  |
| b Less returns and allowances c Balance  | 1c   | 136,              |             |                    |            |  |  |  |  |  |  |
| 2 Cost of goods sold (Schedule A, line 7)  | 2  |                   | 047.        |                    |            | 44 096   |  |  |  |  |  |
| Gross profit. Subtract line 2 from line 1c   | 3  | 44,               | 086.        |                    |            | 44,086.  |  |  |  |  |  |
| <ul> <li>Aa Capital gain net income (attach Schedule D)</li> <li>b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</li> </ul>   | 4a<br>4b   |                   |             |                    |            |  |  |  |  |  |  |
| <ul><li>b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</li><li>c Capital loss deduction for trusts</li></ul>   | 4c   |                   |             |                    |            | <del></del>  |  |  |  |  |  |
| 5 Income (loss) from partnerships and S corporations (attach statement)  | 5  |                   |             |                    |            |  |  |  |  |  |  |
| 6 Rent income (Schedule C)   | 6  |                   |             |                    |            |  |  |  |  |  |  |
| 7 Unrelated debt-financed income (Schedule E)  | 7  |                   |             |                    |            |  |  |  |  |  |  |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)   | 8  |                   |             |                    |            |  |  |  |  |  |  |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule C  | G) 9   |                   |             |                    |            |  |  |  |  |  |  |
| 10 Exploited exempt activity income (Schedule I)   | 10   |                   |             |                    |            |  |  |  |  |  |  |
| 11 Advertising income (Schedule J)   | 11   |                   |             | ·                  | •          | 1  |  |  |  |  |  |
| Other income (See instructions; attach schedule)   | 12   | 11                | 086.        |                    |            | 44,086.  |  |  |  |  |  |
| Part II Deductions Not Taken Elsewhere (See Vistructions   | 13<br>for limita   |                   |             |                    |            | 44,000.  |  |  |  |  |  |
| (Except for contributions, deductions must be directly connecting  | ed with t  | he unrelated b    | usiness     | income.)           |            |  |  |  |  |  |  |
| 10 050   | 11   |                   |             |                    | 14         |  |  |  |  |  |  |
| 14 Compensation of officers, directors, and trustees (\$chedute (\$) 2018  15 Salaries and wages   | 5 .  |                   |             |                    | 15         | 46,331.  |  |  |  |  |  |
| 16 Repairs and maintenance   | i i  |                   |             |                    | 16         | 728.   |  |  |  |  |  |
| 17 Bad debts   | !  |                   |             |                    | 17         |  |  |  |  |  |  |
| 18 Interest (attach schedule)  |  |                   |             |                    | 18         | 14 041   |  |  |  |  |  |
| 19 Taxes and licenses  |  |                   |             |                    | 19         | 14,241.  |  |  |  |  |  |
| 20 Charitable contributions (See instructions for limitation rules)  |  | 1.6               | I           |                    | 20         |  |  |  |  |  |  |
| <ul><li>Depreciation (attach Form 4562)</li><li>Less depreciation claimed on Schedule A and elsewhere on return</li></ul>  |  | _                 | 21<br>2a    |                    | 22b        | 1  |  |  |  |  |  |
| 23 Depletion   |  | ٤                 | <u> </u>    |                    | 23         |  |  |  |  |  |  |
| 24 Contributions to deferred compensation plans  |  |                   |             |                    | 24         |  |  |  |  |  |  |
| 25 Employee benefit programs   |  |                   |             |                    | 25         | 4,468.   |  |  |  |  |  |
| 26 Excess exempt expenses (Schedule I)   |  |                   |             |                    | 26         |  |  |  |  |  |  |
| 27 Excess readership costs (Schedule J)  |  |                   |             | •                  | 27         |  |  |  |  |  |  |
| 28 Other deductions (attach schedule)  |  | SEE               | STAT        | EMENT 1            | 28         | 62,414.  |  |  |  |  |  |
| 29 Total deductions. Add lines 14 through 28   |  |                   |             |                    | 29         | 128,182.   |  |  |  |  |  |
| Unrelated business taxable income before net operating loss deduction. Subtra  | act line 29  |                   | G III X III | ב שנאם אם          | 30         | -84,096.   |  |  |  |  |  |
| Net operating loss deduction (limited to the amount on line 30)  | from line  |                   | STAT        | EMENT 2            | 31<br>32   | -84,096.   |  |  |  |  |  |
| <ul><li>32 Unrelated business taxable income before specific deduction. Subtract line 31</li><li>33 Specific deduction (Generally \$1,000, but see line 33 instructions for exception</li></ul>  |  | JU                |             |                    | 33         | 1,000.   |  |  |  |  |  |
