	٠	Exempt Organization Business Income Tax Return						ОМВ	No 1545-0047	7
F	orm	330-1		5	@40					
	•			(and proxy tax under s		, and ending	112.		913	
		ment of the Treasury	► Go to www.irs.gov/Form990T for instructions and the latest information.						ublic Inspection	
<u>_ln</u>	temal	Revenue Service Check box if	► Do no	ot enter SSN numbers on this form as it may be ma					Organizations C	
A B	<u> </u>	address changed		Name of organization (Check box if name of DEMOCRACY NOW PRODUCTIONS, IN	_	nd see instructions)			ee instructions)	
В	Γ <u>x</u>	empt under section		Number, street, and room or suite no If a PO box, s	1	01-070	8733			
		408(e) 220(e)	Print	207 WEST 25TH STREET, 11TH FLOOR			E Unrel		ess activity co	de
	ř	408A 530(a)	or Type	City or town State	<u> </u>	ZIP code	(See in	istructions)		
	Ē	529(a)	.,,,,	NEW YORK NY		10001				
				Foreign country name Foreign prov	/ince/state	/county Foreign postal code				
_ c	- Ro	ok value of all assets at	F Grou	Lup exemption number (See instructions.)	<u> </u>		<u> </u>			
Ŭ		d of year 32,424,087		ck organization type ► X 501(c) corpo	ration	501(c) trust	401(a) t	rust [Other trus	st C
Н		Enter the number of t		ization's unrelated trades or businesses	_	1 Descr	ibe the on	ly (or firs	t) unrelated	<u> </u>
				SALLOWED FRINGES end of the previous sentence, complete Pa	If only o	ne, complete Parts I–V	If more t	han one, ach addi	describe th	e
	t	rade or business, the	en comple	ete Parts III–V	ito i aire	in, complete a concac	110 141 101 0	4011 4441		
ī		Ouring the tax year, wa	s the corp	poration a subsidiary in an affiliated group or a	parent-	subsidiary controlled gro	up? .	▶ [Yes X	No
_				ntifying number of the parent corporation.▶						
J				MIRIAM BARNARD C/O DEMOCRACY N	NOW	1	(B) Expens	431-909		
_	Part 1 a	Gross receipts or sa		Business Income	Τ	(A) Income	(b) Expens	ses	(C) Net]
		Less returns and allow		c Balance ▶	1c	o	· , • · · · ·	'		. `.]
	2	Cost of goods sold (e A, line 7)	2	<i>x</i>	, , ,	, , , , ,	٠. د ځ	:]
	3	•	ct line 2 from line 1c 3 0					. ,		0
	4 a		come (attach Schedule D) rm 4797, Part II, line 17) (attach Form 4797) ation for trusts a partnership or an S corporation							
		• ' '								
	С 5	•						-		
	•	(attach statement)							1	_
	6	•	income (Schedule C)							
	7	Unrelated debt-finar								
	8 9			ents from a controlled organization (Schedule F) (1(c)(7), (9), or (17) organization (Schedule G)	8	 	20 20	20 9	 	
	0	Exploited exempt ac		· · · · · · · · · · · · · · · · · · ·	DEAL I	17				
1	1	Advertising income	-		10		/E 14, (<i>3</i> 1		
1	2	•		ns, attach schedule)	12	4	. 1			
1		Total. Combine line:			13	0	(D. 1. ii	0		0
, E	Part			ken Elsewhere (See instructions for I	imitatio	ons on deductions) ((Deduction	ons mus	t be	
_				with the unrelated business income)				44		
1		Salaries and wages		rectors, and trustees (Schedule K)				14		
1		Repairs and mainter		·				16		
1	7	Bad debts				•		17		
	8	Interest (attach sche	edule) (se	ee instructions) .				18		
1 2		Taxes and licenses Depreciation (attach	Form 15			20	•	19		
2		•		n Schedule A and elsewhere on return	•	21a		21b		
	2	Depletion	u	·	•			22		
2	3	Contributions to defe		npensation plans .				23		
2		Employee benefit pr		ah a dala N		•		24		
2	5 6	Excess exempt expe			•	•		25		
		Other deductions (at			•	•		26		
,,	8	Total deductions. A						28		0
2	9	Unrelated business	taxable ır	ncome before net operating loss deduction			ļ	29		0
3	0		erating lo	oss arising in tax years beginning on or aft	er Janua	ary 1, 2018 (see				
,	1	Instructions)	tavabla ir	ncome Subtract line 30 from line 29	•	•	1	30		
<u>3</u>		perwork Reduction A							9 90-T (20	0
•	J C	.,		-,						,

