्रिल्ल <b>990-</b> T	E	xempt Orga	nization Bus	sine	ss Income T	ax Returr	ı [ˈ	OMB No. 1545-0887			
[ ]		(and proxy tax under section 6033(e))									
$\langle \mathcal{E}_i \mathcal{I}_i \rangle$	For cal	For calendar year 2016 or other tax year beginning <u>JUL 1, 2016</u> , and ending <u>JUN 30, 2017</u> Information about Form 990-T and its instructions is available at www.lrs.gov/form990t.									
Department of the Treasury					-			Open to Public Inspection for io 1(c)(3) Organizations Only			
A Check box if		Name of organization ( Check box if name changed and see instructions.)  D Employer identification number (Employees' trust, see									
address changed	Print	int AREA AGENCY ON AGING, REGION ONE, INC 74-2371957									
B Exempt under section  X 501(C)(3)	or	Number, street, and roon				<u>C</u>	E Unrela	ted business activity codes			
408(e) 220(e)	Туре						(See in	structions)			
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code									
529(a)		PHOENIX, AZ					531	120			
C Book value of all assets	F Grou	up exemption number (See	instructions.)	<b>&gt;</b>							
at end of year 15,749,057.	<b>G</b> Che	ck organization type 🕨	X 501(c) corporatio		501(c) trust	401(a) trust		Other trust			
H Describe the organization	n's prim	ary unrelated business act				ME					
I During the tax year, was	-	_		nt-subs	idiary controlled group?	<b>▶</b> i	Ye:	s X No			
		tifying number of the parei		· · · · · · · ·	T-11		022	C 4 2 2 E E			
J The books are in care of Part I Unrelate		<u> THE ORGANIZA</u> de or Business Inc			(A) Income	one number > 6		(C) Net			
<del></del>		de of business inc			(A) income	(b) Expense:	•	(0) Net			
1a Gross receipts or sale b Less returns and allo			c Balance	1c							
2 Cost of goods sold (S		A line 7)	) C Dallatico	2							
3 Gross profit. Subtrac				3	·						
4a Capital gain net incor				4a							
		Part II, line 17) (attach Forr	n 4797)	4b							
c Capital loss deduction			·	4c							
5 Income (loss) from p	artnerst	nips and S corporations (at	tach statement)	5							
6 Rent income (Schedu	ıle C)			6							
7 Unrelated debt-finance				7	33,992.	23,8	371.	10,121.			
		and rents from controlled		8							
		on 501(c)(7), (9), or (17) o	organization (Schedule G			<del> </del>		<del></del>			
10 Exploited exempt act				10	· · · · · · · · · · · · · · · · · · ·						
11 Advertising income (3 12 Other income (See in		•		11 12	<del></del>						
13 Total. Combine lines		·		13	33,992.	23,8	371.	10,121.			
		ot Taken Elsewhe	re (See instructions f				, <u> </u>				
(Except for	contrib	utions, deductions mus	t be directly connecte	d with	the unrelated busines	ss income )					
14 Compensation of of	ficers, d	rectors, and trustees (Sch	edule K)				14				
15 Salaries and wages	ŗ	RECEIVE	D				15				
16 Repairs and mainter	nance	KLULIVE					16	<del> </del>			
17 Bad debts		图 MAY 21 20	18 19				17				
18 Interest (attach scho	edule)	S MAY 21 20					18				
19 Taxes and licenses	1000 (Sa		luga (				19 20				
<ul><li>20 Charitable contribut</li><li>21 Depreciation (attach</li></ul>	Form A	e instræde filmfilmfilmfilmfilmfilmfilmfilmfilmfilm	ta uies)		21		20				
		in Schedule A and elsewhe	re on return		22a		22b				
23 Depletion	u		, 0 0 1010		<del></del>		23				
24 Contributions to def	erred co	ompensation plans					24				
25 Employee benefit pr	ograms						25				
26 Excess exempt expe	enses (S	chedule I)					26				
27 Excess readership of	osts (So	chedule J)					27				
28 Other deductions (a							28				
29 Total deductions. A		<u>-</u>			0.6110		29	10 121			
		income before net operatin	-	ict line 2	9 from line 13		30	10,121.			
•		n (limited to the amount or	•	from line	. 20		31	10,121.			
		income before specific ded ly \$1,000, but see line 33 i			5 OU		33	1,000.			
•		e income Subtract line 33			than line 32, enter the si	maller of zero or	100	2,000			
line 32	· · raveril			. g. outo			34	9,121.			
