|   | _            |  |                                      |           |  |  | 110        | •  |
|---|--------------|--|--------------------------------------|-----------|--|--|------------|--|
| Form, 990-T   | E            | Exempt Orga  | nization Bu                          | sine      | ss Income T                            | ax Retur   | n          | OMB No 1545-0687   |
| and the   | <u>-</u>     | (ar<br>lendar year 2018 or other tax ye                      |                                      |           | ction 6033(e))                         |  | ا ما       | 2018   |
|   | For ca       |  |                                      |           | ons and the latest inform              |  |            | 2010   |
| Department of the Treasury<br>Internal Revenue Service                    | ▶            | Do not enter SSN numbe                                       | -                                    |           | 1.41                                   |  | )          | Open to Public Inspection for 50 (c)(3) Organizations Only     |
| A Check box if address changed  |              | Name of organization (                                       | Check box if name of                 | changed   | and see instructions.)                 |  | (Emp       | loyer identification number<br>ployees' trust, see<br>uctions) |
| B Exempt under section  | Print        | WAYSIDE CRO  | SS MINISTR                           | ŒS        |  |  | 3          | 6-2167950  |
| X 501(CN3 )   | Or           | Number, street, and room                                     |                                      |           | structions.                            |  |            | lated business activity code instructions )                    |
| 408(e) 220(e)   | Туре         | 215 EAST NE  | W-YORK STRE                          | EET       |  |  | ╛          |  |
| 408A 530(a)   |              | City or town, state or prov                                  | vince, country, and ZIP of 6 0 5 0 5 | or foreig | n postal code                          |  | 531        | 120  |
| C Book value of all assets at end of year                                 |              | F Group exemption numb                                       |                                      | <b>•</b>  |  |  |            |  |
| at end of year 11,085,1   | 145.         | G Check organization typi                                    |                                      | poration  |  |  | ) trust    | Other trust  |
| <b>H</b> Enter the number of the  | organiza     | ation's unrelated trades or b                                | ousinesses.                          | 1         | <del></del>                            | the only (or first) u  |            |  |
| trade or business here  |              |  |                                      |           | <del></del>                            | complete Parts I-V   |            |  |
|   |              | ace at the end of the previou                                | us sentence, complete P              | arts I an | d II, complete a Schedule              | e M for each additio   | nal trad   | e or   |
| business, then complete   |              |  | - Hustand                            |           |  |  | 1 1        | es X No  |
|   |              | poration a subsidiary in an a<br>tifying number of the paren |                                      | ent-subs  | diary controlled group?                |  | Y          | es X No  |
|   |              | DIANA NELSON   | <del></del>                          |           | Telenh                                 | one number 🕨   | (630       | )723-3413  |
|   | -            | de or Business Inc   |                                      |           | (A) Income                             | (B) Expense  |            | (C) Net  |
| 1 a Gross receipts or sal   |              |  |                                      | T         | ( ),                                   | THE PERSON OF TH |            |  |
| b -L'ess returns and allo   |              | -  | c Balance                            | 1c        |  |  |            |  |
| 2 Cost of goods sold (  |              | A, line 7)   | ,                                    | 2         |  | 14.14.0 LONG   | 47 M 27    | 35-70K-10-65-1-70K   |
| 3 Gross profit. Subtract  |              |  |                                      | 3         |  | 52019 A1109 A  |            | · ·  |
| 4a Capital gain net inco  | me (attac    | ch Schedule D)   |                                      | 4a        | ······································ | SINCE SALE   | A STATE OF |  |
| b Net gain (loss) (Forn   | 1 4797, F    | Part II, line 17) (attach Form                               | 1 4797)                              | 4b        |  |  |            | ,  |
| c Capital loss deduction  | n for tru:   | sts  | ·                                    | 4c        |  | PACES AND  |            |  |
| 5 Income (loss) from a  | partner      | ship or an S corporation (at                                 | ttach statement)                     | 5         |  | <b>公司共产品等</b>  |            |  |
| 6 Rent income (Sched  | ule C)       |  |                                      | 6         |  |  |            |  |
| 7 Unrelated debt-finan  | ced incoi    | me (Schedule E)  |                                      | 7         | 84,933.                                | 64,  | 777.       | 20,856.  |
