| EXTENDED          |       |            |        |        |
|-------------------|-------|------------|--------|--------|
| Exempt Organizati |       |            |        |        |
| (and prox         | y tax | under sect | ion 60 | 33(e)) |

| <b>Exempt</b> | Organization | <b>Business</b> | Income | Tax | Return |
|---------------|--------------|-----------------|--------|-----|--------|
| •             |              | x under section |        |     |        |

For calendar year 2017 or other tax year beginning OCT 1, 2017 and ending SEP 30, 2018

| partment of the Treasury | Go to www.irs gov/Form990T for Instructions and the latest information.                               |
|--------------------------|---|
| ernal Revenue Service    | ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). |
| <del></del>              |   |

| Internal Revenue Service                  |            | Do not eliter 334 intilibers on this form as it may be made bublic it your organization is a 30 i(c)(3) | - 1 20 I(CX3) Or  | ganizations Only |  |  |
|---|------------|---|---|------------------|--|--|
| A Check box if address changed            |            | Name of organization ( Check box if name changed and see instructions.)                                 | DEmployer identific<br>(Employees' trust<br>instructions) |                  |  |  |
| 8 Exempt under section                    | Print      | WESTMINSTER CANTERBURY CORPORATION  | 23-716249   |                  |  |  |
| X 501(C)(78 )<br>408(e) 220(e)            | or<br>Type | Number, street, and room or suite no. If a P O. box, see instructions 1600 WESTBROOK AVENUE             | E Unrelated busines<br>(See instructions)                 |                  |  |  |
| 408A 530(a)<br>529(a)                     | :          | City or town, state or province, country, and ZIP or foreign postal code RICHMOND, VA 23227-3337        | 523000  | 812930           |  |  |
| C Book value of all assets at end of year |            | F Group exemption number (See instructions.)  |   |                  |  |  |
| 306,079,4                                 | 11.        | G Check organization type ► X 501(c) corporation 501(c) trust 401(a)                                    | ) trust   | Other trust      |  |  |
| H Describe the organization               | 's prima   | ary unrelated business activity. > INVESTMENT INCOME AND EMPLOYEE                                       | PARKING   | 3                |  |  |
| I. During the tay year was:               | the core   | programs a subsidiance in an affiliated group or a parent-subsidiance controlled group?                 | Vac X   | No               |  |  |

| I D  | iring the tax year, was the corporation a subsidiary in an affiliated group or a parer | ıt-subsı | diary controlled group? | <b>▶</b> Ye                              | s X No                                   |
|------|--|----------|-------------------------|--|--|
| lf   | "Yes," enter the name and identifying number of the parent corporation.                |          |                         |  |  |
| J TI | ne books are in care of <b>MARTIN KANE</b> , DIRECTOR O                                | F F      | INANCE Telepho          | one number 🕨 $804-$                      | 264-6000                                 |
| Pa   | rt I . Unrelated Trade or Business Income  |          | (A) Income              | (B) Expenses                             | (C) Net                                  |
| 1 a  | Gross receipts or sales 16,099.  |          |                         | and the second                           | 2  |
| b    | Less returns and allowances c Balance  | 1c       | 16,099.                 | 1  |  |
| 2    | Cost of goods sold (Schedule A, line 7)  | 2        |                         |  | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |
| 3    | Gross profit. Subtract line 2 from line 1c   | 3        | 16,099.                 | م م الله الله الله الله الله الله الله ا | 16,099.                                  |
| 4 a  | Capital gain net income (attach Schedule D)  | 4a       |                         | M  |  |
| þ    | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                       | 4b       |                         | , , , , , , , , , , , , , , , , , , ,    |  |
| C    | Capital loss deduction for trusts  | 4c       |                         |  |  |
| 5    | Income (loss) from partnerships and S corporations (attach statement)                  | 5        | 7,272.                  |  | 7,272.                                   |
| 6    | Rent income (Schedule C)   | 6        |                         |  |  |
| 7    | Unrelated debt-financed income (Schedule E)  | 7        |                         |  |  |
| 8    | Interest, annuities, royalties, and rents from controlled organizations (Sch. 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       |                         |  |  |
| 11   | Advertising income (Schedule J)  | 11       | ·                       |  |  |
| 12   | Other income (See instructions, attach schedule)                                       | 12       |                         | 5  | 1  |
| 13   | Total. Combine lines 3 through 12  | 13       | 23,371.                 |  | 23,371.                                  |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated Compensation of officers, directors, and trustees (Schedule K) E2-653 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) 19 Taxes and licenses

14 15 SO AUG 2 0 2019 16 17 18 19 20

20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 24 Contributions to deferred compensation plans

22a 22b 23 24 25

26

27

28 29

30

31

32

33

25 Employee benefit programs 26

Excess exempt expenses (Schedule I)

27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule)

Total deductions. Add lines 14 through 28 29

30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 SEE STATEMENT 1

Net operating loss deduction (limited to the amount on line 30) 31 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero ex 34 line 32

20,830. Form **990-T** (2017)

1,541.

