	990-T Exempt Organization Business Income Tax Return									
Forr	n 330-1	Forcelon	(and proxy tax under section 6033(e)) For calendar year 2021 or other tax year beginning , and ending							
		l	Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Public Inspection					
	artment of the Treasury nal Revenue Service		enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	for 501(c)(3) Organizations Only					
A	Check box if address changed		Name of organization (Check box if name changed and see instructions.)		oyer identification number					
В	Exempt under section		Butler Rural Electric Cooperative Inc		31-0231070					
	X 501 (C)(12)	Print	Number, street, and room or suite no. If a P.O. box, see instructions.	E Grou	p exemption number					
	408(e) 220(e)	or	3888 Stillwell Beckett Road	(see i	nstructions)					
	408A 530(a)	Туре	City or town State ZIP code							
	529(a) 529A		Oxford OH 45056							
			Foreign country name Foreign province/state/county Foreign postal code	F	Check box if					
		C Deals as	0.447.004		an amended return.					
	Check organization type		slue of all assets at end of year	-						
	Check organization type			<u> </u>						
Н	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on For							
			filing a consolidated return with a 501(c)(2) titleholding corporation							
			hedules A (Form 990-T)							
K			ation a subsidiary in an affiliated group or a parent-subsidiary controlled group	?	. ► Yes X No					
			ring number of the parent corporation. ►		***************************************					
DATE OF THE OWNER, WHEN	The books are in care			(513) 867-4400					
Particular Contract			siness Taxable Income							
1			cable income computed from all unrelated trades or businesses (see							
2				1	23					
2				3	20					
4			nstructions for limitation rules)	4	23					
5			nstructions for limitation rules)	5	23					
6			ss. See instructions	6						
7			Rable income before specific deduction and section 199A deduction.	-						
				7	23					
8	Specific deduction (generally :	\$1,000, but see instructions for exceptions)		23					
9	Trusts. Section 199	A deduction	on. See instructions	9						
10	Total deductions.	Add lines 8	and 9	10	23					
11			income. Subtract line 10 from line 7. If line 10 is greater than line 7,							
	enter zero			11	C					
Pa	rt II Tax Comp									
1			rporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	C					
2			See instructions for tax computation. Income tax on the amount on							
	Part I, line 11 from:		x rate schedule or Schedule D (Form 1041)	2						
3	Proxy tax. See inst			3						
4		M	ctions	4						
5	Alternative minimum	COUNTY COUNTY		5						
6			income. See instructions	6						
7	Personnel Badusti	rough 6 to	line 1 or 2, whichever applies	7	O					
ror	Paperwork Reduction	act notice,	see instructions.		Form 990-T (2021)					

