	Exempt Organization Busine	SS	Income Tax	Returr	1		OMB No 1545-06	87			
Form	BABAR	(and proxy tax under section 6033(e))									
	For calendar year 2018 or other tax year beginning	For calendar year 2018 or other tax year beginning , 2018, and ending , 20									
Departn	Go to warm its gov/Form900T for instructions and the latest information										
Internal	rnal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only										
A 🗆	Check box if address changed Name of organization (Check box if name chan	Name of organization (Check box if name changed and see instructions)									
	npt under section Print Shaker Square Area Developme	Shaker Square Area Development Corp. (Emp									
X 5	or Number, street, and room or suite no. If a P.O. box, s	see ins	structions	ļ			84478				
4	108(e) 220(e) Type 11811 Shaker Blvd., 106			business activity uctions)	code						
<u> </u>	, _	•	·								
	Cleveland, OH 44120				5	111	.10				
at er	k value of all assets of Group exemption number (See instructions.) 71.451.		on	uet 🗀	401(a)	tru	st	trust			
LI E	71, 451. G Check organization type ► 🗵 501(c) corporate the number of the organization's unrelated trades or businesse						or first) unrelat				
	ade or business here Newspaper		nly one, complete f	-			•				
	est in the blank space at the end of the previous sentence, comp		•								
	ade or business, then complete Parts III-V.		, and , and ,,, con	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•					
	uring the tax year, was the corporation a subsidiary in an affiliated group	o or a	parent-subsidiary o	ontrolled a	oup?		▶ ☐ Yes 🛚	No			
	"Yes," enter the name and identifying number of the parent corpo			J							
	he books are in care of ▶ Gregory C. Staursky			ne numbe	r ▶ (2	216)421-2100				
Par	Unrelated Trade or Business Income		(A) Income	(B) Ex	penses		(C) Net				
1a	Gross receipts or sales				1	'.	_	· ~ ;]			
b	Less returns and allowances c Balance ▶	1c		 		۲,	<u>- • • • • • • • • • • • • • • • • • • •</u>	2. 4			
2	Cost of goods sold (Schedule A, line 7)	2		<u> </u>			* > !	1			
3	Gross profit Subtract line 2 from line 1c	3		ļ	<u>·</u>	-					
4a	Capital gain net income (attach Schedule D)	4a		- *2		•.					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		^-				\vdash			
C E	Capital loss deduction for trusts	4c 5		 				 			
5 6	Rent income (Schedule C)	6		-		\dashv		\vdash			
7	Unrelated debt-financed income (Schedule E)	7									
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8				-					
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9				\dashv					
10	Exploited exempt activity income (Schedule I)	10									
11	Advertising income (Schedule J)	11	26,031	24,	303		1,728				
12		12		٤ . ٢		٠.					
13		13	26,031		303		1,728				
Part				ons) (Exce	ept for	con	tributions,				
	deductions must be directly connected-with-the-unrelated		siness income.)			1					
14	Compensation of officers, directors, and trustees (Schedule IK)	- 11	. ۰ ۰ ۰ ۰ ار	•	-	14		ļ			
15	Salaries and wages	Č	3	•		15					
16	Repairs and maintenance	10	ומ			16 17					
17	Bad debts	<u>. </u>	<u> </u>			18					
5 18 1 19	Taxes and licenses.	<u> </u>				19	·				
20	Charitable contributions (See instructions for limitation rules)		_ , , .			20					
21	Depreciation (attach Form 4562)		1 = . 1		· F	,					
22	Less depreciation claimed on Schedule A and elsewhere on retu				-	2b	ļ				
23	Depletion					23					
24	Contributions to deferred compensation plans				7	24					
25	Employee benefit programs					25					
26	Excess exempt expenses (Schedule I)			•	2	26					
27	Excess readership costs (Schedule J)					27					
28	Other deductions (attach schedule)				<u> </u>	28					
29	Total deductions. Add lines 14 through 28				_	29	1.500				
30	Unrelated business taxable income before net operating loss ded					30	1,728	 			
31	Deduction for net operating loss arising in tax years beginning on or a					31	1 700	<u> </u>			
32	Unrelated business taxable income. Subtract line 31 from line 30	<u>.</u>	<u> </u>	<u> </u>	. 3	32	1,728 Form 990-T	(2010)			
For Pa	aperwork Reduction Act Notice, see Instructions.	REV 01	I/11/19 PRO				rorm 330-1	(2018)			

