AMENDED RETURN - Section 512 (a)(7) Repeal

Form	990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							
rorm y		For calendar year 2017 or other tax year beginning 07/01 , 2017, and ending 06/30 , 20 18 .						7	
Donaste	and of the Transius.	For cale					18		71:
	nent of the Treasury Revenue Service								
	Check box if address changed		Name of organization (Check box if name changed and see instructions.) D Employer identification number						
	pt under section		ERIKSON INSTITUTE	8				yees' trust, see instr	
)1(C)(3)	Print	Number, street, and room or suite no. If a P.O. box	, see ins	structions.			36-2593545	
☐ 40		Type	451 NORTH LASALLE STREET					ed business activit	y codes
40	_	.,,,,,	City or town, state or province, country, and ZIP or	foreign	postal code		(See in	structions.)	
_ 🗆 52			CHICAGO, IL 60654-4510						
C Book at en	yalue of all assets d of year		oup exemption number (See instructions.						
			eck organization type 🕨 🗸 501(c) corp		n 501(c)	trust] 401(a) t	rust 🗌 Othe	er trust
			n's primary unrelated business activity.						
	-		e corporation a subsidiary in an affiliated grou	-		controlled g	roup? .	. ▶ ∐ Yes ∣	✓ No
			and identifying number of the parent corp	oration		vanisarius		1010) 755 00	-
			PATRICIA LAWSON or Business Income		(A) Income	one numbe	penses	(312) 755-22 (C) Net	
1a	Gross receipts				(A) IIICOIIIE	(6) 6	cpenses	(C) Net	7
b	Less returns and a			1c	o				
2			chedule A, line 7)	2	0		STATE AND LABOR.		2 (83)
3	_		line 2 from line 1c	3	0			AUL	0
4a	-		ne (attach Schedule D)	4a	0				0
b	. •		1797, Part II, line 17) (attach Form 4797)	4b	0	20.70			0
С	Capital loss de			4c	0	White I have			0
5	•		erships and S corporations (attach statement)	5	0		51 W E	15	0
6	Rent income (S	Schedu	le C)	6	0		0		O
7	Unrelated debt	t-financ	ed income (Schedule E)	7	0		0	(
8	Interest, annuities,	royalties,	and rents from controlled organizations (Schedule F)	8	0		0		
9	Investment income	e of a sec	tion 501(c)(7), (9), or (17) organization (Schedule G)	9	0		0	(
10			vity income (Schedule I)	10	0		0	(
11	-		chedule J)	11	0		0	()
12	•		ructions; attach schedule)	12	0			0	-
13			3 through 12	13	0	\ <u>\</u>	0	0	
Part			Taken Elsewhere (See instructions for			ions.) (Exce	ept for co	ontributions,	
14			be directly connected with the unrelate ers, directors, and trustees (Schedule K)				. 14		1
15	,		•			* * *	. 15		
16	Renairs and m.	agos aintena		• 50					_
17									-
18			ule)						
19	•								
20	Charitable con	tributio	ns (See instructions for limitation rules) .	. 363	€ 6, 8 8, x x	x x x x ,	. 20	(
21	Depreciation (a	ittach F	orm 4562)	100	. 21		504		
22	•		med on Schedule A and elsewhere on ret			0	22t) (
23									-
24			red compensation plans				_		-
25			grams						+
26			ses (Schedule I)						_
27 28			sts (Schedule J)						_
20 29		-	ch schedule)						-
30			able income before net operating loss dec					0	-
31			duction (limited to the amount on line 30)					0	
			xable income before specific deduction.					0	
33			enerally \$1,000, but see line 33 instruction					0	
34	Unrelated bus	iness t	axable income. Subtract line 33 from lin	e 32. l:	f line 33 is greate	r than line 3	32,		
	enter the small	er of ze	ro or line 32				34	0	

For Paperwork Reduction Act Notice, see instructions.

