	Form	990-T	l E	Exempt Orga	nization Bus			ax Return	l	OMB No 1545-0047	
•		, , , , ,		2040							
			For calendar year 2019 or other tax year beginning, and ending, and ending  Go to www irs gov/Form990T for instructions and the latest information.							2019	
		rtment of the Treasury lal Revenue Service	ł	Open to Public Inspection fo 501(c)(3) Organizations Only							
	A [	Check box if address changed	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).  Name of organization ( ☐ Check box if name changed and see instructions.)  DEmptour (Emptour organization is a 501(c)(3).								
	R F	xempt under section	ŀ	9-0994338							
		501(c)(3 03_	Print or	THE ENVIRON  Number, street, and room					E Unre	lated business activity code	
	Ħ	408(e) 220(e)	(266	instructions)							
	Ē	408A 530(a) 529(a)		City or town, state or pro							
	C Bo	ook value of all assets end of year	L	F Group exemption num	•	<b></b>					
		<u>11,345,2</u>		G Check organization typ		ooratio	n 501(c) trust	401(a)	trust	Other trust	
				ition's unrelated trades or t	ousinesses. 🕨	1		the only (or first) un			
		de or business here 🕨		<del></del>				complete Parts I-V.			
	de	scribe the first in the b	lank spa	ace at the end of the previo	us sentence, complete Pa	ırts I ar	nd II, complete a Schedule	M for each addition	al trade	e or	
		siness, then complete									
			-	poration a subsidiary in an		nt-subs	idiary controlled group?	▶ 1		es 🗓 No	
				tifying number of the parer	it corporation.		Talaah	ana numbar 🕨 Q	00	472-7878	
				CAMERON OURY de or Business Inc	ome		(A) Income	one number > 8 (B) Expenses		(C) Net	
		Gross receipts or sale		30 01 540111000 1110			(A) modific	(b) Expenses		(0) 1101	
		Less returns and allow			c Balance	1c		/			
	2	Cost of goods sold (S		A line 7)	<b>U</b> Dalanco	2					
	3	Gross profit. Subtract		•		3		/-			
		Capital gain net incom				4a					
			•	art II, line 17) (attach Forn	1 4797)	4b					
	C	Capital loss deduction			,	4c					
	5	Income (loss) from a	partners	ship or an S corporation (a	ttach statement)	5		/			
	6	Rent income (Schedu	le C)			6					
	7	Unrelated debt-finance	ed incor	me (Schedule E)		7					
	8		yalties, and rents from a controlled organization (Schedule F)								
	9			on 501(c)(7), (9), or (17) o	rganization (Schedule G)		/				
S	10	Exploited exempt activ				10					
S	11	Advertising income (S				11	<del> /</del>				
Ź	12	Other income (See ins				12					
NNED			al. Combine lines 3 through 12 13 0.								
	(Boddottono made bo directly commedical min me amounts bodings										
NO	14			rectors, and trustees (Sche	dule K)				14		
లు	15	Salaries and wages			Internal revenue	Serv	lt.m		15		
0	16	Repairs and mainten	ance		Received US Bar				16		
	17	Bad debts			322	•			17		
2021	18	Interest (attach sche	aule) (s	ee instructions)	NOV 3050	21)			18		
	19 20	Taxes and licenses Depreciation (attach	Earm Al	563)	MUA 30.50	LU	20		19		
	21			n Schedule Aand elsewher	e on return		21a	. <u>-</u>	21b	1	
	22	Depletion Depletion	iiiiica oi	r concusto rijuna discunici	Ogden, U	T	[ [ [ [ ]		22		
	23	•	deferred compensation plans								
	24	Employee benefit pro							23		
	25		exempt expenses (Schedule I)								
	26	Excess readership co	costs (Schedule I)								
	27	Other deductions (at									
	28	Total deductions. A							28	0.	
	29		taxable income before net operating loss deduction. Subtract line 28 from line 13							0.	
	30	4	eráting l	loss arising in tax years be	ginning on or after Januai	ry 1, 20	)18				
		(see instructions)							30	0.	
