" ~ OOO T	Exempt Orga	nization B	usir	ness Income Ta	x Return	L	OMB No 1545-0687
Form 990-T	For calendar year 2018 or other tax	•		section 6033(e))	_		2018
				ctions and the latest in	,,		
Department of the Treasury Internal Revenue Service				made public if your organi		[7	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if	- Do not enter 3314 number			hanged and see instructions)		D Em	ployer identification number
C ☐ address change		 Y INFORMATI		-		(En	nployees' trust, see tructions)
B Exempt under section [X] 501(C) 3	A 1 YOU CM	GALENA BLV				3	6-3365278
	O(e) Type AURORA, I	L 60506				E Un	related business activity cod
	0(a)					(3,	ee msaucaons /
529(a)	`					5	31120
C Book value of all assets at end of year	F Group exemption nu	mber (See ınstru	ctions	;) -			
437,22	26. G Check organization	ype X	501(c) corporation 501	(c) trust 4	01(a) ti	rust Other trust
	of the organization's unrelated	trades or busines	ses.	<u>1</u> D	escribe the only (or first) unrelated
trade or business	here ► <u>DEBT FINANCED R</u>	ENTAL PROPI	ERTY	,			e, complete Parts I-V
	describe the first in the blank sp		of the	previous sentence, con	nplete Parts I and	II, con	nplete a Schedule M
	I trade or business, then complete, was the corporation a subside		d aro	un or a narent-subsidia	rv controlled grou	ıp?	► Yes XNo
	name and identifying number o				*		
	care of F KATHLEEN DIEN				elephone number	→ 63	0-896-8600
	ed Trade or Business Inc			(A) Income	(B) Expense		(C) Net
1 a Gross receipts of						*************	
b Less returns and allo		c Balance►	1 c				
2 Cost of goods se	old (Schedule A, line 7)		2				
3 Gross profit Sul	otract line 2 from line 1c		3			<u>'</u>	
•	ıncome (attach Schedule D)		4a				
b Net gain (loss) (Form	n 4797, Part II, line 17) (attach Form 479	97)	4b				
c Capital loss ded			4c				
5 Income (loss) from (attach stateme	om a partnership or an S corpoi nt)	ration	5				
6 Rent income (So	•		6				
7 Unrelated debt-1	inanced income (Schedule E)		7	20,953.	28,	259.	-7,306.
8 Interest, annuities, r	oyalties, and rents from a controlled org	anization (Schedule F)	8				
9 Investment income of	f a section 501(c)(7), (9), or (17) organ	zation (Schedule G)	9				<u></u>
10 Exploited exemp	ot activity income (Schedule I)		10				
11 Advertising inco	me (Schedule J)		11				·····
12 Other income (S	ee instructions; attach schedule))					
			12				
13 Total. Combine		(0)	13	20,953.		<u>259.</u>	-7,306.
Part II Deduct	ions Not Taken Elsewhe litions, deductions must b	r e (See instru e directly con	Ction	is for limitations of ed with the unrela	n aeauctions.) ted husiness i	r(EXC	ept for
	of officers, directors, and trustee		iiiect	ed With the differa	tea basiness i	14	
15 Salaries and wa		- (RECEIV	(FD)	15	· - ,
16 Repairs and ma						16	
17 Bad debts				MAY 20	2000 18	17	
18 Interest (attach	schedule) (see instructions)				S	18	
19 Taxes and licen	ses			OCDEN	1021	19	
20 Charitable contr	ibutions (See instructions for lin	nitation rules)		OGDEN,	UT.	20	
21 Depreciation (at	tach Form 4562)			21	6,238.		
22 Less depreciation	on claimed on Schedule A and e	Isewhere on retu	ırn	22a	6,238.	22b	<u> </u>
23 Depletion						23	<u> </u>
	deferred compensation plans					24	
25 Employee bene	· •					25 26	
	expenses (Schedule I)					27	
	nip costs (Schedule J) s (attach schedule)					28	
	s. Add lines 14 through 28					29	
	ess taxable income before net of	perating loss de	ductio	n. Subtract line 29 from	n line 13	30	-7,306.
	erating loss arising in tax years beginnii					31	
	ess taxable income Subtract lir)		100	32	-7,306.
DAA For Danonwork	Reduction Act Notice see instr	ictions		TEEA0201L 1/3	1/19		Form 990-T (2018)