1

Part I		ax Computation						
35		zations Taxable as Corporations. ers (sections 1561 and 1563) check he		tion. Controlled grou	dr			
а	Enter y	our share of the \$50,000, \$25,000, ar	nd \$9,925,000 taxable income brad	ckets (in that order):		ragi		
b	Enter o	rganization's share of: (1) Additional sitional 3% tax (not more than \$100,00	5% tax (not more than \$11,750)	\$	199			
С		tax on the amount on line 34			> 3	5c	0	
36		Taxable at Trust Rates. See			on 🔳	00		1
		ount on line 34 from: 🔲 Tax rate sch	•		-	6		
37		tax. See instructions		-		7		\vdash
		tive minimum tax			_	8		
39		Non-Compliant Facility Income. Se			_	9		1
40		Add lines 37, 38 and 39 to line 35c or			_	10	0	1
Part I		ax and Payments	22.6.15.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.	24 26 20 20 20 20 20				
	_	tax credit (corporations attach Form 11	18; trusts attach Form 1116)	41a				
		redits (see instructions)		41b	77	85		
		l business credit. Attach Form 3800 (41c	- 18			1
d	Credit f	for prior year minimum tax (attach Foi	rm 8801 or 8827)	41d	8			
е		redits. Add lines 41a through 41d .			4	1e	0	9
42	Subtrac	ct line 41e from line 40			4	2	0	
43	Other tax	xes. Check if from: 🔲 Form 4255 🔲 Form	4	13	0			
44	Total ta	ax. Add lines 42 and 43	4	4	0			
45a		nts: A 2016 overpayment credited to		45a 0	100	100		
b	2017 estimated tax payments							
С	Tax deposited with Form 8868							
d		organizations: Tax paid or withheld		45d	18	300		
е		withholding (see instructions)		45e	169	859		
f		for small employer health insurance p	remiums (Attach Form 8941) 🕫	45f				
g		eredits and payments:	2439		1029			
4.0	Forn		·	45g 0	100			
46	-	payments. Add lines 45a through 45g				16	22,372	-
47 48		ted tax penalty (see instructions). Che			_	17	0	
40 49		e. If line 46 is less than the total of lin				18 19	22,372	_
50	-	e amount of line 49 you want: Credited to	The state of the s	Refunded	_	50		-
Part		tatements Regarding Certain A				00	22,372	1
51	_	time during the 2017 calendar year, o			or other	r outhorit	Yes	No
51		financial account (bank, securities, o					y	
		Form 114, Report of Foreign Bank	, ,	,	,		1554340	
	here ▶		,		•	,	-	- Constitution
52	During t	he tax year, did the organization receive	a distribution from, or was it the grant	or of, or transferor to, a	foreig	n trust? .	_	
	_	see instructions for other forms the c			,		200	See III
53	Enter th	ne amount of tax-exempt interest rec	eived or accrued during the tax ye	ar ▶ \$			1000	
0.	Under	penalties of perjury, I declare that I have examined orrect, and complete. Declaration of preparer (other	this return, including accompanying schedule	es and statements, and to th	e best o	f my knowled	ige and be	elief, it is
Sign	6	oriect, and complete, Declaration of preparer (other	rad L		M	lay the IRS d		
Here		er Cous		NCE AND OPERATIONS & C		ith the prepa ee instruction		
	Signat	ure of officer	Date Title					
Paid		Print/Type preparer's name	Preparer's signature	Date	Check	if 📗	PTIN	
Prepa	Preparer self-employed							
Use (Firm's name ▶			Firm's			
		Firm's address ►			Phone		aan	Г

