| Form 990-T | Exempt Organization I | Busines | s Income Ta | ax Return | OMB No 1545-06 | | | | | | |
|---|---|--|-----------------------------|---|----------------|--|--|--|--|--|--|
| ÷ . | (una proxy tux | | ∣ 2018 | | | | | | | | |
| 4, | For calendar year 2018 or other tax year beginning, and ending, and ending | | | | | | | | | | |
| Department of the Treasury Internal Revenue Service | Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Open to Public Ins | | | | | | | | | | |
| A Check box if | DEMO | | | | | | | | | | |
| address changed | | | | | | | | | | | |
| | Print FOUNDATION | | | | | | | | | | |
| $\times 501(c)(3)$ | IVEC I | Number, street, and room or suite no. If a P.O. box, see instructions. | | | | | | | | | |
| 408(e) 220(e) | P.O. BOX 910341 | | | | | | | | | | |
| 408A530(a) | I ' | City or town, state or province, country, and ZIP or foreign postal code | | | | | | | | | |
| 529(a) | LEXINGTON, KY 4059 | | | | | | | | | | |
| C Book value of all assets at end of year | F Group exemption number (See instruction | | [[[[[]]]]] [[]] | 401(0) 15 | ot Other t | | | | | | |
| | 34. G Check organization type ► X 501(| c) corporation | 501(c) trust | 401(a) tru | | | | | | | |
| | ganization's unrelated trades or businesses. | | | ne only (or first) unrela omplete Parts I-V-If n | | | | | | | |
| | NO UNRELATED BUSINESS | | | • | • | | | | | | |
| | nk space at the end of the previous sentence, comp | iete Parts i anu | n, complete a Schedule | W TO Each additional | iraue oi | | | | | | |
| business, then complete P | arts in-v. ne corporation a subsidiary in an affiliated group or a | narent-cubcid | uary controlled group? | | Yes X No | | | | | | |
| | d identifying number of the parent corporation. | i parent-subsid | iary controlled group. | | 103 22 110 | | | | | | |
| | DR. SIGRUN LEONHARDT | | Telepho | ne number > 21 | 2-912-2753 | | | | | | |
| | Trade or Business Income | | (A) Income | (B) Expenses | (C) Net | | | | | | |
| 1a Gross receipts or sales | | | | | | | | | | | |
| b Less returns and allow | | ▶ 1c | | • | | | | | | | |
| 2 Cost of goods sold (So | - | 2 | | | | | | | | | |
| 3 Gross profit Subtract I | | 3 | | | | | | | | | |
| 4a Capital gain net income | (attach Schedule D) | 4a | | | | | | | | | |
| | 797, Part II, line 17) (attach Form 4797) | 4b | | | | | | | | | |
| c Capital loss deduction | for trusts | 4c | | | | | | | | | |
| 5 Income (loss) from a p | artnership or an S corporation (attach statement) | 5 | | | | | | | | | |
| 6 Rent income (Schedule | (C) | 6 | | | | | | | | | |
| 7 Unrelated debt-finance | d income (Schedule E) | 7 | | | | | | | | | |
| 8 Interest, annuities, roya | ilties, and rents from a controlled organization (Sched | lute F) 8 | | | | | | | | | |
| | section 501(c)(7), (9), or (17) organization (Sched | - | | | | | | | | | |
| 10 Exploited exempt activities | , , | 10 | | | | | | | | | |
| 11 Advertising income (So | | 11 | | | | | | | | | |
| * | ome (See instructions; attach schedule) | | | | | | | | | | |
| 13 Total. Combine lines 3 | | 13 | 0. | | | | | | | | |
| | is Not Taken Elsewhere (See instruction in the struction of the structure | | | income) | | | | | | | |
| | ers, directors, and trustees (Schedule K) | | | · · · · · · · · · · · · · · · · · · · | 14 | | | | | | |
| 14 Compensation of office15 Salaries and wages | | FOEN/ | -D | | 15 | | | | | | |
| 16 Repairs and maintena | nce R | ECEIVI | | | 16 | | | | | | |
| 17 Bad debts | | | S | | 17 | | | | | | |
| 18 Interest (attach sched) | ule) (see instructions) | OV 18 2 | 019 0 | | 18 | | | | | | |
| 19 Taxes and licenses | ule) (see instructions) | D, 10 - | [8] | | 19 | | | | | | |
| | ns (See instructions for limitation rules) | CDEN | | 2 | 20 | | | | | | |
| 21 Depreciation (attach F | | GDEN, | <u>UT</u> 21 | | | | | | | | |
| | med on Schedule A and elsewhere on return | | 22a | 2 | 2b | | | | | | |
| 23 Depletion | | | | 2 | 23 | | | | | | |
| | red compensation plans | | | 2 | 24 | | | | | | |
| 25 Employee benefit prog | | | | _2 | 25 | | | | | | |
| 26 Excess exempt expen | ses (Schedule I) | | | _2 | 26 | | | | | | |
| 27 Excess readership cos | sts (Schedule J) | | | _ 2 | 27 | | | | | | |
| 28 Other deductions (atta | ch schedule) | | | _ | 28 | | | | | | |
| 29 Total deductions Add | | | | | 29 | | | | | | |
| | xable income before net operating loss deduction. S | | | _ | 30 | | | | | | |
| | rating loss arising in tax years beginning on or after | January 1, 201 | 8 (see instructions) | | 81 | | | | | | |
| 32 Unrelated business ta | kable income. Subtract line 31 from line 30 | | | 3 | 32 | | | | | | |

