EXTENDED RETURN

| | Form | 990-T | E | Exempt Organization Bus | | | Гах Return | ۱ | OMB No 1545-0047 | | | |
|---------------|---|---|---|--|--|---|--|------------|---------------------------------------|--|--|--|
| | | | For ca | <i>\phi</i> 2019 | | | | | | | | |
| | | ftment of the Treasury | | | | | | | | | | |
| | AL | Check box if address changed | | Name of organization (Check box if name of | (Empl | oyer identification number loyees' trust, see actions) | | | | | | |
| | B E | xempt under section | t under section Print MID-SOUTH FOOD BANK, INC. | | | | | | | | | |
| | X | 501(d0)(3) | | Unrel. (See i | ated business activity code nstructions) | | | | | | | |
| | <u>_</u> | 408(e) 220(e) | Туре | 3865 S. PERKINS ROAD | | | ···· · · · · · · · · · · · · · · · · · | | | | | |
| | | 408A530(a) 529(a) | MEMPHIS, TN 38118 | | | | | | | | | |
| | C Bo | ok value of all assets and of year | | | | | | | | | | |
| | | 28,493,4 | trust | Other trust U | | | | | | | | |
| | H Enter the number of the organization's unrelated trades or businesses ► 1 Describe the only (or first) unrelated trade or business here ► NO UNRELATED BUSINESS INCOME If only one, complete Parts I-V If more that | | | | | | | | | | | |
| | | | | ce at the end of the previous sentence, complete P | | | | | | | | |
| | | siness, then complete | | · · · · · · · · · · · · · · · · · · · | מונט ו מו | ia ii, complete a soneaui | e W Tor each addition | iai ii aut | ; UI | | | |
| // | _ | | | poration a subsidiary in an affiliated group or a pare | nt-subs | idiary controlled group? | | Ye | s X No | | | |
| Υ . | "][| Yes," enter the name a | nd iden | tifying number of the parent corporation. | | | | | | | | |
| V | *** | | | CATHY T. POPE | | · | none number 🕨 9 | 01- | 527-0841 / | | | |
| | | | | de or Business Income | | (A) Income | (B) Expenses | 3 | (C) Net | | | |
| | | Gross receipts or sale | | | | | * * * - | | | | | |
| | | Less returns and allow | | c Balance | 10 | | - | , | | | | |
| | 2 3 | Cost of goods sold (S Gross profit Subtract | | • | 3 | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| | _ | Capital gain net incom | | | 4a | | | | | | | |
| | | . • | • | art II, line 17) (attach Form 4797) | 4b | | <u> </u> | | | | | |
| | | Capital loss deduction | | | 1./ | | | | | | | |
| | 5 | • | | ship or an S corporation (attach statement) | 7 | | | | | | | |
| | 6 | Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 5 6 7 | | | | | | | | | | |
| | 7 | | | | | | | | | | | |
| | 8 | Interest, annuities, roy | /alties, a | nd rents from a controlled organization (Schedule F) | | | | | | | | |
| | 9 | | | on 501(c)(7), (9), or (17) organization (Schedule G | | | | | | | | |
| | | Exploited exempt activ | - | • | | | | | | | | |
| | 11 | Advertising income (S | | • | 112 | | <u> </u> | | | | | |
| | 12 13 | Other income (See ins Total, Combine lines | | · · | ,, | • | | | | | | |
| | | | | | 13 or limit | 0. | 1 | | | | | |
| | Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unfelated business income) | | | | | | | | | | | |
| | 14 | Compensation of off | icers, di | rectors, and trustees (Schedule K) | | | | 14 | | | | |
| | 15 | Salaries and wages | | | | | | 15 | | | | |
| | 16 | Repairs and mainten | ance | / | | | | 16 | | | | |
| 22 | 17 | Bad debts | | | | 17 | | | | | | |
| 2022 | 18 | Interest (attach sche | dule) (s: | ee instructions) | | 18 | | | | | | |
| \vdash | 19 | Taxes and licenses | C 40 | 500) | | امما | | 19 | | | | |
| - | 20 21 | Depreciation (attach | | 1 Schedule A and elsewhere on return | | 20 21a | | 21b | | | | |
| ≽ | 22 | Depletion | imieu oi | 1 Schedule A and elsewhere on return | | [218] | :- | 22 | | | | |
| MAY | 23 | Contributions to defe | erred co | mpensation plans | | | | 23 | | | | |
| $\overline{}$ | 24 | Employee benefit pro | / | | | | | 24 | | | | |
| 罝 | 25 | Excess exempt exper | | chedule I) RECEIVE | Ď | | | 25 | | | | |
| SCANNED | 26 | Excess readership co | osts (Sc | hedule J) | | 280-5 | | 26 | | | | |
| Ā | 27 | Other deductions (at | | 11 11 11 11 11 12 14 11 12 | | 27 | | | | | | |
| SC | 28 | Total deductions A | | 14 through 27 | | 28 | 0. | | | | | |
| 77 | 29 | Unrelated business t | axable II | ncome before net operating loss deduction Subtra | ct-inel2 | Æffom line 13 | | 29 | 0. | | | |
| | 30 | Deduction for net op (see instructions) | erating l | oss arising in tax years beginning on or after January | arly 1, 20 | שרנ. | | 30 | (° o. | | | |
