| | · | | | | | | | \mathcal{L} | | •1 | • |
|------------------|-------------------------|-------------------|---|--------------|---|------------------|--------------------------|-------------------|-------------------|---|-------------|
| | | l [®] Ex | cempt Organization | Bu | siness Ind | come | Tax Retu | rn 10 |) · ^~ | B No 1545-0687 | |
| Form | 990-T | | (and proxy ta | | | | | ··· | | B NO 1545-0687 | |
| BOOK) | ·) | For cale | ndar year 2017 or other tax year beg | | | | | 2018 | 4 | ୭ ⋒ 17 | |
| Denar | tment of the Treasury | | ► Go to www.irs.gov/Form99 | | | | | | 4 | <u> </u> | |
| | al Revenue Service | ▶ Do | not enter SSN numbers on this form | | | | | (c)(3). | Open to 501(c) | Public Inspection fo 3) Organizations Only | r v |
| A | Check box if | | Name of organization (Check | box if na | me changed and se | e instruction | s) | | oyer ident | ification number | |
| | address changed | Ì | _ | | | | | (Empte | oyees' trust, | see instructions) | |
| BEX | empt under section | 1 | MACON RESOURCES IN | С | | | | | | | |
| X | 501(C)(03) | Print | Number, street, and room or suite no | IfaPC | box, see instructio | ns | | [†] 37-1 | 22499 | 2 | |
| | 408(e) 220(e) | Or | | | | | | | | ness activity cod | les |
| | 408A 530(a) | 1 .) bc | 2121 HUBBARD AVENU | Ε | | | | (See an | structions) | | |
| | 529(a) | İ | City or town, state or province, cour | itry, and | ZIP or foreign postal | code | | 1 | | | |
| | ok value of all assets | 1 | DECATUR, IL 62526 | | | | | 1 | | | |
| at e | end of year | F Gro | up exemption number (See instru | ctions) | > | | | | | | |
| | 24,251,570. | G Che | eck organization type 🕨 X 50 |)1(c) cc | rporation | 501(c |) trust | 401(a) | trust | Other tru | ust |
| H D | escribe the organiz | zation's p | rimary unrelated business activity | | AT | TACHM | ENT 1 | | | | |
| I D | uring the tax year, | was the | corporation a subsidiary in an af | filiated o | group or a parent-s | subsidiary o | controlled group | · | ▶ | Yes X | No |
| | | | identifying number of the parent of | corporat | on > | | | | | | |
| | | | AMY BLIEFNICK, CEO | | | Telephon | e number > 2 | <u>17-875</u> | -1910 | | |
| Par | t Unrelated | Trade o | or Business Income | | (A) Inco | me | (B) Expe | nses | | (C) Net | |
| 1a | Gross receipts or | sales | | | | | | | İ | | l |
| b | Less returns and allowa | | c Balance | | ļ | | | | | | ! |
| 2 | | | lule A, line 7) | _ | | | | _• | | | ! |
| 3 | | | 2 from line 1c | | | | | | | | |
| 4a | | | attach Schedule D) | | <u> </u> | | _ | | | | — |
| Ь | | | Part II, line 17) (attach Form 4797) | | | | | | - | | — |
| C | | | trusts | | | | | | + | · | — |
| 5 | , , | | ps and S corporations (attach statemen | · — | | | | | | | — |
| 6 | | | · · · · · · · · · · · · · · · · · · · | | | | | | + | | |
| ,2019 8 8 8 | | | come (Schedule E) | ` ├─ | _ | _ | | | + | | — |
| 23 | | | nts from controlled organizations (Schedule 1(c)(7), (9), or (17) organization (Schedule | · | | | <u> </u> | | 1 | | |
| -1 10 | | | ncome (Schedule I) | | <u> </u> | | | | + | | |
| C 11 | • | - | dule J) | | | | | _ | | | — |
| H22 | | | ctions, attach schedule) | | | | | | <u> </u> | | _ |
| 143 | | | ough 12 | | | 0. | | | | | _ |
| Par | | | Taken Elsewhere (See ins | | ons for limitati | ons on d | eductions.) (| Except f | or cont | ributions, | _ |
| 7 | | | be directly connected with | | | | | | | | |
| BCARNNE | Compensation of | officers, | directors, and trustees (Schedule | (). Ti | DFCE | VED- | 70. | 14 | | | |
| 15 | Salaries and wage | | | 1 . | | | .∤જુ' | 15 | <u> </u> | | |
| 16 | Repairs and main | tenance | • | ۶ | B NOV 2 | 9 50 <i>18</i> . | . اينَ | 16 | <u> </u> | | |
| 17 | | | | | | <u></u> | <u></u> | 17 | ļ | | |
| 18 | Interest (attach so | chedule) | • | \cdots I | سَرِينِينِ إِللَّهُ سَرِينِينِينِ إِللَّهُ | 11 15 | $\{\ldots, \{\ldots\}\}$ | 18 | 1 | | |
| 19 | Taxes and license | s | See instructions for limitation rules | | i - nGUL | فسسلانة | | 19 | | | |
| 20 | Chantable Continu | outions (c | see matructions for illiniation rules | , | Carried Control | | | 20 | | | |
| 21 | | | 4562) | | | | | - | -[| | |
| 22 | | | on Schedule A and elsewhere on | | | | | 22b | | | |
| 23 | | | | | | | | | <u> </u> | | |
| 24 | | | compensation plans | | | | | | | | — |
| 25 26 | | | S | | | | | | | | |
| 26 27 | | | Schedule I) | | | | | | + | | |
| 28 | | | | | | | | | | | |
| 29 | | | chedule) | | | | | | + | | |
| 30 | | | le income before net operatin | | | | | | + | | |
| 31 | | | on (limited to the amount on line | | | | | | † | | |
| 32 | | | e income before specific deducti | | | | | | † | | |
| 33 | | | ally \$1,000, but see line 33 instru | | | | | | + | | |
| 34 | | | ble income. Subtract line 33 | | | | | | † | | _ |
| | | | line 32 | | | | | | | | 0. |