	31	Unrelated business to	axable ıı	ncome. Subtract line 30 fro	m line 29				31	0.	

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions

Form **990-T** (2019)

	Q-T (20-19			59	<u>-09943</u>	<u> 338</u>	Page 2
Par	FIII	Total Unrelated Business Taxable Income					
32	Total o	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32			0.
33	Amour	ts paid for disallowed fringes		33			
34	Charita	ble contributions (see instructions for limitation rules)		34			0.
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of line	s 32 and 33	35			
36	Deduc	ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		36			
37	Total o	f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	$\mathbf{C}$	37			
38	Specifi	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8	38,	1	- , 0	00.
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,					
		ne smaller of zero or line 37		39			0.
Part	l IV	Tax Computation					
40	Organi	zations Taxable as Corporations Multiply line 39 by 21% (0.21)	<b>&gt;</b>	40			0.
41	Trusts	Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:					
	П	ax rate schedule or Schedule D (Form 1041)	<b>•</b>	41			
42	Proxy	ax See instructions	<b>•</b>	42			
43	Alterna	tive 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.
Part	_	Tax and Payments					
46 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a					
	-	redits (see instructions) 46b		7			
C		I business credit. Attach Form 3800		7			
d		for prior year minimum tax (attach Form 8801 or 8827)		1			
e		redits. Add lines 46a through 46d		46e			
47	Subtra	ct line 46e from line 45		47			0.
48	Other t	axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (atta	ch schedule)	48	•		
49	Total t	Add lines 47 and 48 (see instructions)		49			0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50			0.
51 a		nts: A 2018 overpayment credited to 2019					
		stimated tax payments 51b		7			
		posited with Form 8868		7 I			
d	Foreign	organizations: Tax paid or withheld at source (see instructions)  51d		7			
е	Backup	withholding (see instructions) 51e		1 1			
		or small employer health insurance premiums (attach Form 8941)  51f		1 1			
g	Other o	redits, adjustments, and payments: Form 2439					
·	□ F	orm 4136 Other Total <b>51g</b>					
52	Total p	ayments. Add lines 51a through 51g		52			
53	Estima	ed tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		53			
54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	<b>•</b>	54			
55	Overpa	yment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	<b>•</b>	55			
56	Enter t	ne amount of line 55 you want: Credited to 2020 estimated tax	ded ►	56			
Part	. VI	Statements Regarding Certain Activities and Other Information (see instruction	ns)				
57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority				Yes	No
	over a	inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			1	Ī	. 1
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			L		
	here	<b>&gt;</b>					_X_
58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign t	rust?		L		_X_
	If "Yes,	see instructions for other forms the organization may have to file.				ł	.
59		ne amount of tax-exempt interest received or accrued during the tax year 🕒 💲					i
O:	U	nder penalities of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the bes prect, and complete Declaration of preparer (other than taxpayer) is based on/all information of which preparer has any knowledge	t of my knowle	edge and b	elief, it is true,		
Sign		- / // X / + + + + + + + + + + + + + + +	<b>N</b>	/lav the IRS	discuss this re	eturn w	oth