| 33 Unrelated business taxable income. Subtract line 33 from line 32. If line 33  |  | than line 32, ent | ter the sm  | aller of zero or _ | / "        | •  |  |  |  |  |  |
| line 32  |  |                   |             | 3                  | 34         | -84,096.   |  |  |  |  |  |

| Part I       | 1  | Tax Computation  |   |               |                       |             |                     |                    |             |  |  |
|--------------|--|--|---|---------------|-----------------------|-------------|---------------------|--------------------|-------------|--|--|
| 35           | Orgai  | nizations Taxable as Corporations See instru   | ictions for tax computation.                  |               |                       | ė,          | FS                  |                    |             |  |  |
|              | •  | olled group members (sections 1561 and 156   | <del></del>                                   | and           |                       | ار.<br>اورا |                     |                    |             |  |  |
| , a          | Enter  | your share of the \$50,000, \$25,000, and \$9,93   | 25,000 taxable income brackets (in that or    | der):         |                       | 7           |                     |                    |             |  |  |
|              | (1) \$ (2) \$ (3) \$   |  |   |               |                       |             |                     |                    |             |  |  |
| b            | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)                                  |  |   |               |                       |             |                     |                    |             |  |  |
|              | (2) A  | dditional 3% tax (not more than \$100,000)   | <b>L\$</b>                                    |               |                       | <u> </u>    |                     |                    |             |  |  |
| C            | Incon  | ne tax on the amount on line 34  |   |               | ļ                     | ► L:        | 35c                 |                    | 0.          |  |  |
| 36           | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: |  |   |               |                       |             |                     |                    |             |  |  |
|              |  | Tax rate schedule or Schedule D (For   | m 1041)                                       |               | 1                     | ▶  ₋        | 36                  |                    |             |  |  |
| 37           | Proxy  | tax. See instructions  |   |               | l                     | ▶  ₋        | 37                  |                    |             |  |  |
| 38           | 38 Alternative minimum tax 38  |  |   |               |                       |             |                     |                    |             |  |  |
|              |  | n Non-Compliant Facility Income See Instru   |   |               |                       |             | 39                  |                    |             |  |  |
| 40           |  | . Add lines 37, 38 and 39 to line 35c or 36, wh  | ichever applies                               |               |                       |             | 40                  |                    | 0.          |  |  |
| Part I       |  | Tax and Payments   |   | 1             |                       | 187         | 1,2,1               |                    |             |  |  |
|              |  | gn tax credit (corporations attach Form 1118; t  | rusts attach Form 1116)                       | 41a           | *                     | ''          | , 1,4<br>,4,4       |                    |             |  |  |
|              |  | credits (see instructions)   |   | 41b           |                       | —           |                     |                    |             |  |  |
| C            |  | ral business credit. Attach Form 3800  | 4 0007)                                       | 41c           |                       |             |                     |                    |             |  |  |
|              |  | t for prior year minimum tax (attach Form 880  | 1 or 8827)                                    | 41d           |                       | - 1         | 7.701<br>440        |                    |             |  |  |
|              |  | credits. Add lines 41a through 41d   |   |               |                       |             | 41e                 |                    | 0.          |  |  |
| 42           | -  | act line 41e from line 40<br>taxes. Check if from: Form 4255   | Form 8611 Form 8697 Form                      | 9966          | Other (attach schedu  | _           | 43                  |                    | <u> </u>    |  |  |
| 43           |  | taxes. Check if from: Form 4255 tax. Add lines 42 and 43   | ruill 6011 Fulli 6097 Fulli                   | 0000          | Utilet (attach schedu |             | 44                  |                    | 0.          |  |  |
| 44           |  | ents: A 2016 overpayment credited to 2017  |   | 45a           |                       |             | - ; ; **            |                    | <del></del> |  |  |