Part	II 1	Tax and Payments			
1a	Foreign t	ax credit (corporations attach Form 1118; trusts attach Form 1116) 1a			
b	Other cr	edits (see instructions)			
		business credit. Attach Form 3800 (see instructions) 1c			
d	Credit fo	or prior year minimum tax (attach Form 8801 or 8827)		130 63	
е	Total cr	edits. Add lines 1a through 1d		. 1e	0
		line 1e from Part II, line 7		2	0
		ounts due. Check if from: Form 4255 Form 8611 Form 8697	Form 8866		
		Other (attach statement)		. 3	
		participation of the control of the			
		x. Add lines 2 and 3 (see instructions).	deferred unde		
		1294. Enter tax amount here		0 4	0
		net 965 tax liability paid from Form 965-A, Part II, column (k)		. 5	
		ts: A 2020 overpayment credited to 2021			
		imated tax payments. Check if section 643(g) election applies 6b			
		osited with Form 8868			
	_	organizations: Tax paid or withheld at source (see instructions) 6d		14	
		withholding (see instructions) 6e			
		or small employer health insurance premiums (attach Form 8941)			
g	Other cre	edits, adjustments, and payments: Form 2439			
	Form	0 4136 Other Total ► 6g		ol l	
7	Total pa	yments. Add lines 6a through 6g	<u> </u>	. 7	0
		ed tax penalty (see instructions). Check if Form 2220 is attached.	>	8	
		. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			0
		ment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpa			0
		amount of line 10 you want: Credited to 2022 estimated tax	Refunded		0
Part I		Statements Regarding Certain Activities and Other Information (s			
	-	me during the 2021 calendar year, did the organization have an interest in or a			Yes No
		nancial account (bank, securities, or other) in a foreign country? If "Yes," the or			
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the		-	
	here >	Tom The troport of Foreign Bank and Financial Accounts. If Too, Critici the		reigit country	X
		ne tax year, did the organization receive a distribution from, or was it the granto	or of or transfe	eror to a	
		rust?	or or, or transic	701 to, a	X
		see instructions for other forms the organization may have to file.			
		e amount of tax-exempt interest received or accrued during the tax year	▶ \$		
		ailable pre-2018 NOL carryovers here \$ 284,731. Do not include a		VOI carryover	
		n Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a			3.00
	Part I, lir		ly deduction re	sported on	
		17 NOL carryovers. Enter available Business Activity Code and post-2017 NOL	carryovers D	on't reduce	
		unts shown below by any NOL claimed on any Schedule A, Part II, line 17 for t	1.5		
-	ine amo			17 NOL carryover	
-		S S	allable post-20	17 NOL Carryover	
-	811000			27.050	
-	511000	\$s		27,850	
-					
60	Did the c	\$			
			F 440		X
		Yes," has the organization described the change on Form 990, 990-EZ, 990-PI n Part V.	-, or Form 1128	8? IT "INO,"	V
Part \		Supplemental Information		<u> </u>	X
		lanation required by Part IV, line 6b. Also, provide any other additional informa	tion Continue		
riovide	the exp	nariation required by Fart IV, line ob. Also, provide any other additional informa	ition. See instru	uctions.	
	Under	penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, a	and to the best of my	knowledge and	
		t is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pr			
Sign	1	11 pihll		May the IRS discuss t	his return with
Here		Mesuros C. Wyen Cargo 5/11/2022 General Mana	ger	the preparer shown be	elow (see
	Sigf	nature of officer Date Title		instructions)?	Yes No
D · ·		Print/Type preparer's name Preparer's signature D	ate	Check if PTIN	
Paid				self-employed	
Prepa		Firm's name		Firm's EIN ▶	
Use C	nly	Firm's address		Phone no.	***************************************
		· ····· =		. Hono no.	

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name of the organization B Employer identification number Butler Rural Electric Cooperative Inc 31-0231070 C Unrelated business activity code (see instructions) ► 811000 D Sequence: E Describe the unrelated trade or business ▶ Other activity Part I Unrelated Trade or Business Income (B) Expenses (A) Income (C) Net Gross receipts or sales 1a b Less returns and allowances 1c 2 Cost of goods sold (Part III, line 8) 2 3 3 Capital gain net income (attach Sch D (Form 1041 or Form 4a 4a Net gain (loss) (Form 4797) (attach Form 4797). See b 4b 4c C Income (loss) from a partnership or an S corporation (attach 5 6 6 7 7 Interest, annuities, royalties, and rents from a controlled 8 Investment income of section 501(c)(7), (9), or (17) 9 9 10 Exploited exempt activity income (Part VIII) 10 11 11 12 Other income (see instructions; attach statement). 12 367 367 13 Total. Combine lines 3 through 12 13 367 367 Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X). 2 2 3 3 4 4 Interest (attach statement). See instructions. 5 5 6 6 Less depreciation claimed in Part III and elsewhere on return. 8 8a 8b 9 9 10 10 Employee benefit programs. 11 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 13 14 344 14 15 15 344 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 16 23 17 17 18 Unrelated business taxable income. Subtract line 17 from line 16. 18