Here		( ) CFO CFO		-	shown below	(see	_
		Signature of officer ) Date Title		nstructions	<sup>?</sup> X Yes		No
		Print/Type preparer's name Preparer's signature Date Chi	eck	If PTI	1		
Paid	1		f- employed			_	
	arer	REBECCA SHAW (C) (L), CPA [11/09/20]			012754		
•	Only		rm's EIN 🕨	4 !	3-1066	439	<u> </u>
		4301 SW HUNTOON ST.					
		Firm's address ► TOPEKA, KS 66604	hone no.	<u> 785-2</u>	<u> 234-34</u>		
923711	01-27-20				Form 99	0-T (	2019)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuat	tion N/A		-	_		
1 Inventory at beginning of year	1			entory at end of yea	ar		6		
2 Purchases	Purchases 2				7 Cost of goods sold Subtract line 6				
3 Cost of labor	Cost of labor 3 from line 5. Enter h					Part I,			
4a Additional section 263A costs			line	2		7			
(attach schedule)	4a		8 Do	the rules of section	with respect to		Yes	No	
b Other costs (attach schedule)	b Other costs (attach schedule) 4b				acquired	for resale) apply to		<u> </u>	
5 Total Add lines 1 through 4b	5			organization?		<del></del>		L	
Schedule C - Rent Income (see instructions)	(From Real I	Property and	d Person	al Property L	.ease	d With Real Prop	erty)		
1. Description of property									
(1)								<del></del>	
(2)				-				-	
(3)									
(4)									
	2 Rent receive	ed or accrued							
rent for personal property is more than 'of rent for per			personal prope	personal property (if the percentage sonal property exceeds 50% or if sbased on profit or income)  3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					n
(1)									
(2)				_		1			
(3)									
(4)	•								
Total	0.	Total			0.	-			
(c) Total income Add totals of columns		er				(b) Total deductions Enter here and on page 1,			
here and on page 1, Part I, line 6, colum		<u> </u>			0.	Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Del	pt-Financed	income (see	nstruction	s)					
			2. Gro	ss income from		3 Deductions directly con to debt-finance			
1. Description of debt-fi	nanced property			ocable to debt- nced property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
/4)			-			. <u>-</u>	<del>-</del>	<del></del>	
(1)					<del>  -</del>		╁		
(2)	-				_	•	+		
(3)			+ -				-		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or al debt-finan	adjusted basis locable to ced property schedule)		umn 4 divided column 5		7. Gross income reportable (column 2 x column 6)	(0	8 Allocable deduct column 6 x total of co 3(a) and 3(b))	
/1\	,		1	0/					
(1) (2)			+	<u>%</u> %			+		
(3)			+	%		-	+	<del></del>	
(4)			<del> </del>				+ -	<del></del>	
	1		- <b>-</b>			nter here and on page 1, lart I, line 7, column (A)		nter here and on pag	
Totals				_		0	1	,	0.
Total dividends-received deductions	ncluded in column	8					+		<del>0.</del>

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 3 Deductions directly connected (attach schedule) (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  Page 1. Description of exploited activity  Page 2. Gross uncome from trade or business income trade or business income  1. Description of exploited activity  Page 2. Gross uncome trade or business income trade or business income trade or business income page 1. Part I, line 9, column 2 page 1. Part I, line 9, column 2 page 1. Part I, line 9, column 2 page 1. Part I, line 9, column 4 page 1. Part I, line 9, column 5 page 1, Part I, line 9, column 6 page 1, Part I, line 10, col (8)  Schedule J - Advertising Income (see instructions)	Schedule F - Interest, A	nnuitie	s, Royal	ties, and	d Rents	From Co	ntrolle	d Organiza	tion	s (see in:	structio	ons)	
Committed of the controlling   Committed with income   Committed					Exempt	Controlled O	rganızatı	ons					
(d) Nonexempt Controlled Organizations  7 Taxable Income  8, Net unrelated norme loss) (see instructions)  9 Total of specified payments made  10, Part of column 9 that is included in the controlling organization's gride income  (d)  11. Ceductions directly connected made  Add orlumns 3 and 10  Enter here and on page 1, Part 1, line 8, column (8)  10. Part of column 9 that is included in the controlling organization's gride income  (d)  Add orlumns 3 and 10  Enter here and on page 1, Part 1, line 8, column (8)  O.  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1 Description of noone  2 Amount of moone  2 Amount of moone  2 Amount of moone  3 Dedictions  (attach schadule)  4. Set-asides (attach schadule)  5 Total dedictions  6 Great here and on page 1, Part 1, line 8, column (8)  5 Total dedictions  6 Schedule 1 - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of exploration of unrelated business unabled business unabled activity  2 Cross unrelated business unabled business or unrelated business unabled business or unrelated business or unrelated business unabled to unrelated business unabled to unrelated business or unrelated b	Name of controlled organization		ıdentıf	ication						included in the controlling		connected with income	