|              | -  | estimated tax payments   |   | 45a<br>45b    |                       | — ;         | ) (1)<br>(4) (4)    |                    |             |  |  |
|              |  | estimated tax payments<br>eposited with Form 8868  |   | 45c           |                       |             |                     |                    |             |  |  |
|              |  | gn organizations: Tax paid or withheld at sourc  | e (see instructions)                          | 45d           |                       |             |                     |                    |             |  |  |
|              |  | up withholding (see instructions)  | o (see mandanons)                             | 45e           |                       | ┨.          | 144 A               |                    |             |  |  |
|              |  | t for small employer health insurance premium  | ns (Attach Form 8941)                         | 45f           |                       |             |                     |                    |             |  |  |
|              |  | *  | rm 2439                                       | 101           |                       |             |                     |                    |             |  |  |
| ¥            |  |  | her Total                                     | ► 45g         |                       | 1           |                     |                    |             |  |  |
| 46           |  | payments. Add lines 45a through 45g  |   |               |                       |             | 46                  |                    |             |  |  |
| 47           |  | ated tax penalty (see instructions). Check if Fo   | rm 2220 is attached                           |               |                       |             | 47                  |                    |             |  |  |
| 48           |  | ue. If line 46 is less than the total of lines 44 a  |   |               | ı                     |             | 48                  |                    | 0.          |  |  |
| 49           |  | payment. If line 46 is larger than the total of lin  | -   |               | · ·                   | _           | 49                  |                    | 0.          |  |  |
| 50           |  | the amount of line 49 you want: Credited to 2  |   |               | Refunded              | ▶□          | 50                  |                    |             |  |  |
| Part V       | 3.<br>Pr\$   | Statements Regarding Certain   | Activities and Other Information              | tion (see     | instructions)         |             |                     |                    |             |  |  |
| 51           | At any   | y time during the 2017 calendar year, did the c  | organization have an interest in or a signati | ure or other  | authority             |             |                     | Yes                | No          |  |  |
|              | over a   | a financial account (bank, securities, or other)   | in a foreign country? If YES, the organizati  | ion may hav   | e to file             |             |                     |                    |             |  |  |
|              | FinCE  | N Form 114, Report of Foreign Bank and Finar   | ncial Accounts. If YES, enter the name of it  | he foreign co | ountry                |             |                     |                    | Gradi       |  |  |
|              | here   | ► <u> </u>   |   |               |                       |             |                     | .                  | <u> </u>    |  |  |
| 52           | Durin  | g the tax year, did the organization receive a d   | istribution from, or was it the grantor of, o | r transferor  | to, a foreign trust?  |             |                     |                    | X           |  |  |
|              | If YES   | S, see instructions for other forms the organiza   | ation may have to file.                       |               |                       |             |                     |                    | 1 G         |  |  |
| 53           |  | the amount of tax-exempt interest received or  |   |               |                       |             |                     | \$2.5.E            | (           |  |  |
| Sian         |  | der penalties of perjury, I declare that I have examined<br>rect, and complete Declaration of preparer (other than |   |               |                       | wledge      | and belief, it is t | rue,               |             |  |  |
| Sign<br>Here |  | To deal M. Conner Dan  | unlight -                                     |               |                       | May         | the IRS discuss t   | his return wi      | ıth         |  |  |
| пете         | 19   | Twong of a errect  |   | DENT/C        | CEO                   |             | reparer shown be    | · -                |             |  |  |
|              |  | Signature of officer   | Date Title                                    |               |                       | _           | ,                   | Yes                | No          |  |  |
|              |  | Print/Type preparer's name   | Preparer's signature                          | Date          | Check                 | ] If        | PTIN                |                    |             |  |  |
