	000 T		Exempt Organizatio	on Business	Inc	ome Tax Re	eturn	0	MB No. 1545-0047		
Form	990-T	(and proxy tax under section 6033(e)) $\eta \infty Q$							2019		
ъ.											
	nent of the Treasury Revenue Service	► Do						Open	to Public Inspection for (3) Organizations Only		
									dentification number		
<u>A U :</u>	address changed								trust, see instructions)		
	npt under section	Print Number, street, and room or suite no. If a P.O. box, see instructions						37	-0661191		
	Or LOSE C SATURATIONS						E	E Unrelated business activity code			
_	U 408(e) U 220(e) Type 205 S 24TH STREET U 408A □ 530(a) City or town, state or province, country, and ZIP or foreign posta					(See instructions)					
_	529(a) QUINCY, IL 62301							900999			
C Book	value of all assets	F Gr	oup exemption number (See	instructions.) ▶							
at en	d of year		eck organization type ►		on	501(c) trust		01(a) trust	Other trust		
H En	ter the number		organization's unrelated trade						first) unrelated		
	de or business		O		_	ne, complete Parts					
			it the end of the previous se								
			omplete Parts III–V.	, ,							
I Du	ring the tax year,	was the	corporation a subsidiary in an	affiliated group or a	a pare	nt-subsidiary contro	olled grou	ıp?▶	☐ Yes ☑ No		
	-		and identifying number of the			·	ŭ	•			
			► KRISTEN PATTON	<u>' </u>		Telephone n	umber I	>	217-222-0034		
Part	Unrelated	d Trad	e or Business Income			(A) Income	(B) Ex	penses	(C) Net		
1a	Gross receipts	or sale	es								
b	Less returns a	nd allov	vances	c Balance ►	1c						
2	Cost of goods	sold (S	chedule A, line 7)		2						
3	Gross profit. S	Subtract	line 2 from line 1c		3						
4a	Capital gain ne	et incon	ne (attach Schedule D)		4a		/				
b		ss) (Form 4797, Part II, line 17) (attach Form 4797) .									
С	Capital loss de	eduction	n for trusts		4c						
5	Income (loss)	from a	a partnership or an S cor	poration (attach							
	statement) .				5	4571			4571		
6	Rent income (Schedu	le C)		6						
7	Unrelated deb	t-financ	ed income (Schedule E)	: .	7/						
8	Interest, annuities	, royalties	s, and rents from a controlled organi	zation (Schedule F)	8						
9	Investment incon	ne of a se	ection 501(c)(7), (9), or (17) organiz	ation (Schedule G)	9						
10	Exploited exer	npt acti	vity income (Schedule I)	/	10						
11	Advertising inc	come (S	ichedule J)	/	11						
12	Other income	(See ins	structions; attach schedule) .	12							
_13	Total. Combin	e lines	3 through 12 /		13	4571			4571		
Part	Deduction	ns Not	Taken Elsewhere (See ins	tructions for limit	ation	s on deductions.)	(Deduc	tions mus	t be directly		
2			ne unrelated business incor								
14	Compensation	of offic	ers, directors, and trustees (Schedule K)	RI	CEIVED		. 14			
∽ 15	Salaries and w	ages		1.5		- いこうにし		. 15			
۳ 16	Repairs and m	aıntena	ınce	· · · · · & .			101	. 16			
∑17 ∑18				ह्या -	. MA	R 01 2021 ·	81 .	. 17			
≥ 18			ule) (see instructions)				٠ ال	. 18			
_19			·/		TO	T-RIVER DE	<u>د</u> ا	. 19			
20 221 222 23 24			orm 4562)		الباد	JEN 20 T	<u> </u>				
Z 21			med on Schedule A and else				- January 1	21b			
222	Depletion	/. ·.						. 22			
23ع			red compensation plans .						<u> </u>		
			grams								
25			ises (Schedule I)								
26			sts (Schedule J)								
27			ach schedule)								
28	/		d lines 14 through 27								
29			xable income before net ope								
30/			erating loss arising in tax						_		
<u> 131</u>	Unrelated busi	ness ta	xable income. Subtract line 3	30 from line 29 .		<u> </u>	<u> </u>	. 31	4571		
For Pa	perwork Reducti	ion Act	Notice, see instructions.		Cat	No. 11291J			Form 990-T (2019)		

Form 99	0-T (2019)							Page	: 2		
		otal Unrelated Business Taxabl									