		ural Electric Coop			31-0231070	Page 2
Par			od of inventory valu			
1	Inventory at beginning of year					
2	Purchases					
3	Cost of labor					
4	Additional section 263A costs (attach					
5	Other costs (attach statement)					
6	Total. Add lines 1 through 5					0
7	Inventory at end of year					
8	Cost of goods sold. Subtract line 7 to 2000 (citizens)					0
9	Do the rules of section 263A (with respe			, , , ,		Yes No
Par						
1	Description of property (property street	et address, city, s	tate, ZIP code). Ch	eck if a dual-use. Se	e instructions.	
	Α					
	В					*
	с			A		
	D					
			Α	В	С	D
2	Rent received or accrued		A	В		<u> </u>
a	From personal property (if the percen	tage of				
а	rent for personal property is more tha					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal prope					
	50% or if the rent is based on profit o					
С	Total rents received or accrued by pro		A 4			
	Add lines 2a and 2b, columns A throu		0	ol	0	0
_			L D F L	D-41 E-61	(4)	
3	Total rents received or accrued. Add line	2c columns A thro	ugn D. Enter nere ar	id on Part I, line 6, col	umn (A)	0
4	Deductions directly connected with th	e income				
	in lines 2(a) and 2(b) (attach stateme	nt)				
5	Total deductions. Add line 4 columns	A through D. En	tor here and on Bay	t Lline 6 column (B	\	0
<u> </u>	Total deductions. Add line 4 coldina	S A tillough D. Lif	ter nere and on rai	t i, line o, column (b		
Par	t V Unrelated Debt-Finance	d Income (see	instructions)			
1	Description of debt-financed property	(street address, d	city, state, ZIP code). Check if a dual-us	e. See instructions.	
	Α 🗌		>			
	в					
	с					
	D					
			Α	В	С	
2	Gross income from or allocable to de	ot-financed		5		
_	property	*400*				
3	Deductions directly connected with or					
	to debt-financed property					
а	Straight line depreciation (attach state	ement)				
b	Other deductions (attach statement) .					
С	Total deductions (add lines 3a and 3b	,				
	columns A through D)		0	0	0	0
4	Amount of average acquisition debt o					
	to debt-financed property (attach state					
5	Average adjusted basis of or allocable					
	financed property (attach statement)					
6	Divide line 4 by line 5		%	%	%	%
7	Gross income reportable. Multiply line	e 2 by line 6	0	0	0	0
8	Total gross income (add line 7, colui	mns A through D)	. Enter here and on	Part I, line 7. colum	n (A)	0
9	Allocable deductions. Multiply line 3c	by line 6	0	0	0	0
10	Total allocable deductions. Add line	9, columns A thro	ough D. Enter here	and on Part I, line 7,	column (B) ►	0
11	Total dividends - received deductio	ne included in line	2.10			
11	rotal dividends - received deductio	na moluded in line	- 10			

Part	VI Interest, Annui	ities, Royaltie	s, and Rents fr	om Controlled Orga	nizations (see instruct	ions)		
			Exempt Controlled Organizations					
1	Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	co	ductions directly ennected with me in column 5	
(1)								
(2)								
(3)								
(4)								
			Nonexempt Co	ontrolled Organizatio	ns	-		
	7. Taxable income	inc	et unrelated ome (loss) instructions)	Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	co	eductions directly innected with ne in column 10	
(1)								
(2)								
(3)								
(4)								
Totals	3				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Enter h	olumns 6 and 11. here and on Part I, 8, column (B)	
Part	VII Investment Inc	ome of a Sec	tion 501(c)(7), ((9), or (17) Organiza	tion (see instructions)			
	1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	an	tal deductions d set-asides columns 3 and 4)	
(1)							0	
(2)							0	
(3)							0	
(4)			* • •				0	
Totals		Enter he	unts in column 2. re and on Part I, d, column (A)			Enter h	ounts in column 5. ere and on Part I, 9, column (B)	
Part \		not Activity In	come Other T	han Advertising Inc	ome (see instructions)		0	
	Description of exploited a		Johns, Other 1	Hall Advertising Ille	onio (occ matruotiona)	7. 2		
	Gross unrelated business		de or business F	Inter here and on Part I	line 10, column (A)	2		
	Expenses directly connect					-		
	line 10, column (B)	Allen-ing	*90097			3		
4	Net income (loss) from ur	nrelated trade or	business Subtrac	ct line 3 from line 2. If a	gain, complete			
	lines 5 through 7	ACCURATION			-	4	0	
5	Gross income from activi	ty that is not unre	elated business in	come		5		
	Expenses attributable to	Color Colors				6		
	Excess exempt expenses							
	4. Enter here and on Part					7	0	