| 8 Interest, annuities, ro   | yaltıes, a   | and rents from a controlled                                  | organization (Schedule F)            | 8         |  |  |            |  |
| 9 Investment income of  | of a section | on 501(c)(7), (9), or (17) o                                 | rganization (Schedule G              | ) 9       |  |  |            |  |
| 10 Exploited exempt act   | ivity inco   | me (Schedule I)  |                                      | 10        |  |  |            |  |
| 11 Advertising income (   |              | •  |                                      | 11        |  |  |            |  |
| 12 Other income (See in   |              | •  |                                      | 12        |  | Vertice (Contact   |            |  |
| 13 Total, Combine line  |              | " · · · - · · · · ·  |                                      | 13        | 84,933.                                | 64,  | <u> </u>   | 20,856.  |
|   |              | ot Taken Elsewhei<br>utions, deductions must                 |                                      |           |  | s income )   |            |  |
| 14 Compensation of o  | ficers, d    | rectors, and trustees (Sche                                  | edule K)                             |           |  |  | 14         |  |
| 15 Salaries and wages   |              |  |                                      |           |  |  | 15         |  |
| 16 Repairs and mainte   | nance        |  |                                      |           |  |  | 16         |  |
| 17 Bad debts  |              |  |                                      |           |  |  | 17         |  |
| 18 Interest (attach sch   | edule) (s    | ee instructions)   |                                      |           |  |  | 18         |  |
| 19 Taxes and licenses   |              |  |                                      |           |  |  | 19         |  |
|   | •            | e instructions for limitation                                | rules)                               |           |  |  | 20         |  |
| 21 Depreciation (attacl   |              |  |                                      |           | 21                                     | 28,488   |            |  |
|   | laimed o     | n Schedule A and elsewher                                    | e on return                          | _         | 22a                                    | 28,488   | +          | 0.   |
| 23 Depletion  |              |  |                                      | $I^{-}$   | PECE                                   | ,  | 23         | <u> </u>   |
| 24 Contributions to de  |              | ·  |                                      | 1 r       | RECEIVED                               |  | 24         |  |
| 25 Employee benefit p   | -            |  |                                      |           | 000                                    | اير  | 25         |  |
| 26 Excess exempt exp  | •            | •  |                                      | 181       | UEC 2 & 2010                           | 181  | 26         |  |
| <ul><li>27 Excess readership of</li><li>28 Other deductions (a)</li></ul> | ,            |  |                                      | 1 4       | . , , , , , , , ,                      | [એ   | 27         | <del> </del>   |
| 29 Total deductions.  |              | •  |                                      | L         | OGDEN LIT                              |  | 28         | 0.   |
|   |              | ncome before net operating                                   | a loce deduction. Subtra             |           |  | _   4  | _          | 20,856.  |
|   |              | loss arising in tax years be                                 |                                      |           |  |  | 30         | 20,836   |
|   | peraung      | ioss arising in tax years bei                                | grammy on or after Jamus             | ary 1, 20 | to (see monuchons)                     |  | . —        |  |
| 32 Unrelated business   | taxahle i    | ncome. Subtract line 31 fro                                  | m line 30                            |           |  | 3  | 32         | 20,856.  |

| Part I    | II Total Unrelated Business Taxable Income  |             |                     |           |                |                  |            |        |
|-----------|---|-------------|---------------------|-----------|----------------|------------------|------------|--------|
| 33        | Total of unrelated business taxable income computed from all unrelated trades or businesses (se   | e instru    | ctions)             |           | 33             | 2                | 0,8        | 56.    |
| 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)    | STMT                | 1         | 35             | ĺ                | 1,9        | 61.    |
| 36        | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si  | um of       |                     |           |                |                  |            |        |
|           | lines 33 and 34   |             |                     |           | 36             | 1                | 8,8        | 95     |
| 37        | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)   |             |                     | 20        | 37             |                  | 1,0        |        |