Form 990-T (2017)

| Par | t III Tax Computation | | |
|-----------|--|------------------------------------|-------------------|
| 35 | Organizations Taxable as Corporations. See instructions for tax computation Controlled group | | |
| | members (sections 1561 and 1563) check here ▶ See instructions and | | |
| а | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order) | | |
| | (1) \$ (2) \$ (3) \$ | | |
| b | Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ | | |
| | (2) Additional 3% tax (not more than \$100,000) | | |
| С | | 35c | |
| 36 | Trusts Taxable at Trust Rates. See instructions for tax computation income tax on | | |
| | the amount on line 34 from Tax rate schedule or Schedule D (Form 1041) | 36 | |
| 37 | Proxy tax. See instructions | 37 | |
| 38 | Alternative minimum tax | 38 | |
| 39 | Tax on Non-Compliant Facility Income. See Instructions | 39 | |
| 40 | Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies | 40 | |
| Par | t IV Tax and Payments | | |
| 41 a | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a | | |
| | Other credits (see instructions) | | |
| | General business credit Attach Form 3800 (see instructions) | լ փ | |
| | Credit for prior year minimum tax (attach Form 8801 or 8827) | <u></u> | |
| | | 41e | |
| 42 | Subtract line 41e from line 40 | 42 | |
| 43 | Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) . | 43 | |
| 44 | Total tax. Add lines 42 and 43 | 44 | 0. |
| 45 a | Payments A 2016 overpayment credited to 2017 | T | |
| b | 2017 estimated tax payments | | |
| С | Tax deposited with Form 8868 | | |
| d | Foreign organizations Tax paid or withheld at source (see instructions) | ì | |
| е | Backup withholding (see instructions) | | |
| f | Credit for small employer health insurance premiums (Attach Form 8941) | ' | |
| g | Other credits and payments Form 2439 | | |
| | Form 4136 Other Total ▶ 45g | | |
| 46 | Total payments. Add lines 45a through 45g | 46 | |
| 47 | Estimated tax penalty (see instructions) Check if Form 2220 is attached | 47 | |
| 48 | Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed | 48 | |
| 49 | Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid | 49 | |
| <u>50</u> | Enter the amount of line 49 you want | | |
| Par | Statements Regarding Certain Activities and Other Information (see instructions | s) | T |
| 51 | At any time during the 2017 calendar year, did the organization have an interest in or a signature or | - | Yes No |
| | over a financial account (bank, securities, or other) in a foreign country? If YES, the organization ma | = | 1 |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the | foreign country | - - |
| | here > | | X |
| 52 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign | gn trust? | X |
| | If YES, see instructions for other forms the organization may have to file | | 1 1 1 |
| <u>53</u> | Enter the amount of tax-exempt interest received or accrued during the tax year S Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be | not of my knowledge | and holes it is |
| C: | true correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge. | sst of thy knowledge | and belief, it is |
| Sign | | y the IRS discus: | |
| Her | Will be a second of the second | n the preparer sometructions)? X y | |
| - | Print/Type preparer's name Preparer's signature Date | PTIN | es No |
| Paid | Check | LJ " 501, | 559216 |
| | DEBORAR WATTS Self-er | nployed PU1: EIN ▶44-0160 | |
| | Only | 217 426 | |
| | Firm's address 225 N. WATER ST., SUITE 400, DECATUR, IL 62523 Phone | no 21/-425 | 7-2411 |