32 /	Total o	f unrelated business taxable incom-	e computed from all unrelated	trades o	r businesses	see	/				
	instruct	ions)				1.	32	457	71		
33	Amount	ts paid for disallowed fringes				1.1	33		_		
34		ble contributions (see instructions for					34		_		
		related business taxable income be					-		_		
00		the sum of lines 32 and 33					35				
36		on for net operating loss arising					-55		—		
30	instruct		36								
		,									
37		unrelated business taxable income	•			•	37		—		
38		deduction (Generally \$1,000, but se					38		_		
39		ted business taxable income. Sub					<i>\</i>				
		e smaller of zero or line 37			· · · · 	╁┷	39	457	<u>/1</u>		
		ax Computation			•	<u> </u>					
40 /	Organi	zations Taxable as Corporations. N	Multiply line 39 by 21% (0.21) .		[.	▶]	<i>A</i> 0	96	<u>50</u>		
41		Taxable at Trust Rates. See									
	the amo	ount on line 39 from: 🔲 Tax rate sch	nedule or 🔲 Schedule D (Fo	orm 1041))	▶	41				
42	Proxy t	ax. See instructions				▶	42				
43	_	tive mınımum tax (trusts only)					43		_		
44		Noncompliant Facility Income. Se					44		_		
		Add lines 42, 43, and 44 to line 40 or					-45	96	<u>50</u>		
		ax and Payments							_		
		tax credit (corporations attach Form	1118: trusts attach Form 1116	3) . 46	a				_		
		redits (see instructions)			_						
		business credit. Attach Form 3800									
d		or prior year minimum tax (attach Fo	•								
		redits. Add lines 46a through 46d		L			46e				
		et line 46e from line 45					47	96			
47		tes. Check if from: Form 4255 Form					48		<u>~</u>		
48					•		49	96	_		
49		ax. Add lines 47 and 48 (see instructi					50	70			
50		et 965 tax liability paid from Form 96			1	٠. ا	30	·	—		
		nts: A 2018 overpayment credited to									
		stimated tax payments					44.				
	•	posited with Form 8868					Ä				
		organizations: Tax paid or withheld									
		withholding (see instructions) .			e						
f		or small employer health insurance p		. 51	f						
g	Other c	redits, adjustments, and payments:	☐ Form 2439								
	☐ Form	n 4136 Oti	her Total	▶ 51	g						
52		ayments. Add lines 51a through 51g					52		0		
53	Estimat	ed tax penalty (see instructions). Che	eck if Form 2220 is attached .		🍡		53				
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed								60		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid > 55										
56 -	Enter the	amount of line 55 you want: Credited	to 2020 estimated tax ▶		Refunde	d ▶ [56				
Part \	/I S1	atements Regarding Certain A	ctivities and Other Informa	ition (see	instructions)						
57	At any t	ime during the 2019 calendar year, o	did the organization have an int	erest in o	r a signature o	r othe	r author	_{nty} Yes No	, _		
••	over a f	inancial account (bank, securities, o	r other) in a foreign country? If	"Yes," the	e organization	may h	nave to f	file	Ē		
		Form 114, Report of Foreign Bank									
	here ▶	, ,					=		_		
58		ne tax year, did the organization receive	a distribution from, or was it the or	antor of o	r transferor to. a	foreidi	n trust?				
50				u//(0/ 0/, 0/				5 5 5 5 5 5			
59	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$										
35	Under	penalties of perjury, I declare that I have examined	d this return, including accompanying sche	dules and st	atements, and to the	e best o	f my knowl	edge and belief, it	ıs		
Sign	true, co	prece, and complete. Declaration of preparer (other	than taxpayer) is based on all information of	of which prep	arer has any knowle	dge 💳			_		
_				discuss this return parer shown below							
Here		re of officer	Date Title	OR, FINAN	<u></u>			ons)?			
	Jognati	Print/Type preparer's name	Preparer's signature		Date	_		PTIN	=		
Paid		Time type preparer a name	, reparer a signature				t ∐ if				
Preparer Use Only		er							employed		
		Firm's name				Firm's			—		