1,000.

21,830.

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

| Form 990- | WESTMINSTER CANTERBURY CORPORATION  | 23-71           | 62493   | Page 2                     |
|-----------|---|-----------------|---|----------------------------|
| Part      |   |                 |   |                            |
| 35        | Organizations Taxable as Corporations. See instructions for tax computation.  |                 | 55.   |                            |
|           | Controlled group members (sections 1561 and 1563) check here  See Instructions and:   |                 | 4   |                            |
| а         | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):                                |                 | 1 - 1   |                            |
| _         | (1)  \$   (2)  \$   (3)  \$   |                 | . 74  |                            |
|           | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$  |                 |   |                            |
|           | (2) Additional 3% tax (not more than \$100,000)   |                 |   |                            |
|           | leasons by an the amount on line 24   |                 | i   | 4,060.                     |
|           | Income tax on the amount on line 34 SEE STATEMENT 3   | <b>&gt;</b>     | 35c   | 4,000.                     |
| 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  | <u></u> 4       | 40  | 4,060.                     |
|           | V. Tax and Payments   |                 |   |                            |
| 41a       | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a   |                 | ·   |                            |
| b         | Other credits (see instructions) 41b  |                 | 7 1   |                            |
| C         | General business credit. Attach Form 3800   |                 | 71.3  |                            |
| d         | Credit for prior year minimum tax (attach Form 8801 or 8827)  | ******          | 7, .1   |                            |
| e         | Total credits. Add lines 41a through 41d  |                 | 40e   |                            |
| 42        | Subtract line 41e from line 40  | .,              | 42  | 4,060.                     |
| 43        | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (a)   | torn schedule)  | 43  |                            |
| 44        | Total tax. Add lines 42 and 43  |                 | - PM  | 4,060.                     |
|           | Payments: A 2016 overpayment credited to 2017 45a   |                 | \ <del>                                      </del> | 2,0001                     |
|           | 2017 estimated tax payments 45b   |                 | վ. վ  |                            |
|           |   | <del></del>     | 4. 4  |                            |
| 6         | ** ** ** ** ** ** ** ** ** ** ** ** **  | <del></del>     | 4 1   |                            |
|           | Foreign organizations: Tax paid or withheld at source (see instructions)  |                 | - ·   |                            |
|           | Backup withholding (see Instructions)   |                 | -l l  |                            |
|           | Credit for small employer health insurance premiums (Attach Form 8941) 45f  |                 | -   |                            |
| 9         | Other credits and payments: Form 2439   |                 | 1. 1  |                            |
|           | Form 4136 Other Total ▶ 45g   |                 | 4 -1  |                            |
| 48        | Total payments Add lines 45a through 45g  | مزاس            | 46  |                            |
| 47        | Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔛 🔠  | 52              | 47  | 161.                       |
| 48        | Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed  | 🦻               | 24  | 4,221.                     |
| 49        | Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  | , 🕨             | 49  |                            |
| 50        | Enter the amount of line 49 you want: Credited to 2018 estimated tax  | nded 🕨          | 50  |                            |
| Part,\    | Statements Regarding Certain Activities and Other Information (see Instruct   | ions)           |   |                            |
| 51        | At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority               |                 | <del></del>   | Yes No                     |
|           | over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file               |                 |   | 7                          |
|           | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country                       |                 |   | - 1 排 3                    |
|           | here >  |                 |   | X,                         |
| 52        | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei          | on trust?       |   | $-\frac{1}{x}$             |
|           | If YES, see instructions for other forms the organization may have to ide.  | 9,, 4,054, 7, 4 |   | * <del>  3 =   3 =</del> 4 |
| 53        | Enter the amount of tax-exempt interest received or accrued during the tax year >\$   |                 |   |                            |
|           | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the | best of my kno  | owledge and belle                                   | d it is true               |
| Sign      | correct, and complete. Declaration of preparer (other han taxpayer) is based on all information of which preparer has any knowledge |                 |   |                            |
| Here      | Latelia & CEO   |                 | •   | ss this return; with       |
|           | Signature of efficer Date Title   |                 | ne preparer shows                                   | 1                          |
|           |   |                 | structions)?  | Yes No                     |
|           |   |                 | if PTIN   |                            |
| Paid      |   | ett- employed   |   | 0.000                      |
| Prepa     | rer JOHN NORMAN (JOHN NORMAN 08/02/19)  |                 |   | 06766                      |
| Use 0     | niv Firm's name ► CLIFTONLARSONALLEN LLP  | irm's EIN 🕨     | 41-0  | 746749                     |
|           | 227 WEST TRADE STREET, SUITE 800  |                 |   |                            |
|           | Firm's address ► CHARLOTTE, NC 28202  | Phone no.       | 704-998   |                            |
|           |   |                 | Fort  | п <b>990-Т</b> (2017)      |

