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2019
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		er lan				ا	609	
Form <b>990-T</b>		(and p	roxy tax	cun	siness Income der section 6033	(e))	F	OMB No 1545-0687
	For cale	•			10/01 , 2017, and en		0 1 8	201 <i>/</i>
Department of the Treasury Internal Revenue Service	<b> </b>				nstructions and the late: By be made public if your or		,,,  -	Open to Public Inspection for 501(c)(3) Organizations Only
A   Check box if	1 00	Name of organization (			me changed and see instruction			yer identification number
address change	d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					(Employ	yees trust, see instructions )
B Exempt under section	7	THE SALVATIO	N ARMY					
X 501( C 13)	Print	Number, street, and roor	36-2167910					
408(e) 220	e) Type							ited business activity codes
408A 530		5550 PRAIRIE					(See ins	siructions )
529(a)		City or town, state or pri						
C Book value of all assets at end of year		HOFFMAN ESTA					52599	531120
•		up exemption number	<u>`                                      </u>					
3623509990		eck organization type			rporation     5016 ATTACHI	(c) trust	401(a) t	rust Other trust
		rimary unrelated busine			roup or a parent-subsidiary			▶ Yes X No
		identifying number of t				controlled group?.	• • • •	🕨 🔛 🌬 🗀 👊
		SHELAGH STUART			Telepho	one number ► 84	7-294-	2169
		or Business Incom			(A) Income	(B) Expens		(C) Net
1a Gross receipts of		120 061				· · · · · ·		<u>, , , , , , , , , , , , , , , , , , , </u>
b Less returns and allo			c Balance 🕨	1 c	130,961			
		ule A, line 7)	$\bigwedge$	2	15,804			
		2 from line 1c	.VJ	3	115,157			115,157
4a Capital gain ne	income (a	ittach Schedule D)		4a	-343,962			-343,962
b Net gain (loss) (	Form 4797,	Part II, line 17) (attach Fo	rm 4797)	4b				
c Capital loss de	luction for	trusts		4c				
• • •	•	ps and S corporations (atta-		5	-1,767,444	ATCH 2		-1,767,444
6 Rent income (S	chedule C)			6	1,944,285	841	.,185	1,103,100
7 Unrelated debt-	fınanced ır	come (Schedule E) .		7				
, , ,	•	nts from controlled organization						
		1(c)(7), (9), or (17) organization						
		ncome (Schedule I)		10				
	•	dule J)		12	297,990	ATCH 3		297,990
,		ctions, attach schedule) ough 12					,185	-595,159
TO TOTAL COMPLETE	ons Not	Taken Elsewhere	(See instr	uctio	ons for limitations on			
					nrelated business inc			,
14 Compensation	of officers,	directors, and trust	Schodule K)				14	
15 Salaries and wa	ges		R.E.C	EIV	(ED		. 15	180,201
16 Repairs and ma	intenance				<del></del>		16	1,470
17 Bad debts			···Alig	2.0	2019 - 18		. 17	
18 Interest (attach	schedule)	i			2019 :   80		. 18	300 050
19 Taxes and licens	ses			-	<b></b>		. 19	189,058
20 Charitable cont	ributions (	See instructions for limit	tation (Capp)	ΕN,	· UT · · · · · · · · · · · · · · · · · ·		. 20	
		4562)						
					•		22b	5,870
							23	
		s					. 25	
							26	
•		· ·						
28 Other deduction	is (attach s	chedule)			ATTACHI	1ENT 4	28	355,044
								731,643
					deduction Subtract line			-1,326,802
							1	
32 Unrelated busin	ess taxabl	e income before specif	ic deduction	Subt	ract line 31 from line 30		. 32	-1,326,802

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Unrelated business taxable income Subtract line 33 from line 32 If line 33 is greater than line

V 17-7 10

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

0167223

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33

-1,326,802 Form **990-T** (2017)

1,000

Sign Here	the, correct, and complete Declaration of preparer (oil	her than taxpayer) is based on all infor		viedge	liscuss this return
	Print/Type preparer's name	Prest er's sulnature	Dala Dala	Check If P	TIN
Paid -	MICHELLE L WEBER		WW 811211	self-employed F	00556798
Prepar	I Firm's name   GRANI I DURNIU	N LLP	<del>                                     </del>	Firm's EIN ► 36-6	055558

CHICAGO,

Form 990-T (2017)