| 38        | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3   | 36.         |                     | 2         |                |                  | <u> </u>   |        |
|           | enter the smaller of zero or line 36  | •           |                     | 2         | 1 38           | 1                | .7,8       | 95.    |
| Part I    | V Tax Computation   |             |                     | -         | 21 4           |                  |            |        |
| 39        | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)   |             | 4                   | ) ▶       | 39             | T                | 3,7        | 58.    |
| 40        | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of  | on line :   | 38 from.            |           | $\Box$         |                  |            |        |
|           | Tax rate schedule or Schedule D (Form 1041)   |             |                     | •         | 40             |                  |            |        |
| 41        | Proxy tax. See instructions   |             |                     | •         | 41             | <u> </u>         | _          |        |
| 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   |             |                     | 46        | 44             | <del> </del>     | 3,7        | 58.    |
| Part \    |   |             |                     | ~~        |                |                  |            |        |
| 45a       | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)   | 45a         |                     |           | <i>:</i> ,     |                  |            |        |
|           | Other credits (see instructions)  | 45b         |                     |           | ٨.             |                  |            |        |
| С         | General business credit Attach Form 3800  | 45c         |                     |           | 1              |                  |            |        |
| d         | Credit for prior year minimum tax (attach Form 8801 or 8827)  | 45d         |                     |           | 1 ′            |                  |            |        |
| е         | Total credits. Add lines 45a through 45d  |             |                     |           | 45e            |                  |            |        |
| 46        | Subtract line 45e from line 44  |             |                     |           | 45             | <del> </del>     | 3,7        | 58.    |
| 47        | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886  | 66 🗀        | Other (attach s     | schedule) | 47             |                  |            |        |
| 48        | Total tax. Add lines 46 and 47 (see instructions)   |             |                     | Ц         | 48             | 1                | 3,7        | 58.    |
| 49        | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2  |             |                     | -1        | 49             | ····             | <u>-</u> _ | 0      |
| 50 a      | Payments A 2017 overpayment credited to 2018  | 50a         |                     |           | 3.             |                  |            |        |
| b         | 2018 estimated tax payments   | 50b         |                     |           | <u>`</u>       |                  |            |        |
| С         | Tax deposited with Form 8868  | 50c         |                     |           | <b>1</b> ~ ( ) |                  |            |        |
| d         | Foreign organizations: Tax paid or withheld at source (see instructions)  | 50d         |                     |           |                |                  |            |        |
|           | Backup withholding (see instructions)   | 50e         |                     |           | <b>1</b> .,.¦  |                  |            |        |
| f         | Credit for small employer health insurance premiums (attach Form 8941)  | 50f         |                     |           | <b>1</b> ՝ ։   |                  |            |        |
| g         | Other credits, adjustments, and payments Form 2439  |             |                     |           | 1 - , , ,      | 1                |            |        |
| _         | Form 4136 Other Total   | 50g         |                     |           | , ,            |                  |            |        |
| 51        | Total payments. Add lines 50a through 50g   |             |                     |           | 5/1            | 1                |            |        |
| 52        | Estimated tax penalty (see instructions). Check if Form 2220 is attached  |             |                     |           | 52             |                  | 1          | 54     |
| 53        | Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  |             |                     | F         | - 53           |                  | 3,9        | 12.    |
| 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  |             | Refunded            |           | 5,5            |                  |            |        |
| Part \    | /I Statements Regarding Certain Activities and Other Information  | on (se      | e instructions      | )         |                |                  |            |        |
| 56        | At any time during the 2018 calendar year, did the organization have an interest in or a signature  | or othe     | r authority         |           |                |                  | Yes        | No     |
