~-	Form	<sup>1</sup> 990-T	Ex	empt Organi (and p	ization roxy tax	Bùs c un	siness Inder section	come n 6033(	Tax R	etarh 🥳	.2 U.9	900124		
		,	For caler	ndar year 2019 or other t	ax year begin	ining _	07/01,201	9, and end	<sub>ing</sub> 06/	30 , <b>20</b> 2 0	. U 2	<b>@19</b>		
	Depart	ment of the Treasury	`	- ►Go to www.irs g	ov/Form990	T for i	nstructions and	d the latest	t informatio	n. (2)	) 7 <i>G</i>	. <u></u>		
	Interna	Revenue Service	▶ Do	not enter SSN numbers	a 501(c)(3)	Open to P 501(c)(3)	Public Inspection for Organizations Only							
	A	Check box if address changed		Name of organization ( Check box if name changed and see instructions )							D Employer identification number (Employees' trust, see instructions )			
	B Exe	mpt under section		CRUSADERS CE	NTRAL C	LINI	C ASSOCIA	TION						
	Х	501(C <u>O</u> 3)	Print	Number, street, and roo	m or suite no	lf a P O	box, see instructi	ons		23-7	23-7076080			
		408(e) 220(e)	or Type	Ţ							E Unrelated business activity code (See instructions)			
		408A530(a)		1200 WEST ST	(See II	istructions )								
		529(a)		City or town, state or pr	rovince, countr	y, and 2	ZIP or foreign posta	al code						
		ok value of all assets and of year		ROCKFORD, IL	61102				·····					
		•		up exemption number	<u> </u>					<del></del>				
		78,506,357.	G Che	ck organization type	X 501	(c) co	rporation	501(0	c) trust	401(a)	trust	Other trust		
	H Er	nter the number of	the orga	nization's unrelated trad	des or busine	esses				escribe the only				
		ade or business her								Parts I-V If mor		describe the		
	fır	st in the blank spa	ice at the	end of the previous s	entence, co	mplete	Parts I and II, c	omplete a S	Schedule M	for each additio	nal			
	_/_	ade or business, th								<del></del>		<del></del>		
'r ,	,			corporation a subsidia		_		-subsidiary	controlled g	roup?	▶ ∟	Yes X No		
, ,				identifying number of t	the parent co	rporati	on 🕨			015 100				
<b>/</b>		ne books are in care					<del>,</del>			<b>▶</b> 815-490	-1600			
•				or Business Incon	ne	_	(A) Inco	ome	(B)	Expenses		(C) Net		
	1 a	Gross receipts or	sales											
~	b	Less returns and allowa			<b>c</b> Balance ▶				<u> </u>		I I	<del></del>		
2022	2	-		ule A, line 7)					<del> </del>		<b>_</b>			
7	3			2 from line 1c							_			
	4 a			ttach Schedule D)		4a						<del></del>		
	b	• , , ,		Part II, line 17) (attach Fo	<b>—</b>			$\mathbb{H}^{H}$	ECEIV	<b>₽D</b>	<del></del>			
MÀŸ	C -				sts			/	اس					
	5			artnership or an S corporation (attach statement) edule C)				/	11011 .	MAR 0 2 20	21 S	<del></del>		
H	• •								$\square$		T S			
Z	<ul><li>7 Unrelated debi</li><li>8 Interest, annuities</li></ul>		nanced income (Schedule E)			7 0			GDEN.					
SCANNEL	9		alties and rents from a controlled organization (Schedule F) a section 501(c)(7) (9), or (17) organization (Schedule G)				/ <del></del>			GDLIN,				
Š	3 10			ncome (Schedule I)		10			<u> </u>					
Q	11	•		ule J)		11			<del> </del>	<del>.</del>	<del></del>			
	12			tions, attach schedule)					<del> </del>		<del> </del>			
	13			ough 12				0.		<del></del>	1			
	Par	t II Deduction	ns Not	Taken Elsewhere	(See insti	ructio	ns for limitat		deduction	s ) (Deducti	Ons mus	t he directly		
	للتحليق			ne unrelated busin							0110 11140	t be directly		
	14			directors, and trustées										
	15	Salaries and wage	es			• • •				15				
	16			/										
	17													
	18			see instructions)							,			
	19			/										
	20			4562)										
	21			on Schedule A and els										
	22						_							
	23			compensation plans .										
	24	,												
	25			Schedule I)										
	26			chedule J)							[			
	27			chedule)										
	28			s 14 through 27										
	29			le income before ne										
	30/			g loss arising in tax ye										
	31			income Subtract line	-	-	•					··		
	For P			otice, see instructions						<u> </u>	For	rm <b>990-T</b> (2019)		
9X27	JSA '40 1 0										( )			
			29 2/2	20/2021 1:16:	:42 PM	V 1	9-7.7F		0093291	-	5	PAGE 53		

