Form <b>990-T</b>	E	Exempt Orgar				ax Return	<u> </u>	OMB No 1545-0687
۸,		•	d proxy tax ur	nder se	* **			2018
	For ca	alendar year 2018 or other tax yea		- !==========	, and ending ons and the latest inform		-	2010
Department of the Treasury Internal Revenue Service	<u> </u>	Do not enter SSN number	s on this form as it m	nay be ma	de public if your organiz	ation is a 501(c)(3)		en to Public Inspection for 1(c)(3) Organizations Only
A Check box if address chang	ged	Name of organization ( L	Check box if nam	e changed	and see instructions.)		Employe Employe Instruction	er identification number ees' trust, see ons )
B Exempt under secti	1	HAMMOND DEVI			<del></del>			<u>-1581423</u>
X 501(c.03)	Type	Number, street, and room	<i>,</i>		d business activity code ructions)			
408(e) 220	7(6)	5246 HOHMAN						
408A 530	D(a)	City or town, state or provi	ince, country, and 21f	or foreigi	n postal code	ı	5311	20
C Book value of all assets		HAMMOND, IN F Group exemption number					) ) <u>  T</u>	<u> </u>
at end of year		G Check organization type	<del></del>		501(c) trust	401(a) i	rust	Other trust
		ation's unrelated trades or bi		1		the only (or first) unre		oundi tradit
	-	EE STATEMENT				complete Parts I-V. If		an one.
		ace at the end of the previous		Parts I an				
business, then comp	· · · · · · · · · · · · · · · · · · ·	•						<u> </u>
I During the tax year,	was the corp	poration a subsidiary in an a	ffiliated group or a pa	rent-subsi	diary controlled group?	▶ [	Yes	X No
		tifying number of the parent						
		PHILLIP TAILI				one number > 2	<u> 19-8</u>	
		de or Business Inc	ome	<del></del> r	(A) Income	(B) Expenses	-	(C) Net
1a Gross receipts or			- Delease	ایرا				ļ
b Less returns and			c Balance	1c 2				,
<ul><li>2 Cost of goods so</li><li>3 Gross profit. Sub</li></ul>	-	·		3		,		
4a Capital gain net in				4a			-	
· -	•	Part II, line 17) (attach Form	4797)	4b				
c Capital loss dedu		• •	,	4c			-	
5 Income (loss) fro	m a partner:	ship or an S corporation (att	ach statement)	5	-41,866.			-41,866.
6 Rent income (Sch	nedule C)			6				
7 Unrelated debt-fir	nanced incol	me (Schedule E)		7				
		and rents from a controlled o	-	·	<del>181</del>			
		on 501(c)(7), (9), or (17) or	ganization (Schedule					
10 Exploited exempt	-			10				
11 Advertising incom		•		11				
		ns; attach schedule)		13	-41,866.			-41,866.
		ot Taken Elsewhere	See instructions					41,000:
		utions, deductions must				s income )		
14 Compensation of	of officers, di	rectors, and trustees (Sched	dule K)		ē		14	
15 Salaries and wag		,	·				15	
16 Repairs and mai	intenance						16	
17 Bad debts							17	
18 Interest (attach s		ee instructions)				-	18	
Taxes and licens Charitable contri						-	19	<del></del>
	•	e instructions for limitation r	ules)		IVED LOW	-	20	
Depreciation (att		n Schedule A and elsewhere	on return	RECT	2220		22b	
23 Depletion	ni cialilleu o	II Schedule A and eisewhere	Oll Tellotti	was really	27 2019 2200		23	<u>.                                    </u>
	deferred co	ompensation plans	<i>[2]</i>	VON	31 64	·	24	
25 Employee benef			15/5	11.	L TIT LOOM		25	
Employee benef Excess exempt of Excess readersh Other deduction Total deduction				CIG	27 2019 1021 DEN, UT		26	
<b>27</b> Excess readersh	np costs (Sc	chedule J)	\				27	
28 Other deduction				-		Ļ	28	<del></del>
79 Total deduction		-	-			ļ.	29	0.
30 Onleiated Dusini		ncome before net operating				Ĺ	30	<u>-41,866.</u>
	-	loss arising in tax years beg	-	nuary 1, 20	118 (see instructions)	-	31	41 066
		income. Subtract line 31 from rwork Reduction Act Notice,					32	-41,866. Form <b>990-T</b> (2018)
023741 41-08-18 FLUM	i oi rapei	, work regulation ACL NORCE.	, see manuonullia					(2010)