| 33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 34 Amounts pad for disallowed fringss 35 Deduction for net operating loss arising in tax years beginning before, January 1, 2018 (see instructions) 36 Total of unrelated business taxable income before specific deduction Subtract line 3 from the sum of lines 3 and 4. 37 Specific deduction (Jenerally \$1,000, but see line 37 misructions for exceptions) 38 Unrelated beanness taxable income Subtract line 37 from line 36 if thine 37 is greater than line 35. 39 Unrelated beanness taxable income Subtract line 37 from line 36 if thine 37 is greater than line 35. 39 Unrelated beanness taxable income Subtract line 37 from line 36 if thine 37 is greater than line 35. 39 Organizations Taxable as Corporations Multiply line 38 by 21% (0.21) 40 Trusts Taxable at Trust Rates See instructions for lax computation fluores tax on the amount on line 35 from. 41 Proxy tax See instructions 42 Alternative minimum tax (rissts only) 43 Tax on Meximum tax (rissts only) 44 Total Additions 4, 42, and 43 to line 33 or 40, whichever applies 45 Foreign lax credit (corporations attach from 1116; trusts attach form 1116) 50 liter credits (see entinctions) 46 Credit for prior year minimum tax (paticals from 8801 or 8827) 50 Credit for prior year minimum tax (paticals from 8801 or 8827) 51 Total years. Check if from 164 52 Total credits Add lines 53 through 550 53 Payments A 2017 overpayment credited to 2018 54 Organization 4. Add lines 4. Add organization from 868. 55 Foreign lax credit (corporations attach from 8941) 56 United credits, Add lines 53 through 550 56 Credit for prior year minimum tax (paticals from 8861 organizations) 57 Total Lax Add lines 64 and 47 (see instructions) 58 Payments A 2017 overpayment credited to 2018 59 Degree 1. Total Add Add lines 50 through 550 50 Credit for prior without and payed the total of lines 44, 43, and 52, enter amount overpad 58 Foreign prior and transport to th | . • Form 990- | 1 0011011111111 | | 47-1 | 033406 | | Page : | | | |
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| 34 Amounts pad for destilwed ringes 35 Dedection for end engrating loss aways in tax years beginning before January 1, 2016 (see instructions) 35 Total of eversibles business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 37 Specie deduction (Generally \$1,000, but see line 37 instructions for exceptions). 38 Unrelated business taxable income. Subtract line 37 from hier 36 if fine 37 is greater than line 36, eitelt be senated to zinc or line amount on line 36 if fine 37 is greater than line 36, eitelt be senated to zinc or line 36 in subtract line 37 is greater than line 36, eitelt be senated to zinc or line 36 in subtract line 37 is greater than line 36, eitelt be senated to zinc or line 36 in subtract line 37 is greater than line 36, eitelt be senated to zinc or line 36 in subtract line 37 is greater than line 36, eitelt be senated to zinc or line 36 in subtract line 37 is greater than line 36, eitelt be senated to zinc or line 37 is greater than line 36, eitelt be senated to zinc or line 38 in subtract line 37 is greater than line 36. 9 Organizations Taxable at 7 zinc 86 see profusions with line 37 is greater than line 36. 9 Organization Taxable 37 is subtractions of the xinc subtraction of the xinc subtraction of the xinc subtraction of the xinc subtraction of the xinc subtra | Part I | II _Total Unrelated Business Taxable Income | | | | | | | | |
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| 196 Total of unrelated business tauble income before specific deduction. Subtract line 35 from the sum of lines 33 and 34. 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions). 38 Unrelated business tauble income. Subtract line 37 from line 36. 39 Unrelated business tauble income. Subtract line 37 from line 36. 39 Organizations Tazable as Corporations. Multiply line 38 by 21% (0.21). 40 Trusts Trazable at Trust Rates. See instructions for fax computation recome tax on the amount on line 38 from. 41 Trusts Trazable at Trust Rates. See instructions for fax computation recome tax on the amount on line 38 from. 42 Alteration minimate tax (trusts cells). 43 Tax on Needemphant facility income. See instructions. 44 Total And lines 41 42, and 43 to line 38 or 40, whichever applies. 45 Foreign tax credit (corporations attach form 1118; trusts attach Form 1116). 46 Credit for provinger minimate tax (trusts cells). 47 Total And lines 41 42, and 43 to line 38 or 40, whichever applies. 48 Foreign tax credit (corporations attach Form 3801 or 8827). 49 Total Lines (see instructions). 40 Credit for provinger minimate tax (attach Form 8801 or 8827). 40 Total attached (see instructions). 41 Total attached (see instructions). 42 Call Seeds (see instructions). 43 Total attached (see instructions). 44 Total attached (see instructions). 45 Do their credits. Add lines 45 and 147 (see instructions). 46 Subtractine 45 er form line 47 (see instructions). 47 Total attached (see instructions). 48 Do their credits. Add lines 45 and 47 (see instructions). 49 2018 net 95 its relationship and from Form 785-8. In Form 8811 Form 8897 Form 8886 Other (unser servicution). 40 Do their credits. Add lines 45 and 47 (see instructions). 50 De the credits. Add lines 45 and 47 (see instructions). 50 De the credits. Add lines 50 and though 45 discover. 50 De the service of the department of the form 881 discover. 50 De the department of the 50 discover. 50 De the department of the 50 | 34 | Amounts paid for disallowed fringes | 34 | | | | | | | |
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| Tax rate schedule or Schedule 0 (Form 1041) | | • | | - | 39 | | 0. | | | |