Form 990-T (2017)

| Form 990-T (2017) | | | | | | | | | Paç | ge 3 |
|---|--|--------------------|---------------|---|---|---|--|--|-------------|------|
| Schedule A - Cost of G | oods Sold. Er | ter metho | d of invent | ory valuation | > | | | | | |
| 1 Inventory at beginning of | year . 1 | | | 6 Inventory | at end of year | ar | 6 | | | |
| 2 Purchases | 2 | | | | | ld. Subtract line | | | | |
| 3 Cost of labor | 3 | | | 6 from | line 5 Er | nter here and in | | | | |
| 4a Additional section 263A c | osts | | | Part I, line | 2 | | 7 | | | |
| (attach schedule) | 4a | | | | | section 263A (v | /ith r | espect to | Yes N | No |
| b Other costs (attach sched | | | | property | produced | or acquired for | resa | ile) apply | | |
| 5 Total. Add lines 1 through | | | | to the orga | anization? | <u> </u> | | | X | ζ. |
| Schedule C - Rent Incom | e (From Real P | roperty a | nd Perso | nal Property | Leased V | Vith Real Prope | rty) | | | |
| (see instructions) | | | | _ | | | | | | |
| 1. Description of property | | | | | | | | | _ | |
| (1) | | _ | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| (2) | _ | | | <u>. </u> | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | 2. Rent recei | ved or accru | ed | | · | | | | _ | |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not percentage of rent f | | | | personal property (if the personal property exceeds based on profit or income) 3(a) Deductions directly connected with the in columns 2(a) and 2(b) (attach sched) | | | | | e | |
| (1) | | | | | | | | | _ | |
| (2) | | | | | | | | ,, | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | - | - | _ | |
| Total | | Total | | | | | | | | |
| (c) Total income. Add totals of chere and on page 1, Part I, line 6 | | | | | | (b) Total deduction Enter here and on Part I, line 6, colur | page 1 | | | |
| Schedule E - Unrelated D | | | e instruction | ons) | | 1 41(1, 11110 0, 30141 | ···· (5) | | | _ |
| | | (00 | | income from or | 3. [| Deductions directly cor | | | le to | |
| 1. Description of de | bt-financed property | | | to debt-financed | (-) (0)1 | debt-financ | | | | |
| | | | property | | (a) Straight line depreciation (attach schedule) | | (b) Other deduction (attach schedule) | | | |
| (1) | | | | | | , <u> </u> | | · | | |
| (2) | | • | | | - | | | | | |
| (3) | - | | | · | | | | | | |
| (4) | | | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjust of or allocal debt-financed (attach sche | ole to property | 4 | Column divided column 5 | | income reportable n 2 x column 6) | | Allocable ded imn 6 x total c 3(a) and 3(l | of columns | |
| (1) | | | | % | | | | | | |
| (2) | | | | % | | | | | | |
| (3) | | | | % | | - | | | | |
| (4) | | | | % | | | | | | |
| | | | | | | e and on page 1, e 7, column (A) | | r here and o | | |
| | | | | | | | | | | |
| Total dividends-received deduct | ions included in co | lumn 8 | <u> </u> | | | <u> ▶ </u> | | | 00 T (00 | _ |
| | | | | | | | | _ ^ | | |

