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| 27 28 Other-deductions (attach schedule) 29 Total Peductions. Add lines 14 through 28 29 Unirelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 20 Uniterlated business taxable income before net operating on or after January 1, 2018 (see instructions) 30 Uniterlated business taxable income. Subtract line 31 from line 30 30 -312. 31 Uniterlated business taxable income. Subtract line 31 from line 30 32 -312. | | | chedule I) | | | | | | 26 | | |
| Total P deductions. Add lines 14 through 28 University to present the control of | 27 Excess readership c | osts (Sc | hedule J) | | | | | | _ | | |
| Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deluction 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 -312. 31 -312. | | | • | | | SEE | STAT | EMENT 3 | | | |
| Delication for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 | | | | | | | | | | | |
| 32 Unterlated business taxable income. Subtract line 31 from line 30 32 -312. | | | | | | | | | — | | |
| | | _ | | - | ry 1, 20 | ı ıð (see instrui | cuons) | | | + | |
| | | | | | | | | , | 1 32 | Form | |

| Form 990-1 | | | 0013 | 3 | | Page 2 |
|------------|--------|--|--------------|-----------------|-------------|----------------|
| Part I | 11 | Total Unrelated Business Taxable Income | | | | |
| 33 | Total | of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 33 | | - 3 | 12. |
| 34 | Amou | ints paid for disallowed fringes | 34 | | | |
| 35 | | ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 4 | 35 | | | 0. |
| 36 | | of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of | | | - | |
| ••• | | 33 and 34 | 36 | | - 3 | 12. |
| 37 | | fic deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 37 | | | 00. |
| 38 | | lated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, | 37 | | <u> </u> | ••• |
| 30 | | the smaller of zero or line 36 | | | _ 2 | 12. |
| Don't l | | | 38 | | | <u> 12.</u> |
| Part I | | Tax Computation | | | | |
| 39 | | nizations Taxable as Corporations. Multiply line 38 by 21% (0,21) | 39 | | | 0. |
| 40 | | s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from, | | | | |
| | | Tax rate schedule or Schedule D (Form 1041) | 40 | | | |
| 41 | Proxy | tax. See instructions | - 41 | | | |
| 42 | Alterr | ative minimum tax (trusts only) | 42 | | | |
| 43 | Tax | n Noncompliant Facility Income. See instructions | 43 | | | |
| 44 | Total | Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 44 | | | 0. |
| Part \ | | Tax and Payments | | | | |
| | | on tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a | | | | — |
| | | credits (see instructions) 45b | - | | | |
| | | | - | | | |
| C | | ral business credit. Attach Form 3800 | - .′ | | | |
| | | t for prior year minimum tax (attach Form 8801 or 8827) | | | | |
| | | credits Add lines 45a through 45d | 45e | | | |
| 46 | | act line 45e from line 44 | 46 | | | 0. |
| 47 | Other | taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) | 47 | | | |
| 48 | Total | tax Add lines 46 and 47 (see instructions) | 48 | | | 0. |
| 49 | 2018 | net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | 49 | - | | 0. |
| 50 a | Paym | ents A 2017 overpayment credited to 2018 50a | | | | |
| | | estimated tax payments 50b | 7 1 | | | |
| | | eposited with Form 8868 50c | - 1 | | | |
| | | gn organizations; Tax paid or withheld at source (see instructions) 50d | - 1 1 | | | |
| | | ip withholding (see instructions) 50e , | - | | | |
| | | | ⊣ | | | |
| | | i for small employer health insurance premiums (attach Form 8941) | - . | | | |
| 8 | | credits, adjustments, and payments: Form 2439 | 1 1 | | | |
| | | Form 4136 Other Total ▶ 50g | ⊣ | | | |
| 51 | | payments. Add lines 50a through 50g | 51 | | | |
| 52 | Estim | ated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖 | 52 | | | |
| 53 | Tax d | ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | 53 | | | |
| 54 | Over | payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | 54 | | | |
| 55 | Enter | the amount of line 54 you want. Credited to 2019 estimated tax | 55 | | | |
| Part V | /1 5 | Statements Regarding Certain Activities and Other Information (see instructions) | | | | |
| 56 | At an | time during the 2018 calendar year, did the organization have an interest in or a signature or other authority | | | Yes | No |
| | | i financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | r | 7 | |
| | | N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | Ī | | , } |
| | | · · · · · · · · · · · · · · · · · · · | | | | |
| | here | | | | | X |
| 57 | | g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | Ļ | | X |
| | | s," see instructions for other forms the organization may have to file. | | | • | \$- } |
| 58 | | the amount of tax-exempt interest received or accrued during the tax year 🕨 💲 💮 . | | | | [|
| | Un | der penalties of periody, i pecepe that I have examined this return, including accompanying schedules and statements, and to the best of my kr rect, and corresee begranation of preparer (otper than taxpayer) is based on all information of which preparer has any knowledge | iowledge an | d belief, it is | true, | |
| Sign | 1 | /// M // / Vice | | discuss this | | with |
| Here | | | - | shown below | | "" |
| | | <u></u> | |)? X Ye | | No |
| | | Print/Type preparer's name Preparer's signature Date Check | ıf PTIN | | | |
| | | | | | | |
| Paid | | CHARLES CRAFT Charles Chaft, GA 11/13/19 self-employed | | 000130 | NΩΛ | |
| Prepa | rer | | | L-0796 | | <u></u> |
| Use C | nly | | - 31 | 1-0/9 | 003 | - |
| | | 3400 SOUTH DIXIE DRIVE | /025 | | 2 4 0 | ^ |
| | | Firm's address ► DAYTON, OH 45439 Phone no | (937) | 299-3 | <u> 340</u> | <u> </u> |