| | 31 | / | axable ıı | ncome Subtract line 30 from line 29 | | | | 31 | 0. | | | |
| | 92370 | | | work Reduction Act Notice, see instructions. | | | | | Form 990-T (2019) | | | |

| Form 99 | 90-T(2019) MID-SOUTH FOOD BANK, INC. | | 62-1 | 34075 | 5 Page 2 |
|---------|---|-------------------|------------------|--------------------|----------|
| Par | t III Total Unrelated Business Taxable Income | | | | |
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | | 32 | | 0. |
| 33 | Amounts paid for disallowed fringes | | 33 | | |
| 34 • | Charitable contributions (see instructions for limitation rules) | 34 | | 0. | |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of | 35 | | | |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 36 | | | |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | 37 | | | |
| 38 | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) | 4 | 38 | 1, | 000. |
| 39 | Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37, | | | | |
| | enter the smaller of zero or line 37 | | 39 | | 0. |
| Par | t IV Tax Computation | | | | |
| 40 | Organizations Taxable as Corporations Multiply line 39 by 21% (0 21) | • | 40 | | 0. |
| 41 | Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from. | | | | |
| | Tax rate schedule or Schedule D (Form 1041) | > | 41 | | |
| 42 | Proxy tax See instructions | • | 42 | | |
| 43 | Alternative minimum tax (trusts only) | | 43 | | |
| 44 | Tax on Noncompliant Facility Income See instructions | | 44 | | |
| 45 | Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies | | 45 | | 0. |
| Par | t V Tax and Payments | | | | |
| 46 a | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a | | | | |
| b | Other credits (see instructions) 46b | | _ · | | |
| C | General business credit. Attach Form 3800 | | _ • | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | | | | |
| е | Total credits. Add lines 46a through 46d | | 46e | | |
| 47 | Subtract line 46e from line 45 | | 47 | | 0. |
| 48 | Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (a | ttach schedule | 48 | | |
| 49 | Total tax. Add lines 47 and 48 (see instructions) | | 49 | | 0. |
| 50 | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | | 50 | | 0. |
| 51 a | a Payments. A 2018 overpayment credited to 2019 | | _ | | |
| þ | b 2019 estimated tax payments 51b | | _ \ \ | | |
| C | c Tax deposited with Form 8868 | | | | |
| | d Foreign organizations. Tax paid or withheld at source (see instructions) 51d | | _ | | |
| | e Backup withholding (see instructions) 51e | | 2 | | |
| | Credit for small employer health insurance premiums (attach Form 8941) | | ⊣ | | |
| 9 | Other credits, adjustments, and payments: Form 2439 | | | | |
| | Form 4136 Other Total ▶51g | | | | |
| | Total payments Add lines 51a through 51g | | 52 | | |
| 53 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | | 53 | | |
| 54 | Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | | 54 | | |
| 55 | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | | 55 | | |
| 56 | | unded > | 56 | | |
| | t VI Statements Regarding Certain Activities and Other Information (see Instruc | tions) | | | T |
| 57 | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority | | | Ye | s No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | | ļ | l |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country | | | | |
| | here. > | - 110 | | | X |
| 58 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig | n trust? | | <u> </u> | X |
| 60 | If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year \$ \$ | | | | , , , |
| 59 | | ne hest of my kr | owledge and he | elief it is true | |
| Sign | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to trecreet, and complete Declaration of prepaler (other than taxpayer) is based on all information of which preparer has any knowledge. | ge | | 2.101, 11 10 11 10 | |
| Here | | | May the IRS dis | | |
| | Signature of officer Date Title | | the preparer sho | | No No |
| | | | | <u> </u> | |
| | | Check | ıf PTIN | | |
| Paid | Ψ between Ψ | self- employe | | 51916 | Ω |
| | parer S DEVNOLDE BONE F COTTAGE PECT DIC | Canala CIN h | | 04287 | |
| Use | Only Firm's name ► REYNOLDS BONE & GRIMSBECK PLC 5100 WHEELIS DRIVE \(\frac{1}{2} \) /SUITE 300 | Firm's EIN | 02- | 0440/ | 20 |
| | 1 | Phone no | (901) | 682-2 | 1131 |
| 022711 | | r none no | | | |
| 923/11 | 01-27-20 | | Fo | orm 990- | • (2019) |

| Schedule A - Cost of Good | s Sold. Enter | method of inver | ntory valuation N/A | | | | | | |