	. (20.0	<i>'</i>					· ugo =
Part	1	otal Unrelated Business Taxable	le Income		_		
33	Total o	of unrelated business taxable income	e computed from all unrelated trace	les or businesses (see	1		}
	ınstruc	tions)			33	1,728	3
34	Amour	nts paid for disallowed fringes .			34		
35		tion for net operating loss arising	in tax years beginning before				
		tions)			35		
36		of unrelated business taxable income		at line 35 from the sum			1
-				or mile do mem and dam	36	1 720	
27		c deduction (Generally \$1,000, but se			37	1,728	
37 38	•	• • • • • • • • • • • • • • • • • • • •	•	•	37		Ì
30		ited business taxable income. Subt				1,728	
Dowl		he smaller of zero or line 36	 	· · · · · · · · · · · · · · · · · · ·	38	1,720	<u> </u>
Part		ax Computation			1 1		1
39		izations Taxable as Corporations.			39	<u>363</u>	ļ
40		Taxable at Trust Rates. See					
	the am	ount on line 38 from: 🔲 Tax rate sch	nedule or 🔲 Schedule D (Form 10	41) •	40		
41	Proxy	tax. See instructions			41		
42	Alterna	itive minimum tax (trusts only)			42		
43	Tax or	Noncompliant Facility Income. Se	ee instructions		43		
44	Total.	Add lines 41, 42, and 43 to line 39 or	40, whichever applies		44	363	
Part		ax and Payments			•		•
45a	Foreign	tax credit (corporations attach Form 11	118, trusts attach Form 1116)	45a			
b	_			45b	1		
С		al business credit. Attach Form 3800	(see instructions)	45c	1		
d		for prior year minimum tax (attach Fo	•	45d	1		1
e		credits. Add lines 45a through 45d	•		45e		
46		ct line 45e from line 44			46	363	
47		xes Check if from Form 4255 Fori	m 9611	Other (attach schedule)	47		
48		ax. Add lines 46 and 47 (see instructi		Office (attach schedule) .	48	363	
49		et 965 tax liability paid from Form 96	•	(k) line 2	49	303	
		• •		1 1	49		
50a	-	nts A 2017 overpayment credited to		50a	-l		
b		stimated tax payments		50b 750	-		
C		posited with Form 8868		50c	-		
d	_	n organizations. Tax paid or withheld		50d	4 1		
e				50e	4 1		
f		for small employer health insurance p		50f	4		
g		credits, adjustments, and payments					
	☐ Forr			50g	<u> </u>		
51		payments. Add lines 50a through 50g			51	<u>750</u>	
52		ted tax penalty (see instructions). Che		▶⊔	52		
53		e. If line 51 is less than the total of lir			53		
54	-	ayment. If line 51 is larger than the to			54	387	
55		e amount of line 54 you want			55		L
Part \	7 S	tatements Regarding Certain A	ctivities and Other Informatio	n (see instructions)			
56	At any	time during the 2018 calendar year, o	did the organization have an interes	st in or a signature or of	ther autho	rity Yes	No
		financial account (bank, securities, o					ļ
	FinCEN	Form 114, Report of Foreign Bank	and Financial Accounts. If "Yes," e	nter the name of the fo	reign coun	itry	
	here >						×
57	During t	he tax year, did the organization receive	a distribution from, or was it the granto	or of, or transferor to, a fore	eign trust?		×
	If "Yes,	" see instructions for other forms the	organization may have to file.				ļ
58	Enter th	ne amount of tax-exempt interest rec	eived or accrued during the tax yea	ar ▶ \$			1
	Under	penalties of periury. I declare that I have examined	d this return, including accompanying schedules	s and statements, and to the be-	st of my know	ledge and bel	ief, it is
Sign	true, c	orrect, and complete Declaration of preparer (other	r than taxpayer) is based on all information of whi	ich preparer has any knowledge	May the IRS	discuss this	return
Here	 	June Sha (selde	Secregta	ry	with the pre	parer shown	below
		ure of officer	Date Title		(see instructi	ons)? XYes (No
<u> </u>	L	Print/Type preparer's name	Preparer's signature	Date	, 🗖 .	PTIN	
Paid		Kevin L. Penn, Inc.	Kevin L. Penn, Inc.	Cn	eck ıf f-employed	P01435	979
Prepa		COLLEGE T DOME	INC.		n's EIN ► 34		
Use (Only	Firm's name ► KEVIN L. PENN, Firm's address ► 11811 SHAKER BL				6) 421-1	
		Firm's address ▶ IIOII SHAKEK BL	VD. SIE. 4ZI, CLEVELAND,	OIT 44170-137/ Pho		orm 990-T	
					F	51111 5 5 6 - 1	(2010)