| Schedule A - Cost of Good | ls Sold. Enter | method of inve | ntory v | aluation ► N/A | | | | | |
|---|-------------------|--|----------|---|----------|--|---------------------|--|----|
| 1 Inventory at beginning of year | 1 | | - | Inventory at end of yea | r | · · · · · · · · · · · · · · · · · · · | 6 | <u> </u> | |
| 2 Purchases | 2 | | 7 | Cost of goods sold Su | btract | line 6 | | | |
| 3 Cost of labor | 3 | |] | from line 5. Enter here | and in I | Part I, | | | |
| 4a Additional section 263A costs | | | 7 | line 2 | | | 7 | | |
| (attach schedule) | 4a | | 8 | Do the rules of section | 263A (| with respect to | | Yes | No |
| b Other costs (attach schedule) | 4b | | _ | property produced or a | cquire | d for resale) apply to | | | |
| 5 Total. Add lines 1 through 4b | 5 | | | the organization? | | <u> </u> | | | |
| Schedule C - Rent Income (see instructions) | (From Real | Property an | d Pe | rsonal Property | Leas | ed With Real Pro | per | ty) | |
| Description of property | | | | | | | | | |
| (1) | | | - | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | · | | | · | |
| , | 2. Rent receiv | ed or accrued | | | | | | | |
| (a) From personal property (if the personal property is mor 10% but not more than 50% | e than | of rent for | personal | onal property (if the percenta property exceeds 50% or if ed on profit or income) | ige | 3(a) Deductions directi columns 2(a) a | y conne ind 2(b) | ected with the income in (attach schedule) | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | İ | | |
| Total | 0. | Total | | | 0. | | | | |
| (c) Total income Add totals of columns | | ter | | | _ | (b) Total deductions. Enter here and on page 1, | | | _ |
| here and on page 1, Part I, line 6, column | | <u></u> Llmaama / | | | 0. | Part I, line 6, column (B) | <u> </u> | ··· | 0. |
| Schedule E - Unrelated De | bt-rinanced | income (see | nstru | ctions) | | 3. Deductions directly cor | | t with as allegable | |
| | | | 2 | . Gross income from | | to debt-finan | ced pro | perty | |
| 1. Description of debt-fi | inanced property | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | | (b) Other deductions (attach schedule) | |
| (1) | | | + | | | | +- | | |
| (2) | | | 1 | | | | | | |
| (3) | | ··· | † | | | | 十 | | |
| (4) | | | | | | | 1 | • | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a | adjusted basis allocable to noed property a schedule) | 6 | . Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | | 8. Allocable deductio (column 6 x total of colu 3(a) and 3(b)) | |
| (1) | | | | % | | | \top | | |
| (2) | | | | % | | | | | |
| (3) | | | | % | | | | | |
| (4) | l | | | % | | | | | |
| | · | | | | | nter here and on page 1, Part I, line 7, column (A) | | Enter here and on page Part I, line 7, column (B | |
| Totals | | | | > | | 0 | | | 0. |
| Total dividends-received deductions in | ncluded in column | . 8 | | | | | \neg | | |