| Paid         |  | 2001 W DOOT TO   | NOT W DOOT TO                                 | 10/10         | self- employ          | /ed         | D0100               | 7017               |             |  |  |
| Prepa        | C  |  |   | 12/13/        |                       |             | P0129               |                    |             |  |  |
| Use O        | nly  | Firm's name ► DIXON HUGHES   |   | 400           | Firm's EIN            |             | 56-07               | 4/381              | <u></u>     |  |  |
|              |  |  |   | 400           | Dhana sa              | / 0         | 01)761              | 3000               | 1           |  |  |
|              |  | Firm's address ► MEMPHIS, T  | N 30170                                       |               | Phone no.             | 19          |                     | – 3000<br>990-T (2 |             |  |  |
|              |  |  |   |               |                       |             | rorm                | əə∪-1 (%           | ZUI/)       |  |  |

| Schedule A - Cost of Goods  | Sold Enter        | method of inver                | ton         | valuation > COS                                       | т               |   |                      |   |
|---|-------------------|--------------------------------|-------------|---|-----------------|---|----------------------|---|
|   | 1                 | 11,031.                        | <del></del> |   |                 |   |                      | 10,029.                                       |
| <ol> <li>Inventory at beginning of year</li> <li>Purchases</li> </ol> | 2                 | 91,045.                        | -1          | Cost of goods sold. Su                                | ine 6           | 6   |                      |   |
| 3 Cost of labor   | 3                 | JI,043.                        | ┤ ′         | from line 5. Enter here                               |                 |   |                      |   |
| 4a Additional section 263A costs                                      | "                 |                                | 1           | line 2  | u ,             | 7   | 92,047.              |   |
| (attach schedule)   | 4a                |                                | 8           |   | with respect to |   | Yes No               |   |
| b Other costs (attach schedule)                                       | 4b                |                                | 1 ՝         | property produced or a                                |                 |   |                      |   |
| 5 Total. Add lines 1 through 4b                                       | 5                 | 102,076.                       | 1           | the organization?                                     | aoquii oo       | rior robalo, apply to                                   |                      | Х   |
| Schedule C - Rent Income  |                   |                                |             |   | ease            | d With Real Prop  | ertv)                |   |
| (see instructions)  | (1.10111.11001    | . roporty and                  |             |   |                 | <b></b>   | ,,                   |   |
| (coo inchibation)   |                   |                                |             |   |                 |   |                      |   |
| Description of property   |                   |                                |             |   |                 |   |                      |   |
| (1)   | -                 |                                | -           |   |                 |   |                      |   |
| (2)   |                   |                                |             |   |                 |   |                      | · · · · ·                                     |
| (3)   |                   |                                |             | <del></del>   |                 |   |                      |   |
| (4)   |                   |                                |             |   |                 |   |                      |   |
|   | 2. Rent receiv    | red or accrued                 | -           |   |                 |   |                      |   |
| (a) From personal property (if the per-                               | centage of        | (b) From real a                | nd pers     | sonal property (if the percentage                     | ge              | 3(a) Deductions directly columns 2(a) an                | connect<br>d 2(b) (a | ed with the income in ttach schedule)         |
| rent for personal property is more 10% but not more than 50%)         | than              | of rent for p                  | ersona      | I property exceeds 50% or if sed on profit or income) |                 |   |                      |   |
| (1)   |                   | , ,                            |             |   |                 | <del></del>   |                      |   |
| (2)   |                   |                                |             |   |                 |   |                      |   |
| (3)   |                   |                                |             |   |                 |   |                      |   |