	90-T (2017)						PE	age ·	
Sche	dule A-Cost of Goods Sold.	Enter method of	inventory valua	ation 🕨				0	
1	Inventory at beginning of year	1			t end of year	6	0		
2	Purchases	2	0 7 C	ost of	goods sold. Subtract				
3	Cost of labor	3	0 lir	ne 6 from	line 5. Enter here and	1			
4a	Additional section 263A costs		in	Part I, lin	e2	7	0		
	(attach schedule)	4a	0 8 D	o the rul	es of section 263A (wit	h respect to	Yes	No	
b	Other costs (attach schedule)	4b	0 pi	roperty pi	roduced or acquired for	resale) apply	1,32,14		
5	Total. Add lines 1 through 4b	5			nization?				
Sche	dule C-Rent Income (From		nd Personal Pr	operty L	eased With Real Pro	perty)			
	instructions)			W. 11.45		30000			
	ription of property							_	
	Tiplion of property							_	
(1)								_	
(2)									
(3)								_	
(4)	2 Pont re	ceived or accrued						_	
_	Z. helit le				O(-) De duetions dispetiu	طغ طغنين لمصمحه	o innomo		
	om personal property (if the percentage of re personal property is more than 10% but not more than 50%)	and personal propert int for personal proper int is based on profit o	ty exceeds	3(a) Deductions directly in columns 2(a) and			;		
(1)									
(2)									
(3)									
(4)	1								
Total		0 Total			O (b) Total deductions				
	al income. Add totals of columns 2(a)	and 2(b) Enter			(b) Total deductions. Enter here and on page 1,				
	nd on page 1, Part I, line 6, column (A)				0 Part I, line 6, column (B) ▶				
Sche	dule E-Unrelated Debt-Fina	nced Income (se	e instructions)						
			2. Gross incom	e from or	3. Deductions directly con	nected with or allo	cable to		
	1. Description of debt-financed	property	allocable to debt		debt-financed property (a) Straight line depreciation (b) Other deduction				
			propert	v I	(a) Straight line depreciation (b) Other deduction				
			propert	,	(attach schedule)	(attach scl	nedule)		
(1)			propert	,	(attach schedule)	(attach scl	hedule)		
			рюрых	,	(attach schedule)	(attach scl	hedule)		
(2)			p.ops.	,	(attach schedule)	(attach scl	hedule)		
(2) (3)			proper	,	(attach schedule)	(attach scl	hedule)		
(2) (3)	A Amount of average 5 Ave	erane adjusted basis			(attach schedule)				
(2) (3) (4)	acquisition debt on or debt-financed deb	erage adjusted basis of or allocable to t-financed property attach schedule)	6. Colum 4 divide by colum	nn d	7. Gross income reportable (column 2 × column 6)	8. Allocable d (column 6 × tota 3(a) and	leductions		
(2) (3) (4)	acquisition debt on or debt-financed deb	of or allocable to t-financed property	6. Colum 4 divide	nn d	7. Gross income reportable	8. Allocable d	leductions		
(2) (3) (4) a p	acquisition debt on or debt-financed deb	of or allocable to t-financed property	6. Colum 4 divide	1n d n 5	7. Gross income reportable	8. Allocable d	leductions		
(2) (3) (4) a p (1)	acquisition debt on or debt-financed deb	of or allocable to t-financed property	6. Colum 4 divide	որ d n 5	7. Gross income reportable	8. Allocable d	leductions		
(2) (3) (4) (4) (1) (2) (3)	acquisition debt on or debt-financed deb	of or allocable to t-financed property	6. Colum 4 divide	nn d n 5 %	7. Gross income reportable	8. Allocable d	leductions		
(2) (3) (4) (1) (2) (3)	acquisition debt on or debt-financed deb	of or allocable to t-financed property	6. Colum 4 divide	nn d n 5 % %	7. Gross income reportable (column 2 x column 6) Enter here and on page 1, Part I, line 7, column (A).	8. Allocable d	leduction: al of colun 3(b))	e 1 (B).	
(1) (2) (3) (4)	acquisition debt on or debt of the common of	of or allocable to t-financed property attach schedule)	6. Colum 4 divide	nn d n 5 % %	7. Gross income reportable (column 2 × column 6) Enter here and on page 1,	8. Allocable of (column 6 × tota 3(a) and	leduction: al of colun 3(b))	e 1,	

	edule F—Interest, Ann					Organizations	1		1	
	Name of controlled organization	2. Employer identification number	3. Net unrelated incom (loss) (see instructions			4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)										
(2)										*
(3)										
(4)										
None	exempt Controlled Organi	zations								
	7. Taxable Income 8. Net unrelated i (loss) (see instru					tal of specified ments made	10. Part of column included in the coorganization's groundstated	ontrolling	conne	Deductions directly cted with income in column 10
(1)										
(2)		4							1	
(3)									-	
(4)										
Total:	s	Income of a Sec	tion 5	 (01(c)		or (17) Organi	Add columns 5 Enter here and o Part I, line 8, co	n page 1, lumn (A).	Enter Part I	columns 6 and 11. here and on page 1, , line 8, column (B).
W.	1. Description of income		2. Amount of income		3. direc	Deductions tly connected ach schedule)	4. Set-asides (attach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)						Name of the last o				pido doi: 17
(2)										
(3)									_	
(4)										
Total:	s	Enter here ar Part I, line 9	column	0 (A).			come (see inst		Part I, I	ere and on page 1, ine 9, column (B). 0
	1. Description of exploited activ	2. Gross unrelate business ind from trade busines	come or	dir connec produ unre	penses ectly cted with ction of elated es income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Exp attribut colu	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)	V V									
(2)									_	
(3)										
(4)										13
		Enter here a page 1, Pa line 10, col	rti, 📗	page 1	re and on I, Part I, , col. (B).			23 3		Enter here and on page 1, Part II, line 26.
Totals		2. ▶	0		0			· 158	elu "	0
	edule J-Advertising I									
Par	t I Income From P	eriodicals Repo	rted c	on a (Consoli	dated Basis				·
	1. Name of periodical	2. Gross advertisin income	ig		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Read co		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										1 . 1 1
(3)										
(4)										
							×			
Totals	s (carry to Part II, line (5)) .	. >	0		0	0				0 Form 990-T (2017