| Schedule F - Interest, | Annuities, Roya | alties, ar | nd Rent | s From C | ontroll | ed Organiz | ation | S (see ins | structio | ns) |
|--------------------------------------|--|-----------------------------------|--|--|--|---|--|--|---------------------|--|
| | | | Exempt (| Controlled O | rganızatı | ons | | | | |
| 1 Name of controlled organiza | ident | mployer Ification mber | | related income e instructions) | | al of specified nents made | ınclude | of column 4 d in the cont tion's gross | rolling | 6 Deductions directly connected with income in column 5 |
| <u>(1)</u> | | | | • | | | | | _ | |
| (2) | | | | | | • | | | \dashv | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | · · |
| Nonexempt Controlled Organi | zations | | <u> </u> | | | | 1 | | | |
| 7. Taxable Income | 8. Net unrelated inco | nme (loss) | Q Total | of specified pays | ments | 10. Part of colu | ma 0 that | ie included | 11 0 | Peductions directly connected |
| , Jakasia maania | (see instruction | | 9. 10181 | made | | in the controlli | | | | th income in column 10 |
| (1) | | • | | ** | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| (4) | | | | | | | | | | |
| | <u> </u> | | . | | | Add colun | | 10 | | Add columns 6 and 11 |
| | | | | | | Enter here and | | 1, Part I, | | here and on page 1, Part I line 8, column (B) |
| Totals | | | | | • | | | 0. | | 0. |
| Schedule G - Investme | | Section | 501(c)(| 7), (9), or | (17) Or | ganization |) | | | . |
| | ription of income | | · | 2. Amount of | income | 3 Deduction directly conne (attach sched | cted | 4. Set- | asides schedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | • | | | | | | | |
| (2) | | | | | 1 | | | | | |
| (3) | | | | | <u> </u> | | | | | |
| (4) | | | | | | | 1 | | | |
| () | | | ~~ | Enter here and | on page 1, | | _ | | | Enter here and on page 1, |
| | | | | Part I, Ilne 9, co | | | • | | | |
| Totalo | | | | | ٥. | | | | _ | 0. |
| Totals Cobodials Evaluated | France A salivia | | - Other | . Then Ad | | | | • | | 0. |
| Schedule I - Exploited (see instru | - | y incom | e, Othe | T . | | ng income | ; | | | |
| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | directly of with pro of unr | censes connected oduction related s income | 4. Net Incom from unrelated business (co minus columi galn, compute through | trade or slumn 2 n 3) If a e cols 5 | 5. Gross inco from activity t is not unrelat business inco | hat ed | 6. Exp attribut colur | able to | 7. Excess exempt expenses (column 6 minus column 5 but not more than column 4) |
| (1) | | <u> </u> | | · | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | <u> </u> | | | | | + | | | |
| (4) | | | | | | | | | | |
| | Enter here and on page 1, Part I, line 10, col (A) | | re and on , Part I, col (B) | : | • | •• | | 1 . | , | Enter here and on page 1, Part II, line 26 |
| Totals | 0. | , [| 0. | • • | | • | • | • • | | 0. |
| Schedule J - Advertisi | ng Income (see | instruction | ns) | | | | | | | |
| Part I Income From | Periodicals Rep | oorted o | n a Con | solidated | Basis | | | | | |
| 1. Name of periodical | 2. Gross advertising income | | 3. Direct ertising costs | 4. Adverti or (loss) (co cot 3) If a ga cols 5 th | an, compute | 5. Circulati | ion | 6. Reade | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | 3 | ٠., | | 7 | | | |
| (2) | | | | - | | | | | | · ' |
| (3) | | - | | - | , ,, | <u> </u> | | | | <u> </u> |
| (4) | | | | + | | | | | | |
| Totals (carry to Part II, line (5)) | > | 0. | 0 | | | | | | _ | 0. Form 990-T (2018) |
| | | | | | | | | | | rorm 220" (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 | 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) | | | | | | | |
| (2) | | | ' | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Totals from Part I | ▶ | 0. | 0. | 1 m 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 4 - 5 A 1 W. | | 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. | 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 | | E . , , , , , , , , , , , , , , , , , , | 0. |