Form 990-T (2018)

Part I	₹ Total Unrelated Business Taxable Income			_		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	ee instructions)		33	-41,8	66.
34	Amounts paid for disallowed fringes			34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	uctions) ST	MT 2	35		0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s					
	lines 33 and 34			36	-41,8	66.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37		00.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 3	36.				
	enter the smaller of zero or line 36	,		38	-41,8	66.
Part I	V Tax Computation					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		<b>•</b>	. 39		0.
40	Trusts 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	Alternative minimum tax (trusts only)			42		
43	Tax on Noncompliant Facility Income See Instructions			43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44		0.
Part \						
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			,	
	Other credits (see instructions)	45b		7		
C	General business credit. Attach Form 3800	45c		7		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		7		
_	Total credits. Add lines 45a through 45d			45e		
46	Subtract line 45e from line 44			46		0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 889	66 Other (a	ttach schedule)			
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.
	Payments: A 2017 overpayment credited to 2018	50a		1.0		
	2018 estimated tax payments	50b		┪		
	Tax deposited with Form 8868	50c		╡		
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		┥		
	Backup withholding (see instructions)	50e		┥		
	Credit for small employer health insurance premiums (attach Form 8941)	50f		┪		
' a	5	001		7		
9	Form 4136 Other Total	50g				
51	Total payments. Add lines 50a through 50g	OUR		51		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52		
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	53	-	
54	Overpayment 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	Refu	ınded 🕨	55	-	
Part \				1 00 1	-	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature				Yes	No
00	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				1	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the					
	here	10. 0.g.: 000				х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to a fore	eian trust?			X
0,	If "Yes," see instructions for other forms the organization may have to file.	anoror to, a fort	ngii ii oot			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$					
	Under penalties of perjury Adeciare that there examined this return, including accompanying schedules and s	statements, and to th	e best of my kn	nowledge and belie	f, it is true,	
Sign	conect, and complete Dectaration of preparer (other than taxpayer) is based on all information of which prepare	rer has any knowledo				
Here	N	ייואי		May the IRS discu: the preparer show		with
	Signature of officer Date Title				Yes _	No
	Print/Type preparer's name Preparer's signature Dat	te (	Check	ıf PTIN	<u> </u>	
De la	The state of the s		self- employed	·		
Paid	TIMOTHY W. ANDERSON Fun Chilewa CA 11	/13/19	.c cipicyo		40140	
Prepa	CT TEMONT AD CONALT DAY ALD		Firm's EIN		74674	
Use (	833 WEST LINCOLN HIGHWAY, STE.		0		<u> y / -</u>	
	Firm's address SCHERERVILLE, IN 46375		Phone no.	219-864	-7300	

823711 01-09-19

Schedule A - Cost of Goods	Sold Fata			aluation N 37/3					
		method of inver	T					<u> </u>	
1 Inventory at beginning of year	1		¬	Inventory at end of yea		0	6		
2 Purchases	2		┤ ′	Cost of goods sold St					
3 Cost of labor	3		-	from line 5. Enter here	and in i	~аπ ι,			
4a Additional section 263A costs			_	line 2			7	T Van	T No.
(attach schedule)	4a		- 8	Do the rules of section	•	•		Yes	No
b Other costs (attach schedule)	4b		-	property produced or a	acquired	for resale) apply to			1
5 Total. Add lines 1 through 4b Schedule C - Rent Income (	5	Duamanti an	d Da	the organization?	1 000	ad With Bool Bro			<u> </u>
(see instructions)	rrom near		u re		Leas	ed With hear Pro	peri	.y) 	
1 Description of property					ú				
(1)									
(2)									
(3)									
(4)					-				
	2. Rent receiv	ed or accrued							
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	than	of rent for	personal	conal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) ai		ected with the income i (attach schedule)	n
(1)									
(2)									
(3)								•	
(4)									
Total	0.	Total	•		0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb		I Income (see	ınstru	ctions)				-	
		•		. Gross income from		3 Deductions directly con to debt-finance			
1 Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ıs
(1)		<del>.</del>							
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 8)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (	-
Totals				<b>&gt;</b>		0			0.
Total dividends-received deductions inc	cluded in columi	ı 8					-		0.
								Form <b>990-T</b>	