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| Part V Tax and Payments 44 0. | 42 | | | | | | | | | |
| Part V Tax and Payments | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
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| b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments Form 2439 Form 4136 Other Total Payments Add lines 50a through 50g Estimated tax penalty (see instructions) Form 2220 is attached Form 8941) for a tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 53 Tax due. If line 51 is learger than the total of lines 48, 49, and 52, enter amount overpaid for the amount of line 54 you want Credited to 2019 estimated tax Form 4136 Enter the amount of line 54 you want Credited to 2019 estimated tax Form 4136 Form 4136 Statements Regarding Certain Activities and Other Information (see instructions) 6 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 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 \$ Under penalties of penyry, I declare that I have estament this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration if peparer (other than tax payed by a based on all information of which preparer has any knowledge Fine the amount of flax-exempt interest received or accrued during the tax year \$ Under penalties of penyry, I declare that I have estament this return, including accompanying schedules and statements, and to the be | | | | | | | | | | |
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| e Backup withholding (see instructions) f. Credit for small employer health insurance premiums (attach Form 8941) g. Other credits, adjustments, and payments | | • | | | | | | | | |
| f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments | | · | | | \dashv \vdash | | | | | |
| Gother credits, adjustments, and payments ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Total ▶ 50g ☐ Form 4136 ☐ Other ☐ Total ▶ 50g ☐ Form 4136 ☐ Other ☐ Total ▶ 50g ☐ 51 ☐ Total payments Add lines 50a through 50g ☐ 51 ☐ 52 ☐ Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ ☐ 52 ☐ 53 ☐ Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed ☐ 54 ☐ Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid ☐ 55 ☐ Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ ☐ Refunded ☐ 55 ☐ Finter the amount of line 54 you want Credited to 2019 estimated tax ▶ ☐ Refunded ☐ 55 ☐ Finter the amount of line 54 you want Credited to 2019 estimated tax ▶ ☐ Refunded ☐ 55 ☐ Finter the amount of line 54 you want Credited to 2019 estimated tax ▶ ☐ Refunded ☐ 55 ☐ Finter the amount of line 54 you want Credited to 2019 estimated tax ▶ ☐ Refunded ☐ 55 ☐ Finter the amount of line 54 you want Credited to 2019 estimated tax ▶ ☐ Refunded ☐ 55 ☐ Finter the amount of line 54 you want Credited to 2019 estimated tax ▶ ☐ Refunded ☐ 55 ☐ Finter the amount of line 54 you want Credited to 2019 estimated tax ▶ ☐ Refunded ☐ 55 ☐ Finter the amount of line 54 you want Credited to 2019 estimated tax ▶ ☐ Refunded ☐ 55 ☐ Finter the amount of line 54 you want Credited tax year ☐ Finter the name of the foreign country ☐ Yes, the organization may have to file ☐ Finter the amount of tax-exempt interest received or accrued during the tax year ☐ Signature of other forms the organization may have to file ☐ Finter the amount of tax-exempt interest received or accrued during the tax year ☐ Signature of officer ☐ Date ☐ PRESIDENT ☐ May the IRS discuss this return with the preparer has any knowledge ☐ Print/Type preparer's name ☐ Preparer's signature ☐ Date ☐ Print/Type preparer's name ☐ Preparer's signature ☐ Date ☐ Print/Type preparer's name ☐ Preparer's signature ☐ Date ☐ Print/Type preparer's name ☐ Print/Type preparer's name ☐ Preparer's signature ☐ Date ☐ Prin | е | | | | | | | | | |
| Form 4136 Other Total > 50g | t | —————————————————————————————————————— | 501 | | | | | | | |
| 51 Total payments Add lines 50a through 50g 52 Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ 52 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 54 Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ Refunded ▶ 55 Part VI Statements Regarding Certain Activities and Other Information (see instructions) 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," enter the name of the foreign country here ▶ 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 58 If "Yes," see instructions for other forms the organization may have to file 59 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, cornect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Date Check It PTIN Self-employed PO1242412 | g | | 50- | | | | | | | |
| 52 Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ 52 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 54 Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ Refunded ▶ 55 Part VI Statements Regarding Certain Activities and Other Information (see instructions) 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here ▶ 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file Enter the amount of fax-exempt interest received or accrued during the tax year ▶ \$ Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than laxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Preparer's signature | | | 500 | | | | | | | |
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| Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information of the forms authority Yes No | | | | | | | | | | |
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| Paid Preparer ALLISON C. CARTER Preparer's signature Date Check if PTIN self- employed P01242412 | | | 71/1 T | | | | _ N∪ | | | |
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| | Prepa | Firm's name DEAN DORTON ALLEN FORD, PLLC | • • | Firm's EIN | | | | | | |

