							29393	3 4	103316 9
Form 990-T	E	Exempt Orga	nization Bus	ine	ss Inc	ome Ta			OMB No 1545-0687
	_	(a	nd proxy tax und	er se	ection 60	33(e))			2010
	For ca	lendar year 2018 or other tax ye	ear beginning		, and	l ending	_	_	2018
Department of the Treasury		•	irs.gov/Form990T for in						Open to Public Inspection for
Internal Revenue Service		Do not enter SSN numbe					ion is a 501(c)(3)	<u> </u>	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (	Check box if name c	hanged	d and see ins	tructions.)		_ (Emp	loyer identification number ployees' trust, see uctions )
B Exempt under section	Print					N, INC.			<u> 1098146</u>
X 501(c)(3 <b>(</b> )/	or Type	Number, street, and roon		•	nstructions.				lated business activity code instructions)
408(e) 220(e)	1,700	2222 S PARK							
408A530(a)		City or town, state or pro	The state of the s	_	ın postal cod	le			100
C Book value of all assets		MADISON, WI		8			_	53 <u>1</u>	.120
at end of year	70	F Group exemption number		<u> </u>		-01/a) Amusah	401(a)	4	Other truet
4,958,5	_			1		501(c) trust	401(a)		Other trust
H Enter the number of the				1	_	_	e only (or first) un		
		EE STATEMENT		eto I ne	ad II. as mala	•	omplete Parts I-V.		
	-	ice at the end of the previou	us sentence, complete Pa	irts i ai	ia ii, compie	te a Scriedule i	n ioi eacii audilloii	ai ii au	e oi
business, then complete  I During the tax year, was			affiliated group or a parer	st-cube	udiany contro	allad group?		1 v	es X No
	-	tifying number of the parer		เเรียบธ	sicially contact	nied group?			ts LALINO
J The books are in care of			it corporation.			Telephon	e number 🕨 6	<u> </u>	729-1200
		de or Business Inc	come		(A) Ir	come	(B) Expenses		(C) Net
1a Gross receipts or sale	s								· · · · · · · · · · · · · · · · · · ·
<b>b</b> Less returns and allow			c Balance	1c					
2 Cost of goods sold (S		A. line 7)	,	2					
3 Gross profit. Subtract				3					
4a Capital gain net incom				4a					
		art II, line 17) (attach Form	n 4797)	4b					
c Capital loss deduction			·	4c					
5 Income (loss) from a	partners	ship or an S corporation (a	ttach statement)	5					
6 Rent income (Schedu	le C)			6					
7 Unrelated debt-finance	ed incor	me (Schedule E)		7	78	8,084.	100,6	04.	-22,520.
8 Interest, annuities, roy	alties, a	and rents from a controlled	organization (Schedule F)	8					
9 Investment income of	a section	on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9					
10 Exploited exempt active	vity inco	me (Schedule I)		10					
11 Advertising income (S		•		11					<u>.</u>
12 Other income (See ins		•		12		2 2 2 4	100 5	<u> </u>	22 522
13 Total. Combine lines				13		<u>8,084.</u>	100,6	04.	-22,520.
		ot Taken Elsewhei utions, deductions must					ncome )		
			- DECEI	VE	D		,	44	
	icers, di	rectors, and trustees (Sche	, out ( )					14	
<ul><li>15 Salaries and wages</li><li>16 Repairs and mainten</li></ul>	2000		C143 NOV 2 2	204	19 (8)			15 16	
<ul><li>16 Repairs and mainten</li><li>17 Bad debts</li></ul>	alice		등 NOV <b>2</b> 2	20	ıa Köl			17	
18 Interest (attach sche	dule\ (e	ee instructions\		. 1	<u>-</u> 18			18	-
19 Taxes and licenses	uuiu) (3	oo mon dononoj	OGDE	<u>۷, ل</u>	)			19	<del></del>
	ons (Se	e instructions for limitation	rules)					20	-
21 Depreciation attach						21			
		n Schedule A and elsewher	e on return			22a		22b	
23 Depletion						<u> </u>		23	
24 Contributions to defe	rred co	mpensation plans						24	
		*						05	