|---|----------------------|--|--|--------------|---|--|--|---------------|--|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of year | ar | | 6 | | | |
| 2 Purchases | rchases 2 | | | | 7 Cost of goods sold Subtract line 6 | | | | |
| 3 Cost of labor | 3 | | from line 5. Enter here | rt I, | | | | | |
| 4 a Additional section 263A costs | | | line 2 | | | 7 | | | |
| (attach schedule) | 4a | | 8 Do the rules of section | 1 263A (wit | th respect to | | Yes | No | |
| b Other costs (attach schedule) | 4b | <u> </u> | property produced or | acquired fo | or resale) apply to | | | | |
| 5 Total Add lines 1 through 4b | 5 | | the organization? | | | | | | |
| Schedule C - Rent Income (see instructions) | (From Real | Property an | d Personal Property | Leased | d With Real Pro | pert | у) | | |
| 1 Description of property | | | | | | | | | |
| (1) | | | | • | | | | | |
| (2) | | | | • | | | | | |
| (3) | | | - | | | | | | |
| (4) | | | | | | | • | | |
| | 2. Rent receiv | ed or accrued | ····· | | | | | | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50% | e than | ` of rent for p | and personal property (if the percent personal property exceeds 50% or it nt is based on profit or income) | tage f | 3(a) Deductions directly columns 2(a) ar | | cted with the income fattach schedule) | n | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Total | 0. | Total | | 0. | | | | | |
| (c) Total income Add totals of columns here and on page 1, Part I, line 6, column | | ter > | | a lè | b) Total deductions. nter here and on page 1, art I, line 6, column (B) | • | | 0. | |
| Schedule E - Unrelated Del | ot-Financed | l Income (see | instructions) | | | | | | |
| | | | Gross income from or allocable to debt- | | B Deductions directly con to debt-finance | nected ed proj | perty | | |
| 1. Description of debt-fit | nanced property | | financed property | (a) St | raight line depreclation (attach schedule) | | (b) Other deduction (attach schedule) | s | |
| (1) | | | | | | + | | | |
| (2) | | | · · | | | 1 | , | | |
| (3) | | | | 1 | · | | | | |
| (4) | | | | 1 | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis allocable to nced property a schedule) | 6 Column 4 divided by column 5 | | 7. Gross income eportable (column 2 x column 6) | (| 8 Allocable deducti column 6 x total of column 3(a) and 3(b)) | ions lumns | |
| (1) | | | % | | | | | | |
| (2) | | | % | | | 1 | | | |
| (3) | _ | | % | | | 1 | | | |
| (4) | | | % | | | | | | |
| | | | | | r here and on page 1, t I, line 7, column (A) | | Enter here and on page Part I, line 7, column (| | |
| Totals | | | • | | 0 | | | 0. | |
| Total dividends-received deductions in | cluded in column | n 8 | · | | | 1 | | 0. | |

| 1 Name of controlled eigenstation 2 Enable in the Controlled Cont | Schedulett - Interest, 7 | | | | Controlled O | | | | , | | · | |
|--|--|---------------------------|-----------------|---|---|--|--------------------------------|------------------------|-----------------------------|--------------|---|--|
| Comparison of the controlled Organizations Street Price and Comparison of the Controlled Organizations Street Price and Comparison of the Controlled Organizations Street Price Price and Comparison of the Controlled Organization of the Contr | 1 Name of controlled organization | | identificat | yer 3 Net uni | Net unrelated income pay. (see instructions) | | /ments made Inc | | Included in the controlling | | connected with income | |
| Annexempt Controlled Organizations S | (1) | | | | | ļ | | | | | | |
| (d) Nonexempt Controlled Organizations 7 (assable income 8 feet unabled frozen (less) 8 feet unabled frozen (less) 9, road of spaces prepared in the controlling organizations (gees individually) (1) (2) (3) (4) Add columns 8 table is likely organizations (gees individually) (5) (6) (7) Add columns 8 table is likely organizations (gees individually) (8) Add columns 8 and 10 Enter here and or page 1, Part 1, Iris 8, column (less) (8) (9) Add columns 8 and 10 Enter here and or page 1, Part 1, Iris 8, column (less) (8) (9) (1) (2) (3) (4) Enter here and on page 1, Part 1, Iris 8, column (less) (8) (9) (1) (2) (9) (1) (2) (9) (1) (2) (1) (2) (3) (4) Enter here and on page 1, Part 1, Iris 9, column (less) (8) (9) (1) (1) (2) (3) (4) Enter here and on page 1, Part 1, Iris 9, column (less) (8) (9) (1) (1) (2) (3) (4) Enter here and on page 1, Part 1, Iris 9, column (less) (8) (9) (1) (1) (2) (3) (4) Enter here and on page 1, Part 1, Iris 9, column (less) (1) (2) (3) (4) Enter here and on page 1, Part 1, Iris 9, column (less) (1) (2) (3) (4) Enter here and on page 1, Part 1, Iris 9, column (less) (1) (2) (3) (4) Enter here and on page 1, Part 1, Iris 9, column (less) (1) (2) (3) (4) Enter here and on page 1, Part 1, Iris 9, column (less) (4) (4) Enter here and on page 1, Part 1, Iris 9, column (less) (5) (6) (7) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | | | | | | | | | | | | |
| (4) Nonexempt Controlled Organizations 7 Tabable Income 8 Neu unreleased income (loss) (gene instructions) 9 Table of spaceful dispersance index presents (gene instructions) 10, Part of column 8 the is included in the controlling organization in the | | | | | | | | ł | | | <u> </u> | |
| Nonexempt Controlled Organizations 8 Net unrelated income lices 10 Part of calume is tractured in the controlling organizations 11 Description of income in the controlling organizations 11 Description of income or of a Section 501(c)(7), (9), or (17) Organization 10 Part of calume is tractured with income in column (8) | | | | | | | | ╁ | | | | |
| 7 Taxabble Income 8 Net surroutened (test) 9, Total of specified payments (name of the six included (test) (test) in the controlling agents and the six included (test) in the controlling agents and the six included (test) in the controlling agents in the controlling agents and the six included (test) in the controlling agents and the six included (test) in the controlling agents and the six included (test) in the controlling agents and the six included (test) in the controlling agents and the six included (test) in the controlling agents and the six included (test) and the six | | | | | | l | | Щ. | . | | | |
| (the enstructions) (the enstructions) (the interior and column 18 in the controlling organization is group income in column 18 in the controlling organization is group income in column 18 in the controlling organization is group income in column 18 in the controlling organization is group income in column 18 in the controlling organization is group income in column 18 in the controlling organization is group income in column 18 in the controlling organization is group income in column 18 in the controlling organization is group income in column 18 in the controlling organization in the controlling | | | | | | | | | | | <u> </u> | |
| (d) (d) Add columns 5 and 10 Enter thee and on page 1, Part I. Inne 6, column (A) (see instructions) 1. Description of income 1. Description of income 2 Amount of income 2 Amount of income (all d) 2 Amount of income 3 Deductions driestly connected (allach schedule) (all d) (all d) (all d) Add columns 6 and 11 Enter thee and on page 1, Part I. Inne 6, column (A) (see instructions) 1 Description of income 2 Amount of income (all d) (all d) (all d) (b) (c) (c) (d) (d) (e) (all d) (all d) (c) (all d) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e | 7 Taxable Income | | | (loss) 9. Total | | ments | in the controll | ing organ | nization's | | | |
| (4) Add columns 5 and 10 Enter here and on page 1. Part I. Inne 8, column (A) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of Income 2 Amount of income 2 Amount of income 2 Amount of income 3 Oeductions dressly connected (case 5 shedule) (case instructions) 1 Description of sections and on page 1. Part I. Inne 8, column (A) 2 (2) (3) (4) 1 Description of sections and on page 1. Part I. Inne 8 or page 1. Part I. Inne 8, column (A) Fart I. Inne 9, | (1) | | | | | | | | | | | |
| (4) Add columns 5 and 10 Enter here and on page 1, Part 1, then 5, column (9) Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1, Description of Income 2 Amount of income 2 Amount of income 2 Amount of income 3 Description (settles schedule) (see instructions) 1 Description of Income 2 Gross (see instructions) 3 Description (settles schedule) (settles schedul | | | | | | | | | | | | |
| Add columns 5 and 10 Enter here and on page 1, Part 1, Ind 8, column (A) O . | | | | | | | | | | | | |
| Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1, Description of income 2 Amount of moore 3 Deductions (attach schedule) (1) (2) (3) (4) Finite here and on page 1, Part 1, Inve 9, column (4) Finite here and on page 1, Part 1, Inve 9, column (8) Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Set-indises (attach schedule) (at | | | | | | | | | | | | |