Part II Income From Periodi	cals Reported	on a Separat	e Basis (For ea	ach periodical li	sted in Part II	, fill in columns
2 through 7 on a line-b	y-line basis.)			77		
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
	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		de Tile		0
Schedule K-Compensation of	Officers, Direc	tors, and Trus	stees (see instri			
1. Name		2. Title		3. Percent of time devoted to business		tion attributable to ed business
(1)				%		
(2)				%	5	
(3)				%	5	
(4)				%	5	
Total. Enter here and on page 1, Part II, lir	ne 14				·	0

Form 990T Part I, Line 12

Other Income

Description	Amount ~
NEW ACTIVITY	
(1) TOTAL TAXABLE TRANSIT/PARKING COSTS (EE PRETAX +ER NET OF EE PRE/POST TAX)	0
2) IL REPLACEMENT TAX	0
3) IL CORPORATE TAX	. 0
Total	0
Total for Part I, Line 12	0

Form 990T Part IV, Line 45b	Estimated Tax Payments	
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Date	Amount
06/14/2018	22,372
Totals	22.372

990T

Form

Schedule of Changes in Exempt Organization Business Income Tax Return

For tax year beginning 7/1/2017 and ending 6/30/2018

Part #	<u>Line#</u>	<u>Description</u>	Prior Return Amount	Amended Return Amount	Reason for change	Comments
Part I		Unrelated Trade or Business Income				
6	3	*				
	12 (A) Income	Other income	94,413	(a)	See Note 1 below	See explanation below
	12 (C) Net	Other income	94,413	ē .	See Note 1 below See Note 1	See explanation below
	13	Total	94,413	٠	below	
Part II		Deductions Not Taken Elsewhere				
	30	Unrelated business taxable income before net operating loss deduction	94,413	120	See Note 1 below See Note 1	
	32	Unrelated business taxable income before specific deduction	94,413	(# °	below See Note 1	
	33 😉	Specific deduction	1,000	358	below See Note 1	
	34	Unrelated business taxable income	93,413	*	below	
Part III		Tax Computation Organizations Taxable as Corporations: Income tax on the amount on line			See Note 1	
	35c	34	19,815	3 €0	below See Note 1	
	40	Total	19,815	·*?	below	
Part IV	5	Tax and Payments				
	42	Subtract line 41e from line 40	19,815	=	See Note 1 below	
	44	Total tax	19,815	*	See Note 1 below	
	49	Overpayment	2,557	22,372		
	50	Enter the amount of line 49 you want: Refunded	=	22,372		
	50	Enter the amount of line 49 you want: Credited to 2018 estimated tax	2,557	ŭ	See Note 1 below	
		Explanation of amount in Form 990T, Part I, Line 12: New Activity TOTAL TAXABLE TRANSIT/PARKING COSTS (EE PRETAX +ER NET OF EE			See Note 1	
	(1)	PRE/POST TAX)	104,219	*	below See Note 1	
	(2)	IL REPLACEMENT TAX	. (2,581)	*	below See Note 1	
	(3)	IL CORPORATE TAX	(7,225)	(301)	below See Note 1	
		Total	94,413	<u>u</u> -	below See Note 1	ů.
		Total for Part I, Line 12	94,413		below	