		<u>-3365278</u>	Page 2
	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-7,306.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	36	-7 206
	of lines 33 and 34	 	<u>-7,306.</u>
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
<i>3</i> 8	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	-7,306.
D			.,,,,,,
	Tax Computation Oversitations Tayable as Corporations Multiply line 38 by 21% (0.21)	39	0.
	Organizations Taxable as Corporations. Multiply line 36 by 21 % (0.21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	40	
	on line 38 from: Tax rate schedule or Schedule D (Form 1041)		
	Proxy tax. See instructions	41 42	
	Alternative minimum tax (trusts only)	43	
	Tax on Noncompliant Facility Income. See instructions		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Par	V Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45 a		
b	Other credits (see instructions) 45 b]	
	General business credit Attach Form 3800 (see instructions) 45 c]	
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45 d] 1	
	Total credits. Add lines 45a through 45d	45 e	0.
	Subtract line 45e from line 44	46	0.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach schedule)	47	
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	
50 a	Payments [.] A 2017 overpayment credited to 2018 50 a		
	2018 estimated tax payments 50 b	<u> </u>	
	Tax deposited with Form 8868	1 1	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50 d]	
е	Backup withholding (see instructions) 50 e	1	
f	Credit for small employer health insurance premiums (attach Form 8941) 50 f]	
g	Other credits, adjustments, and payments. Form 2439	1 1	
	Form 4136		
51	Total payments. Add lines 50a through 50g	51	0.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached.	52	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
54 ==		 	
	=	1 99	
	VI Statements Regarding Certain Activities and Other Information (see instructions)		T. T.
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other auth		Yes No
	financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN	rorm 114,	
	Report of Foreign Bank and Financial Accounts $$ If 'Yes,' enter the name of the foreign country here $$ $$ $$ $$ $$ $$ $$ $$ $$ $$		<u>X</u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign trust?	X
	If 'Yes,' see instructions for other forms the organization may have to file.		
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 statements, and to the besteller, it is true, correct, and appropriete Declaration of preparer (other than taxpayer) is based on all information of which preparer has an	t of my knowledge a	and
Sigr	A A A A A A A A A A	May the IRS discu	ss this return with
Here	Signature of officer Date Title	the preparer show instructions)?	~ ~
	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	Yes No
Paid	Print/Type preparer's name Preparer's signature Date Check If	PTIN	
Pre-	TAWNYA MACK TANDYA MACK 429.19 self-employed	P01274	080
pare		27-35445	6 <u>7</u>
Use	Firm's address 116 E WASHINGTON ST STE ONE		
Only		(815) 9	42-3306
BAA	TEEA0202L 01/24/19		n 990-T (2018)

Schedule A - Cost of Goo	ds Sold. Ente	er method of inv	entory valuation	on 🎙	-						
1 Inventory at beginning of year	ar	1		6	Invento	ry at	end of year	6	-		
2 Purchases	Γ	2		7	Cost of	f goods sold. Subtract rom line 5. Enter here Part I, line 2			· · · · · · · · ·		
3 Cost of labor		3			line 6 fr						
4 a Additional section 263A costs (attach	n schedule)				and in F	-art ι,	, line ∠	7		T.,	-
		4 a			0		. () 0524 (#			Yes	No
b Other costs (attach sch)		4 b		8	Do the i	rules	of section 263A (with	ured for resale) apply			1
5 Total. Add lines 1 through 4b	, [5			to the o	rganı	zation?		10) app.j		Х
Schedule C - Rent Income (F	rom Real Pro	perty and Pers	onal Proper	rty I	eased	With	Real Property) (s	ee ins	tructions)		
1 Description of property											
(1)			• • • • • • • • • • • • • • • • • • • •				- <u>-</u> -				_
(2)											
(3)						<u> </u>					
(4)											
	2 Rent received	d or accrued					24 3 5 1 1				
(if the percentage of rent for personal (if the perce property is more than 10% but not property exc		eal and persor entage of rent ceeds 50% or I on profit or in	for i	persona e rent is	l	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					
(1)							 				
(2)					-						
(3)					· · · · · · · · · · · · · · · · · · ·	_	-				
(4)									·		
Total		otal			-						
(c) Total income. Add totals of columere and on page 1, Part I, line 6,		(b). Enter					(b) Total deductions & here and on page 1, Par I, line 6, column (B)				
Schedule E - Unrelated De		Income (see	instructions)				·				
1 December of dobt	financed proper	h .	2 Gross inco			3 D	eductions directly co debt-finar	nnecto nced p	ed with or a	allocabl	e to
1 Description of debt-	ппансец ргорег	ty	or allocable to debt- financed property d			(a) Straight line depreciation (attach sch)		(b) Other deductions (attach schedule)			
(1) 411 WEST GALENA, AURORA, IL				20,	953.		6,238	. 22,021.			
(2)											
(3)											
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)		divided	6 Column 4 divided by rep column 5		rep	7 Gross income portable (column 2 x column 6)		8 Allocable deduction (column 6 x total of columns 3(a) and 3(b)		of
(1)			100	.00		20,953				28,2	59.
(1) (2) (3) (4)				8							
(3)					8						
(4)					જ						
						Enter Part	r here and on page 1, line 7, column (A)	1, Ent . Pai	er here and rt I, line 7,	d on pa column	ige 1, (B).
Totals					•		20,953	.		28,2	59.
Total dividends-received deduction	ns included in c	olumn 8			'						
BAA	· · · · · · · · · · · · · · · · · · ·	TE	EA0203L 01/30/1	19					Form	990-T (2018)