623701 11-22-17 LHA F	or Pape	rwork Reduction Act Notic	e, see instructions.				23	Form <b>990-T</b> (2016			
	-			_							

orm 990-T	AMAZIA IIGARIO - GIL IIGARIO / IIGGROFI GILLO	INC	74-23	<u>71957                                   </u>	Page 2
Part II	<u> </u>		<del></del>	<del></del>	
	Organizations Taxable as Corporations See instructions for tax computation.				
	Controlled group members (sections 1561 and 1563) check here 🕨 📖 See instr				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (i	n that order):	1		
	(1) \$ (2) \$ (3) \$			1 1	
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		إ	1 1	
	(2) Additional 3% tax (not more than \$100,000)				
C	Income tax on the amount on line 34		<b>&gt;</b>	35c	<u> 1,368.</u>
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the	ne amount on line	34 from:		
	Tax rate schedule or Schedule D (Form 1041)		<b>&gt;</b>	36	
37	Proxy tax. See instructions		<b>&gt;</b>	37	- <del></del>
38	Alternative minimum tax			38	
39	Tax on Non-Compliant Facility Income. See instructions			39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		W	40	1,368.
Part I	/ Tax and Payments				
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			
	Other credits (see instructions)	41b		<u> </u>	
С	General business credit. Attach Form 3800	41c		7	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		7	
	Total credits. Add lines 41a through 41d	<del></del>		41e	
42	Subtract line 41e from line 40			42	1,368.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697	Form 8866	Other (attach schedule)		
44	Total tax. Add lines 42 and 43		,	44	1,368.
	Payments: A 2015 overpayment credited to 2016	45a	1		
	2016 estimated tax payments	45b		7	
	Tax deposited with Form 8868	45c		<b>i</b>	
	Foreign organizations: Tax paid or withheld at source (see instructions)	45d		7	
	Backup withholding (see instructions)	45e		┨ ┃	
	Credit for small employer health insurance premiums (Attach Form 8941)	45f		-	
		131		┥	
	Other credits and payments: Form 2439  Form 4136 Other	— Totāl ► 450			
40		Total - 45g	<u> </u>	- AG	
46	Total payments. Add lines 45a through 45g			46	42.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached   Tax days 15 large 45 to less than the total of large 44 and 47, onto amount outside.		_	48	$\frac{42.}{1,410.}$
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	and.		<del></del>	1,410.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overp	Jaiu	Defineded	49 50	<del> </del>
Part \	Enter the amount of line 49 you want: Credited to 2017 estimated tax  Statements Regarding Certain Activities and Other In	formation (se	Refunded >	1 50 1	<del></del>
					Yes No
51	At any time during the 2016 calendar year, did the organization have an interest in or over a financial account (bank, securities, or other) in a foreign country? If YES, the country?	-	·		165 NO
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the n				
	· · · · · · · · · · · · · · · · · · ·	aille of the foreign	Country		x
F0	here	tor of or transfer	or to a foreign truct?	<del></del>	$-\frac{\Lambda}{X}$
52	During the tax year, did the organization receive a distribution from, or was it the gran	noi vi, vi transieri	or to, a toreigh trust?		<del> -^-</del>
50	If YES, see instructions for other forms the organization may have to file.				1 1
53	Enter the amount of tax-exempt interest received or accrued during the tax year   S  Under penalties of perjury, I declare that I have examined this return, including accompanying sc		nts and to the hest of my kn	nowledge and belie	f it is true
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of	which preparer has a	ny knowledge	Ownedge End Dene	1, 11 10 17 10 1,
Here	Mary huma Harling 5-15-18	DECT DENIM		May the IRS discus	
	Signature of officer Date	ESIDENT		the preparer shown	I
		In.	····		Yes No
	Print/Type preparer's name Preparer's signature	Date	Check	ıf PTIN	
Paid	COLUMN VANDO COLUMN VANDO	analog (a)	self- employed		67616
Prepa	rer COLETTE KAMPS, CPA COLETTE KAMPS,	CPA 04/30			67616
Use C	Only Firm's name ► HENRY & HORNE, LLP		Fırm's EIN ▶	<u>- 00-U</u>	133881
	2055 E WARNER RD, STE 101	•	Blance	/400\ 0	20 4000
	Firm's address ► TEMPE, AZ 85284	,	Phone no.		39-4900
		:		Forr	m <b>990-T</b> (2016)

Schedule A - Cost of Good	s Sold. Enter	method of invento	ory va	aluation N/A						
1 Inventory at beginning of year	1			Inventory at end of year	r		6		<del>,</del>	
2 Purchases	2			Cost of goods sold. Su		ine 6				
3 Cost of labor	3			from line 5. Enter here a	and in F	Part I,				
4a Additional section 263A costs				line 2			7			
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to		Yes	No	
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to							
5 Total Add lines 1 through 4b 5 the organization?									1	
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property I	Leas	ed With Real Pro	perty)			
Description of property										
<u>(1)</u> <u>(2)</u>								<del></del>	<del> </del>	
(3)						······				
(4)						····		· · · · · · · · · · · · · · · · · · ·		
	2. Rent receiv	ed or accrued				1				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for pe	rsonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ıge	3(a) Deductions directly columns 2(a) an	connected d 2(b) (atta	with the incom- ch schedule)	e in	
(1)				<del></del>			<del></del>			
(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			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.	