723711 01-22-1

iz

| Schedule A - Cost of Good  | s Sold. Enter        | method of inver  | itory v                                | aluation N/A  |             | <del></del>  |               | <del></del>  | <del></del> |
|--|----------------------|--|--|---|-------------|--|---------------|--|-------------|
| - <del> </del>   |                      |  |  | Inventory at end of year  |             |  | 6             |  |             |
| 2 Purchases  | 7                    | 7 Cost of goods sold. Subtract line 6                          |  |   |             |  |               |  |             |
| 3 Cost of labor  | 3                    |  | from line 5. Enter here and in Part I, |   |             |  |               |  |             |
| 4a Additional section 263A costs   |                      | •  | line 2                                 |   |             |  |               |  |             |
| (attach schedule)  | 4a                   |  | 8                                      | Do the rules of section   | 263A (      | with respect to  |               | Yes  | No          |
| b Other costs (attach schedule)  | 46                   | ···  |  | property produced or  | acquired    | for resale) apply to   |               | 1 '  | : :         |
| 5 Total Add lines 1 through 4b   | 5                    |  |  | the organization?   |             |  |               |  | <u> </u>    |
| Schedule C - Rent Income (see instructions)  | (From Real           | Property an  | d Pe                                   | rsonal Property   | Leas        | ed With Real Pro   | pert          | y)<br>   |             |
| 1. Description of property   |                      |  |  |   |             |  |               |  |             |
| (1)  |                      |  |  |   |             |  |               |  |             |
| (2)  |                      |  |  |   |             |  |               |  |             |
| (3)  |                      |  |  |   |             |  |               |  |             |
| (4)  | -                    |  |  |   |             |  |               |  |             |
|  | 2 Rent receiv        | ed or accrued  |  |   |             | 2(a) Dad vat and descrit   |               |  |             |
| (a) From personal property (if the per<br>rent for personal property is mor<br>10% but not more than 50% | e than               | of rent for p  | ersonal                                | conal property (if the percent<br>property exceeds 50% or if<br>ed on profit or income) | age         | 3(a) Deductions directly columns 2(a) a  |               | cted with the income (<br>attach schedule)                       | in          |
| (1)  |                      |  |  |   |             |  |               |  |             |
| (2)  |                      |  |  |   |             |  |               |  |             |
| (3)  |                      |  |  |   |             |  |               |  |             |
| (4)  |                      |  |  |   |             |  |               |  |             |
| Total  | 0.                   | Total  |  |   | 0.          |  |               |  |             |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column                       |                      | ter <b>&gt;</b>  |  |   | 0.          | (b) Total deductions.<br>Enter here and on page 1,<br>Part 1, line 6, column (B) | <b>&gt;</b>   |  | 0.          |
| Schedule E - Unrelated Del   | bt-Financed          | l income (see  | ınstru                                 | ctions)   |             |  |               |  |             |
|  |                      |  | ,                                      | Gross income from   |             | Deductions directly cor to debt-finance  |               |  |             |
| 1. Description of debt-fi  | nanced property      |  | '                                      | or allocable to debt-<br>financed property  |             | (a) Straight line depreciation (attach schedule)                                 |               | (b) Other deduction<br>(attach schedule)                         | ns          |
| (1)  |                      |  | 1                                      |   | 1           |  | 1             |  |             |
| (2)  |                      | <del>, , , , , , , , , , , , , , , , , , , </del>              |  |   |             |  | 1             |  |             |
| (3)  |                      |  |  |   |             | -  |               |  | ····        |
| (4)  |                      | <del> </del>   |  |   |             |  |               |  |             |
| Amount of average acquisition<br>debt on or allocable to debt-innanced<br>property (attach schedule)     | of or a<br>debt-fina | adjusted basis<br>illocable to<br>nced property<br>i schedule) | 6                                      | Column 4 divided<br>by column 5   |             | 7. Gross income reportable (column 2 x column 6)                                 |               | 8. Allocable deducti<br>column 6 x total of co<br>3(a) and 3(b)) |             |
| (1)  |                      |  |  | %   |             |  |               |  |             |
| (2)  |                      | ·····  |  | %   |             |  | 1             |  |             |
| (3)  |                      |  |  | %   |             |  |               |  |             |
| (4)  |                      |  |  | %   |             |  |               |  |             |
|  |                      |  |  |   |             | nter here and on page 1,<br>Part I, line 7, column (A)                           |               | Enter here and on pag-<br>Part I, line 7, column (               |             |
| Totals   |                      |  |  | <b>&gt;</b>   |             | 0  |               |  | 0.          |
| Total dividends-received deductions in   | cluded in column     | 18   |  |   | <del></del> | <b>&gt;</b>  | $\overline{}$ |  | 0.          |
|  | <del></del>          | <del> </del>   |  | <del></del>   |             | <del></del> _  |               | 5 000 X  |             |