|           | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization  | may h       | ave to file         |           |                |                  |            | 1.54   |
|           | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the   | foreign     | country             |           |                |                  | 3          | 3      |
|           | here  |             |                     |           |                |                  |            | X      |
| 57        | During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra   | ansfero     | r to, a foreign ti  | ust?      |                |                  |            | X      |
|           | If "Yes," see instructions for other forms the organization may have to file.   |             |                     |           |                |                  |            | , a    |
| 58        | Enter the amount of tax-exempt interest received or accrued during the tax year >\$   |             |                     |           |                |                  |            | *      |
| 0         | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and scorrect, and connect, and connect, and connect penalties because of preparer (other than taxpayer) is based on all information of which prepare | statemen    | ts, and to the besi | of my kno | wledge a       | ınd belief, it i | s true,    |        |
| Sign      |   | ر<br>الا وي | . A-                | M         | lav the IR     | S discuss th     | is return  | with   |
| Here      | 12-20-19 Executi  | vel         | iniela              |           | •              | er shown bel     |            | ****** |
|           | Signature of officer Date Title   |             |                     | ın        | struction      | s)? X Y          | es 🗌       | No     |
|           | Print/Type preparer's name Preparer's signature Dat   | te          | Check               |           | ıf PTI         | N                |            |        |
| Paid      |   |             | self- e             | mployed   |                |                  |            |        |
| Prepa     |   | 2/1         | 7/19                |           |                | 01985            |            |        |
| Use C     | Only Firm's name DUGAN & LOPATKA, CPA'S PC  |             | ` Fırm'             | s EIN 🕨   | 3              | 6-288            | 648        | 5      |
|           | 4320 WINFIELD ROAD SUITE 450  |             |                     |           |                |                  |            |        |
|           | Firm's address ► WARRENVILLE, IL 60555-4036   |             | Phor                | е по 6    | <u> 30 – </u>  | 665-4            |            |        |
| 823711 01 | -09-19  |             |                     |           |                | Carry 0          | OO_T       | 10046  |

Page 3

| Schedule A - Cost of Goods   | <b>Sold.</b> Enter   | method of invent  | ory valuation   N/A  |         |  |                    | <del></del>  |             |
|--|----------------------|---|--|---------|--|--------------------|--|-------------|
| 1 Inventory at beginning of year   | 11                   |   | 6 Inventory at end of year   | <br>r   |  | 6                  |  |             |
| 2 Purchases  | 2                    |   | 7 Cost of goods sold. Su   |         | ne 6   |                    |  |             |
| 3 Cost of labor  | 3                    |   | from line 5. Enter here  |         |  |                    |  |             |
| 4a Additional section 263A costs   |                      |   | line 2   |         | ,  | 7                  |  |             |
| (attach schedule)  | 4a                   |   | 8 Do the rules of section  | 263A (v | vith respect to  |                    | Yes  | No          |
| b Other costs (attach schedule)  | 4b                   |   | property produced or a   | •       | · ·  |                    | "  | 17.1        |
| 5 Total. Add lines 1 through 4b  | 5                    |   | the organization?  |         |  |                    |  |             |
| Schedule C - Rent Income (<br>(see instructions)   | From Real            | Property and  |  | Lease   | ed With Real Pro   | pert               | у)   |             |
| 1. Description of property   |                      |   |  |         |  |                    |  |             |
| (1)  |                      |   |  |         |  |                    |  |             |
| (2)  |                      |   |  |         |  |                    |  |             |
| (3)  |                      |   |  |         |  |                    |  |             |
| (4)  | 0 0 1                |   |  |         |  |                    |  |             |
| (2) 5-22-2-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1   |                      | ed or accrued   |  |         | 3(a) Deductions directly   | conne              | cted with the income   | ın          |
| (a) From personal property (if the per<br>rent for personal property is more<br>10% but not more than 50%                  | than                 | ` 'of rent for pe   | d personal property (if the percenta<br>rsonal property exceeds 50% or if<br>is based on profit or income) | ige     |  |                    | attach schedule)   |             |
| (1)  |                      |   |  |         |  |                    |  |             |