Schedule E - Unrelated Del		I Income (see in	nstru	ctions)		1. 4.1, 1, 00.4 (2)			<u> </u>	
				. Gross income from		Deductions directly conn to debt-finance			-	
1Description of debt-fit	nanced property —			or allocable to debt- financed property —	_(a)	Straight line depreciation (attach schedule)		Other deducti (attach schedul		
					S'	TATEMENT 1	STA:	<b>TEMENT</b>	2	
(1) OFFICE BUILDING-	1366 E	. THOMAS								
(2) ROAD, SUITE 108,	PHOENIX	Χ,			·					
(3) ARIZONA 85014				56,550.		13,212		26,	<u>500.</u>	
(4)							ļ			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)      STATEMENT 3	of or a	adjusted basis allocable to nced property Schedule) 4	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable dedu imn 6 x total of a 3(a) and 3(b)	columns	
(1)		12211		%			1			
(2)	·			%			<del>                                     </del>			
(3) 1,081,465.	1	,799,200.		60.11%		33,992	.†	23.	871.	
(4)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		%		33,732			<u> </u>	
				,,		nter here and on page 1, Part I, line 7, column (A)		r here and on pa	•	
Totals						33,992	1		871.	
Total dividends-received deductions in	cluded in column	1.8				33,332	1	43,	<u>0 / 1 •</u>	

1. Name of personal organizations 2. Explayer resident process resident pr	Schedule F - Interest,		yaitios		Controlled O				is (See ins	struction	iə <i>j</i>	
29	Name of controlled organizat	tion	identification		3. Net unrelated income		al of specified	included in the controlling		rolling	connected with income	
29	(1)				·		<del></del>	<u> </u>	<del></del>	<u> </u>		
An   Nonexempt Controlled Organizations   1. National procession   1. Name of periodical pages   1. Name of periodical   2. One of the periodical   3. Name of periodical   3.			-						<del></del>			
Monexempt Controlled Organizations   S. Net urstacks accore fields   S. Total of scenfed payments   10. Per at olivers 5 that a rectack with scene or column 19 of the scene												
7. Taxabile income 8. Net verteitable income (tess) (see instructions)  9. Total of seconded payments  10. Per cerebring organizations  11. Description of seconder and payments  12. Add payments and 10. Add payments and 10. Add payments are 11. Description of seconder and payments  12. Add payments and 10. Add payments and 10. Add payments are 11. Description of seconder and payments  10. Add payments and 10. Add payments and 10. Add payments and 11. Description of seconder and payments  11. Description of income 2 Amount of income 2 Amount of income 3. Description of seconder and payments  12. Description of income 2 Amount of income 3. Description of seconder and payments  13. Description of income 3. Description of income 3. Description of seconder and 11. Description of income 3. Description of seconder and payments  14. Description of seconder and payments and 12. Description of seconder												
(coe instructions)  (coe i	Nonexempt Controlled Organi	zations										
(4)  Add columns 5 and 10 Enter here and on page 1, Part I, Inse 8, column (8)  Column (9)  Column (9)	7. Taxable Income			s) 9. Total		ments	in the controll	ing orga	nization's	11. De with	ductions directly connected income in column 10	
(4)  Add columns 5 and 10 Enter here and on page 1, Part I, Inse 8, column (8)  Column (9)  Column (9)	(1)		• •									
Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (8)  Column (9)  Col				<del></del>							· · · · · · · · · · · · · · · · ·	
Add columns 3 and 10 Enter here and on page 1, Part I, line 8, column (9)  1. Description of recome  2. Amount of income (9) (9) (9) (9) (1)  2. Gross (see instructions)  3. Enter here and on page 1, Part I, line 8, column (9) (2) (3) (4)  5. Total description of recome  1. Description of recome  2. Amount of income (9) (1) (2) (9) (1) (1) (2) (1) (2) (3) (4)  5. Total description of recome (1) (1) (2) (3) (4)  5. Total description of recome (6) (3) (4)  5. Total description of recome (6) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) (9) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7												
Totals			_									
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  1. Description of income  2. Amount of income 3. Deductions addressed gettern schedule) (attach schedule) (b) (c) (d) (d) (e) (d) (e) (f) (e) (g) (g) (h) (e) (g) (g) (h) (h) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h							Enter here and	on pag	e 1, Part I,	Enter h	ere and on page 1, Part I,	
(See Instructions)  1. Description of income  2. Amount of income  2. Amount of income  3. Descriptions (ditach schedule) (ditach schedule	Totals					<u> </u>			0.		0.	