(d) Nonexempt Controlled Organizations  7 Taxable Income  8, Net unrelated norme loss) (see instructions)  9 Total of specified payments made  10, Part of column 9 that is included in the controlling organization's gride income  (d)  11. Ceductions directly connected made  Add orlumns 3 and 10  Enter here and on page 1, Part 1, line 8, column (8)  10. Part of column 9 that is included in the controlling organization's gride income  (d)  Add orlumns 3 and 10  Enter here and on page 1, Part 1, line 8, column (8)  O.  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1 Description of noone  2 Amount of moone  2 Amount of moone  2 Amount of moone  3 Dedictions  (attach schadule)  4. Set-asides (attach schadule)  5 Total dedictions  6 Great here and on page 1, Part 1, line 8, column (8)  5 Total dedictions  6 Schedule 1 - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of exploration of unrelated business unabled business unabled activity  2 Cross unrelated business unabled business or unrelated business unabled business or unrelated business or unrelated business unabled to unrelated business unabled to unrelated business or unrelated b	/1)		-			<del></del>							
(d)  Nonexempt Controlled Organizations  7 Taxable income  8. Net irrelated mome (loss) (see instructions)  9 Total of specified payments made (see instructions)  (1) (2) (3) (4)  Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (8) (see instructions)  1 Description of income  2 Amount of income  2 Amount of income  3 Description of income  (see instructions)  1 Description of experiments are and on page 1, Part I, line 8, column (8) (4)  Enter here and on page 1, Part I, line 8, column (8) (4)  Enter here and on page 1, Part I, line 8, column (8) (3) (4)  Enter here and on page 1, Part I, line 8, column (8) (4)  Enter here and on page 1, Part I, line 8, column (8) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (9) (9) (1) (9) (1) (1) (2) (3) (4) (4) (5) (6) (6) (6) (7) (7) (8) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				<u> </u>					<u> </u>				
Annonexempt Controlled Organizations   R. Net unrelated income (loss)   See instructions (see instructions)   See instructions)   See instructions (see instructions)   See instructions (see instructions)   See instructions (see instructions)   See instructions)   See instructions (see instructions)   See instructions (see instructions)   See instructions)   See instructions (see instructions)   See		• •											
Nonexempt Controlled Organizations   8, Net unrelated income (loss)   9 Total of specified payments in the controlling organization's gross mocine (in the controlling organization (in the controlling organization) (in the controlling organiz					-		<del></del>						
Taxable Income   8. Net urrelated income (loss)   9 Total of specified payments   10. Period column 8 that is included in the control or ganzation's gross income   11. Description of excitive control or ganzation's gross income   11. Description of excitive control or ganzation's gross income   12. Description of excitive control or ganzation's gross income   13. Description of excitive control or ganzation's gross income   14. Description of excitive control or ganzation's gross income   15. Description of excitive control or ganzation's gross income   15. Description of excitive control or ganzation's gross income   15. Description of excitive control or ganzation's gross income   15. Description of excitive control or ganzation's gross income   15. Description of excitive control or ganzation   15. Description of excitive control or ganzation   15. Description of excitive control or ganzation   15. Description of excitive control or ganzation's gross income   15. Description of excitive control or ganzation's gross income   15. Description of excitive control or ganzation's gross income   15. Description of excitive control or ganzation's gross income   15. Description of excitive control or ganzation's gross income   15. Description of excitive control or ganzation's gross income   15. Description of excitive control or ganzation's gross income   15. Description of excitive provided gross inco		ations			l		L						
(see instructions)  (i)  (i)  (j)  (j)  (j)  (j)  (j)  (j			inrolated incom	ne (loss)	O Total	of specified pays	nonte	10 Part of colum	na O tha	t is included	44 /	Dod	