Form 990-T (2018) HAMMOND DEVELOPMENT CORPORATION

4

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of exploited activity income from unade or business income  (1)  (2)  (3)  (4)  Enter here and on page 1, Part 1, line 10, col (6)  Schedule J - Advertising Income (see instructions)  Part I, Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross attributable to column 5 from activity that gain, compute cols 5 through 7  5. Gross income from attributable to column 5 minus column 6 minus column 6 minus column 6 minus column 19 minus colu	Schedule F - Interest,	Annuitie	s, Roya	ties, aı	nd Rent	s From C	ontroll	ed Organiz	zatio	<b>ns</b> (see ins	tructio	ns)
Comparison of page instructions   Comp					Exempt	Controlled C	rganızatı	ons				
(3) (4) Nonexempt Controlled Organizations  7. Taxabis income  8 Net uniform controlled organizations  (1) (2) (3) (4)  Add courses 5 and 10 Easte here and on page 1, Part 1, the 6, column (A) Totals  1 Description of norms  Add columns 5 and 11 Easte here and on page 1, Part 1, the 6, column (A) (4)  Column (A)  Column (B)  Col	Name of controlled organization.	tion	ıdentıfi	cation					includ	led in the cont	rolling	connected with income
(3) (4) Nonexempt Controlled Organizations  7. Taxabis income  8 Net uniform controlled organizations  (1) (2) (3) (4)  Add courses 5 and 10 Easte here and on page 1, Part 1, the 6, column (A) Totals  1 Description of norms  Add columns 5 and 11 Easte here and on page 1, Part 1, the 6, column (A) (4)  Column (A)  Column (B)  Col	(1)			•	<del></del>							
(4)  Nonexempt Controlled Organizations  7. Taubits income  8 Net unicome rooms (bod)  (a)  (b)  (c)  (c)  (d)  And columns and to find the controlled organizations (see instructions)  (d)  (d)  And columns and to find the columns and to find the columns and to find the columns and to grass ancome or columns to with noome in columns to with noome in columns to with noome in columns to the columns and to find the columns and to find the columns and to find the columns and to grass ancome (see instructions)  1 Describtion of noome  2. Amount of moome  2. Amount of moome  3. Describtions (see instructions)  1 Describtion of noome  2. Amount of moome  3. Describtions (see instructions)  (c)  (d)  (d)  (e)  (f)  (f)  (f)  (f)  (f)  (f)  (f					1							
Add columns S and 10   Column (R)   Column (R)					<u> </u>				···			<u>-</u>
Nonexempt Controlled Organizations   8   Not unrelated income (Young (see instructions))   9, Total of specified payments   10, Pet of calume 8 that is mituded payments in the commonling organization's great medicine with incommon (see instructions)   10, Pet of calume 8 that is mituded in the commonling organization's great medicine with incommon (see instructions)   10, Pet of calume 8 that is mituded in the commonling organization's great medicine with incommon (see instructions)   10, Pet of calume 8 that is mituded in the commonling organization's great medicine with incommon (see instructions)   10, Pet of calume 8 that is mituded in the commonling organization's great medicine with incommon (see instructions)   10, Pet of calume 8 that is mituded to the commonling organization's great medicine or great					ļ				<u> </u>	-		<del></del>
7. Teaseble income   8   Net contented income (base) (peer instructional)   9. Total of specified payments   10. Per of relations 9 that is necessarily serviced in the contenting organizations   11. Description of income   12. Add columns 5 and 10   Add columns 5 and 10   Add columns 5 and 10   Add columns 6 and 10   Enter here and on page 1, Part I, line 8, column (8)   0.   0.   0.		zations							·			
(1) (2) (3) (4)  Add solumes Sund 10 Enter two and on page 1. Part I. line 8, column (8) (4)  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1 Description of income  2, Amount of mome 2, Amount of mome 3, Amount of mome (a) (3) (4)  Enter two and on page 1. Part I. line 8, column (8) (see instructions)  1 Description of income (see instructions)  2, Amount of mome (a) (b) (c) (c) (d) (d) (e) (e) (e) (f) (e) (e) (f) (e) (e) (f) (e) (e) (f) (e) (f) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		1	nrelated incom	e (loss)	Q Total	of specified nav	ments	10 Part of colu	mn 9 tha	it is included	11 D	eductions directly connected