Use Only

Firm's name DEAN DORTON ALLEN FORD, PLLC

106 W. VINE STREET, SUITE 600
Firm's address DEXINGTON, KY 40507

Phone no (859)255-2341 Form **990-T** (2018)

47-1033406 Form 990-T (2018) FOUNDATION Page 3 Schedule A - Cost of Goods Sold. Enter method of inventory valuation 6 Inventory at beginning of year 6 Inventory at end of year 7 Cost of goods sold Subtract line 6 Purchases 2 Cost of labor 3 from line 5 Enter here and in Part I, 4a Additional section 263A costs line 2 Yes No (attach schedule) Do the rules of section 263A (with respect to **4**a property produced or acquired for resale) apply to b Other costs (attach schedule) 4b Total Add lines 1 through 4b 5 the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1 Description of property (1) (2) (3) (4) Rent received or accrued 3(a) Deductions directly connected with the income in (a) From personal property (if the percentage of (b) From real and personal property (if the percentage columns 2(a) and 2(b) (attach schedule) rent for personal property is more than 10% but not more than 50%) of rent for personal property exceeds 50% or if the rent is based on profit or income) (1) (2) (3) (4) 0. Total Total (b) Total deductions (c) Total income Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1 Part I, line 6, column (B) here and on page 1, Part I, line 6, column (A) 0. Schedule E - Unrelated Debt-Financed Income (see instructions) 3 Deductions directly connected with or allocable to debt-financed property 2 Gross income from or allocable to debt-(a) Straight line depreciation (b) Other deductions Description of debt-financed property financed property (attach schedule) (attach schedule) (1) (2) (3) (4) Amount of average acquisition t on or allocable to debt-financed property (attach schedule) Average adjusted basis of or allocable to debt-financed property 8 Allocable deductions Column 4 divided 7 Gross income by column 5 reportable (column (column 6 x total of columns 2 x column 6) 3(a) and 3(b)) (attach schedule) % (1) (2) % (3) % % (4) Enter here and on page 1. Enter here and on page 1,

Form 990-T (2018)

0.