1 01111 330-1 (2010)										*9* *
Schedule A—Cost of G	oods Sold. Er	nter method of	inventor	y va	luation ►					
1 Inventory at beginning		1		6		it end of year	6			
2 Purchases	·	2		7	Cost of	goods sold. Subtract	,			
3 Cost of labor	[3			line 6 from	line 5 Enter here and				
4a Additional section	263A costs				ın Part I, Iın	ne 2	7			
(attach schedule) .		4a		8		es of section 263A (wit			Yes	No
b Other costs (attach s	schedule)	4b				roduced or acquired for				
5 Total. Add lines 1 th	rough 4b	5				nızatıon?				
Schedule C-Rent Inco	me (From Re	al Property an	nd Perso	onal	Property I	_eased With Real Pro	perty	<i>(</i>)		
(see instructions)										
Description of property										
(1)										
(2)										
(3)	·									
(4)										
	2. Rent receiv	ved or accrued								
(a) From personal property (if the for personal property is more th more than 50%	an 10% but not	(b) From real percentage of rer 50% or if the rer	nt for persor	nal pro	perty exceeds	3(a) Deductions directly in columns 2(a) and				е
(1)	-									
(2)								-		
(3)			_							
(4)										
Total		Total				(b) Total deductions.				
(c) Total income. Add totals o here and on page 1, Part I, line		nd 2(b) Enter				Enter here and on page Part I, line 6, column (B)				
Schedule E-Unrelated	Debt-Financ	ed Income (se	e instruct	tions	<u> </u>					
	f debt-financed prop		2. Gro	oss ind	come from or debt-financed	3. Deductions directly con debt-finance	ced prop	perty		
				pro	perty	(a) Straight line depreciation (attach schedule)	{1	b) Other dec (attach sch		3
(1)						 .	-			
(2)		·	_				-			
(3)							-			
(4)	E Avoros	no adjusted basis					 			
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fin	ge adjusted basis r allocable to nanced property ch schedule)		4 dr	olumn vided lumn 5	7. Gross income reportable (column 2 × column 6)		Allocable de mn 6 × total 3(a) and 3	of colu	
(1)					%		ļ			
(2)		***************************************			%					
(3)					%	·				
(4)			.		%					
						Enter here and on page 1, Part I, line 7, column (A)		r here and I, line 7, c		
Totals	•				. ▶		<u> </u>			
Total dividends-received ded	uctions included	ın column 8 .				<u> </u>	1			
		 .						Form 9	90-T	(2018)

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Name of controlled organization 2. Employer identification number 3. Name uncellated namon 4. Total of specified payments made 5. Part of column 4 that is notationing organization's gross income 6. Deductions directly connected with income or notations 6. Deductions directly connected with income organizations 6. Deductions directly connected with income organization's gross income 7. Yaxaste Income 8. Net unrelated income 9. Total of specified payments made 10. Part of column 9 that is notationing organizations 10. Part of column 9 that is notation 10. Part of column 9 that is notationing organizations 11. Deductions directly connected with income in column 10. 11. Deductions directly connected with income in column 10. 12. 13. 14.	Schedule F-Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)											
organization underdification number (9x) (part instructions) (part of part instructions) (part of part instructions) (part of part of		, , , , , , , , , , , , , , , , , , , ,		· <u> </u>								
Comparison Controlled Organizations Contro								Included in the o	included in the controlling		connected with income	
Comparison Controlled Organizations Contro	(1)					-						
Nonexempt Controlled Organizations S. Net unrelated income (bask) (see instructional payments made S. Total of specified payments payments made S. Total of specified payments payments made S. Total of specified payments payments payments made S. Total of specified payments payments pay									•			
Nonexempt Controlled Organizations S. Not unrelated mome S. Notal of specified payments made 10. Part of column 3 that is, 11. Dedications described in the controlling organization's gross income 11.		<u> </u>										
Nonexempt Controlled Organizations S. Net unrelated income P. Total of specified payments made Payment												
7. Taxable Income 8. Net urrelated income (Poss) (see instructions) 9. In Date of special or in the controlling organization's gross income or column 10 (2) Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (8) 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 with schedule or place of the place of directly connected with connected with uncertainty and place of directly connected with uncertainty and unrelated business income from trade or business income and page 1, Part I, line 9, column (8) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (7) (8) (8) (8) (8		xempt Controlled Organia	zations	S	<u> </u>	-						
7. Taxable Income 8. Net urrelated income (Poss) (see instructions) 9. In Date of special or in the controlling organization's gross income or column 10 (2) Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (8) 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 with schedule or place of the place of directly connected with connected with uncertainty and place of directly connected with uncertainty and unrelated business income from trade or business income and page 1, Part I, line 9, column (8) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (7) (8) (8) (8) (8								10. Part of colum	nn 9 that is	11. 🗅	eductions directly	
23 Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (8)		7. Taxable Income	-			ns) navments made		included in the d	included in the controlling		cted with income in	
Add columns 5 and 10 Enter here and on page 1, Part I, line 9, column (B)	(1)											
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Add columns 5 and 10 Add columns 6 and 11 Add colum	(3)										···	
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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 (1) (2) (3) (4) 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 4) 7 Excess readership costs (column 6 minus column 4) 7 Excess readership costs (column 6 minus column 4) 8 (1) (2) (3) (4)						Consoli	dated Basis					
1. Name of periodical 2. Gross advertising income 3. Direct advertising costs 3. Direct advertising costs 3. Direct advertising costs 3. Direct advertising costs 4. Since the cost of the cost		income rrom.			100.011.0				_	·	7 Excess readership	
(1) (2) (3) (4)		1. Name of periodical		advertising			gain or (loss) (col 2 minus col 3) If a gain, compute				minus column 5, but not more than	
(2) (3) (4)	(1)						4 13					
(3) (4)											, ,	
(4)							٠.]]	
							,					
Farm 990-T (2019		(carry to Part II, line (5))	>	•								

, C,

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.)

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) The Connection	26,031.	24,303.	1,728.	0.	0.	
(2)						
(3)						
(4)						
Totals from Part I				n .	,	
Totals, Part II (lines 1–5)	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)	26,031.	24,303.	•			L

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

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

Form **990-T** (2018)