| (see instructions) 1. Description of income 2 Amount of income directly connected (attach schedule) (1) (2) (3) (4) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 5 Gross income from activity that is not unrelated the publication of the original or | | | | | | • | Enter here and line 8, | i on page column (, | a 1, Part I, A) | Enter h | ere and on page 1, Part I, | |
| 1. Description of Income 2 Amount of Income (2) (3) (4) Enter here and on page 1, Part I, Inne 9, column (a) (5) (6) (7) (8) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity 2 Gross Income 2 Gross Income business income 3 Enter here and on page 1, Part I, Inne 10, col (N) (1) (2) (3) 1 Name of periodical 2 Gross activity that activity that income (oss) from writeled trade or business income 2 Bentier here and on page 1, Part I, Inne 10, col (N) Enter here and on page 1, Part I, Inne 10, col (N) (A) Enter here and on page 1, Part I, Inne 10, col (N) (A) Enter here and on page 1, Part I, Inne 10, col (N) (A) Enter here and on page 1, Part I, Inne 10, col (N) (A) Enter here and on page 1, Part I, Inne 20, col (N) (A) Enter here and on page 1, Part I, Inne 20, col (N) (A) Enter here and on page 1, Part I, Inne 10, col (N) (A) Enter here and on page 1, Part I, Inne 20, col (N) (A) Enter here and on page 1, Part I, Inne 20, col (N) (A) Enter here and on page 1, Part I, Inne 20, col (N) (B) (B) (C) (B) (C) (C) (C) (C | | | e of a Se | ection 501(c)(| (7), (9), or | (17) Or | ganizatior | 1 | | | | |
| (2) (3) (4) Enter here and on page 1 Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see Instructions) 1 Description of exploited activity 2 Gross ure lated business income from gradier or business income from gradier or business income 1 Description of exploited activity 2 Gross ure lated business income from gradier or business income from gradier or business income 4 Net Income (loss) from urrelated trade or business income from gradier or business income 4 Net Income (loss) from urrelated business income from gradier or business income (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, cot (A) Income From Periodicals Reported on a Consolidated Basis 1 Name of penodical 2 Gross advertising Income 2 Gross advertising costs advertising costs 3 Direct advertising gram or (loss) from urreplated business income 1 Name of penodical 2 Gross advertising gross advertising costs advertising costs 3 Direct advertising gram or (loss) from urreplated business income 1 Name of penodical 2 Gross advertising costs advertising costs advertising costs 3 Direct advertising gram or (loss) from urreplated business income 1 Name of penodical 2 Gross advertising costs advertising costs advertising costs (sciumn 5) 4 Advertising gram or (loss) from urreplated business income 1 Name of penodical 2 Gross advertising costs advertising costs advertising costs income from the column 4) (1) (2) (3) (4) | 1. Descr | ription of income | • • | | 2 Amount of | income | directly conne | ected | | | 5 Total deductions and set-asides (col 3 plus col 4) | |
| (3) (4) Enter here and on page 1. Part 1, line 9, column (0) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity unrelated business Income from grade or business Income from grade or business Income (1) (2) (3) (4) Enter here and on page 1. Part 1, line 9, column (0) Totals 5 Gross income from grade or business Income from grade or business Income from activity that grade or business Income from grade or business Income from activity that grade or business Income from activity that grade or business Income from grade or business Income (1) (2) (3) (4) Enter here and on grade or business Income from grade or business Income from activity that grade or form activity th | | | | | | | | | | _ | | |
| (4) (5) Contains Comparison of exploited activity Comparison of contended business income from unrelated trade or business (column 3) if a generative product of a generative product of the column 5 income from activity that surface activity that surface activity that surface from activity that surfa | (2) | | | | | | | | | | | |
| Company Column | | | | | | | | | | | | |
| Totals | | | | | | | | | | | | |
| Totals Caros Car | | | | | Enter here and Part I, line 9, co | on page 1, lumn (A) | | | | | Enter here and on page 1 Part I line 9, column (B) | |
| Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity 2 Gross income for mactivity that is not unrelated business income business (column 2 minus column 3 in minus column 3 in minus column 3 in minus column 4 in solumn 4 in minus column 4 in solumn 4 in minus column 5 in minus column 5 in minus column 5 in minus column 6 in mi | Totals | | | • | | 0. | • | | | - 1 | 0. | |
| 1 Description of exploited activity Description of exploited Description of exploited Description Description of exploited Description | The state of the s | _ | Activity I | ncome, Othe | r Than Ac | lvertisi | ing Income |) | | - | | |
| (2) (3) (4) Enter here and on page 1, Part I, line 10, cot (A) Ine 10, cot (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2. Gross advertising Income 3 Direct advertising gain or (loss) (col 2 minus or (loss) (col 2 minus col 3) If a gain, compute col 3) If a gain, compute col 5 through 7 (1) (2) (3) (4) | | unrelated bu income fi | isiness rom | directly connected with production of unrelated | from unrelated business (co minus colum gain, comput | trade or olumn 2 n 3) If a e cots 5 | from activity is not unrela | that led | attributa | able to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) | |
| (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals Name of periodical 1 Name of periodical 2. Gross advertising lncome lnc | (1) | | | | | | | | | | | |
| (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals Name of periodical 1 Name of periodical 2. Gross advertising lncome lnc | | | | | | | •• | | | | 1 | |
| (4) Enter here and on page 1, Part 1, line 10, col (A) Totals Advertising Income (see instructions) Part 1 Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2. Gross advertising Income 3 Direct advertising costs of strough 7 (1) (2) (3) (4) | | | | | <u> </u> | | | | | | <u> </u> | |
| Enter here and on page 1, Part I, line 10, col (A) Totals D. 0. 0. 0. 1. Part II, line 25 Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs advertising costs (column 6 minus column 4) (1) (2) (3) (4) | | | | | <u> </u> | | | | | | | |
| Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2. Gross advertising advertising costs of income advertising costs of 3 Direct advertising costs of 3 Direct advertising costs of 3 Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4) | | page 1, P | art I, I (A) | page 1, Part I, line 10, col (B) | - | , , | | - | • • • | ٠. | on page 1 | |
| Part I Income From Periodicals Reported on a Consolidated Basis 2. Gross advertising lincome advertising costs advertising costs advertising costs foliated Basis 5. Circulation income for Readership costs advertising costs foliated by the cost foliation income foliated Basis 7. Excess readership costs (column 6 minus column 5, but not more than column 4) (1) (2) (3) (4) | | | | | <u></u> | | | | | | <u>- </u> | |
| 1 Name of periodical 2. Gross advertising advertising costs advertising costs 3 Direct advertising costs 3 Direct advertising costs 5 Circulation 6 Readership costs (column 6 minus column 5, but not more than column 4) (1) (2) (3) (4) | | | | | | | | | | | | |
| 1 Name of periodical advertising costs advertisi | Part I Income From I | Periodica | ls Repor | ted on a Con | solidated | Basis | | | | | | |
| (2) (3) (4) | 1 Name of periodical | a | dvertising | | or (loss) (co | ol 2 minus ain, comput | | | | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) | |
| (2) (3) (4) | (1) | | | | | | | | | | | |
| (3) | | | | | _ | - | , | | | | | |
| (4) | | | | <u> </u> | 7 | | | | | \dashv | w two | |
| | | | - | | \dashv | • | | | | | | |
| Totals (carry to Part II, line (5)) ▶ 0. 0. | (7) | | | | | | - | | | } | | |
| AAA - | Totals (carry to Part II, line (5)) | • | 0 | . 0 | | | | | | | 0 . Form 990-T (2019 | |

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

| 1 Name of periodical | | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7 | 5. Circulation income | 6. Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|---|--|--|--|-----------------------|---------------------|---|
| (1) | | | | | | | · |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Totals from Part I | ▶ | 0. | 0. | | | • • | 0. |
| | | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | * ; | | * 7.* | Enter here and on page 1, Part II, line 26 |
| 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 time devoted to business | 4 Compensation attributable to unrelated business |
|--|----------|---|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total Enter here and on page 1, Part II, line 14 | | • | 0. |

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