Final Return

| Content of the Telescope | Form | 990-T | E | xempt Orgai | nization Bus | ine | ss Income | Tax Return | 1, | OMB No 1545-0687 |
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| Policy Section Policy | | | | Do not enter SSN number | rs on this form as it may | | | | <u>). </u> | 501(c)(3) Organizations Only |
| The Notice of Service of Servic | A L | | | Name of organization (| Check box if name c | hanged | and see instructions.) | | Empl | loyees' trust, see |
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| © Book value of all assets If Group exemption number (See instructions.) If elevation 20, 821, 979, © Cheek organization type ► X 501(c) corporation If a find or 20, 821, 979, © Cheek organization type ► X 501(c) corporation If a find or number of the organization's unrelated trades or business here ► THEATER It only one, complete Parts II-V. If only one and deduction one of the parts III-V. If only one and deduction one of the parts III-V. If one one of the parts III-V. If one of the parts III-V. | <u> </u> | | | l • | • | r foreig | n postal code | | 711 | 110 |
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| describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts IIII-V. 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? | | | - | | | | | - , , | | than one. |
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| Durning the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If Yes, enter the name and identifying number of the parent corporation. The books are in care of P THE ORGANIZATION Telephone number 515-244-0507 | | | | | io comonoc, completo / a | | ., | | | |
| If Yes, enter the name and dentifying number of the parent corporation. ▶ The books are in care of ▶ THE ORGANIZATION Telephone number ▶ 5,15-244-0507 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net a Gross recepts or sales b Less returns and allowances Cost of goods soid (Schedule A, line 7) Cost of goods soid (Schedule C) Cost of | | | | | affiliated group or a parer | nt-subs | diary controlled group | ? ▶ | Ye | s X No |
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| Employee benefit programs Excess_exempt expenses (Schedule I) Excess_readership costs (Schedule J) Other deductions (attach schedule) Total deductions Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30 O. | | · · | erred co | mpensation plans | | | | | | |
| Excess-exempt expenses (Schedule I) Excess-readership costs (Schedule J) Other deductions (attach schedule) Total deductions Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30 O. Unrelated business taxable income. Subtract line 31 from line 30 | | | | • • • | | | | | | |
| 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 Total deductions Add lines 14 through 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 O O O O O O O O O O O O O O O O O O O | | | - | chedule I) | | | | | 26 | |
| Total deductions Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30 30 0. 31 32 0. | | | | | | | | | 27 | |
| Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30 30 31 32 0. | 28 | | | | | | | | 28 | |
| Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30 32 0. | 29 | <u> </u> | | | | | | | | |
| 32 Unrelated business taxable income. Subtract line 31 from line 30 32 0. | 30 | | | | | | | | - | <u> </u> |
| | | • | - | - | | ry 1, 20 | 18 (see instructions) | | | |
| | | | | | | | | | | |

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Form 990-T (2018)

| Schedule A - Cost of Good | s Sold. Enter | method of inven | tory v | valuation N/A | 7 | | | |
|-----------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------|
| 1 Inventory at beginning of year | 1 | | 6 | Inventory at end of year | ar | | 6 | |
| 2 Purchases | 2 | | 7 | Cost of goods sold. S | ubtract l | ine 6 | | |
| 3 Cost of labor | 3 | | | from line 5. Enter here | and in I | Part I, | | |
| 4a Additional section 263A costs | | | | line 2 | | | 7 | |
| (attach schedule) | 4a | | 8 | Do the rules of section | 1 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 | - | <u> </u> | the organization? | | | | |
| Schedule C - Rent Income (see instructions) | (From Real | Property and | d Pe | rsonal Property | Leas | ed With Real Pro | pert | ty) |
| 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 | ersona | sonal property (if the percent I property exceeds 50% or if sed on profit or income) | tage f | 3(a) Deductions directl columns 2(a) a | y conne ind 2(b) | cted with the income in (attach schedule) |
| (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 | ı (A) | | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | > | 0. |
| Schedule E - Unrelated Deb | ot-Financed | Income (see | ınstru | ictions) | | | | |
| | | | 2 | 2. Gross income from | | Deductions directly control to debt-finant | | |
| 1. Description of debt-fit | nanced property | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | | (b) Other deductions (attach schedule) |
| (1) | - | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | - | | | _ | | | | |
| 4. 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 n schedule) | 6 | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | | | % | | | | |
| (2) | | | | % | | | | |
| (3) | | | | % | | | | |
| (4) | | | | % | | | | |
| | | | | | | nter here and on page 1, Part I, line 7, column (A) | | Enter here and on page 1, Part I, line 7, column (B) |
| Totals | | | | • | | 0 | | 0. |
| Total dividends-received deductions in | <u>cluded i</u> n column | 18 | | | | | | 0. |
| | | | | | | | | |