(4)  Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (A)  1 Description of income  2 Amount of income  2 Amount of income  2 Amount of income  3 Enter here and on page 1, Part 1, line 8, column (B)  (3)  (4)  Enter here and on page 1, Part 1, line 8, column (B)  (4)  Enter here and on page 1, Part 1, line 8, column (B)  (5)  (6)  (7)  (8)  (9)  (9)  (17)  (19)  (2)  (3)  (4)  Enter here and on page 1, Part 1, line 9, column (A)  Enter here and on page 1, Part 1, line 9, column (B)  (9)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  3 Expenses income from trade or business income from t	7 Taxable income						nents	in the controlling		ng organization's			
(3) (4)  Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)  O.  O.  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 directly connected (attach schedule) (attach schedule) (1) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (A)  Part I, line 9, column (A)  Part I, line 9, column (A)  Part I, line 9, column (B)  Consecutions  3 Description directly connected (attach schedule) (attach schedule) (attach schedule)  Column (B)  C	(1)												
Add columns 6 and 11 Enter here and on page 1, Part I, line 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 3 Deductions directly connected (attach schedule) (1) (2) (3) (4)  Enter here and on page 1, Part I, line 8, column (B)  Totals  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 business uncome with production business income business (column 2 and column 3) if a gain compute cols 5 income from that or on page 1, Part I, line 9, column 6)  (1) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column 6)  First here and on page 1, Part I, line 10, col (8)  First here and on page 1, Part I, line 2, column 6, Part II, line 10, col (8)  Schedule J - Advertising Income (see instructions)	(2)												
Add columns 6 and 10 Enter here and on page 1, Part I, line 8, column (A) In Enter here and on page 1, Part I, line 8, column (B) In the 8 and 10 Enter here and on page 1, Part I, line 8, column (B) In the 9, column (B)	(3)												
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 3 Deductions directly connected (attach schedule) (1) (2) (3) (4)  Enter here and on page 1, Part I, line 8, column (A)  Description of income  2 Amount of income 3 Deductions directly connected (attach schedule) (attach schedule) (attach schedule) (attach schedule) (attach schedule)  Enter here and on page 1, Part I, line 8, column (B)  Totals  Description of income  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 10, col (B)  Enter here and on page 1, Part I, line 10, col (B)  Enter here and on page 1, Part I, line 10, col (B)  Enter here and on page 1, Part I, line 10, col (B)  Enter here and on page 1, Part I, line 10, col (B)  Enter here and on page 1, Part I, line 10, col (B)  Enter here and on page 1, Part I, line 10, col (B)  Enter here and on page 1, Part I, line 10, col (B)  Enter here and on page 1, Part I, line 10, col (B)  Enter here and on page 1, Part I, line 10, col (B)  Enter here and on page 1, Part I, line 10, col (B)  Enter here and on page 1, Part I, line 10, col (B)  Enter here and on page 1, Part I, line 10, col (B)  Enter here and on page 1, Part I, lin	(4)												
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  1 Description of income  2 Amount of income  2 Amount of income  3 Deductions directly connected (attach schedule)  (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)  3 Deductions directly connected (attach schedule)  4. Set-asides (attach schedule)  5 Total schedule)  Enter here and on page 1, Part I, line 9, column (A)  Enter here and on page 1. Part I, line 9, column (B)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  4. Net income (loss) from unrelated trade or business income  (1)  (1)  (2)  (3)  (4)  Enter here and on page 1. A. Net income (loss) from unrelated trade or business income trade or busi							į	Enter here and	on page	9 1, Part I, A)	1	r here	and on page 1, Part I,
(see instructions)  1 Description of income  2 Amount of income  2 Amount of income  3 Deductions directly connected (attach schedule)  (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  1. Description of exploited business income from trade or business income  (2)  (3)  (4)  5 Cross income from directed business income from trade or business income  (5)  1. Description of exploited activity  2. Gross income from urrelated business income because at the exploit of exploited activity  3. Expenses attributable to column 5. But on the exploit of exploited activity in the exploit of exploited acti							▶			0.			0.