31-0231070

Par	Advertising Income					
1	Name(s) of periodical(s). Check box if report	rting two or mo	ore periodicals on	a consolidated	basis.	
	A					
	В					
	c					
	D					
Enter	amounts for each periodical listed above in	the correspond	ding column.			
			Α	В	С	D
2	Gross advertising income					
			2 2000			A CONTRACTOR OF THE CONTRACTOR
а	Add columns A through D. Enter here and c	on Part I, line 1	1, column (A)			•0
3	Direct advertising costs by periodical				A A	
	brief davertiering cools by periodicar.					
а	Add columns A through D. Enter here and c	on Part I, line 1	1, column (B)			> 0
	Advertising asia (lass). Subtract line 2 from	line e				
4	Advertising gain (loss). Subtract line 3 from	iine				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column					
	line 4 showing a loss or zero, do not comple					
_	lines 5 through 7, and enter zero on line 8.			0	0	0 0
5	Readership costs			-		
6	Circulation income					
7	Excess readership costs. If line 6 is less that					
	line 5, subtract line 6 from line 5. If line 5 is					
	than line 6, enter zero			0	0	0 0
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7.			0	0	0 0
а	Add line 8, columns A through D. Enter the					
	Part II, line 13	* * * * * *				•0
Par	t X Compensation of Officers, Dir	ectors, and	Trustees (see	instructions)		
			A		3. Percentage	4. Compensation
	1. Name	*	2. Title		of time devoted	attributable to
					to business	unrelated business
-/4\		- A	\		0/	
(1)			,		%	
(2)					%	
(3)					%	
(4)					%	
	. =					•
	I. Enter here and on Part II, line 1	<u> </u>	<u> </u>			0
Par	XI Supplemental Information (se	e instructions	S)			
	. (/)					
	······································					

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury

▶ Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Α	Name of the organization	B Employer identification number						
Butle	er Rural Electric Cooperative Inc			31-0231070				
_	Usedated by signature of its and a fact industrial and a second s			D 0		0	,	0
C	Unrelated business activity code (see instructions) ► 811000			D Sequence	ce:	2	of	22
E D	Describe the unrelated trade or business Construction							
Pa	tl Unrelated Trade or Business Income		(A) Income	(B) Expens	es		(C) Net	t
1a	Gross receipts or sales						4.11	
b	Less returns and allowances c Balance >	1c	0					
2	Cost of goods sold (Part III, line 8)	2		A CANADA				
3	Gross profit. Subtract line 2 from line 1c	3	0					0
4a	Capital gain net income (attach Sch D (Form 1041 or Form			2)) () () () () () () () () (1.2			
	1120)). See instructions	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797). See			泛在 是基础。				
	instructions	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5		REFER				
6	Rent income (Part IV)	6	4					
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled	· W						
_	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)	1						
40	organizations (Part VII)	10						
10	Exploited exempt activity income (Part VIII)	11	*					
11 12	Advertising income (Part IX)	12	118,866		V 25			118,866
13	Other income (see instructions; attach statement)	13	118,866	F4 (F) (F4)	0			118.866
-	t II Deductions Not Taken Elsewhere See instruction			tions Deduc		nust k		110,000
	directly connected with the unrelated business inco			nions. Dedde	10113 11	iusti	,,,	
1	Compensation of officers, directors, and trustees (Part X)				1			
2	Salaries and wages				2			80,119
3	Repairs and maintenance				3			
4	Bad debts				4		***************************************	
5	Interest (attach statement). See instructions			* * * *	5			
6	Taxes and licenses				6			
7	Depreciation (attach Form 4562). See instructions		7		4 1			
8	Less depreciation claimed in Part III and elsewhere on return.		8a		8b			
9	Depletion				9			
10	Contributions to deferred compensation plans				10			
11	Employee benefit programs				11	***********		39,397
12	Excess exempt expenses (Part VIII)				12			
13	Excess readership costs (Part IX)				13			
14	Other deductions (attach statement)				14			12,323
15	Total deductions. Add lines 1 through 14				15			131,839
16	Unrelated business income before net operating loss deduction.							10.0=5
	column (C)				16			-12,973
17	Deduction for net operating loss. See instructions				17			