C	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7	78,084.	100,6	04.	-22,520.
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10		. <u> </u>		
11	Advertising income (Schedule J)	11				
12	Other income (See instructions; attach schedule)	12				
13	Total. Combine lines 3 through 12	13	78,084.	100,6	04.	-22,520.
Pa	THE Deductions Not Taken Elsewhere (See instructions for (Except for contributions, deductions must be directly connected to the directly connected	<del>d-with</del>	the unrelated business	s income )	,	
14	Compensation of officers, directors, and trustees (Schedule K)RECEI	V L			14	
15	Salaries and wages		9 50-51		15	
16	Repairs and maintenance NOV 2 2	<b>2</b> 201	19   <del>4</del>		16	
17	Bad debts		]≝		17	
18	Interest (attach schedule) (see instructions) OGDE1	VI.	JT		18	
19	Taxes and licenses	-, -	نــــا		19	
20	Charitable conflibutions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562)		21		]	
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	
23	Depletion E				23	<del></del>
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)				28	
29	Total deductions Add lines 14 through 28				29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract	t line 2	9 from line 13		30	-22,520.
31	Deduction feenet operating loss arising in tax years beginning on or after Janua	ry 1, 20	)18 (see instructions)		31	
32	Unrelated business taxable income Subtract line 31 from line 30				32	-22,520.
82370	of 101-09-19 LHA For Paperwork Reduction Act Notice, see instructions					Form <b>990-T</b> (2018)
		1				

Form 990-	ORDIN DENOUE OF CHEMIEN TERESON THOU		<u> 39-10</u>	98146	Page 2
Part I	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	ee instru	ctions)	33	-22,520.
34	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr	uctions)	STMT 2	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	sum of			
	lines 33 and 34			36	-22,520.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
38	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	00,		38	-22,520.
Part I				1 00 1	22,3200
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)		_	> 39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 3	•	- <del></del>	
40	Tax rate schedule or Schedule D (Form 1041)	OH IIII O	o iroin.	► 40	
44	<u> </u>			40	<u></u>
41	Proxy tax See instructions		•		
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			44	0.
Part \		1			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b		-	
C	General business credit. Attach Form 3800	45c	<u> </u>	_	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		4	
е	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44		•	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	66	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	0.
50 a	Payments. A 2017 overpayment credited to 2018	50a			
b	2018 estimated tax payments	50b			
c	Tax deposited with Form 8868	50c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			
	Backup withholding (see instructions)	50e			
	Credit for small employer health insurance premiums (attach Form 8941)	50f	· · · · · · · · · · · · · · · · · · ·		
a	Other credits, adjustments, and payments: Form 2439				
٠	Form 4136 Other Total	50g			
51	Total payments Add lines 50a through 50g			51	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	► 53	
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	<b>55</b>	
Part \		on (see		1 00	
	At any time during the 2018 calendar year, did the organization have an interest in or a signature				Yes No
00	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization		<del>-</del>		163 160
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the				
	here	loroigir	bountry .		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ancferor	to a foreign truct?		$-\frac{x}{x}$
31	If "Yes," see instructions for other forms the organization may have to file.	ansicioi	to, a foreign trust.		<u> </u>
58	Enter the amount of tax-exempt interest received or accrued during the tax year				
		statements	and to the best of my k	nowledge and bel	ef. it is true.
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and scorrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of the taxpayer (other than taxpayer) is based on all information of the taxpayer (other than taxpayer) is based on all information of the taxpayer (other than taxpayer) is based on all information of the taxpayer (other than taxpayer) is based on all information of the taxpayer (other than taxpayer) is based on all information of than taxpayer (other than taxpayer) is based on all information of than taxpayer (other than taxpayer) is based on all information of than taxpayer (other than taxpayer).		knowledge	May the IRS disc	uss this return with vn below (see
				instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Da	re//	Check	ıf PTIN	
Paid	SCOTT HAUMERSEN,	1/13/19	g self- employe	I	004000
Prepa	rer CPA	1 1	<del>                                     </del>		084908
Use C	only Firm's name ► WEGNER CPAS, LLP		Firm's EIN J	> 39-0	0974031
	2921 LANDMARK PL STE 300			coo o-	4 4000
	Firm's address ► MADISON, WI 53713-4236		Phone no	608-27	
823711 01	-09-19			Fo	rm <b>990-T</b> (2018)