Pa	Total Unrelated Business Taxable Income				_
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		,		
	instructions)	. 32			
33	Amounts paid for disallowed fringes	. 33			
34	Charitable contributions (see instructions for limitation rules)	. 34			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line				_
	34 from the sum of lines 32 and 33			C	ο.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				_
	instructions)	1 1			
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	` <del>                                    </del>			_
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)				_
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	·		-	_
33	enter the smaller of zero or line 37			C	ο.
Par	t IV Tax Computation	, 100 1			_
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	▶ 40		_	_
41	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on	opes.			
<b>→</b> '	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)				
42					_
	Proxy tax. See instructions	<del> </del>		<del></del>	_
43	Alternative minimum tax (trusts only)				_
44	Tax on Noncompliant Facility Income. See instructions	· — +			_
45	Total, Add lines 42, 43, and 44 to line 40 or 41, whichever applies	.   45			_
	tV Tax and Payments	1125			_
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a				
	Other credits (see instructions)	- 1.5			
	General business credit Attach Form 3800 (see instructions)				
	Credit for prior year minimum tax (attach Form 8801 or 8827)				
	Total credits. Add lines 46a through 46d				_
47	Subtract line 46e from line 45				_
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)				_
49	Total tax. Add lines 47 and 48 (see instructions)				) <b>.</b>
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3				_
	Payments A 2018 overpayment credited to 2019	10.00			
	2019 estimated tax payments				
	Tax deposited with Form 8868				
	Foreign organizations Tax paid or withheld at source (see instructions)				
	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941) 51f				
g					
	Form 4136 Other Total ▶ <b>51g</b>				
52	Total payments. Add lines 51a through 51g	. 52			_
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53			_
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			_
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	▶ 55			_
56	Enter the amount of line 55 you want Credited to 2020 estimated tax Refunded				
Pai	tVI 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 of		•	Yes No	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization r	•			~ ^ **
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country		18
	here <b>&gt;</b>			Х	
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust	?	X	
	If "Yes," see instructions for other forms the organization may have to file				
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			學和國際	¥.,
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of m	y knowledge	and belief, it	15
Sig		/lay the	IRS discuss	this return	n
Her	e   VOZ. 26.2021   CEO	vith the	preparer sh	nown below	~
		see instruction		es No	2
Paid	Print/Type preparer's name Preparer's signature Date Che	:ck 🔲 ıf	PTIN	4050=	
	Darer RATSTAL R CREACH	-employed		48198	_
	Firm's name DND, LLF		44-016		
-50	Firm's address ▶ 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 65806-2523 Pho	neno 41	L7-865-8	8701	

D -	•
Page	

Form 890-T (2019)						•	•	F	Page 3
Schedule A - Cost of G	oods Sold. E	nter metho	d of invento	ry valuation	<b>&gt;</b>				
1 Inventory at beginning of	year 1			6 Inventory	at end of year	ar	6		
2 Purchases	2					old Subtract line			
3 Cost of labor	3			6 from lii	ne 5 Enter	here and in Part			
4a Additional section 263A c	osts			I, line 2			7		
(attach schedule)	4a					section 263A (w	ith respect to	Yes	No
b Other costs (attach sched						or acquired for			
5 Total Add lines 1 through				to the org	anization? .	<u> </u>			X
Schedule C - Rent Incom	e (From Real I	roperty a	nd Persor	nal Property	Leased V	Vith Real Proper	ty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)						·			
(4)					·	<del></del>			
	2. Rent rece	ived or accru	ed			_			
(a) From personal property (if the for personal property is more t more than 50%	han 10% but not	percent	age of rent for	personal property personal property based on profit or	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)									
(2)							<u>-</u>		
(3)									
(4)									
Total		Total							
(c) Total income Add totals of o	columns 2(a) and 2	(b) Enter				(b) Total deduction Enter here and on			
here and on page 1, Part I, line	6, column (A)	▶				Part I, line 6, colum	nn (B) ▶		
Schedule E - Unrelated D	ebt-Financed	Income (se	e instruction	ons)					
			2 Gross	ncome from or	3. [	Deductions directly con debt-finance		le to	
1 Description of de	bt-financed property			o debt-financed	(a) Straigl	ht line depreciation	(b) Other deductions		
			рі			ich schedule)	(attach schedule)		
(1)									
(2)									
(3)									
(4)	·								
Amount of average acquisition debt on or allocable to debt-financed	usted basis able to I property				s income reportable (column 6 x to 3(a) an		of colum		
property (attach schedule)	(attach sch	edule)							
(1)			<del> </del>	<u>%</u>			A		
(2)	<u> </u>		<del> </del>	%		,,,,,,			
(3)	-			%					
(4)	·		1	%	Enter har	o and on page 1	Enter here and a		
						re and on page 1, lee 7, column (A)	Enter here and o - Part I, line 7, colo		
<del>-</del>					·	, ,		•	•
Totals	<i></i>			▶					—–