	2 4				
				x	
		E.			
17					
56					
			8		
			4:		
,					
		8			

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

Form											
	For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 20 18.										
	ent of the Treasury		► Go to www.irs.gov/Form990T for instru	uctions	and the latest int	ormation.	14/61/01	Ope	to Pub	ic Inspectio anizations	n for
	Revenue Service	▶Dor	not enter SSN numbers on this form as it may be			zation is a bi		_	Programme and the same of	A TABLE SANS	
A D C	heck box if ddress changed		Name of organization (Check box if name ch	anged a	nd see instructions.)					cation num see instructio	
-	ot under section	Drint	ERIKSON INSTITUTE							500000A	
✓ 50	1(C)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.							ndas	
4 0	8(e) 🔲 220(e)	Туре	VDE 451 NORTH LASALLE STREET (See instructions.)								Juas
40	8A 🗌 530(a)		City or town, state or province, country, and ZIP or	foreign	postal code		1		7		
52			CHICAGO, IL 60654-4510						i_		_
C Book	value of all assets	F Gr	oup exemption number (See instructions.	.) ▶	=		7 404/			7 044	
	87,157,060		neck organization type 🕨 📝 501(c) corp		n 🔲 501(c)	trust [401(a) tru:	St _	Other to	rust
H De	scribe the orga	nization	's primary unrelated business activity.							4 . 🖼	Ma
I Dur	ring the tax year,	was the	e corporation a subsidiary in an affiliated grou	up or a	parent-subsidiary	controlled	group?			Yes 🛂	NO
If "	Yes," enter the	name a	and identifying number of the parent corp	oration	n. >					755 0050	
			PATRICIA LAWSON			one numb				755-2250	
Part	Unrelated	d Trad	e or Business Income		(A) Income	(B) E	xpenses	i i i i i i i i i i i i i i i i i i i		(C) Net	MINICH
1a	Gross receipts	or sale				11/1/5=9	NEW PA	100	可能	经有限	
b	Less returns and a			1c	0	WHEN S	10.00	Sept.		DISW!	
2			chedule A, line 7)	2	0	alexa)		216	AC TO	HALE,	
3			line 2 from line 1c	3	0	2 2 2	VENEZA	1100		0	
4a	Capital gain ne	et incor	ne (attach Schedule D)	4a	0		199	49		0	
b	Net gain (loss)	(Form 4	1797, Part II, line 17) (attach Form 4797)	4b	0	Same.	orbitale.	PH.		0	
C	Capital loss de	duction	n for trusts	4c	0		-del	N Year		′0	
5	Income (loss) fro	m partn	erships and S corporations (attach statement)	5	0	1 -6-16		5710		0	
6			le C)	6	0		0			0	
7			ed income (Schedule E)	7	0		0			0	
8	Interest, annuities,	rovalties,	and rents from controlled organizations (Schedule F)	8	0		0			0	
9	Investment income	e of a sec	tion 501(c)(7), (9), or (17) organization (Schedule G)	9	0		0			0	
10			ivity income (Schedule I)	10	0		0			0	
11	Advertising inc	ome (S	schedule J)	11	0		0	NAME OF THE PERSON		0	
12	Other income (See inst	ructions; attach schedule)	12	94,413	A STATE OF	los Using	THE O		94,413	
13	Total Combin	e lines	3 through 12	13	94,413		0			94,413	
Part	Deduction	ns Not	Taken Elsewhere (See instructions for	r limita	ations on deduc	tions.) (Exc	ept fo	r con	tributio	ons,	
	deduction	s must	be directly connected with the unrelate	ed bus	siness income.)						
14	Compensation	of offic	cers, directors, and trustees (Schedule K)	2 %		es (es 1601.16	7 . 2	14		0	
15	Salaries and w			. %				15		0	400
16	Repairs and m	-	nce	. 9	The first the first see		. [16		0	
17	5 1 1 1 1			. 14				17		0	
18	Interest (attach	sched	ule)			#1 (#1 (#1 (#1		18		0	
19	Taxes and lice	nses .		- 0	y v a a a a		300	19		0	_
20	Charitable con	tributio	ns (See instructions for limitation rules) .				· [20		0	
21	Depreciation (a	attach F	Form 4562)	. 9	. 21	0					
22	Less depreciat	tion cla	med on Schedule A and elsewhere on re	turn .	. 22a	0		22b		0	
23	Depletion							23		0	
24	Contributions 1	to defe	red compensation plans				. [24		0	
25	Employee ben	efit pro	grams				. [25		0	
26	Excess exemp	t exper	nses (Schedule I)				. [26		0	
27	Excess reader	shin co	sts (Schedule J)				. [27		0	
28	Other deduction	ons latte	ach schedule)					28		0	
29	Total deduction	ons. Ac	Id lines 14 through 28				. [29		0	15
30	Unrelated busin	ness ta	xable income before net operating loss de	ductio	n. Subtract line 2	9 from line	13	30	0	94,413	
31	Net operating	loss de	duction (limited to the amount on line 30)				.]	31		0	
32	Inrelated busi	iness te	xable income before specific deduction.	Subtra	ct line 31 from li	ne 30		32		94,413	
33	Specific deduc	ction (G	enerally \$1,000, but see line 33 instructio	ns for	exceptions) .			33		1,000	
33 34	Unrelated bus	siness	taxable income. Subtract line 33 from lin	ne 32.	If line 33 is great	er than line	32. 🏻				
•	enter the small	ler of ze	ero or line 32					34		93,413	
			Nation and instructions						Form	990-T (2	2017)

 OOO T	(0047)
990-T	(2017)