1 Description of income 2 Amount of income directly connected (attach schedule) (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 income from trade or business income from trade or business income from trade or business income business income from trade or business income business income business income business income from trade or business income business business income business			ne of a S	Section	501(c)(7	"), (9), or (°	17) Org	janization					
(2) (3) (4)  Totals  Description of exploited activity	1 Descr	ption of inco	me			2 Amount of	ıncome	directly connec	cted			1	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. Gross uncertain de business income from trade or business income trade or business income trade or business income  (1) (2) (3) (4)  Enter here and on page 1. Part I, line 9, column (B)  7 Excess exempt expenses (column 2 minus column 3) If a gain compute cols 5 through 7  Enter here and on page 1. Part I, line 10, col (A)  Enter here and on page 1. Part I, line 10, col (B)  O .  Column 5  Totals  O .  Column 6  Enter here and on page 1. Part I, line 25  O .  Column 6  For as income from activity that is not unrelated business income	(1)												
(4)    Enter here and on page 1, Part I, line 9, column (A)	(2)												
Totals    Enter here and on page 1, Part I, line 9, column (A)	(3)												
Totals  Part I, line 9, column (A)  Part I, line 9, column (A)  O.  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  2. Gross unrelated business income from trade or business income rade or business income rade or business income  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 9, column (A)  O.  O.  Part I, line 9, column (A)  O.  O.  Part I, line 9, column (A)  O.  O.  O.  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  4. Net income (loss) from unrelated trade or business (column 2) if a gain compute cols 5 through 7  Income (see instructions)  4. Net income (loss) from unrelated trade or business (column 5) in a gain compute cols 5 through 7  Income (see instructions)  5. Gross income from activity that is not urrelated business income in a column 5 but not more than column 4)  Find the first here and on page 1, Part I, line 10, col (A)  Enter here and on page 1, Part I, line 10, col (B)  Totals  O.  O.  Schedule J - Advertising Income (see instructions)	(4)												
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 trade or business income trade or business income  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 10, col (A)  Enter here and on page 1, Part I, line 10, col (A)  Schedule J - Advertising Income  (see instructions)  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 in su unrelated business income  (5. Expenses attributable to column 5 but not more than column 4)  7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)  8. Expenses attributable to column 5 but not more than column 4)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 10, col (B)  Totals  O													
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1. Description of exploited activity    Comparison of exploited activity   Comparison of exploited activity   Comparison of exploited activity   Comparison of unrelated business income   Comparison		_		3 =	oncoc			_					7 Evenes event
(2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals  O.  O.  Schedule J - Advertising Income (see instructions)		unrefated income	business e from	directly co with pro of unre	onnected duction elated	business (co minus columi gain compute	lumn 2 n 3) If a e cols 5	from activity the is not unrelated	nat ed	attribut	able to		expenses (column 6 minus column 5, but not more than
(3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals  Totals  O.  Check there and on page 1, Part I, line 10, col (B)  O.  Check there and on page 1, Part I, line 25  O.  Check there and on page 1, Part I, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are are are are and on page 1, Part II, line 25  O.  Check there are are are are are are are are are	(1)			•									
(3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals  Totals  O.  Check there and on page 1, Part I, line 10, col (B)  O.  Check there and on page 1, Part I, line 25  O.  Check there and on page 1, Part I, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are are are are and on page 1, Part II, line 25  O.  Check there are are are are are are are are are													· ·
(4)  Enter here and on page 1, Part I, line 10, col (A)  Totals  O.  Check there and on page 1, Part I, line 10, col (B)  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are and on page 1, Part II, line 25  O.  Check there are are and on page 1, Part II, line 25  O.  Check there are are are are are are are are are												T	
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Schedule J - Advertising Income (see instructions)		page 1,	, Part I, col (A)	page 1,	Parti, col (B)								on page 1, Part II, line 25
		- 1				-			-	• •			0.
Double Income From Deviations Devanted on a Concellidated Docie						- alidakad	Dania			-			
Part I Income From Periodicals Reported on a Consolidated Basis	Part I Income From P	erioaic	ais Repo	ortea on	a Cons	solidated	Basis						
1. Name of periodical  2 Gross advertising income  3 Direct advertising costs  3 Direct advertising costs  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 (column 6 minus column 5, but not more than column 4)	Name of periodical		advertising			or (loss) (co	ol 2 minus iin, compute		on				costs (column 6 minus column 5, but not more
(1)	(1)											T	
(2)	(2)												
(3)										_		7	
(4)												7	
			(	),	n								0.

## 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)

 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 7. Excess readership 2 Gross 3 Direct 5 Circulation 6. Readership costs (column 6 minus column 5, but not more advertising income 1. Name of periodical advertising costs than column 4) (1) (2) (3) (4) 0. 0. Totals from Part I 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 0. 0. Totals, Part II (lines 1-5) 0.

Schedule K - Compensation of Officers, Dir	irectors, and Trustees	(see instructions)
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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		<b>•</b>	0.

Form 990-T (2019)