| (4)   |                   | .,                             |             |   |                 |   |                      |   |
| Total   | 0.                | Total                          |             |   | 0.              |   |                      |   |
| (c) Total income. Add totals of columns                               | 2(a) and 2(b). En | nter                           |             |   |                 | (b) Total deductions                                    |                      |   |
| here and on page 1, Part I, line 6, column                            |                   | <b>&gt;</b>                    |             |   | 0.              | Enter here and on page 1,<br>Part I, line 6, column (B) | <b></b>              | 0.  |
| Schedule E - Unrelated Deb  | t-Financed        | Income (see                    | instru      | ictions)  |                 |   |                      |   |
|   |                   |                                | Ι.          |   |                 | 3. Deductions directly conn<br>to debt-finance          |                      |   |
| •   |                   |                                | 1           | 2 Gross income from<br>or allocable to debt-          | (a)             | Straight line depreciation                              | T                    | (b) Other deductions                          |
| 1 Description of debt-fit   | nanced property   |                                |             | financed property                                     | (-,             | (attach schedule)                                       | 1                    | (attach schedule)                             |
|   |                   |                                | <u> </u>    |   |                 |   | ┷                    |   |
| (1)   |                   |                                |             |   |                 |   | ┷                    |   |
| (2)   |                   |                                |             |   |                 |   | ┷                    |   |
| (3)   |                   |                                |             |   |                 |   | <b>_</b>             |   |
| (4)   |                   |                                |             |   |                 |   | ┿                    |   |
| 4. Amount of average acquisition                                      |                   | adjusted basis                 | (           | 6 Column 4 divided                                    |                 | 7. Gross income   | ١,                   | 8. Allocable deductions                       |
| debt on or allocable to debt-financed<br>property (attach schedule)   | debt-fina         | allocable to<br>inced property | -           | by column 5   |                 | reportable (column<br>2 x column 6)                     | "                    | column 6 x total of columns<br>3(a) and 3(b)) |
|   | lattac            | h schedule)                    | <u> </u>    |   |                 |   | ₩                    |   |
| (1)   |                   |                                |             | %   |                 | <u> </u>  | ₩                    |   |
| (2)   |                   |                                | ļ           |   |                 |   | ┷                    |   |
| (3)   |                   |                                |             | %   |                 |   | ₩                    |   |
| (4)   | <u> </u>          |                                | ٠.          | <u>%</u>  |                 |   | ┿                    |   |
|   |                   |                                |             |   |                 | inter here and on page 1,                               |                      | inter here and on page 1,                     |
|   |                   |                                |             |   | '               | Part I, line 7, column (A)                              |                      | Part I, line 7, column (B)                    |
| Totals  |                   | _                              |             | ▶.  |                 | 0,  | <del>'</del>         | 0.  |
| Total dividends-received deductions in                                | rcluded in columi | n 8                            |             |   |                 |   |                      | 0.  |

| Form 990-T (2017) <b>HABIT</b>      | AT FOR             | HUMAI                                    | VITY C  | F GR                          | EATER 1  | MEMPH  | IIS  |  | 62-11  | <u> 57233</u>   | Page 4  |
|-------------------------------------|--------------------|--|---|-------------------------------|--|--|--|--|--|---|---|
| Schedule F - Interest,              | Annuitie           | s, Royali                                | ties, and   |                               |  |  |  | ation  | s (see ins                                       | structions  | s)  |
| _                                   |                    | ļ  | [   | Exempt (                      | Controlled O   | rganızatı  | ons  |  |  |   |   |