Page 2

Part		ax Computation	CONT A							
35	Organ	nizations Taxable as Corporations	s. See instructions for	r tax computat	ion. C	Controlled gro	up			T
_	members (sections 1561 and 1563) check here ▶ ☐ See instructions and: Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):									
а	Enter				kets (i	in that order):	17			
. h	(1) \$	(2) \$	(3)							
b	Eurei	organization's share of: (1) Additiona	al 5% tax (not more th		\$		_8			
_	(2) Ad	ditional 3% tax (not more than \$100	,000)	* * * *	\$		(3)			
C 26	Truct	e tax on the amount on line 34		* * * * *	2		▶ 3	5c	19,815	i
36	the an	Taxable at Trust Rates. Se	e instructions for t	ax computation	on. Ir	ncome tax	on 🕟			
07	D	nount on line 34 from: Tax rate so	nedule or 📋 Schedu	ule D (Form 104	11) .		3	16		
37	Proxy	tax. See instructions					▶ 3	17		
38	Alternative minimum tax									
39	The state of the s									
40	i otal.	Add lines 37, 38 and 39 to line 35c	or 36, whichever appli	ies	s 3-		4	0	19,815	
Part		ax and Payments								
41a	Foreig	n tax credit (corporations attach Form	1118; trusts attach Form	n 1116)	41a			3.4		
b	Other	credits (see instructions)			41b			133		1
С	Gener	al business credit. Attach Form 3800) (see instructions) 📡	* * * *	41c		(E	124		
d	Credit	for prior year minimum tax (attach F	orm 8801 or 8827)	* * * *	41d		18	100		
е	Total	credits. Add lines 41a through 41d				* * * * *	4	1e	0	
42	Subtract line 41e from line 40						4	2	19,815	
43	Other to	axes. Check if from: Form 4255 🗌 Fo	orm 8611 🗌 Form 8697 🗌	🗌 Form 8866 🔲 (Other (at	ttach schedule) .	4	3	0	
44	Total	tax. Add lines 42 and 43					4	4	19,815	
45a	Payme	ents: A 2016 overpayment credited t	o 2017		45a	0	1	28		
b	2017	estimated tax payments			45b	22,372	116			
C	Tax de	eposited with Form 8868			45c		121			
d	Foreig	n organizations: Tax paid or withheld	d at source (see instru	ctions)	45d					
е	Backu	p withholding (see instructions)			45e		100	400		
f	Credit	for small employer health insurance	premiums (Attach For	rm 8941) .	45f		1 27	53		
g	Other	credits and payments:					139	100		
		n 4136 Oth		Total ►	45g	0	183			
46		payments. Add lines 45a through 45			27 .5		4	6	22,372	
47	Estima	ted tax penalty (see instructions). Cl	neck if Form 2220 is a	ttached	£ .5			7		
48	Tax du	ie. If line 46 is less than the total of l	ines 44 and 47, enter	amount owed	s s		4	8	0	
49	Overp	ayment. If line 46 is larger than the t	total of lines 44 and 47	7, enter amount	over	oaid	4	9	2,557	
50	Enter th	e amount of line 49 you want: Credited t	:o 2018 estimated tax 🕨	2,55	117	Refunded	_		0	
Part '	V S	tatements Regarding Certain /	Activities and Othe	r Information) (see	instructions)				
51	At any	time during the 2017 calendar year,	did the organization	have an interes	t in or	a signature o	r other	authorit	v. Yes	No
	over a	financial account (bank, securities,	or other) in a foreign	country? If YES	S. the	organization	may h	ave to fil	A 1	1
	FINCE	N Form 114, Report of Foreign Bank	k and Financial Accou	ints. If YES, en	ter the	e name of the	foreig	n countr	y	144
	here 🕨	***************************************								
52	During	the tax year, did the organization receive	a distribution from, or v	was it the grantor	of, or	transferor to, a	foreian	trust? .		
	If YES,	see instructions for other forms the	organization may hav	e to file.		· ·			SEE SEE	100
53	Enter t	he amount of tax-exempt interest re	ceived or accrued dur	ing the tax year	r 🕨	\$			0000	100
	Under	penalties of perjury, I declare that I have examin	ed this return, including accor-	mnanvinn schedules	and etal	tomente, and to the	e best of	my knowled	ge and bel	lief, it is
Sign	_	orrect, and complete. Declaration of preparer (oth	er than taxpayer) is based on a	all information of which	h prepai	rer has any knowle		v the IRS o	liscuss this	return
Here	-	at loude	15/15/19	VP FOR FINANC	E AND	OPERATIONS & C	FO wit	h the prepa	irer shown	below
	Signa	ture of officer	Date	Title			(se	e instruction	s)? [Yes [□No
Paid		Print/Type preparer's name	Preparer's signature			Date	Charl	☐ if T	PTIN	
Prepa	rer						Check self-err			
Use C		Firm's name ▶					Firm's E		7	
J 30 C	- · · · y	Firm's address ▶					Phone		-1.	-
									n 990-T	(2017)