| | | | | Exempt (| Controlled O | rganizati | ons | | | | |
|--------------------------------------|--------------------------|--------------------------------------------------|----------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------|-------------|----------------------------------------------|---------------------|---------------------------------------------------------------------------------------------|
| | | | | | | . 9 | | | | | |
| 1 Name of controlled organi | zation | 2. Em identifi num | ication | | elated income instructions) | | al of specified nents made | include | of column 4 d in the cont tion's gross | rolling | Deductions directly connected with income in column 5 |
| (1) | | | _ | | _ | | | | | | |
| (1) | | | | | <u>. </u> | | | | | - | |
| (3) | - | | | | | - | | | | | <u> </u> |
| (4) | - | | | | | | | <u> </u> | | | |
| Nonexempt Controlled Orga | nizations | | | | | l | | <u> </u> | | | |
| 7. Taxable Income | | inrelated incor | ne (loss) | Q Total | of specified pay | ments | 10. Part of colu | mn 9 that | ıs ıncluded | 11 1 | Deductions directly connected |
| 7. Taxable income | | see instruction | | y. Total | made | inents . | in the controlli | | | | th income in column 10 |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | 1 | | | | | | | | | | |
| (4) | 1- | | | | | | | | | | |
| | | | | | | | Add colun Enter here and line 8, c | | 1, Part I, | l | Add columns 8 and 11 here and on page 1, Part I, line 8, column (B) |
| Totals | | | | | | ▶ | | | 0. | | 0. |
| Schedule G - Investm (see ins | nent Inco structions) | me of a | Section | 501(c)(| 7), (9), or | (17) Or | ganization | 1 | | | |
| 1 . De | escription of inco | ome | | | 2. Amount of | income | 3. Deduction directly connect (attach scheduler) | ected | 4 Set- | asides schedule) | 5 Total deductions and set-asides (col 3 plus col 4) |
| (1) | _ | | | | | | - | | | | |
| (2) | | | | | _ | | | | | | |
| (3) | | | | | | | - | | | | |
| (4) | | | | _ | - | - | | | | | |
| <u> </u> | _ | | | | Enter here and | | | ······ | | | Enter here and on page 1, |
| | | | | | Part I, line 9, co | | | | | | Part I, line 9, column (B) |
| <u>Totals</u> | | | | <u> </u> | | 0. | | | | | 0. |
| Schedule I - Exploited (see inst | d Exempt tructions) | t Activity | / Incom | e, Othe | r Than Ad | lvertisi | ng Income |) | | | |
| 1. Description of exploited activity | unrelated | Gross I business ne from business | 3. Exp directly co with pro of unre business | onnected duction elated | 4. Net inconfrom unrelated business (cominus colum gain, comput through | trade or olumn 2 n 3) If a e cols 5 | 5. Gross inco from activity to is not unrelate business inco | that ted | 6. Exp attribut colui | | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | - | | | | | | | | |
| (4) | page 1 | re and on I, Part I, , col (A) | Enter her page 1, line 10, | , Part I, | | | | | | _ | Enter here and on page 1, Part II, line 26 |
| Totals | <u> </u> | 0. | | 0. | | | | | | | 0. |
| Schedule J - Advertis | | | | | | | | | | | |
| Part I Income From | n Periodio | cals Rep | orted o | n a Con | solidated | Basis | | | | | |
| 1 Name of periodical | | 2. Gross advertising income | | 3. Direct | 4. Advertor (loss) (col 3) If a g | | 5. Circulat income | | 6. Read | | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | İ | | | | | | | | |
| (2) (3) (4) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | 7 | | | 1- | | | 7 |
| | - - | | - | | | | | | • | | <u> </u> |
| Totals (carry to Part II, line (5)) | • | | 0. | 0 | | | | | | | 0. Form 990-T (2018) |

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 | 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) | | | | Enter here and on page 1, Part II, line 27 |
| Totals, Part II (lines 1-5) | • | 0. | 0. | | | | 0 |

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

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

Form 990-T (2018)

| Form 990-T | Net | Operating Loss | Deduction | Statement |
|-------------|-------------------|-------------------------------|-------------------|------------------------|
| Tax Year | Loss Sustained | Loss Previously Applied | Loss Remaining | Available This Year |
| ——— | | | | |
| 05/31/04 | 465,588. | 329,298. | 136,290. | 136,290. |
| 05/31/05 | 36,493. | 0. | 36,493. | 36,493. |
| 05/31/06 | 72,987. | 0. | 72,987. | 72,987. |
| 05/31/07 | 156,096. | 0. | 156,096. | 156,096. |
| 05/31/08 | 164,116. | 0. | 164,116. | 164,116. |
| 05/31/09 | 27,992. | 0. | 27,992. | 27,992. |
| 05/31/10 | 26,953. | 0. | 26,953. | 26,953. |
| 05/31/11 | 42,478. | 0. | 42,478. | 42,478. |
| 06/30/11 | 290. | 0. | 290. | 290. |
| 06/30/12 | 49,668. | 0. | 49,668. | 49,668. |
| 06/30/13 | 41,845. | 0. | 41,845. | 41,845. |
| 06/30/14 | 13,227. | 0. | 13,227. | 13,227. |
| 06/30/15 | 39,637. | 0. | 39,637. | 39,637. |
| 06/30/16 | 17,370. | 0. | 17,370. | 17,370. |
| 06/30/18 | 148,116. | 0. | 148,116. | 148,116. |
| NOL Carryov | er Available This | Year | 973,558. | 973,558. |