Phone no 312-856-0200

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Use Only

Firm's address ▶ 171 N CLARK ST, SUITE 200,

IL 60601

Form 990-T (2017)								Page 3
Schedule A - Cost of Goods Sold. E	nter metho	d of inven	tory valuation	►N/A				
1 Inventory at beginning of year . 1			6 Inventory	at end of ye	ar	6		
2 Purchases 2	15	,804	7 Cost of	goods so	old Subtract line			
3 Cost of labor			6 from	line 5 Er	nter here and in	1		
4 a Additional section 263A costs			Part I, line	2		7		15,804
(attach schedule) 4a					section 263A (w	ith resp	pect to	Yes No
b Other costs (attach schedule) . 4b			property	produced	or acquired for	resale)	apply	_
5 Total. Add lines 1 through 4b . 5		,804	to the orga	anization? .	<u> </u>		<u></u>	X
Schedule C - Rent Income (From Real F	roperty a	nd Perso	nal Property	Leased V	Vith Real Proper	ty)		
(see instructions)								
1 Description of property								
(1) PARKING LOT RENTAL								
(2) FACILITY RENTAL								
(3) CAMP RENTAL								
(4) KROC RENTAL							_	
2 Rent rece	ived or accru	ed						
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	percent	age of rent f	d personal property or personal property s based on profit or	exceeds	3(a) Deductions dir in columns 2(a ATTAC	) and 2(b)	(attach sched	
(1)		8	4,477		<del></del>			13,002
(2)		22	5,991					59,848
(3)		60	2,774					58,931
(4)		1,03	1,043				7(	09,404
Total	Total	1,94	4,285			-		
(c) Total income Add totals of 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)		1,944	, 285		Part I, line 6, colum		84	41,185
Schedule E - Unrelated Debt-Financed I	ncome (se	e instruct	ions)				-	
Description of debt-financed property			income from or to debt-financed	3. 0	Deductions directly cond debt-finance			to
* Description of debt-infanced property			property		nt line depreciation ch schedule)		Other deduct Itach schedu	
(1)	<del></del>	<del>                                     </del>						
(2)								
(3)								
(4)	-					-	<del></del>	
4 Amount of average 5 Average adjustion debt on or 6 of or alloca allocable to debt-financed property (attach schedule) 5 Average adjusted adjusted for alloca debt-financed for alloca debt-financed for allocation for	ble to property	4	Column divided column 5		ncome reportable	(column	ocable deduc 6 x total of 6 3(a) and 3(b)	columns
(1)			%					**
(2)			%					
(3)			%					
(4)			%					
					e and on page 1, e 7, column (A)	Enter h Part I, I	ere and on line 7, colum	page 1, nn (B)
Totals	· · · ·		▶ {					

Form 990-T (2017)

Schedule F - Interest, Annu	lities, Royalties			ntrolled Or			tions (sei	e instructio	insj	
1 Name of controlled organization	2 Employer identification numb	per 3 Ne	t unrel	ated income nstructions)	4 Total	of specific ents made	included	of column 4 th d in the contro tion's gross in	lling	6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations									
7 Taxable Income	8 Net unrelated ii (loss) (see instruc			Total of specifical ayments made		ınclı	art of columned and the contraction are greater than the column are gre	ontrolling		Deductions directly nnected with income in column 10
(1)										
(2)										
(3)			_							
(4)										
Totals			 )(7),	 (9), or (17	▶ ) Orga	Ente Par	d columns 5 ar here and on 1, line 8, colu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, art 1, line 8, column (B)
1 Description of income	2 Amount of			3 Deduction of the directly continued (attach school)	tions inected		4 Se	el-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)			<u> </u>							
(2)			<u> </u>							
(3)		···	ļ							
(4)	Enter here and							<del></del>		Enter here and on page 1
Totals	Part I, line 9, c		er Th	an Advert	sing In	come	(see ınstru	uctions)		Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expensi directly connected production unrelated business inc	rectly cted with uction of elated  rectly or busine 2 minus 1 a gain cols 5 to		ed trade (column lumn 3) ompute	from a	oss income activity that it unrelated ess income 6 Expe		ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)				İ						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pai line 10, col	rt I,							Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J - Advertising In	come (see instri	uctions\		I						
	•		ncol	idated Bas	-ic					
Part I Income From Per	iodicais Report	ed on a Co	11501	luateu bas	515			1		
1 Name of periodical	2 Gross advertising income	3 Direct advertising of		4 Adver gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute		rculation come	6 Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					_					
(2)										
(3)				1						
(4)										
<del></del>										
Totals (carry to Part II, line (5))										Form 990-T (2017

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 ▶						
	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)						

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

Form 990-T (2017)

# SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

#### Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

► Go to www irs gov/Form1120 for instructions and the latest information

OMB No 1545-0123

2017

Name

Employer identification number

36-2167910 THE SALVATION ARMY Short-Term Capital Gains and Losses - Assets Held One Year or Less (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on Subtract column (e) from or loss from Form(s) Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) whole dollars 1a. Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949 leave this line blank and go to line 1b . . . . . 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 81,958 -81,958 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 -81,958 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h . . Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on or loss from Form(s) Subtract column (e) from the lines below Proceeds Cost 8949. Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) column (a) whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949 leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Box D checked . . . . . . . . . . . . . . . . Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 288,439 -288,439 with Box Eichecked 26,435 Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions (see instructions) 15 -262,004 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If 18