	9 90 °T (2019		01-0708733	Page
Par		Total Unrelated Business Taxable Income		
~32	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see	T F	
	instruct		. 32	(
33	Amoun	s paid for disallowed fringes	33	
34	Charita	ple contributions (see instructions for limitation rules)	34	
35	Total ur	related business taxable income before pre-2018 NOLs and specific deduction. Subtract	·	
	line 34	from the sum of lines 32, and 33.	. 35	4
36	Deduct	on for net operating loss arising in tax years beginning before January 1, 2018 (see		· · · · · · · · · · · · · · · · · · ·
	instruct	ons)	. 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)		
39	Unrelat	ed business taxable income. Subtract:line 38 from line 37. If line 38 is greater than line 37,		
	enter th	e smaller of zero or line 37:	39	(
Part	IV.	fax Computation		
40	Organi:	ations Taxable as Corporations. Multiply line 39 by 21% (0.21)	▶ 40	
4.1	Trusts	Faxable at Trust Rates. See instructions for tax computation. Income tax on the		
		on line 39 from: Tax rate schedule or Schedule D (Form 1041)	▶ 41	
42	Proxy t	ax. See instructions	▶ 42	
43		ve minimum tax (trusts only)	43	
44		Noncompliant Facility Income. See Instructions	. 44	
45		dd lines 42, 43, and 44 to line 40 or 41, whichever applies .	45	(
Part		ax and Payments	*····	
46 a		tax-credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
b		edits (see instructions)		
ε		business credit. Attach Form 3800 (see instructions)		
ď		r prior year minimum tax (attach Form 8801 or 8827). 46d		
е		edits. Add lines 46a through 46d	. 46e	C
47		line 46e from line 45	47	0
	Other tax	s. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu		
49		t. Add lines 47 and 48 (see instructions)	49	C
50		1965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51 a		ts: A 2018 overpayment credited to 2019		
b			823	
c		osited with Form 8868		
đ		organizations: Tax paid or withheld at source (see instructions)		
é		withholding (see instructions)		
ŕ		r-small employer health insurance premiums (attach Form 8941) 51f		
g		edits, adjustments, and payments Form 2439		
	Form	4136 Other Total ► 51g	0	
52	-	yments. Add lines 51a through 51g	52	3,823
53		d.tax penalty (see instructions). Check if Form 2220 is attached	53	
54		If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	▶ 54	0
55		ment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid). ▶ 55	3,823
56		amount of line 55 you want: Credited to 2020 estimated tax Refunded		3,823
Part		atements Regarding Certain Activities and Other Information (see instructions)	 	
			thos authority	Yeş No
57	•	me during the 2019 calendar year, did the organization have an interest in or a signature or o	-	
		nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may		
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the for	eigh country	
F0.	heré 🕨	arthur year did the agracination many a distribution from any on it the granter of an important a	foreign Imato	X X
58		e tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	ioreign trastr.	
5 0		see instructions for other forms the organization may have to file.		
<u>59</u>		amount of tax-exempt interest received or accrued during the tax year > \$ penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bast of m	komuladaa aad bali	land of the true correct
		perialities of perjuly, regulate that make examined this letting, including accompanying screeding and statements, and to the cost of hig emplete. Declaration of preparet (other than laxpayer) is based on all information of which preparer has any knowledge	Niconieoge and oei	an, it is tibe, correct,
Sign		David		discuss this return with
Here	"_	1 1sesident	instructions)	r shown below (see)? X Yes No
	Sig	ature of office Date Title	il isubctions.)7 X Yes No
n-i-i		Print/Type preparer's name Preparer's signature Date	Check f	PTIN
Paid	>	MICHAELLEE Muchoel Fe Co 10/22/2020	self-employed	P01087092
Prep			Frm's EIN > 13	-3777972
Use (nly إ			12) 7.85,4600
		<u>ے میں محمد کا انجاز میں میں میں اس میں اور اس میں اور اس میں میں میں میں میں میں میں میں میں میں</u>		