Schedule F - Interest, Ann	uities, Royaltie							t <b>ions</b> (se	e instructi	ons)		
,		E	xemp	ot Co	ntrolled Or	ganızatı	ons					
Name of controlled organization	2 Employer identification number		3 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		6 Deductions directly connected with income in column 5			
(1)											_	
(2)									<del></del>		-	
(3)												
(4)							-					
Nonexempt Controlled Organi	zations											
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		9 Total of specifi payments made		include		rt of column 9 that is ed in the controlling ration's gross income			11 Deductions directly connected with income in column 10		
(1)												
(2)												
(3)												
(4)												
Totals						▶	Enter Part I	columns 5 a here and on , line 8, colu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, irt I, line 8, column (B)	
Schedule G-Investment II	ncome of a Sec	ction 5	01(c)	(7),	(9), or (17	') Orga	nizatior	(see ins	tructions)			
1 Description of income	2 Amount of income		e du		3 Deduction directly cor	3 Deductions rectly connected attach schedule)		4 Set-asides (attach schedule)			5 Total deductions and set-asides (col 3 plus col 4)	
(1)								-				
(2)												
(3)												
(4)												
	Enter here and Part I, line 9, c										Enter here and on page 1 Part I, line 9, column (B)	
Schedule I – Exploited Exe	empt Activity In	come,	Othe	r Th	an Advert	ising Ir	come (	see instru	ictions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dıı conne produ	ected waterion of the control of the	oth of	4 Net inconfrom unrelated or business 2 minus collif a gain, colli	led tradé (column lumn 3) ompute	d trade column from activity that is not unrelated npute hyperses process column 5		able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)											_	
(2)								<u> </u>				
(3)												
(4)									-			
	Enter here and on page 1, Part I, line 10, col (A)	Enter he page line 10	1, Part	I,				Enter here and on page 1, Part II, line 25				
Totals	<u> </u>											
Schedule J- Advertising Ir	·							<u>.</u>			<del></del>	
Part I Income From Per	iodicals Report	ted on a	a Coi	<u>isoli</u>	dated Bas	Sis			T			
1 Name of periodical	2 Gross advertising income		3 Direct advertising cos		4 Adverti gain or (loss 2 minus co a gain, con cols 5 throi			culation ome	6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	<del>-</del> -	<del></del>					<del></del>	<del></del>			1	
(2)							-		<del>                                     </del>		<del> </del>	
(3)							<u> </u>				<del>                                     </del>	
(4)					"						<del> </del>	
<del></del>			-				, <u> </u>				<del> </del>	
Totals (carry to Part II, line (5))						···-					- 000 T	

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(3)

(4)

Total. Enter here and on page 1, Part II, line 14.

Part II Income From Pe 2 through 7 on a			rate Basis (For	each periodical	listed in Part'l	I, fill in columns	
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 ▶							
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26	
Totals, Part II (lines 1-5) ▶							
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	rustees (see insti	ructions)	<b>-</b>		
1 Name			Title	3 Percent of time devoted to business	3 Percent of time devoted to 4 Compensation attributable to		
(1)				%			
(2)				%			

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%

%

▶

23-7076080

ATTACHMENT 1

## ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.