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

| 1 Name | 2. Title | 3. Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|---|----------|--|---|
| (1) | | % | |
| (2) | | % | |
| (3) | " | % | |
| (4) SEE STATEMENT 5 | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | > | 0. |

Form 990-T (2018)

| FORM 990-T | DESCRIPTION | OF ORGANIZATION'S | PRIMARY | UNRELATED | STATEMENT | 1 |
|------------|-------------|-------------------|---------|-----------|-----------|---|
| | | BUSINESS ACTIVI | TY | | | |

THE ORGANIZATION HAS A .1% OWNERSHIP INTEREST IN A LIMITED PARTNERSHIP.

TO FORM 990-T, PAGE 1

| FORM 990-T | INC | | ROM PARTNERSHIP | S | STATEMENT | 2 |
|------------|---|------------------------------|-----------------------|--|-----------|--|
| DESCRIPTIO | CRIPTION NS PLACE LIMITED PARTNERSHIP - NET RENTAL REAL ESTATE OME AL INCLUDED ON FORM 990-T, PAGE 1, LINE 5 M 990-T OTHER DEDUCTIONS CRIPTION ER INCREASES/DECREASES FROM PASSTHROUGH ENTITY AL TO FORM 990-T, PAGE 1, LINE 28 | | NET INCOM OR (LOSS | | | |
| LYONS PLAC | E LIMITED PARTNER | RSHIP - NET RE | NTAL REAL ESTA | TE | -2 | 64. |
| TOTAL INCL | UDED ON FORM 990- | T, PAGE 1, LI | NE 5 | | - 2 | 64. |
| FORM 990-T | | OTHER DE | DUCTIONS | | STATEMENT | 3 |
| DECORTOMIC | NI | | | | AMOUNT | |
| DESCRIPTIO | ·N | | | | 12.001.1 | |
| | _ | ROM PASSTHROU | GH ENTITY | | | 48. |
| OTHER INCR | — .EASES/DECREASES F | | GH ENTITY | | | 48. |
| OTHER INCR | EASES/DECREASES FORM 990-T, PAGE 1 | , LINE 28 | | | | |
| OTHER INCR | EASES/DECREASES FORM 990-T, PAGE 1 | , LINE 28 | OSS DEDUCTION Y LOSS | ING | | 48. |
| OTHER INCR | EASES/DECREASES FORM 990-T, PAGE 1 | T OPERATING L LOSS PREVIOUSL | OSS DEDUCTION Y LOSS | 483. 448. 421. 387. 360. 350. 342. | STATEMENT | 48. 4 3. 8. 1. 7. 0. |

| FORM 990-T SCHEDULE K - C DIRECTO | STATEMENT | | | |
|--------------------------------------|----------------------------|---------|-------------|----|
| NAME . | TITLE | PERCENT | COMPENSATIO | ON |
| TIMOTHY BETE | PRESIDENT | .00% | | |
| BARBARA PROSSER | CHIEF FINANCIAL OFFICER | .00% | | |
| WESLEY YOUNG | VICE - | | | |
| | PRESIDENT/SECRETAR | .00% | | |
| TOTAL TO FORM 990-T, SCHEDULE K | | | | |