NOTICE 2018-100

EXTENDED	TO	NOVEMBER	15.	201

Exempt Organization	Business Income Tax Return ax under section 6033(e))
r calendar year 2018 or other tax year beginning	, and ending

OMB No 1545-0687

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only D Employer identification number (Employees' trust, see

A Check box if address changed	Name of organization ((Employer identification number (Employees' trust, see instructions)
B Exempt under section Pri	of Kalamazoo, MI	38-1360598
X 501(c 3) 408(e) 220(e)	Number, street, and room or suite no. If a P.O. box, see instructions. 353 EAST MICHIGAN	E Unrelated business activity code (See instructions)
408A 530(a) 529(a)	City or town, state or province, country, and ZIP or foreign postal code KALAMAZOO , MI 49007	

C Book value of all assets at end of year F Group exemption number (See instructions.) G Check organization type X 501(c) corporation

H Enter the number of the organization's unrelated trades or businesses.

501(c) trust 401(a) trust Other trust Describe the only (or first) unrelated

> 14 15

16 17

18

19

20

22b

24

26

27 28

29

31

trade or business here . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or

business, then complete Parts III-V.

Department of the Treasur

Internal Revenue Service

ı	During the tax year, was the c	orporation	n a subsidiary in an affiliated gro	oup or a parent-subsidiary controlled group?		Yes	S L No	
	If "Yes," enter the name and id	entifying	number of the parent corporatio	n. -				
J	The books are in care of	JIM	HEFFNER	Telephone number	$\overline{}$	(269)	345-55	95

Par	t I Unrelated Trade or Business Income	,		(A) Income	(B) Expenses	(C) Net
1a (Gross receipts or sales				•	
b l	Less returns and allowances c Ba	lance >	1c			_
2 (Cost of goods sold (Schedule A, line 7)	^	2			
3 (Gross profit. Subtract line 2 from line 1c	7 [3			
4a (Capital gain net income (attach Schedule D)	,	4a			
b f	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)) [4b			
c (Capital loss deduction for trusts		4c			
5 I	income (loss) from a partnership or an S corporation (attach st	tatement)	5			
6 F	Rent income (Schedule C)		6			
7 l	Unrelated debt-financed income (Schedule E)		7			
8 I	nterest, annuities, royalties, and rents from a controlled organiz	ation (Schedule F)	8			
9 I	nvestment income of a section 501(c)(7), (9), or (17) organiza	ition (Schedule G)	9			
	Exploited exempt activity income (Schedule I)		10	-		

11

OGDEN, UT

22a

Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)

Other income (See instructions, attach schedule)

- 15 Salaries and wages
- 16 Repairs and maintenance
- 17 Bad debts

11

18 Interest (attach schedule) (see instructions)

Advertising income (Schedule J)

- 19 Taxes and licenses
- Charitable contributions (See instructions for limitation rules) 20
- 21 Depreciation (attach Form 4562)
- Less depreciation claimed on Schedule A and elsewhere on return 22
- 23 Depletion
- Contributions to deferred compensation plans 24
- 25 Employee benefit programs
- Excess exempt expenses (Schedule I) 26
- 27 Excess readership costs (Schedule J)
- Other deductions (attach schedule)
- Total deductions. Add lines 14 through 28
- Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13
- Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)
- Unrelated business taxable income. Subtract line 31 from line 30

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

Form 990-T (2018)

823711 01-09-19

Schedule A - Cost of Goods	Sold. Enter	method of invei	ntory v	raluation ► N/A					
1 Inventory at beginning of year	1		1	Inventory at end of yea	ır		6		
2 Purchases	2		7	Cost of goods sold. St	ubtract l	ine 6	***		
3 Cost of labor	3			from line 5 Enter here	and in I	Part I,			
4 a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a	,	8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to			The same
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	From Real I	Property and	d Per	sonal Property L	.ease	d With Real Prop	erty)		
1. Description of property									
(1)									
(2)						_			
(3)	•								
(4)									
	2. Rent receive	ed or accrued				2/32			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	` of rent for	personal	conal property (if the percenta I property exceeds 50% or if sed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	r connect nd 2(b) (a	ed with the income in ttach schedule)	1
(1)				-		,-			
(2)							·		
(3)									
(4)				<u>.</u>					
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ictions)					
				2. Gross income from		3. Deductions directly conto debt-finance			
1. Description of debt-fir	nanced property		i	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)							1	-	
(2)	-					· · · · · · · · · · · · · · · · · · ·	1		
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis illocable to nced property i schedule)	•	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(c	8. Allocable deduct column 6 x total of co	olumns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		nter here and on pag Part I, line 7, column	
Totals				•		0	.		0.
Total dividends-received deductions in	cluded in column	8				•	-		0.
							•	Form 990-T	

Description of income Controlled Organizations Description Descr	chedule F - Interest,				Controlled O					struction	
23	1. Name of controlled organiza	ation	identification				ayments made included in the controlling		rolling	6. Deductions directly connected with income in column 5	
Context Controlled Organizations State State Controlled Organizations State State Controlled Organizations State State Controlled Organizations State State Controlled Organization State State Controlled Organization State State Controlled Organization State State Controlled Organization State	<u></u>							<u> </u>		-+	
33		<u> </u>						İ			
All		<u> </u>									
7. Total de recense de personations 8. Nel universitated recome lessoù pere ensurctions) 9. Total de specified payments 10. Para el cesarun à bast a uniculated 11. Description de recome in celulum 10 22. And columns & said 10 Enter hors said on page 1, Part 1, time 8, column (8) 4. Sai abellas 11. Description de recome 1. Description de recome 2. Amount of income 2. Amount of income 3. Description de recome 4. Sai abellas 5. Total description 12. Signate de column (8) 13. Description de recome 14. Description de recome 2. Amount of income 3. Description de recome 4. Sai abellas 5. Total description 17. Signate de column (8) 18. Part 1 (and columns & said 10 Enter hors said on page 1, Part 1, time 8, column (9) 19. Description de recome in celulum 10 10. Description de recome 1. Description de recome 2. Amount of income 2. Amount of income 3. Description de recome 4. Sai abellas 5. Total description 5. Total description 6. Expanses 6. Expanses 6. Expanses 6. Expanses 6. Expanses 7. Coloses team 8. Nel university correction 9. Total column (8) 10. Description de recome 11. Description de recome 11. Description de recome 12. Gross 13. Description de column (9) 14. Null recome (904) 15. Coloses team 16. Expanses 17. Coloses team 18. Enter hors aud on page 1, Part 1, Inve 9, column (9) 19. Description de column (9) 10. Description de column (9) 10. Description de column (9) 11. Description de column (9) 12. Description de column (9) 13. Description de column (9) 14. Null recome (904) 15. Coloses team 16. Expanses 17. Coloses team 18. Enter hors aud on page 1, Part 1, time 9, column (9) 19. Description de column (9) 19. De								Ì			
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	ntale (carry to Part II line /5\\		0.	n			1				0.
r QQn_T //	oters (carry to rait ii, line (3))		<u> </u>		•1		1		L		Form 990-T (2018

Pair 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	0.	0.			· · • ·	0
	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)	0.	0.	_			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		>	0.

Form 990-T (2018)