| (2)  |                      |   |  |         |  |                    |  |             |
| (3)  |                      |   | · · · · · · · · · · · · · · · · · · ·  |         |  |                    |  |             |
| (4)  |                      |   |  |         |  |                    |  |             |
| Total  | 0.                   | Total   |  | 0.      |  |                    |  |             |
| c) Total income. Add totals of columns and on page 1, Part I, line 6, column   |                      | nter -  |  | 0.      | (b) Total deductions.<br>Enter here and on page 1,<br>Part I, line 6, column (B) | <b>•</b>           |  | 0.          |
| Schedule E - Unrelated Deb   | t-Financed           | Income (see in  | nstructions)   |         | •  | -                  |  |             |
|  |                      | , ,   | 2 Gross income from  |         | 3 Deductions directly cor<br>to debt-finance                                     | nected<br>ced proj | with or allocable perty                                      |             |
| 1. Description of debt-fin   | anced property       |   | or allocable to debt-<br>financed property   | , ,     | Straight line depreciation<br>(attach schedule)                                  |                    | (b) Other deduction<br>(attach schedule)                     |             |
|  |                      |   |  | S       | PATEMENT 4   |                    | ATEMENT  | 5           |
| (1) BERKLEY PROPERTY   | , ELGIN              | , IL  | 141,273.   |         | 28,488   | •                  | 78,0   | <u> 94.</u> |
| (2)  |                      | ·   |  |         |  |                    |  |             |
| (3)  |                      |   |  |         |  |                    |  |             |
| (4)  |                      |   |  |         |  |                    |  |             |
| <ol> <li>Amount of average acquisition<br/>debt on or allocable to debt-financed<br/>property (attach schedule)</li> </ol> | of or a<br>debt-fina | e adjusted basis<br>allocable to<br>inced property<br>h schedule) | 6. Column 4 divided by column 5  |         | 7. Gross income reportable (column 2 x column 6)                                 |                    | 8. Allocable deducticolumn 6 x total of co<br>3(a) and 3(b)) |             |
| (1) 655,999.   | 1                    | ,091,191.   | 60.12%   |         | 84,933   | •                  | 64,0   | 77.         |
|  | ·····                |   | %  |         |  | 1                  |  |             |
| (2)<br>(3)<br>(4)  |                      |   | %  |         | ·  |                    |  |             |
| (4)  |                      |   | %  |         |  |                    |  |             |
| STATEMENT 2  | STAT                 | EMENT 3   |  |         | nter here and on page 1,<br>Part I, line 7 column (A)                            |                    | Enter here and on pag<br>Part I line 7 column                |             |
| Totals   |                      |   | <b>▶</b>   |         | 84,933   |                    | 64,0   | 77.         |
| Total dividends-received deductions in   | cluded in columi     | n 8   |  |         | <u> </u>   |                    | , -  | 0.          |
|  |                      |   |  |         |  |                    | Form <b>990-T</b>  | (2018)      |

| Schedule F         |                     | Amund   | Jo, noya                                   | inco, di                          | <del></del>  | Controlled O   |   |   | .auVI       | see ins  | -                  | S)  |
|--------------------|---------------------|---|--|-----------------------------------|--|--|---|---|-------------|--|--------------------|---|
| 1. Name of         | controlled organiza | ution   | 2. Em<br>identif<br>num                    | ployer<br>ication<br>iber         | 3. Net unr   | elated income<br>instructions)   | 4. To   | tal of specified ments made                                       | ınclud      | t of column 4<br>ed in the cont<br>ation's gross   | rolling            | 6. Deductions directly connected with income in column 5                                    |
| (1)                | ···                 |   | •  | •                                 |  |  |   |   |             | 1  | •                  | -   |
| (2)                |                     |   |  |                                   | i.   |  | -   |   |             | 1  |                    |   |
| (3)                |                     |   |  |                                   |  |  |   |   |             |  |                    |   |
| (4)                |                     |   |  |                                   |  |  |   |   |             |  |                    |   |
| Nonexempt Co       | ntrolled Organ      | ızatıons  |  |                                   | _  |  |   |   |             | ٠,   |                    |   |
| <b>7</b> . Taxabis | e Income            |   | unrelated incor<br>see instruction         |                                   | 9. Total   | of specified paying made   | ments   | 10. Part of coluin the controllingross                            |             | iization's   |                    | ductions directly connected income in column 10   |
| (1)                | ,                   |   |  |                                   |  |  |   | ,   |             |  |                    | •   |