1. Description of income  2 Amount of income  2 Amount of income  3 Description of except connected datach schedule)  (1)  (2)  (3)  (4)  5 Enter here and on page 1 Pert I, line 8, column 8) If a gent correlated activity business income to me supported activity  (5)  1. Description of explored activity  (7)  (8)  (1)  (9)  5. Cross unrelated business income to me support from activity that a gent content of business income to me supported activity  (1)  (1)  (2)  (3)  5. Cross unrelated business income to me support from activity that a gent content of business and on page 1 Pert I, line 8, column 9). To a gent in the support of explored activity  (1)  (2)  (3)  (4)  5. Cross unrelated business income to me support from activity that a gent correlated business and activity th	Schedule G - Investme	ent Income	of a Sec	tion 501(c)(	7), (9), or	(17) Or	ganizatior	1				
1. Description of income  2 Amount of income directly connected (pittach schedule) (1) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (A)  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)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  2. Gross unrelated trade or business income from Income Inco	(see insti	ructions)		<u> </u>	1				r			
(2) (3) (4)    Enter here and on page 1, Part I, line 9, column (A).	1. Desc	ription of income			2 Amount of	income	directly conne	ected			and set-asides	
(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)  2. Grass unrelated business are exploited activity in production of exploited activity in production of trade or business income from trade or business income in page 1, Part I, line 9, column (B)  (1)  (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (B)  Totals  5. Gross income from consult in the production of unrelated business income in the page 1, Part I, line 10, col (A)  [2] (3) (4)  Enter here and on page 1, Part I, line 10, col (B)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodical Reported on a Consolidated Basis  1. Name of periodical  2. Grass survertising Income (see instructions)  Part I Income From Periodical Reported on a Consolidated Basis  7. Excess exempt expenses (column 5 but nevertising on page 1, Part I, line 10, col (B)  (G) (G) (G) (G) (G) (G) (G) (G) (G) (												
Contails   State   Pert   Institute   Column												
Enter here and on page 1   Part I, line 9, column (8)   O   Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)   2. Gross unrelated business income fear (see) of unrelated business income (see) of unrelated busines												
Part I, Inne 9, column (A)   Part I, Inne 9, column (A)   Part I, Inne 9, column (B)	(4)				ļ				<u> </u>			
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity  2. Gross unrelated business income from trade or business income for whade or business income for unrelated bus											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 unrelated business income from trade or business income for whade or business income for unrelated bus	Tatala			_								
(see instructions)  1. Description of exploited activity activity connected with production of trade or business income from trade or business income to the production of unrelated business income from trade or business income to the production of unrelated business income to the production of unrelated business income to the production of unrelated trade or business income to the production of unrelated trade or business income to the production of unrelated trade or business income to the production of unrelated trade or business income to the production of unrelated trade or business income to the production of unrelated trade or business income to the production of unrelated trade or business income to the production of unrelated trade or business income to the production of unrelated trade or business income to the production of unrelated trade or business income to the production of unrelated trade or business income to the production of unrelated trade or business income to the production of unrelated trade or business income to the production of unrelated trade or business income to the production of unrelated trade or business income to the production of unrelated trade or business income to the production of unrelated trade or business income to the production of the production		Exempt Ac	tivity Inc	ome. Other	r Than Ac		na Income	<u> </u>			1 0.	