|                                 | nedule F - Interest,                | , and the state of | a, (100, ta                  | <del></del>   | Controlled O  |   |  |  | 9 (366 113                    | il de lior | 13)   |
|---------------------------------|-------------------------------------|--|------------------------------|---|---|---|--|--|-------------------------------|------------|---|
| Name of controlled organization |                                     | ident  | mployer<br>ification<br>mber | 3. Net unr<br>(loss) (see                               | elated income<br>instructions)  | 4. Tota<br>payn                         | al of specified<br>nents made  | Part of column 4 that is<br>included in the controlling<br>organization's gross income |                               | olling     | 6. Deductions directly connected with income in column 5                                    |
| (1)                             |                                     |  |                              | †   |   |   |  |  | _                             |            |   |
| (2)                             |                                     |  |                              |   |   |   |  |  |                               |            |   |
| (3)                             |                                     |  |                              |   |   | -                                       |  |  |                               |            |   |
| (4)                             |                                     |  |                              |   |   |   |  |  |                               |            |   |
| None                            | exempt Controlled Organi            | zations  |                              |   |   |   |  |  |                               |            |   |
|                                 | 7 Taxable Income                    | 8. Net unrelated inco<br>(see instructio   |                              | 9 <sub>.</sub> Total (                                  | of specified payr<br>made   | nents                                   | 10. Part of colur<br>in the controlli<br>gross                           | nn 9 that i<br>ng organiz<br>i income  | s included<br>zation's        |            | ductions directly connected<br>income in column 10  |
| (1)                             |                                     |  |                              |   |   |   |  |  |                               |            |   |
| (2)                             |                                     |  |                              | <b></b>   |   |   |  |  |                               |            |   |
| (3)                             |                                     | <u> </u>   |                              | ļ   |   |   |  |  |                               |            |   |
| (4)                             |                                     |  |                              | 1   | <del> </del>  |   |  |  |                               |            | <del></del>   |
|                                 |                                     |  |                              |   |   |   | Add colum<br>Enter here and<br>line 8, c                                 |  | I, Part I,                    | Enter h    | fd columns 6 and 11<br>tere and on page 1, Part I,<br>line 8, column (B)                    |
| Total                           |                                     |  |                              |   |   | <b>&gt;</b>                             |  |  | 0.                            |            | 0.  |
| Sch                             | nedule G - Investme<br>(see instr   |  | Section                      | n 501(c)(i  | 7), (9), or   | (17) Or                                 | ganization   | ı  |                               |            |   |
|                                 | <del></del>                         | ription of income  |                              |   | 2. Amount of  | income                                  | 3. Deduction directly connect  | cted   | 4. Set-a                      |            | 5 Total deductions and set-asides   |
| (1)                             | <del></del>                         | · · · · · · · · · · · · · · · · · · ·  | ·- · · · · · ·               |   |   |   | (attach sched  | ule)   |                               |            | (col 3 plus col 4)  |
| (1)                             |                                     |  |                              |   |   |   |  |  |                               |            | +   |
| (3)                             |                                     | <del></del>  |                              |   |   |   | <del></del>  |  |                               |            |   |
| (4)                             | <del></del>                         |  |                              |   |   |   |  |  | · ···                         |            |   |
|                                 |                                     |  | <del></del>                  |   | Enter here and o<br>Part I, line 9, col                                     |   |  |  |                               |            | Enter here and on page 1,<br>Part I, line 9, column (B)                                     |
| Total                           | S                                   |  |                              | ▶   |   | 0.1                                     |  |  |                               |            | 0.  |
| Sch                             | nedule I - Exploited<br>(see instru | •  | y Incom                      | ne, Other   | Than Ad   | vertisii                                | ng Income  | ;  |                               | •          |   |
|                                 | Description of exploited activity   | 2 Gross<br>unrelated business<br>income from<br>trade or business  | directly<br>with pr<br>of un | penses<br>connected<br>oduction<br>related<br>ss income | 4. Net incomfrom unrelated business (coliminus column gain, compute through | trade or<br>lumn 2<br>3) If a<br>cols 5 | 5. Gross inco<br>from activity the<br>is not unrelate<br>business income | nat<br>ed  | 6. Expe<br>attributa<br>colum | ble to     | 7. Excess exempt<br>expenses (column<br>6 minus column 5,<br>but not more than<br>column 4) |
| (1)                             |                                     |  |                              |   |   | ····                                    |  |  |                               |            |   |
| (2)                             |                                     |  |                              |   |   | 1                                       |  |  |                               |            |   |
| (2)<br>(3)<br>(4)               |                                     |  |                              |   |   |   |  |  |                               |            |   |
| (4)                             |                                     |  |                              |   |   |   |  |  |                               |            |   |
| Total                           |                                     | Enter here and on page 1 Part I, line 10 côl (A)   | page                         | ere and on<br>1, Part I,<br>col (B)                     |   |   | ٠  | •  |                               |            | Enter here and on page 1, Part II, line 26  |
|                                 | nedule J - Advertisir               |  | Instruction                  |   |   |   | <del></del>  |  |                               |            |   |
| Pai                             |                                     |  |                              |   | solidated   | Basis                                   | <del>-,</del>  |  | ·                             |            |   |
|                                 | 1. Name of periodical               | 2. Gross<br>advertising<br>income  |                              | 3. Direct ertising costs                                | 4. Advertion (loss) (color) 3) If a galoos 5 this                           | l 2 minus<br>in, compute                | 5. Circulate   | on   | 6 Reader costs                |            | 7. Excess readership costs (column 6 minus column 5, but not more than column 4)            |
| (1)                             |                                     |  |                              |   |   |   |  |  |                               |            | _   |
| (2)                             |                                     |  |                              |   | 4   |   | <b></b>  |  |                               |            | - <del>"</del> ,  |
| (3)                             |                                     | <del></del>  |                              |   | -   |   |  |  |                               |            |   |
| <u>(→)</u>                      |                                     |  |                              |   | <del> </del>  |   |  |  |                               |            | · · · · · · · · · · · · · · · · · · ·   |
| Total                           | s (carry to Part II, line (5))      | <b>•</b>   | 0.                           | 0   |   |   | <u> </u>   |  |                               |            | 0 .<br>Form <b>990-T</b> (2017)   |