Cab-	90-1 (2017)	F 4 41 - 4 - 4	for a series and a series	luction >			
SCHE	edule A-Cost of Goods Sold.			iuation >	1 -1 -1 -1		0
1	Inventory at beginning of year	1	0 6	-	at end of year	6	
2	Purchases	2	0 7		goods sold. Subtract		- 1
3	Cost of labor	3	0		line 5. Enter here and	175511	ا
4a	Additional section 263A costs			,	ne 2	7	0 Yes N
	(attach schedule)	4a	0 8		les of section 263A (w	Itil Icopcot to	Yes N
b	Other costs (attach schedule)	4b	0		roduced or acquired for		100
5	Total. Add lines 1 through 4b	5	0		nization?		
	edule C—Rent Income (From Fe instructions)	Real Property ar	nd Personal	Property I	Leased With Real Pr	operty)	
1. Desc	cription of property						
(1)					+		
(2)							
(3)							
(4)							
(.)	2. Rent rec	eived or accrued					
(a) Fro	om personal property (if the percentage of rer personal property is more than 10% but not more than 50%)	percentage of rer	and personal prop nt for personal pro nt is based on pro	perty exceeds	3(a) Deductions directl in columns 2(a) ar	y connected with the nd 2(b) (attach schedu	
(1)							
(2)							
(3)							
(4)							
Total		0 Total			(b) Total deductions.		
	tal income. Add totals of columns 2(a)	and 2(b). Enter			Enter here and on page	e 1,	
here a	nd on page 1, Part I, line 6, column (A)	2 2 2			Part I, line 6, column (B) >	
Cal	dule E-Unrelated Debt-Finar	ced Income (se	e instructions	E .			
scne				ome from or	3. Deductions directly co	onnected with or alloca	able to
scne			2. Gruss IIIu				
scne	1. Description of debt-financed p	roperty	allocable to o	lebt-financed perty	(a) Straight line depreciation		ictions
ocne	1. Description of debt-financed p	roperty	allocable to o	lebt-financed			ictions
(1)	1. Description of debt-financed p	roperty	allocable to o	lebt-financed	(a) Straight line depreciation	(b) Other dedu	ictions
(1)	1. Description of debt-financed p	roperty	allocable to o	lebt-financed	(a) Straight line depreciation	(b) Other dedu	ictions
(1) (2)	1. Description of debt-financed p	roperty	allocable to o	lebt-financed	(a) Straight line depreciation	(b) Other dedu	ictions
(1) (2)			allocable to o	lebt-financed	(a) Straight line depreciation	(b) Other dedu (attach sche	actions dule)
(1) (2) (3) (4)	4. Amount of average 5. Average of acquisition debt on or of allocable to debt-financed debt-	rage adjusted basis or allocable to financed property tach schedule)	allocable to coprop	lebt-financed	(a) Straight line depreciation	(b) Other dedu	dule)
(1) (2) (3) (4)	Amount of average acquisition debt on or of allocable to debt-financed debt-	rage adjusted basis or allocable to financed property	allocable to coprop	lebt-financed perty	(a) Straight line depreciation (attach schedule) 7. Gross income reportable	(attach sche	dule)
(1) (2) (3) (4) a p	Amount of average acquisition debt on or of allocable to debt-financed debt-	rage adjusted basis or allocable to financed property	allocable to coprop	lebt-financed perty slumn iided umn 5	(a) Straight line depreciation (attach schedule) 7. Gross income reportable	(attach sche	dule)
(1) (2) (3) (4) a p	Amount of average acquisition debt on or of allocable to debt-financed debt-	rage adjusted basis or allocable to financed property	allocable to coprop	elebt-financed perty Dlumn ided umn 5	(a) Straight line depreciation (attach schedule) 7. Gross income reportable	(attach sche	dule)
(1) (2) (3) (4) a p	Amount of average acquisition debt on or of allocable to debt-financed debt-	rage adjusted basis or allocable to financed property	allocable to coprop	elumn ided umn 5	(a) Straight line depreciation (attach schedule) 7. Gross income reportable	(attach sche	dule)
(1) (2) (3) (4)	Amount of average acquisition debt on or of allocable to debt-financed debt-	rage adjusted basis or allocable to financed property	allocable to coprop	elumn ided umn 5	(a) Straight line depreciation (attach schedule) 7. Gross income reportable (column 2 × column 6) Enter here and on page 1, Part I, line 7, column (A).	8. Allocable dec (column 6 × total c 3(a) and 3 (dule) ductions for columns b))
(1) (2) (3) (4) (1) (2) (3) (4) Totals	4. Amount of average 5. Average acquisition debt on or of allocable to debt-financed debt-property (attach schedule) (at	rage adjusted basis or allocable to financed property tach schedule)	allocable to coprop	elumn ided umn 5	(a) Straight line depreciation (attach schedule) 7. Gross income reportable (column 2 × column 6) Enter here and on page 1,	8. Allocable dec (column 6 × total c 3(a) and 3(dule) ductions for columns b))