For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Note If losses exceed gains, see Capital losses in the instructions

Schedule D (Form 1120) 2017

## **8949**

## Sales and Other Dispositions of Capital Assets

► Go to www irs gov/Form8949 for instructions and the latest information

Department of the Treasury Internal Revenue Service

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

Name(s) shown on return THE SALVATION ARMY Social security number or taxpayer identification number

36-2167910

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

X (C) Short-term transactions				wash t report	ed to the IKS		
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an a enter a cod	any, to gain or loss amount in column (g), de in column (f) irate instructions	(h) Gain or (loss) Subtract column (e
(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed of (Mo , day, yr )	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) an combine the result with column (g)
SHORT TERM LOSS FROM S-CORP & LP	VAR	VAR		81,958			-81,958
							·
<u></u>							<del></del>
	-						
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box C abi	here and incl is checked), line	ude on your 2 (if Box B		81.958			-81,958

Note If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions JSA 7X2615 2 000

Form 8949 (2017)

orm 8949 (2017)					Attachment Sequence No	12A	Page 2
lame(s) shown on return. Name and SSN or tax	payer identification n	Social sec	urity number or taxpayer identifical	ion number			
THE SALVATION ARMY				L	36-2167910		
Before you check Box D, E, or F below, tatement will have the same informat troker and may even tell you which bo	on as Form 10						
Part II Long-Term. Transactransactions, see pa		ing capital a	ssets you held	more than 1	year are long term. For sh	ort-term	
	hich no ad	justments o	r codes are re-	quired Enter	(s) 1099-B showing basis the totals directly on Sche instructions)		
You must check Box D, E, or F b separate Form 8949, page 2, fo nore of the boxes, complete as m (D) Long-term transactions r (E) Long-term transactions r X (F) Long-term transactions n	r each applic any forms wit eported on F eported on F	able box If y h the same b orm(s) 1099- orm(s) 1099-	ou have more lo oox checked as y -B showing basis B showing basis	ng-term transa ou need was reported to	ictions than will fit on this paid the IRS (see Note above)		
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions	(h) Gain or ( Subtract co	(loss) olumn (e)

(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired	(c) Date sold or disposed	(d) Proceeds (sales price)	Cost or other basis See the Note below	enter a co See the sepa	Gain or (loss) Subtract column (e from column (d) an	
(Example 100 sh XYZ Co )	(Mo , day, yr )	(Mo , day, yr )	(see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LONG TERM LOSS FROM S-CORP & LP	VAR	VAR		288,439	_		-288,439
					<u> </u>		
			<del></del>				
						- ,	
							<u></u>
						-	
<del> </del>							
					-		
2 Totals Add the amounts in columns ( negative amounts) Enter each total l	nere and includ	e on your					
Schedule D, line 8b (if Box D above is above is checked), or line 10 (if Box				288,439			-288,439

Above is checked), or line 10 (if Box F above is checked).

Note If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2017)

**General Business Credit** 

OMB No. 1545-0895 20

Department of the Treasury Internal Revenue Service (99)

► Go to www irs gov/Form3800 for instructions and the latest information ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return

Attachment Sequence No 22

Identifying number Name(s) shown on return 36-2167910 THE SALVATION ARMY Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) (See instructions and complete Part(s) III before Parts I and II) General business credit from line 2 of all Parts III with box A checked 1 Passive activity credits from line 2 of all Parts III with box B checked 2 3 Enter the applicable passive activity credits allowed for 2017 See instructions 3 2,992 Carryforward of general business credit to 2017 Enter the amount from line 2 of Part III with 4 box C checked See instructions for statement to attach Carryback of general business credit from 2018 Enter the amount from line 2 of Part III with 5 box D checked See instructions Add lines 1, 3, 4, and 5 6 2,992 Allowable Credit Regular tax before credits · Individuals Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 · Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the 7 applicable line of your return 0 · Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return Alternative minimum tax Individuals Enter the amount from Form 6251, line 35 · Corporations Enter the amount from Form 4626, line 14. 8 • Estates and trusts Enter the amount from Schedule I (Form 1041), line 56 Add lines 7 and 8 9 0 10a Foreign tax credit 10a Certain allowable credits (see instructions) 10b c Add lines 10a and 10b 10c 0 Net income tax Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16 0 11 11 Net regular tax Subtract line 10c from line 7 If zero or less, enter -0-0 12 Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 (see 13 13 0 instructions) 14 Tentative minimum tax · Individuals Enter the amount from Form 6251, line 33 • Corporations Enter the amount from Form 4626, line 12 14 · Estates and trusts Enter the amount from Schedule I (Form 1041), line 54 0 Enter the greater of line 13 or line 14 15 16 0 16 Subtract line 15 from line 11 If zero or less, enter -0-17 0 Enter the smaller of line 6 or line 16 C corporations See the line 17 instructions if there has been an ownership change, acquisition,