| Name of controlled organiz          | ation              | 2, Em<br>Identifi<br>num                 | cation  | 3. Net unr<br>(loss) (see     | related income<br>e instructions)  | 4. Tot<br>payr                                       | otal of specified yments made 5. Part of column 4 that i included in the controllin organization's gross incor |  | olling   | 6 Deductions directly<br>connected with income<br>in column 5 |   |
| (1)                                 |                    |  |   |                               |  |  |  |  |  |   |   |
|                                     |                    |  |   |                               |  |  |  | <del>                                     </del> |  |   |   |
| (2)                                 |                    |  | +   |                               |  |  |  | <del>                                     </del> |  |   |   |
| (3)                                 |                    | <del> </del>                             |   |                               |  | <del> </del>   |  | <del>                                     </del> |  | -+  |   |
| (4)                                 |                    | <u> </u>                                 |   |                               |  | <u> </u>   |  | 1  |  |   |   |
| Nonexempt Controlled Organ          |                    |  | <del>-::</del>  |                               |  | . 1  | 40 0   |  |  | 44.5  |   |
| 7 Taxable Income                    |                    | inrelated incom<br>see instructions      |   | 9 Total                       | of specified pays<br>made  | ments  | 10. Part of colu<br>in the controll<br>gross   |  | nization's                                       | 11. Dec<br>with   | ductions directly connected income in column 10                                 |
| (1)                                 |                    |  | 1   |                               |  |  |  |  |  |   |   |
| (2)                                 |                    |  | ,   |                               |  |  |  |  |  |   |   |
| (3)                                 |                    |  |   |                               |  |  |  |  |  |   |   |
|                                     |                    | <del></del>                              |   |                               |  |  |  |  |  | · · ·   |   |
| _(4)                                | _ 1                |  | L   |                               | <u>-</u>   |  | Add colun<br>Enter here and<br>line 8, (   |  | 1, Part I,                                       | Enter he  | d columns 6 and 11<br>ere and on page 1, Part I,<br>line 8, column (B)          |
| <b>-</b>                            |                    |  |   |                               |  |  |  |  | ^  |   | 0   |
| Totals                              |                    |  |   | 5047.36                       | * (0) (  | 47\0   |  |  | 0.   |   | 0.  |
| Schedule G - Investme               |                    | ne of a S                                | section :   | 5U1(C)( <i>1</i>              | '), (9), or (  | 17) Org  | janization   |  |  |   |   |
| <b>\</b>                            | structions)        | me                                       |   |                               | 2. Amount of   | income   | 3. Deductio<br>directly conne<br>(attach sched   | ected  | 4. Set-  | asıdes<br>schedule)   | 5. Total deductions<br>and set-asides<br>(col 3 plus col 4)                     |
| (1)                                 |                    |  |   |                               |  |  | tattaon sonoc  | 2010)  |  |   | (GOI O PIES GOI 4)  |
| (2)                                 |                    |  |   |                               |  |  |  |  | <del> </del>                                     |   |   |
|                                     |                    |  |   |                               |  | -  |  |  |  |   | · · · · · · · · · · · · · · · · · · ·   |
| (3)                                 |                    |  |   |                               |  |  |  |  | -  |   | <del>                                     </del>                                |
| (4)                                 |                    |  |   |                               | Enter here and<br>Part I, line 9, co   |  |  |  |  |   | Enter here and on page 1,<br>Part I, line 9, column (B)                         |
|                                     |                    |  |   |                               | '  |  |  |  |  |   |   |
| Totals                              | . Fire and         | A - 41: -14: -                           | l   | Other                         | There Ad   | 0.   | - Income   |  |  |   | 0.  |
| Schedule I - Exploited              | _                  | ACTIVITY                                 | income  | , Other                       | rnan Adv   | verusin  | g income   |  |  |   |   |
| (see inst                           | ructions)          |  |   |                               |  | 1  |  |  | ī  |   | T   |