Schedule F-Interest, Ann	uities, Royalties,	and Ren	ts From	Controlled Ord	anizations (se	e instruc	ctions)		
		Exempt	Controlled	d Organizations	,	70 11101101	otionaj		
Name of controlled organization	2. Employer identification number	itification number 3. Net unrelated income 4. Total of spec		4. Total of specifie payments made	5. Part of column included in the organization's gr	controlling	connected with income		
(1)									
(2)						_	1		
(3)							-		
(4)							1		
Nonexempt Controlled Organia	zations					_			
7. Taxable Income		8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		connected with income in	
(1)							1		
(2)							1		
(3)							1		
(4)									
Totals			·	0 2	Add columns 5 Enter here and c Part I, line 8, cc	on page 1, olumn (A).	Enter Part	columns 6 and 11. here and on page 1, I, line 8, column (B).	
Schedule G-Investment I	ncome of a Sect	ion 501(c)(7), (9),	or (17) Organi Deductions					
1. Description of income	2. Amount of	income	dire	ctly connected ach schedule)	4. Set-aside (attach schedi			otal deductions sel-asides (col. 3	
(1)			(un	auti scriedule)				plus col, 4)	
(2)									
(3)									
(4)			1			-			
Totals Schedule I — Exploited Exe	Enter here and Part I, line 9, c	olumn (A). (Advortiging			Part I, I	ere and on page 1, ine 9, column (B). 0	
Corredate 1 Exploited Exe	inpt Activity inco				icome (see inst	ructions):	1	
Description of exploited activi	2. Gross unrefated ty business incor from trade o business	me conn r prod	Expenses directly ected with duction of nrelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)		_						 	
(2)		_							
(3)									
(4)									
Totals	Enter here and page 1, Part line 10, col. (A	l, page	nere and on e 1, Part I, 0, col, (B).					Enter here and on page 1, Part II, line 26.	
Schedule J-Advertising Ir	ncome (see instruc	tions)				1 1 1		0	
Part I Income From Pe	eriodicals Report	ted on a	Consoli	dated Basis					
1. Name of periodical	2. Gross advertising income	3.	Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation Income	6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)				SELEVALUE E					
(2)								A STATE OF THE STA	
(3)				HE STATE OF THE ST					
(4)									
								Marketon St.	
Totals (carry to Part II, line (5))	, ▶	0	0	0				000 T	

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership gain or (loss) (col. 2 minus col. 3). If costs (column 6 2. Gross 6. Readership 5. Circulation 3. Direct advertising minus column 5, but 1. Name of periodical costs advertising costs income income a gain, compute not more than column 4). cols. 5 through 7. (1) (2) (3) (4) 0 0 0 Totals from Part I Enter here and Enter here and on Enter here and on on page 1, Part II, line 27. page 1, Part I, page 1, Part I, line 11, col. (A). line 11, col. (B). 0 0 Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 2. Title t. Name unrelated business (1) % % (2)% (3) % \blacksquare 0 Total. Enter here and on page 1, Part II, line 14

Form 990-T (2017)

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Form 990T Part I, Line 12

Other Income

Description	Amount
NEW ACTIVITY	
(1) TOTAL TAXABLE TRANSIT/PARKING COSTS (EE PRETAX +ER NET OF EE PRE/POST TAX)	104,219
(2) IL REPLACEMENT TAX	-2.581
(3) IL CORPORATE TAX	-7,225
Total	94,413
Total for Part I, Line 12	94,413

Form 990T Part IV, Line 45b

Estimated Tax Payments

Date	Amount
06/14/2018	22,372
Totals	22,372