Schedule A - Cost of Good	s Sold. Enter	method of invent	tory valuation   N/A				<del>-</del>	
1 Inventory at beginning of year	1		6 Inventory at end of year	-		6		_
2 Purchases	2		7 Cost of goods sold St	ubtract	line 6			
3 Cost of labor	3		from line 5. Enter here	and in	Part I,			
4 a Additional section 263A costs			line 2			7	<u> </u>	
(attach schedule)	4a		8 Do the rules of section	263A (	with respect to		Yes No	0
<b>b</b> Other costs (attach schedule)	4b		property produced or a	acquire	d for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property	Leas	ed With Real Pro	pert	ty)	
1 Description of property								
(1)								
(2)								_
(3)								
(4)								
	2. Rent receiv	ed or accrued	•					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for pe	nd personal property (if the percenta ersonal property exceeds 50% or if is based on profit or income)	age	3(a) Deductions directly columns 2(a) an		cted with the income in (attach schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income Add totals of columns	2(a) and 2(b). Er	iter			(b) Total deductions Enter here and on page 1.			
here and on page 1, Part I, line 6, column		<u> </u>		0.	Part I, line 6, column (B)	<b>&gt;</b> _	0	<u>.</u>
Schedule E - Unrelated Del	ot-Financed	I Income (see i	nstructions)	,				
			2 Gross income from		3 Deductions directly coni to debt-financ			
1 Description of debt-fit	nanced property	1	or allocable to debt-	(a) Straight line depreciation		(b) Other deductions		_
	nancou property		financed property		(attach schedule)	(attach schedule)		
A) OFFICE DILLI DING			00 201	S	TATEMENT 5	_	STATEMENT 6	
(1) OFFICE BUILDING			80,201.		29,713	•	73,619	•
(2)						+		
(3)						_		_
					<b>-</b>	+		—
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	,	8 Allocable deductions (column 6 x total of column 3(a) and 3(b))	S
(1) 1,783,391.	1	,831,805.	97.36%		78,084	•	100,604	
(2)			%					
(3)			%					
(4)			%			Џ_		_
STATEMENT 3	STATI	EMENT 4			inter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Totals			▶.		78,084		100,604	
Total dividends-received deductions in	cluded in column	ı 8					0	١.

(1) (2) (3)(4) 0 0. Totals (carry to Part II, line (5))

Form 990-T (2018)

Part 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)

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)	1					
(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.

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		<b>•</b>	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

RENTAL INCOME FROM DEBT-FINANCED PROPERTY

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/10	5,109.	0.	5,109.	5,109.
12/31/11	11,571.	0.	11,571.	11,571.
12/31/12	3,689.	0.	3,689.	3,689.
12/31/13	3,940.	0.	3,940.	3,940.
12/31/14	7,607.	0.	7,607.	7,607.
12/31/15	16,748.	0.	16,748.	16,748.
12/31/16	18,052.	0.	18,052.	18,052.
12/31/17	20,018.	0.	20,018.	20,018.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	86,734.	86,734.

1,783,391.

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ACQUISITION DEBT	INCOME	STATEMENT 3
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING
OFFICE BUILDING	1	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH		1,793,427. 1,791,648. 1,789,863. 1,787,860. 1,786,065. 1,784,194. 1,782,388. 1,780,507. 1,778,692. 1,776,871. 1,774,975. 1,774,204.
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		21,400,694.

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

AVERAGE AQUISITION DEBT

FORM 990-T . SCHEDULE E - UNRELATED D. AVERAGE ADJUSTED		INCOME	STATEMENT	4
DESCRIPTION OF DEBT-FINANCED PROPERTY		ACTIVIT NUMBER		
OFFICE BUILDING		1	 AMOUNT	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST AVERAGE ADJUSTED BASIS OF PROPERTY LAST			2,140,7 1,522,9	
AVERAGE ADJUSTED BASIS OF PROPERTY FOR T	HE YEAR		1,831,8	05.
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN	5			
FORM 990-T SCHEDULE E - DEPRECIA	TION DEDUCTION	ON	STATEMENT	5
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION - SUBTOTAL -	1	29,713.	29,7	13.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(A)		29,7	13.
FORM 990-T SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT	6
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
PERSONNEL COSTS UTILITIES WASTE REMOVAL SUPPLIES MAINTENANCE INSURANCE INTEREST JANITORIAL		20,325. 12,357. 5,524. 1,705. 13,234. 7,686. 10,158. 2,630.	72 6	1.0
- SUBTOTAL -	1		73,6	
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(B)		73,6	19.