Unrelated business taxable income. Subtract line 17 from line 16

-12,973

18

	ule A (Form 990-T) 2021 Butler Rural Electric Coop			31-0231070	Page 2
Pai		d of inventory valuati			
1	Inventory at beginning of year				
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5				0
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				0
9	Do the rules of section 263A (with respect to property produ				Yes No
-					103 110
-	Rent Income (From Real Property and				
1	Description of property (property street address, city, sta	ate, ZIP code). Check	if a dual-use. See in:	structions.	
	A				
	В				
	с	WATER STREET, A CONTROL WATER SHAPE STREET, AND A CONTROL OF			
	D			<u> </u>	
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%		4		
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income).	A 4			
С	Total rents received or accrued by property.	A 4			
	Add lines 2a and 2b, columns A through D	0	0	0	0
		/			
3	Total rents received or accrued. Add line 2c columns A throu	igh D. Enter here and c	on Part I, line 6, column	(A) ▶	0
4	Deductions directly connected with the income		T		1
7	in lines 2(a) and 2(b) (attach statement)				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Ent	er here and on Part I,	line 6, column (B).	•	0
	AV Userlated Balti Elements	1:			
Pa					
1	Description of debt-financed property (street address, c	ity, state, ZIP code). (check if a dual-use. S	ee instructions.	
	Α	<u> </u>			
	В				
	С				
	D				
_		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)	0	0	0	0
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	0	0	0	0
8	Total gross income (add line 7, columns A through D).	Enter here and on Pa	art I, line 7, column (A) >	0
9	Allocable deductions. Multiply line 3c by line 6	0	0	0	0
•					
10	Total allocable deductions. Add line 9, columns A thro	ugh D. Enter here and	d on Part I, line 7, col	umn (B) 🕨	0
11	Total dividends - received deductions included in time	10			
1.1	Total dividends - received deductions included in line	10		B B B B B	

Par	t VI Interest, Annui	ties, Royaltie	s, and Rents fro	om Controlled Orga	nizations (see instruct	ions)			
	Exempt Controlled Organizations								
	Name of controlled organization	2. Employer identification number	Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	Deductions directly connected with income in column 5			
(1)									
(2)									
(3)									
_(4)			L.,	<u></u>					
			Nonexempt Co	ontrolled Organization	ns				
	7. Taxable income	inc	et unrelated come (loss) instructions)	Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10			
(1)									
(2)									
(3)									
(4)									
					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)			
Total					0	0			
Part	VI Investment Inc	ome of a Sec	tion 501(c)(7), (9), or (17) Organiza	tion (see instructions)				
	1. Description of income	2. Amo	ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)			
(1)						0			
(2)						0			
(3)			1	7		0			
(4)			4			0			
Total	ls	Enter he	unts in column 2. re and on Part I. O, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)			
Part		npt Activity In	come, Other Th	nan Advertising Inc	ome (see instructions)				
1	Description of exploited a								
2	Gross unrelated business					2			
3	Expenses directly connection	cted with product	tion of unrelated bu	usiness income. Enter h	ere and on Part I,				
	line 10, column (B)	(4)				3			
4	Net income (loss) from un								
	lines 5 through 7					4 0			
5	Gross income from activi					5			
6	Expenses attributable to					6			
7	Excess exempt expenses					7			
-	4. Enter here and on Par	tu, iirie IZ				7 0			

Par	X Advertising Income						
1	Name(s) of periodical(s). Check box if report	ing two or mo	re periodicals on a	a consolidated b	oasis.		
	A	· ·	,				
	В						
	c						
	D						
Enter	amounts for each periodical listed above in the	ne correspond	ding column.				
			Α	В	С	D	
2	Gross advertising income						
					<u> </u>	_	
а	Add columns A through D. Enter here and or	n Part I, line 1	1, column (A)			—	0
3	Direct advertising costs by periodical	[
а	Add columns A through D. Enter here and or	Part I, line 1	1, column (B)) -	0
4	Advertising gain (loss). Subtract line 3 from I	ine					
	2. For any column in line 4 showing a gain,			1			
	complete lines 5 through 8. For any column	in I					
	line 4 showing a loss or zero, do not comple						
	lines 5 through 7, and enter zero on line 8.		1	o	o	0	0
5	Readership costs						
6	Circulation income						
7	Excess readership costs. If line 6 is less than						
	line 5, subtract line 6 from line 5. If line 5 is le						
	than line 6, enter zero		4	0	0	0	0
8	Excess readership costs allowed as a						
	deduction. For each column showing a gain	on					
	line 4, enter the lesser of line 4 or line 7.			ol	0	0	0
а	Add line 8, columns A through D. Enter the g		ine 8a. columns to	otal or zero here	e and on		
-	Part II, line 13					•	0
Par			Trustons (see				
Fal	Compensation of Officers, Diff	ectors, and	Trustees (See				
		. (3. Percentage	4. Compensation	
	1. Name	* 4	2. Title		of time devoted	attributable to	
					to business	unrelated business	
(1)					%		
(2)					%		
(3)					%		
(4)					%		
	Enter here and on Part II, line 1				>		0
Part	XI Supplemental Information (see	instructions	3)				
	. (/)						