Form	aan 1	r /201	ı۵۱

DEMOCR	$\Delta C V NC$	NW PROL	DUCTIONS	INC

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Schedule A—Cost of Goo	ds Sold. Ente	r method c	f inventory valu	atio	n ▶				
1 Inventory at beginning of	year	1	6	In	ventory at en	d of year	6		
2 Purchases		2	7	C	ost of goods	sold. Subtract			
3 Cost of labor	[3		lin	e 6 from line	5 Enter here			
4 a Additional section 263A	costs			ar	nd in Part I, Iii	ne 2	7	0	
(attach schedule)	4	la	8	Do	o the rules of	section 263A (wi	th respect to	Yes No	
b Other costs (attach sched	dule) . 4	lb		pr	operty produ	ced or acquired for	or resale)		
5 Total. Add lines 1 through		5	0		ply to the org				
Schedule C—Rent Income	(From Real	Property a	nd Personal P	rope	erty Lease	With Real Pr	operty)		
(see instructions)	•			•	•		• • •		
1. Description of property									
(1)							•		
(2)									
(3)									
(4)					· · · · · ·				
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per	rantage of root	(b) Err	om roal and passanal a	ronort	u (if the	3(a) Deductions d	rectly connected w	oth the income	
for personal property is more than			rom real and personal property (if the ge of rent for personal property exceeds				a) and 2(b) (attach		
more than 50%)		50% or i	f the rent is based on p	rofit o	r income)				
(1)									
(1)									
(3)							-		
(4)									
Total	0	Total			0		 		
						(b) Total deduc	tions.		
(c) Total income. Add totals of col		b) Enter				Enter here and o			
here and on page 1, Part I, line 6, o		<u> </u>			0	Part I, line 6, col	umn (B)	0	
Schedule E-Unrelated De	ebt-Financed	Income (se	ee instructions)		<u> </u>				
			2. Gross income fro	m or	3. [Deductions directly cor to debt-financ		cable	
1. Description of debt-	financed property		allocable to debt-fina	nced	(a) Straight			ther deductions	
			property			h schedule)	(attach so		
(1)		· · · · · · · · · · · · · · · · · · ·			Ī				
(2)							···		
(3)									
(4)									
4. Amount of average	5. Average adju	usted basis					0.41		
acquisition debt on or	of or alloca	able to	6. Column 4 divided			come reportable	8. Allocable (column 6 × tot		
allocable to debt-financed property (attach schedule)	debt-financed (attach sch		by column 5		(column	2 × column 6)	3(a) and		
				%		0			
(1)				/°		0		0	
(2)				- / %		0			
(3)				%		0	 	0	
(4)			l						
						and on page 1,	Enter here and		
Totala					Paπ I, line	7, column (A)	Part I, line 7,		
Totals .					Ł	0		0	
Total dividends-received deduct	ions included in (column 8				>]			

Scheaule F-Interest, Annui	ties. Rovaities	i. and Ke	ents From	i Controllea Ora	anizations (se	e instruci	(lons)	
				Organizations				
Name of controlled organization	2. Employer identification number		unrelated incon see instruction			e controlling	conr	Deductions directly nected with income in column 5
(1)			······································					
(2)								
(3)								
(4)	<u> </u>						ــــــــــــــــــــــــــــــــــــــ	
Nonexempt Controlled Organization	ns		 					
7. Taxable Income	8. Net unrelate (loss) (see insi			Total of specified payments made	10. Part of column the organization's (e controlling	conne	Deductions directly ected with income in column 10
(1)								
(2)								
(3)								
(4)								
					Add columns Enter here and Part I, line 8,	d on page 1, column (A)	Enter I	columns 6 and 11 here and on page 1, , line 8, column (B)
Totals					<u> </u>	(71	0
Schedule G—Investment Inc 1 Description of income	ome of a Sect		dır	3. Deductions rectly connected	4. Set-aside	s	and se	etal deductions
(1)			(a	ttach schedule)	<u> </u>		<u>F</u>	olus col 4)
(2)			+					
(3)								0
(4)			-}					
Totals •	Enter here and Part I, line 9, c	olumn (A)	0					re and on page 1, e 9, column (B)
Schedule I—Exploited Exem	ot Activity Inc	ome, Otl	ner Than	Advertising Inco	me (see instruc	ctions)		
1. Description of exploited activity	2. Gross unrelated business ind from trade business	ome con	Expenses directly inected with oduction of inrelated ness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	· 			0		<u> </u>		0
(2)			,	0				0
(3)				0				0
(4)		<u> </u>		0		<u> </u>		0
	Enter here an page 1, Par line 10, col	t I, pag (A) line	r here and on ge 1, Part I, 10, col (B)			,	* .1	Enter here and on page 1, Part II, line 25
Totals		0[0	. a ,c.s. "_a*s.	<u></u>	·		0
Schedule J—Advertising Inco								
Part I Income From Perio	odicals Repor	ted on a	Consolid	ated Basis		т		г
1. Name of periodical	2, Gross advertising income	, I '	3. Direct ertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)				- 13				n el est
(4)				ar an are see that				10. 10 10 10 10 10 10 10 10 10 10 10 10 10
Totals (carry to Part II, line (5))	•	0	0	0	0		0	0

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DEMOCRACY NOW PRODUCTIONS, INC

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Part II Income From Periodi	cals Reported	on a Separate	Basis (For each	periodical lister	d in Part II, fil	l in
columns 2 through 7 or	n a line-by-line b	oasis.)				
1. Name of penodical	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)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
Totals from Part I	0	0				0
Totals, Part II (lines 1–5)	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 26
Schedule K—Compensation of	Officers, Direct	ors, and Trus	tees (see instruction	ns)		
1. Name			2. Title	3. Percent of time devoted to business		tion attributable to ed business
(1)				9	6	
(2)				o,	6	
(3)				9	6	
(4)				9	6	
Total. Enter here and on page 1, Part II, lin	e 14 .				>	0

Form **990-T** (2019)