| orm 990-T (2017) | MACON RE | | | | | | | | | 224992 P |
|--------------------------------------|---|---|------------------------------------|---|------------------------|--|--|-----------------------------------|--|---|
| chedule F - Interest, Annu | uities, Royalties | | | | | | ons (see | instruction | ıs) | |
| Name of controlled organization | 2. Employer identification numb | ner 3 | Net unrel | ated income nstructions) | . Total of payments | specified | | | 6. Deductions directed with incolumn 5 | |
| 1) | | | | ** | | | | | | |
| ?) | | | | | | | | | | |
| 3) | | | | | | | | | _ | |
| 1) | . | | | | | | | | | |
| Ionexempt Controlled Organia | | | | | | 40 Bost | of column | O that is | - 44 | Doductions directl |
| 7. Taxable Income | 8. Net unrelated in (loss) (see instruc | | | Total of specified ayments made | | ınclude | d in the continuous | trollina | | . Deductions directly nected with income column 10 |
| | | | | | | | _ | | | |
| 2) | | | | | | | | | | |
| 3) | | | | | | | | + | | |
| 1) | ··· | | | | | Enter h | olumns 5 ar ere and on pline 8, colur | page 1, | Ente | d columns 6 and 1 er here and on page rt I, line 8, column (E |
| otals | come of a Sec | tion 501 | (c)(7), | (9), or (17) (| _ | zation | | | | 5. Total deduction |
| 1. Description of income | 2. Amount o | fincome | | directly conne (attach sched | ected | | | -asides schedule) | | and set-asides (co |
| | | | | | | | | | | |
| 2) | | | | | | _ | | | | |
| 3) | | | | | | | | | | |
| 1) | Enter here and | | _ _ | | | | | | | Enter here and on p |
| otals | Part I, line 9, o | come, O | | an Advertisi | | ome (se | ee instru | ctions) | , | Part I, line 9, colum |
| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expe direct connect product unreli business | ctly ed with tion of ated | from unrelated or business (cc 2 minus colum If a gain, com cols 5 throug | olumn nn 3) pute | 5. Gross from acti is not un business | vity that irelated | 6. Expens attributab column | le to | 7. Excess exer expenses (column 6 mir column 5, but more than column 4) |
| 1) | | | | | | | | | | |
| 2) | | | | 1 | | | | | | |
| 3) | | | | | | | | | | |
| <u> </u> | | | | | | | | | | |
| l) | | | | | | | | | | |
| 1) | Enter here and on page 1, Part I, line 10, col (A) | Enter here page 1, line 10, o | Part I, | | | | | | | on page 1, |
| t) otals ▶ | page 1, Part I, line 10, col (A) | page 1, line 10, d | Part I, | - | | | | | | on page 1, |
| otals | page 1, Part I, line 10, col (A) | page 1, line 10, o uctions) | Part I, | idated Basis | | | | <u> </u> | | on page 1, |
| otals | page 1, Part I, line 10, col (A) | page 1, line 10, o uctions) | Part I, | 4. Advertisii | ng | | | | | on page 1, Part II, line 2 |
| otals | page 1, Part I, line 10, col (A) | page 1, line 10, o uctions) | Part I, col (B) Consol | | ng (col 3) If | 5. Circu | | 6. Readers | ship | 7. Excess reade costs (column minus column 5 |
| otals | page 1, Part I, Inne 10, col (A) come (see instriction (A) 2. Gross advertising | page 1, line 10, outtions) sed on a (| Part I, col (B) Consol | 4. Advertisii gain or (loss) 2 minus col 3 a gain, comp | ng (col 3) If | | | | ship | 7. Excess reade costs (column minus column 5 not more tha |
| otals | page 1, Part I, Inne 10, col (A) come (see instriction (A) 2. Gross advertising | page 1, line 10, outtions) sed on a (| Part I, col (B) Consol | 4. Advertisii gain or (loss) 2 minus col 3 a gain, comp | ng (col 3) If | | | | ship | 7. Excess reader costs (column minus column 5 not more than |
| otals | page 1, Part I, Inne 10, col (A) come (see instriction (A) 2. Gross advertising | page 1, line 10, outtions) sed on a (| Part I, col (B) Consol | 4. Advertisii gain or (loss) 2 minus col 3 a gain, comp | ng (col 3) If | | | | ship | 7. Excess reade costs (column minus column 5 not more tha |
| otals | page 1, Part I, Inne 10, col (A) come (see instriction (A) 2. Gross advertising | page 1, line 10, outtions) sed on a (| Part I, col (B) Consol | 4. Advertisii gain or (loss) 2 minus col 3 a gain, comp | ng (col 3) If | | | | ship | 7. Excess reade costs (column minus column 5 not more tha |

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)

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|--------|--------|-------|-------|---|
| H | _ T 73 | испг. | TUINT | |

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

THE TAXPAYER HAS DETERMINED THAT THERE ARE NO UNRELATED BUSINESS INCOME ACTIVITIES DURING THE CURRENT YEAR.

37-1224992 * ATTACHMENT 2

| <u>F(</u> | DRM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE |
|-----------|--|
| 1 | UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34). |
| | TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX |
| | COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP |
| _ | TAX ON LINE 1 FIGURED USING THE 21% RATE |
| 4 | MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184 |
| | IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018 |
| 5 | MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181 |
| | IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017 |
| 6 | DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365 |
| | IN THE CORPORATION'S TAX YEAR |
| 7 | DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365 |
| | IN THE CORPORATION'S TAX YEAR |
| Ω | ADD TIMES 6 AND 7. THE TOTAL TAY FOR THE ETCOAL VEAD |