| Description of exploited activity   | unrelated<br>incom | Gross<br>business<br>ie from<br>business | 3 Expo<br>directly co<br>with prod<br>of unre<br>business | onnected<br>duction<br>slated | 4. Net incon<br>from unrelated<br>business (cominus colum<br>gain, comput<br>through | trade or<br>olumn 2<br>n 3) If a<br>e cols 5         | <ol> <li>Gross inco<br/>from activity to<br/>is not unrelated<br/>business inco</li> </ol>                     | that<br>ted                                      | 6. Exp<br>attributi<br>colur                     | able to   | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1)                                 | 1                  |  |   |                               | 1  |  |  |  |  |   | 1   |
| (2)                                 | +                  |  |   |                               |  |  |  |  | <u> </u>   | -   |   |
| (3)                                 | +                  |  |   |                               | <del>                                     </del>                                     |  |  |  | <u> </u>   | -   |   |
|                                     | +                  |  |   |                               |  |  |  |  | <del>                                     </del> |   | +   |
| (4)                                 | Enter her          | re and on                                | Enter here  | and on                        |  |  |  |  | <u> </u>   |   | Enter here and  |
| Totals                              |                    | , Part I,                                | page 1,<br>line 10, c                                     | Part I,                       |  |  |  |  |  |   | on page 1,<br>Part II, line 26  |
| Schedule J - Advertis               | ing Incor          |  | nstructions   |                               | <u> </u>   |  | · · · · · · · · · · · · · · · · · · ·  |  |  | <del></del>   | <u> </u>  |
| Part I Income From                  |                    |  |   |                               | solidated  | Basis  |  |  |  |   |   |
| indonie i idili                     | . 51.5416          | alo i iepi                               | OII   |                               | quicu  | _4010  |  |  |  |   |   |
| 1 Name of periodical                | ,                  | 2. Gross<br>advertising<br>income        |   | . Direct                      | or (loss) (c<br>col 3) If a g  | tising gain<br>ol 2 minus<br>ain, comput<br>nrough 7 | 5. Circulat  |  | 6 Reade  |   | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (4)                                 |                    |  | _   |                               |  |  |  |  | <del> </del>                                     |   |   |
| (1)                                 |                    |  | -   |                               | $\dashv$   |  | <u> </u>   |  | <del> </del>                                     |   |   |
| (2)                                 |                    |  |   |                               | _  |  |  |  |  |   |   |
| (3)                                 |                    |  |   |                               | _  |  | ļ  |  |  |   |   |
| (4)                                 |                    |  |   |                               |  |  |  |  |  |   |   |
|                                     |                    |  |   |                               |  |  |  |  |  | 1   |   |
| Totals (carry to Part II, line (5)) | ▶ `                | (  | 0.  | 0                             | •  |  |  |  | L  | [   | 0.  |

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## Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis)

| 1. Name of periodical       |   | 2 Gross<br>advertising<br>income                   | 3. Direct advertising costs                              | 4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7 | 5. Circulation income | 6. Readership costs | Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|---|--|--|--|-----------------------|---------------------|---|
| (1)                         |   | ·— -   |  |  |                       |                     |   |
| (2)                         |   |  |  |  |                       |                     |   |
| (3)                         |   |  |  |  |                       |                     |   |
| (4)                         |   |  |  |  |                       |                     | •   |
| Totals from Part I          | ▶ | 0.   | ٠ 0.   |  |                       |                     | 0   |
| ,                           |   | Enter here and on page 1, Part I, Irne 11, col (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (B) |  |                       |                     | Enter here and<br>on page 1,<br>Part II, line 27                              |
| Totals, Part II (lines 1-5) | ▶ | 0.   | 0.   |  |                       |                     | 0   |

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

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

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| FORM 990-T  | OTHER DEDUCTIONS | STATEMENT 1  |
|---|------------------|--|
| DESCRIPTION   |                  | AMOUNT   |
| FINANCE/BANK CHARGES CONTRACT LABOR ADVERTISING INSURANCE JANITORIAL SERVICES AND SUPPLIE OFFICE RENTAL AND STORAGE SECURITY TELECOMMUNICATIONS UTILITIES | ES               | 1,591.<br>10,330.<br>4,959.<br>1,693.<br>2,429.<br>25,789.<br>3,769.<br>2,145.<br>9,709. |
| TOTAL TO FORM 990-T, PAGE 1, L  | INE 28           | 62,414.  |