(d)  Add columne 5 and 10 Enter here and on page 1, Part I, Inse 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  2, Amount of income  3, Deductions of incident organization (states) organization (see instructions organization (see instructions)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, Inse 8, column (9) Fart I, Inse 9, column (9	, , , date notine				0, 15			in the controll	ıng orgai	nization's		
(d)  Add columne 5 and 10 Enter here and on page 1, Part I, Inse 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  2, Amount of income  3, Deductions of incident organization (states) organization (see instructions organization (see instructions)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, Inse 8, column (9) Fart I, Inse 9, column (9	(1)											
Add columns 5 and 10   Add columns 5 and 10   Add columns 6 and 11   Enter here and on page 1, Pert 1, Increase and on page												
Add columns 5 and 10   Enter here and on page 1, Part 1, line 6, column (b)   Col		<b>—</b>	•									
Totals  Add columns (and on page 1, Pert I, line 8, column (A)  Totals  Description of income  2. Amount of income  2. Amount of income  2. Amount of income  3. Endurables directly connected (ettach schedule)  (1)  (2)  (3)  (4)  Enter here and on page 1, Pert I, line 8, column (B)  Totals  D. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  2. Gross unrelated business income in the service of the servic												<del></del>
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 2, Amount of income 3, Chedustened (attach schedule) (1) (2) (3) (4)  Pert I, Ime 9, column (7)  Pert I, Ime 9, column (7)  Schedule I - 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)  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 exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  Enter here and on page 1, Pert 1, Ime 9, column 6, Income of the Exploited Exempt Activity Income, Other Than Advertising Income on the Income of Income								Enter here and	on page	e 1, Part I,		here and on page 1, Part I,
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1 Description of income  2 Amount of income (altabris schedulin) (2) (3) (4)  Fortil Index Schedulin) (5)  Schedule I - 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)  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)  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 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  3 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  4 A Net income (see) (see instructions) (see instructions) (see instructions) (see instructions) (see instructions) (see ins								iii 6 0, 0	JOIGHT (			• •
(see instructions)  1 Description of income 2. Amount of income 2. Amount of income 3. Descriptions of income districts of care and on page 1 (attach schedule) (attach schedu							<u> </u>			0.		0.
1 Description of income 2 Amount of income 3 Description of greatly contended (attach schedule) (1) (2) (3) (4)  Enter here and on page 1, Part I, Inne 9, column 6 business income from scheduley (3)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity (see instructions) (see instruction			me of a	Section	1 501(c)(	(7), (9), or	(17) Or	ganization	1			
1 Description of income   2, Amount of income   directly connected (attach schedule)   4 Set-desces (col 3 plus col 4)	(see insti	ructions)										
(1) (2) (3) (4)    Part I, Inne 9, column (5)   Part I, Inne 9, column (7)   Part I, Inne 9, column (8)   Part I, Inne 9, column (8)	1 Desc	ription of inco	me			2. Amount of	ıncome	directly conne	ected			and set-asides
(4)    Enter here and on page 1,   Part I, line 9, column (A)   Part I, line 9, column (A)		<del></del>				ļ—.		(attach sched	iule)	(attach S	criedule)	(col 3 plus col 4)
(3) (4)  Enter here and on page 1. Part I, line 0, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of exploited activity unclaimed business income from trade or business uncertainty and or unclaimed trade or business uncome from trade or business income from trade or business uncome from activity trade or business uncome for unrelated trade or business uncome from activity tra												
Enter here and on page 1, Part I, line 9, column (%)   Part I, line 9, column (%)												
Enter here and on page 1, Part I, line 9, column (8)												
Totals    Part I, line 9, column (A)   Part I, line 9, column (B)	(4)											