## 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.)

| 1. Name of periodical       |             | 2. Gross<br>advertising<br>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)                         |             |   |  |   |                       |                     | 4  |
| (2)                         |             |   |  |   |                       |                     |  |
| (3)                         |             |   | 1 .  |   | ı                     |                     |  |
| (4)                         |             |   |  |   |                       |                     |  |
| Totals from Part I          | <b>&gt;</b> | ·0.   | 0.   | "图》图像图1201  | A CONTRACTOR          | · 建棉(使用)。           | 0.   |
| •                           |             | Enter here and on<br>page 1, Part I,<br>line 11, col. (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (B) |   |                       |                     | Enter here and<br>on page 1,<br>Part II, line 27                                 |
| Totals, Part II (lines 1-5) | <u> </u>    | 0.  | 0.   |   | 位。由1000年1             | 空域经免公司。             | 0.   |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| •                    | 1. Name                       |   | 2. Title | 3. Percent of<br>time devoted to<br>business | Compensation attributable to unrelated business |
|----------------------|-------------------------------|---|----------|--|---|
| (1)                  | <u> </u>                      |   |          | %  |   |
| (2)                  |                               |   | . 1      | ' %  |   |
| (3)                  |                               |   |          | %  |   |
| (4)                  |                               |   |          | %  |   |
| Total Enter here and | d on page 1, Part II, line 14 | - |          | <br><b>&gt;</b>                              | 0.  |

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