0.

Part I, Ime 7, column (B)

Part I, line 7, column (A)

Totals

Total dividends-received deductions included in column 8

| Schedule F - Interest, | Annuitie | s, Royalt | | | | | | zatio | ns (see in: | structio | ns) |
|--|---|-------------------------------------|-------------------------------|------------------------|---|-------------|--|------------------------|---|--|---|
| 1 Name of controlled organiza | tion | 2. Emple identifica numbe | oyer ition | 3 Net unre | controlled O | 4 To | tal of specified ments made | ıncluc | rt of column 4 ded in the cont zation's gross | trolling | 6 Deductions directly connected with income in column 5 |
| (1) | _ | | | | | | | | | | |
| (2) | | = | | | | | | | | | |
| (3) | | | - | | | | | | ,, | | _ |
| (4) | | | | | | | | | | | |
| Nonexempt Controlled Organi | ızatıons | | | - | | | | | | | |
| 7 Taxable Income | 8 Net ur | nrelated income ee instructions) | (loss) | 9 Total o | of specified payi made | ments | 10 Part of colu in the controll gross | | nization's | | eductions directly connected h income in column 10 |
| (1) | | | - | | | | | | | | |
| (2) | | | | | | | | | | | |
| | | | | | | | | | | | |
| (3) | | | | | | | | | | | " · |
| _(4) | | | | | - | | Add colur Enter here and line 8, 6 | | e 1, Part I, | | dd columns 6 and 11 here and on page 1, Part I, line 8, column (B) |
| Totals | | | | | | | | | 0. | | 0 |
| Schedule G - Investme | ent Incon | ne of a S | ection | 501(c)(7 | 7), (9), or | (17) Oı | rganizatior | 1 | | | |
| (see inst | ructions) | | | | | | | | 1 | | 1 |
| 1 Desc | 1 Description of income | | | _ | 2 Amount of | income | 3 Deductions directly connected (attach schedule) | | 4 Set-asides (attach schedule) | | 5 Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | _ | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | | | | Enter here and Part I, line 9, co | | | | | | Enter here and on page Part I, line 9, column (B) |
| Totals | | | | • | | 0. | | | | | 0 |
| Schedule I - Exploited (see instru | | Activity | Income | e, Other | Than Ad | lvertisi | ing Income |) | | | |
| 1 Description of exploited activity | 2 Gr unrelated l income trade or b | business from | usiness with proc | | nnected business (column 2 minus column 3) If a dain compute cols 5 | | 5 Gross inco from activity in is not unrelate business inco | y that attributable to | | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | [| | 1 |
| (3) | <u> </u> | | | | | | · | | | | |
| (4) | | | | | | | = | | | | |
| V | Enter here page 1, fine 10, c | Part I, | Enter here page 1, line 10, c | Part I, | | 4·· | , | | | | Enter here and on page 1, Part II, line 26 |
| Totals | | 0. | | 0. | | | | | | | 0 |
| Schedule J - Advertisi | ng Incon | | structions | | | | | | | | |
| Part I Income From | | | | | solidated | Basis | | | | | |
| 1 Name of periodical | | 2 Gross advertising income | | Direct tising costs | 4 Advert or (loss) (co col 3) If a ga cols 5 th | ain, comput | | | 6. Read | | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | - | | | | | | |] |
| (4) | | | | | | | | | | | 1 |
| ·· — — — — — — — — — — — — — — — — — — | | | | | | | | | | | |
| Totals (carry to Part II, line (5)) | • | 0 | | 0 | | | | | | | 0 |

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Form 990-T (2018) FOUNDATION Page 5 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) 4 Advertising gain or (loss) (col. 2 minus cot. 3). If a gain, compute cols. 5 through 7 7 Excess readership 6. Readership 3 Direct 5 Circulation costs (column 6 minus column 5, but not more 1 Name of periodical advertising income advertising costs income costs than column 4) (1) (2) (3) (4) 0. 0. 0 . Totals from Part I Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part II, line 27 0. Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted to Compensation attributable to unrelated business 2 Title 1 Name business (1) %

Form 990-T (2018)

0.

% %

%

(2)

(3)

(4)

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