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of exploited activity in income from unrelated business income from unrelated trade or business (column 2 more from activity that is not unrelated business income from unrelated trade or business (column 2 more starbulable to column 5 from activity that is not unrelated business income from unrelated trade or business (column 2 more starbulable to column 5 from activity that is not unrelated business income from activity that is not unrelated business income from set of the second of unrelated trade or business (column 2 more starbulable to column 5 from activity that is not unrelated trade or business (column 2 more starbulable to column 5 from activity that is not unrelated trade or business (column 2 more starbulable to column 5 from activity that is not unrelated trade or business (column 2 more than column 4)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part 1, line 10, col (8)  0												
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of exploited activity in income from unrelated business income from unrelated trade or business (column 2 more from activity that is not unrelated business income from unrelated trade or business (column 2 more starbulable to column 5 from activity that is not unrelated business income from unrelated trade or business (column 2 more starbulable to column 5 from activity that is not unrelated business income from activity that is not unrelated business income from set of the second of unrelated trade or business (column 2 more starbulable to column 5 from activity that is not unrelated trade or business (column 2 more starbulable to column 5 from activity that is not unrelated trade or business (column 2 more starbulable to column 5 from activity that is not unrelated trade or business (column 2 more than column 4)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part 1, line 10, col (8)  0							, ,					
(see instructions)  1. Description of exploited activity  2. Gross unrelated business unrelated business unrelated business income from unrelated trade or business (column 2 munic column 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 10, col (A)  Description of exploited activity  (4)  Enter here and on page 1, Part I, line 10, col (A)  Schedule J - Advertising Income (see instructions)  Part I, Income From Periodicals Reported on a Consolidated Basis  2. Gross advertising vincome  (1)  2. Gross activity that is not unrelated business income from unrelated trade or business (solumn 5  Enter here and on page 1, Part 1, line 10, col (B)  O . O . O . O . O . O . O . O . O . O					<u> </u>							0.
1. Description of exploited activity unrelated business income from trade or business income from trade trad			Activity	Incom	e, Othe	r Than Ac	lvertisi	ng Income	•			
(2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals  O  Consolidated Basis  1. Name of periodical  2. Gross advertising income  1. Name of periodical  2. Gross advertising costs advertising costs advertising costs  (1) (2) (3) (4)  Totals (carry to Part II, line (5))  O  Consolidated Basis  4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  Totals (carry to Part II, line (5))  O  Consolidated Basis		unrelated incom	business e from	directly o with pro of uni	connected oduction related	from unrelated business (co minus colum gain, comput	trade or olumn 2 n 3) If a e cols 5	from activity t is not unrelat	that ted	attribut	able to	expenses (column 8 minus column 5, but not more than
(2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals  O  Consolidated Basis  1. Name of periodical  2. Gross advertising income  1. Name of periodical  2. Gross advertising costs advertising costs advertising costs  (1) (2) (3) (4)  Totals (carry to Part II, line (5))  O  Consolidated Basis  4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  Totals (carry to Part II, line (5))  O  Consolidated Basis	(1)											
(4)  Enter here and on page 1, Part I, line 10, col (A)  Totals  O  Checked Let J - Advertising Income (see instructions)  Part I, Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising recome 1. Name of periodical  2. Gross advertising costs advertising costs advertising costs (column 6) income  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  O  O  Enter here and on page 1, Part I, line 20  O  O  O  O  Totals (carry to Part II, line (5))  O  O  O  O  O  O  O  O  O  O  O  O												