1. Description of exploited activity unrelated business income from trade or business income or turnelated business income inc				,								
(2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Schedule J - Advertising Income (see Instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2 Gross advertising costs advertising costs advertising costs (solumn 6 minus column 5, but not more than column 4).  (1) (2) (3) (4)  Totals (carry to Part II, line (5))  • O. • O		unrelated busin income from	ess dire	ectly connected ith production of unrelated	from unrelated business (co minus colum gain, comput	trade or dumn 2 n 3) If a e cols 5	from activity is not unrelated	that ted	attribut	able to	expenses (column 6 minus column 5, but not more than	
(2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Schedule J - Advertising Income (see Instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2 Gross advertising costs advertising costs advertising costs (solumn 6 minus column 5, but not more than column 4).  (1) (2) (3) (4)  Totals (carry to Part II, line (5))  • O. • O	(1)											
(4)  Enter here and on page 1, Part I, line 10, col (8)  Totals  O.  Chedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2 Gross advertising income  1. Name of periodical  2 Gross advertising income  2 Gross advertising costs advertising costs advertising costs (advertising costs advertising costs)  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  D.  Enter here and on page 1, Part I, line 26  O.  O.  O.  Totals  A Advertising gain or (loss) (col 2 minus or (loss) (sol 3) if a gain, compute costs (solium 6 minus column 7).  Totals (carry to Part II, line (5))  O.  O.						1						
Enter here and on page 1, Part I, line 10, col (A)  Totals  O.  Co.  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 (col 2 minus cols 5 through 7  1. Name of periodical  2 Gross advertising costs (column 6 minus column 4).  Totals (carry to Part II, line (5))  D.  O.  Enter here and on page 1, Part II, line 26  O.  O.  Totals (carry to Part II, line (5))  D.  O.  Totals (carry to Part II, line (5))	(3)											
page 1, Part I, line 10, col (A)   page 1, Part I, line 10, col (B)   Part II, line 20   O .   O .   O .   O .	(4)											
Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical 2 Gross advertising income Inco		page 1, Part I	, p ) lir	page 1, Part I, ne 10, col (B)							on page 1, Part II, line 26	
Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2 Gross advertising income  3 Direct advertising costs or (loss) (col 2 minus cols 5 through 7  5. Circulation income  6. Readership costs (column 8 minus column 5, but not more than column 4).  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  • O. O.	Schedule J - Advertisi	na Income	(see instru	ctions)	<u>L.</u>				<del></del>		1 0.	
1. Name of periodical advertising income advertising costs of (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  A Direct advertising costs of column 4 advertising costs (column 6 minus column 4).					solidated	Basis			<del></del>		<i>γ</i>	
1. Name of periodical advertising costs col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))   advertising costs col 3) If a gain, compute cols 5 through 7  Income costs column 5, but not more than column 4).				3 Direct	4 Advert	ising gain	5.0	non.	6 p	vehe-		
(2) (3) (4)  Totals (carry to Part II, line (5))   0.  0.	1. Name of periodical				col 3) If a ga	an, compute	e income				column 5, but not more	
(3) (4)  Totals (carry to Part II, line (5)) ▶ 0. 0.												
(4)  Totals (carry to Part II, line (5)) ▶ 0. 0. 0.					_							
Totals (carry to Part II, line (5)) ► 0. 0.					_							
	(4)				<del> </del>		ļ					
	Totals (carry to Part II, line (5))	<b>.</b>	0.	0							0 • Form <b>990-T</b> (2016)	

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Part II Income From Perio columns 2 through 7 on a			a Sepa	rate Basis (For ea	ch perio	odical listed	ın Pa	rt II, fill in		
1. Name of periodical	2. Gross advertising income		Direct sing costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		rculation come	6. 1	Readership costs	7. Excess readershi costs (column 6 mini column 5, but not mo than column 4).	ıs
(1)										_
(2)										
(3)										
(4)							_			
Totals from Part I	0.		0.							0.
	Enter here and on page 1, Part I, line 11, col (A)	page	ere and on 1, Part I, I, col (B)						Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	0.	_	0.							0.
Schedule K - Compensatio	n of Officers,	Direct	ors, an	<b>d Trustees</b> (see in	structio	ns)				
1. Name				2. Title		3. Percent time devoted business	d to		pensation attributable irelated business	
(1)							%			
(2)							%			
(2)							0/			

(4)

Total Enter here and on page 1, Part II, line 14

FORM 990-T SCHEDULE E - DEPRECIA	TION DEDUCT	ION	STATEMENT	1
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
STRAIGHT-LINE DEPRECIATION - SUBTOTAL -	· 1	13,212.	13,2	12.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(A)		13,2	12.
FORM 990-T SCHEDULE E - OTHER	R DEDUCTIONS		STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
OTHER DEDUCTIONS - SUBTOTAL -	- 1	26,500.	26,5	00.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(B)		26,5	00.
FORM 990-T AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE BALANCE OF LONG-TERM DEBT - SUBTOTAL -	1	1,081,465.	1,081,4	65.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	4		1,081,4	65.

FORM 990-T AVERAGE ADJUSTED ALLOCABLE TO DEBT-			STATEMENT	4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	-
AVERAGE ADJUSTED BASIS - SUBTOTAL	- 1	1,799,200.	1,799,2	00.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	<b>N</b> 5		1,799,2	00.