For Paperwork Reduction Act Notice, see separate instructions

or reorganization

Form 3800 (2017)

<u>Part</u>			
Note:	If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and	enter	-0- on line 26
18	Multiply line 14 by 75% (0 75) See instructions	18	
19	Enter the greater of line 13 or line 18	19	0
20	Subtract line 19 from line 11 If zero or less, enter -0-	20	0
21	Subtract line 17 from line 20 If zero or less, enter -0-	21	0
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2017 See instructions	24	2,992
25	Add lines 22 and 24	25	2,992
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	0
27	Subtract line 13 from line 11 If zero or less, enter -0-	27	0
28	Add lines 17 and 26	28	0
29	Subtract line 28 from line 27 If zero or less, enter -0-	29	0
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved .	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2017 See instructions	33	
34	Carryforward of business credit to 2017 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2018 Enter the amount from line 5 of Part III with box D checked See instructions	35	
36	Add lines 30, 33, 34, and 35	36	0
37	Enter the smaller of line 29 or line 36	37	0
38	Credit allowed for the current year. Add lines 28 and 37  Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return  Individuals Form 1040, line 54, or Form 1040NR, line 51  Corporations Form 1120, Schedule J, Part I, line 5c  Estates and trusts Form 1041, Schedule G, line 2b	38	0

Increasing research activities (Form 6765)

Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

Reserved

Other

J

z

5

6

0

41

4j

4z

5

6

## ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

INVESTMENTS IN PARTNERSHIPS AND S CORPORATION; PARKING LOT, CAMP, KROC, AND FACILITY RENTALS, RETAIL SALES, AND TRANSPORTATION FRINGE BENEFITS

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

INVESTMENT IN PASS-THROUGHS - SEE ATTACHED

-1,767,444

INCOME (LOSS) FROM PARTNERSHIPS

-1,767,444

The Salvation Army Line 5 - Income (Loss) from Partnerships

Į.			⊣	2	3	4	2	9	7	∞	6	10	11	12	13	14	ĺ
Line 5	Ordinary	Income	25,087	(345,726)	(327,939)	2	(2,282,853)	(38,480)	(2)	1,266,033	20,292	(118,535)	10,017	84,510	(20,562)	(9,285)	(1,767,444)
Line 4	Short Term	Gain (Loss)		•	•	,	•	(916)		,	(80,974)	•	•	(89)	,	•	(81,958)
Line 4	Long Term	Gain (Loss)	(1,001)			ı	•	(196,725)	•	1	(155,241)	•	97,970	(33,442)	•	•	(288,439)
Line 4	Net Section 1231	Gain (Loss)	386	(8,216)	2005	•	•	•	•	(343)		ı	26	34,082	•		26,435
Line 23	100	Depretion		•	694	•	•		2	ı	ı	•	1,367	3,807	1	1	5,870
Line 20	Charitable	Contribution	1,279	•	127		•			29,640		,	9	53	162	13	31,280
Line 40	:	Credits		,	ı	ı	1	•	•	2,992			•		•	•	2,992

PART I - LINE 12 - OTHER INCOME

TRANSPORTATION FRINGE BENEFITS

PART I - LINE 12 - OTHER INCOME

297,990

297,990

### FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

CAMP EXPENSES TO EXTENT OF INCOME ACCOUNTING EXPENSES

253,444

101,600

PART II - LINE 28 - OTHER DEDUCTIONS

355,044

	ATTACHMENT 5	
SCHEDULE C - RENT INCOME DEDUCTIONS		
PARKING LOT RENTAL		
PARKING LOT RENTAL EXPENSES	13,002	
TOTAL	13,002	

	ATTACHMENT 6	
SCHEDULE C - RENT INCOME DEDUCTIONS		
FACILITY RENTAL		
FACILITY RENTAL EXPENSES	59,848	
TOTAL	59,848	

	ATTACHMENT 7	
SCHEDULE C - RENT INCOME DEDUCTIONS		
CAMP RENTAL		
CAMP RENTAL EXPENSES	58,931	
TOTAL	58,931	

	ATTACHMENT 8
SCHEDULE C - RENT INCOME DEDUCTIONS	
KROC RENTAL EXPENSES	709,404
TOTAL	709,404