(4)  Enter here and on page 1, Part I, Inne 10, col (A)  Schedule J - Advertising Income (see instructions)  Part I, Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  2. Gross advertising costs advertising costs advertising costs  1. Name of periodical  (2) (3) (4)  Totals (carry to Part II, Inne (5))  Enter here and on page 1, Part I, Inne 29  0.  0.  7. Excess readership costs (column 6 minus column 4)  7. Excess readership costs (column 6 minus column 4)  7. Excess readership costs (column 6 minus column 6) Unit advertising costs (column 6 minus column 7) Unit advertising costs (column 7) Unit advertisi												
Enter here and on page 1, Part I, line 10, cot (R)  Totals  O. O. O. O. O.  Schedule J - Advertising Income (see instructions)  Part I, Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income 1. Name of periodical  2. Gross advertising income 2. Gross advertising costs advertising costs advertising costs (solumn 6 minus colls 5 through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  Enter here and on page 1, Part II, line 28  A. Advertising gain or (loss) (col 2 minus colls 5 through 7  5. Circulation income  5. Circulation income  6. Readership costs (column 5, but not more than column 4)  7. Excess readership costs (column 5, but not more than column 4)												
Schedule J - Advertising Income (see instructions)  Part I, Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  3 Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  • O • O • O • O • O • O • O • O • O •		page 1	, Part I, col (A)	page 1	1, Part I, , coi (B)			. 4: .		* *		on page 1, Part II, line 26
Part I, Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  3 Direct advertising costs or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7  (1) (2) (3) (4)  Totals (carry to Part II, line (5))  A. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7  5. Circulation income or (loss) (col 2 minus column 6 minus column 5, but not more than column 4)  7. Excess readership costs (column 6 minus column 5, but not more than column 4)									,			1 0.
1. Name of periodical  2. Gross advertising income  3 Direct advertising costs  (cols 5 through 7)  4. Advertising gain or (loss) (col 2 minus coll 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)  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))							Dania					<del></del>
1. Name of periodical advertising costs or (loss) (col 2 minus col 3) If a gain, compute costs (column 6 minus column 4)  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))	Part I, Income From	Periodic	ais Rep	ortea o	n a Con	isolidated	Dasis		<del></del>		··	
(2) (3) (4)  Totals (carry to Part II, line (5))   0.  0.	1. Name of periodical		advertising			or (loss) (c col 3) If a g	ol 2 minus ain, comput					costs (column 6 minus column 5, but not more
(2) (3) (4)  Totals (carry to Part II, line (5))   0.  0.	(1)											
(3) (4)  Totals (carry to Part II, line (5)) ▶ 0. 0.												]
(4)  Totals (carry to Part II, line (5)) ▶ 0. 0.	(3)						-			• •		
Totals (carry to Part II, line (5)) ▶ 0. 0.	(4)									-		] , , , ,
				1		1		T -				
	Totals (carry to Part II, line (5))	<b>•</b>		o.	0	).	<del>.</del>					0. Form <b>990-T</b> (2018)

Part N 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	<b></b>	0.	0.	1		~	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)	- "	•	- v	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)		0.	0.	٠ ,			0.

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

1 Nате	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>&gt;</b>	0.

Form 990-T (2018)

FORM 990-T	DESCRIPTION OF	F ORGANIZATION'S	PRIMARY UNRELATED	STATEMENT	1
		BUSINESS ACTIVIT	Ϋ́		

PROVIDE BROAD BASED CHARITABLE SUPPORT FOR THE DEVELOPMENT AND REDEVELOPMENT OF THE CITY OF HAMMOND.

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT :
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	38,259.	0.	38,259.	38,259.
12/31/13	43,524.	0.	43,524.	43,524.
12/31/14	43,184.	0.	43,184.	43,184.
12/31/15	66,200.	0.	66,200.	66,200.
12/31/16	43,382.	0.	43,382.	43,382.
12/31/17	41,305.	0.	41,305.	41,305.
NOL CARRYO	VER AVAILABLE THIS	YEAR	275,854.	275,854.