Schedule F – Interest	, Annuit				trolled Or			Orge	meurons	(366)	1134 40401		
organization iden		Employer ntification number	inco	ome	elated (loss) uctions)		Total of speci payments mad			cluded itrolling ation's	in c	eductions directly connected with come in column 5	
(1)	1			•									
(2)													
(2)													
(4)													
Nonexempt Controlled Organ	nizations										<u> </u>		
7 Taxable Income		let unrelated	9 To	tal o	f specified	T	10 Part of	colum	n 9 that is	Τ'''	11 Deduc	tions directly	
7 Taxable income	ind	come (loss) : instructions)			nts made		ıncluded ır organızatıoı					d with income blumn 10	
(1)													
(1) (2) (3) (4)													
(3)													
(4)													
					-		Add columns here and on p 8, co		, Part I, line		and on p	6 and 11. Enter age 1, Part I, line umn (B)	
Totals	A I		- 4:	E 0 1	(0)(7) (0)\ \	~ (17) Orac	niza	lion (see se				
Schedule G - Investm	ient inc	ome of a Se	cuon	ווטכ					4 Set-aside:		·	I deductions and	
1 Description of income		2 Amount	of incom	е	dire	ctly					set-as	set-asides (column 3 plus column 4)	
(1)			-				_						
(1) (2) (3)													
(3)													
(4)			_										
		Enter here an Part I, line 9,										re and on page 1, ne 9, column (B)	
Totals	>												
Schedule I - Exploite	d Exemp	ot Activity I	ncome	, OI	her Tha	an /	Advertising	Inco	me (see in	structio	ns)		
1 Description of exploite	d activity	2 Gross unrelate busines income fr trade o busines	d s om r	conne pro of u	ses directly ected with duction nrelated ess income	fron or b 2 m	let income (loss) n unrelated trade pusiness (column inus column 3), a gain, compute imns 5 through 7	activ	s income from ity that is not ated business income	attrıbü	penses itable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										-			
(2)						"							
(3)		- 											
(4)			-			-							
_(4)		Enter here on page Part I, line column (1, ≥ 10, F	on p Part	here and page 1, l, line 10, mn (B).				······			Enter here and on page 1, Part II, line 26	
Totals		<u> </u>										L	
Schedule J - Advertis													
Part I Income From	Periodio	als Report	ed on a	a Co	onsolida	ate	d Basis						
1 Name of periodi	cal	2 Gross advertisii income	ng	adve	Direct ertising osts	(lo	dvertising gain or iss) (col. 2 minus iol. 3). If a gain, compute cols. 5 through 7		irculation ncome		adership osts	7 Excess readership costs (col. 6 minus col 5, but not more than col 4)	
(1)													
(2)]						_	
(3)						4		_				4	
(4)		_				ļ	······································						
Totals (carry to Part II, line ((5))	•											
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TREGULATION IN	VI OIGHILLON CI	111111			30 3303210	
Part II Income From Periodic 7 on a line-by-line basis)	als Reported o	n a Separate	Basis (For each p	periodical listed in	Part II, fill in co	lumns 2 through
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 (col 6 minus col 5, but not more than col. 4)
(1)						
(2)		_				
(4)	 		 			
Totals from Part I	-					
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	▶					<u>. </u>
Schedule K - Compensation	of Officers, Dire	ctors, and Tr	ustees (see instr	ructions)	-	
1 Name			2 Title	3 Percent of time devoted to business	d to unrela	ation attributable ated business
					8	
				9	o o	
					8	
					8	
Total. Enter here and on page 1, Part I	I, line 14				>	

TEEA0204 L 12/31/18

2018	FEDERAL STATEMENTS		PAGE 1
· · · · · · · · · · · · · · · · · · ·	PREGNANCY INFORMATION CENTER		36-3365278
STATEMENT 1 FORM 990-T, SCHEDUL OTHER DEDUCTIONS A 411 WEST GALENA, AU INSURANCE INTEREST REPAIRS	ALLOCABLE TO DEBT-FINANCED PROPERTY	\$	834. 8,280. 1,564.
TAXES UTILITIES WAGES AND SALAR SNOW REMOVAL ACCOUNTING SERV		TOTAL \$	1,576. 4,054. 2,196. 1,141. 2,376. 22,021.