| (2)                |                     | ,   |  |                                   |  |  |   |   |             |  |                    |   |
| (3)                | •                   |   |  |                                   |  |  |   |   | ·           |  |                    | 1 ' 41 47'  |
| (4)                |                     | 1   |  |                                   |  |  |   |   |             |  |                    | ٠.  |
|                    |                     |   |  | τ,                                |  |  |   | Add colum<br>Enter here and                                       |             | 1, Part I,   | Enter h            | d columns 6 and 11<br>ere and on page 1, Part I,<br>line 8, column (B)                      |
| Totals             | -                   |   |  |                                   |  |  | <b>▶</b>  |   |             | 0.   |                    | 0.  |
| Schedule G         |                     | ent Inco  | me of a                                    | Section                           | 1 501(c)(  | 7), (9), or  | (17) Oı   | rganizatior   | 1           | •  |                    |   |
|                    | 1. Desc             | cription of inco                                | ome  |                                   |  | 2. Amount of   | ıncome  | 3 Deduction directly connect (attach scheduler)                   | cted        | 4. Set-  | asides<br>chedule) | 5. Total deductions<br>and set-asides<br>(col 3 plus col 4)                                 |
| (1)                |                     |   |  |                                   |  |  | å   |   |             |  |                    |   |
| (2)                |                     |   |  |                                   |  |  |   |   |             |  |                    |   |
| (3)                |                     |   |  |                                   |  |  | •   | -   |             |  |                    |   |
| (4)                | ,                   |   |  |                                   |  |  |   |   |             |  |                    |   |
| Totals             |                     |   |  |                                   |  | Enter here and<br>Part I, line 9, co   |   |   |             |  |                    | Enter here and on page 1, Part I, line 9, column (B)  |
| Schedule I         |                     |   | t Activity                                 | / Incom                           | e, Other   | r Than Ac  |   | ing Income  |             | TO THE SECTION OF THE | · Handeley or Me   | <u> </u>  |
| 1. Descri          |                     | 2 (unrelated                                    | Gross<br>I business<br>ne from<br>business | directly of<br>with pro<br>of uni | penses<br>connected<br>oduction<br>related<br>s income | 4. Net incon<br>from unrelated<br>business (co<br>minus colum<br>gain, comput<br>through | d trade or<br>olumn 2<br>in 3) If a<br>e cols 5 | 5. Gross inco<br>from activity<br>is not unrelat<br>business inco | that<br>ted | 6. Exp<br>attribut<br>colur  | able to            | 7. Excess exempt<br>expenses (column<br>6 minus column 5,<br>but not more than<br>column 4) |
| (1)                | •                   |   |  |                                   |  | unough   |   |   |             |  |                    |   |
| (2)                |                     |   |  |                                   |  |  |   |   |             | ,  |                    |   |
| (3)                |                     |   |  |                                   | •  |  |   |   |             |  |                    |   |
| (4)                | <del></del>         | page 1  | re and on<br>1, Part I,<br>, col (A)       | page 1                            | re and on<br>1, Part I,<br>, col (B)                   |  |   |   |             |  |                    | Enter here and on page 1, Part II, line 26  |
| Totals             | <b>&gt;</b>         | <u>  •                                     </u> | 0.   |                                   | 0.   |  |   |   |             |  |                    | 0.  |
| Schedule J         |                     |   |  |                                   |  |  |   |   |             |  | ,                  | • •   |
| Rart₂l∛ Inc        | ome From            | Periodio  | cals Rep                                   | orted o                           | n a Con  | solidated  | Basis   | ,   |             |  |                    |   |
| 1 Nar              | me of periodical    |   | 2 Gross<br>advertising<br>income           |                                   | 3. Direct entising costs                               | 4. Advert<br>or (loss) (co<br>col 3) if a g<br>cols 5 ti                                 |   |   |             | 6. Read  |                    | 7. Excess readership costs (column 6 minus column 5, but not more than column 4)            |
| (1)                |                     |   |  |                                   |  | 1  |   |   |             |  |                    |   |
| (2)                |                     |   |  |                                   |  |  |   | g   |             |  |                    |   |
| (3)                |                     |   |  |                                   |  |  |   |   |             |  |                    |   |
| (4)                |                     |   |  |                                   |  | (200) + A  |   | 3   |             |  |                    |   |
| Totals (carry to P | art II, line (5))   | •   |  | 0.                                | 0  |  | 1   |   |             |  |                    | 0.  |
|                    |                     |   |  |                                   |  |  | •   |   |             | ·  |                    | Form 990-T (2018  |

## Part III 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<br>advertising<br>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.   | 257 2007 257  |                       |                     | 0.   |
|                             |   | Enter here and on<br>page 1, Part I,<br>line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) |   |                       |                     | Enter here and<br>on page 1,<br>Part II, line 27                                 |
| Totals, Part II (lines 1-5) | • | 0.   | 0.   |   | 。还是在                  |                     | 0.   |

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 |          | <b>&gt;</b>                            | 0.  |

Form 990-T (2018)

| FORM 990-T  | NET               | OPERATING LOS                 | SS DEDUCTION      | STATEMENT 1            |
|-------------|-------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR    | LOSS SUSTAINED    | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING | AVAILABLE<br>THIS YEAR |
| 08/31/18    | 1,961.            | (                             | 1,961.            | 1,961.                 |
| NOL CARRYOV | ER AVAILABLE THIS | YEAR                          | 1,961.            | 1,961.                 |

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED INCOME STATEMENT 2
AVERAGE ACQUISITION DEBT

| DESCRIPTION OF DEBT-FINANCED PROPERTY           | ACTIVITY<br>NUMBER | AMOUNT OF<br>OUTSTANDING |
|---|--------------------|--------------------------|
| BERKLEY PROPERTY, ELGIN, IL                     | 1                  | DEBT                     |
| BEGINNING FIRST MONTH                           |                    | 950,020.                 |
| BEGINNING SECOND MONTH                          |                    | 947,621.                 |
| BEGINNING THIRD MONTH                           |                    | 643,931.                 |
| BEGINNING FOURTH MONTH                          |                    | 640,485.                 |
| BEGINNING FIFTH MONTH                           |                    | 636,780.                 |
| BEGINNING SIXTH MONTH                           |                    | 633,142.                 |
| BEGINNING SEVENTH MONTH                         |                    | 629,489.                 |
| BEGINNING EIGHTH MONTH                          |                    | 625,581.                 |
| BEGINNING NINTH MONTH                           |                    | 621,738.                 |
| BEGINNING TENTH MONTH                           |                    | 618,120.                 |
| BEGINNING ELEVENTH MONTH                        |                    | 614,250.                 |
| BEGINNING TWELFTH MONTH                         |                    | 310,834.                 |
| TOTAL OF ALL MONTHS<br>NUMBER OF MONTHS IN YEAR |                    | 7,871,991.               |
| AVERAGE AQUISITION DEBT                         |                    | 655,999.                 |

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

|   | BASIS               | INCOME  | STATEMENT   |     |
|---|---------------------|---|-------------|-----|
| DESCRIPTION OF DEBT-FINANCED PROPERTY   |                     | ACTIVIT<br>NUMBER   | Y           |     |
| BERKLEY PROPERTY, ELGIN, IL   |                     | 1   | -<br>AMOUNT |     |
| AVERAGE ADJUSTED BASIS OF PROPERTY FIRST AVERAGE ADJUSTED BASIS OF PROPERTY LAST D  |                     |   | 1,080,4     |     |
| AVERAGE ADJUSTED BASIS OF PROPERTY FOR TH   | IE YEAR             |   | 1,091,1     | 91. |
| TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5   | 5                   |   |             |     |
| FORM 990-T SCHEDULE E - DEPRECIAT   | TION DEDUCTI        | ON  | STATEMENT   | 4   |
| DESCRIPTION   | ACTIVITY<br>NUMBER  | AMOUNT  | TOTAL       |     |
| DEPRECIATION  |                     | 28,488.   |             |     |
| - SUBTOTAL -  | 1                   |   | 28,4        | 88. |
| - SUBTOTAL - TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3  | _                   | 20,000  | 28,4        |     |
|   | B(A)                |   |             |     |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3   | B(A)                | AMOUNT  | 28,4        | 88. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3  FORM 990-T  SCHEDULE E - OTHER  DESCRIPTION  EMPLOYEE BENEFITS INSURANCE MISCELLANEOUS MORTGAGE INTEREST PAYROLL TAXES REPAIRS AND MAINTENANCE SALARIES AND WAGES COMMON AREA MAINTENANCE WORKERS COMPENSATION | DEDUCTIONS ACTIVITY | 506. 3,516. 1,479. 29,614. 1,913. 5,543. 22,048. 11,405.                      | 28,4        | 88. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3  FORM 990-T  SCHEDULE E - OTHER  DESCRIPTION  EMPLOYEE BENEFITS INSURANCE MISCELLANEOUS MORTGAGE INTEREST PAYROLL TAXES REPAIRS AND MAINTENANCE SALARIES AND WAGES COMMON AREA MAINTENANCE                      | DEDUCTIONS ACTIVITY | 506.<br>3,516.<br>1,479.<br>29,614.<br>1,913.<br>5,543.<br>22,048.<br>11,405. | 28,4        | 5   |