ıi s					2700	υ,	7094021			
000	、	xempt Organization	Bus	siness Income	Tax Retur	n	OMB No 1545-0047			
Form 99 (J-1	(and proxy tax	cun	der section 6033(e)) 171	つ ト				
	For cale	endar year 2019 or other tax year begin		୭ଲ 1 0						
Department of the	of the Treasury So to www.irs.gov/Form990T for instructions and the latest information									
Internal Revenue S	1 1 .	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								
A Check	box if			me changed and see instruction		D Emplo	yer identification number			
address	s changed	COLONEL JAMES N. PR	ITZK	ER LIBRARY OF TH	E	(Employ	yees' trust, see instructions)			
B Exempt under	section	CITIZEN SOLDIER								
X 501(C X	O 3) Print	Number, street, and room or suite no	f a P O	box, see instructions	•	36-44	177083			
408(e)	or				-	E Unrela	ated business activity code			
408A	^{220(e)} Type 530(a)	104 S. MICHIGAN AVE			NO. 500	(See ins	structions)			
529(a)		City or town, state or province, countr	v. and Z	ZIP or foreign postal code						
C Book value of	all assets	CHICAGO, IL 60603		• ,		53, 7	72			
at end of year		oup exemption number (See instruct	ions l	<u> </u>			· -			
29,146		eck organization type X 501			\ trust	401(a) i	trust Other trust			
		anization's unrelated trades or busine		·			(or first) unrelated			
		VESTMENT INCOME	3363			•	than one, describe the			
		e end of the previous sentence, cor	molete		•					
	siness, then comp		iipiete	rans rand ii, complete a 3	chedule Willor each	addition	iai			
	· · · · · · · · · · · · · · · · · · ·	corporation a subsidiary in an affili	atad a	roup or a parent subsidiant	entrolled aroun?	 -	▶ Yes X No			
		identifying number of the parent co			controlled group?.		▶ Yes X No			
		HARI KOEHLER	роган		e number ▶ 312	-374-	9455			
		or Business Income		(A) Income						
		***	·	(A) income	(B) Expens	es	(C) Net			
	ceipts or sales									
	s and allowances	c Balance ▶					 			
	-	dule A, line 7)	2				 			
		2 from line 1c	3	680,652.			600 (52			
		attach Schedule D)	4a	680,632.			680,652.			
=		Part II, line 17) (attach Form 4797)	4b							
		trusts	4c	125 761	7.0011 1		125 761			
•		or an S corporation (attach statement)	5	-135,761.	ATCH 1	_/_	-135,761.			
			6							
	d debt-financed in	ncome (Schedule E)	7							
	nnuities, royalties, and re	ents from a controlled organization (Schedule F)	8		/_		· · · ·			
		01(c)(7) (9), or (17) organization (Schedule G)	9				· · · · ·			
•		income (Schedule I)	10							
		dule J)	11							
	•	ctions, attach schedule)	12							
		rough 12	13	544,891			544,891.			
		Taken Elsewhere (See instr		ns for limitations on d	eductions) (D	eductio	ons must be directly			
		he unrelated business incom								
		directors, and trustees (Schedule-K)				-				
		· · · · · · · · · · · · / · · · ·								
		· · · · · · · · · · / · · · · · · ·				. 16				
		,				. 17				
		(see instructions)					35.			
		. <i>. f.</i>				. 19	2,591.			
		4562)								
21 Less der	preciation claimed	on Schedule A and elsewhere on re	turn	21a		21b				
22 Depletion	n	compensation plans	3F	CENVERY		. 22				
25 001111100	mongs to deterred	compensation plans	``	<u> </u>		. 23				
24 Employe	e benefit program	Schedule I).	'a1~'·	, <u></u>		. 24				
25 Excess e	exempt expenses (Schedule I)	ŊŲV	2.5 2020 Q		. 25				
26 Excess r	eadership costs (S	Schedule J)	<u> </u>	<u></u> <mark>&</mark>		. 26				
27 Other de	ductions (attach s	schedule))QI	DENI IT	. ATCH. 3.	. 27	220,152.			
28 Total de	ductions Add line	es 14 through 27	751			. 28	222,778.			
		ole income before net operating		deduction Subtract line	28 from line 13	29	322,113.			
		ng loss arising in tax years beginnin								
31 Unrelate	d business taxabl	e income Subtract line 30 from line	29 .	<u></u>	<u> </u>		322,113.			
		Notice, see instructions					Form 990-T (2019)			

_	Total Unrelated Business Taxable Income		Pag
Part fill 2 Tota	of unrelated business taxable income computed from all unrelated trades or businesses (s		
	ructions)	II /	345,45
	ounts paid for disallowed fringes		0.07.10
	ritable contributions (see instructions for limitation rules) ATCH. 4		34,54
	Il unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract li	1	
	rom the sum of lines 32 and 33	~	310,91
	uction for net operating loss arising in tax years beginning before January 1, 2018 (s		
	ructions)	1.8	
	Il of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		310,91
	cific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		1,00
	elated business taxable income Subtract line 38 from line 37 If line 38 is greater than line 3	.1 14	
	or the smaller of zero or line 37	1 11 1	309,91
	Tax Computation		
	anizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	. ▶ 4,0	65,08
1 Tru:	sts Taxable at Trust Rates See instructions for tax computation Income tax	on 🗍	```
the	amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	. ▶ 41	
2 Pro	ty tax See instructions		
3 Alte	rnative minimum tax (trusts only)	43	
4 Tax	on Noncompliant Facility Income See instructions	44	
5 Tota	Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	65,08
	Tax and Payments		
	eign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
	er credits (see instructions)		
c Gen	eral business credit Attach Form 3800 (see instructions)		
d Cree	dit for prior year minimum tax (attach Form 8801 or 8827)		
	Il credits Add lines 46a through 46d	46e	
7 Sub	tract line 46e from line 45	47	65,08
	r taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedul		
Tota	Il tax. Add lines 47 and 48 (see instructions)	1. 49	65,08
	9 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	· —	_
la Pay	ments A 2018 overpayment credited to 2019		
b 201	9 estimated tax payments	0	
c Tax	deposited with Form 8868		
d Fore	eign organizations Tax paid or withheld at source (see instructions)		
e Bac	kup withholding (see instructions)		
f Cred	dit for small employer health insurance premiums (attach Form 8941) 51f		
g Othe	er credits, adjustments, and payments Form 2439		
L	Form 4136 Other Total ▶ 51g	_ (
	ı l payments Add lines 51a through 51g	52	29,30
3 Este	mated tax penalty (see instructions). Check if Form 2220 is attached $\dots \dots \dots \dots \dots lacksquare$	<u>× 1053</u>	28
1 Tax	due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	. ►¶ <u>5</u> 4	36,06
5 Ove	rpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	. ▶ 55	
6 Ente	r the amount of line 55 you want	▶ 56	
art VI	Statements Regarding Certain Activities and Other Information (see Instruc	tions)	
7 At a	any time during the 2019 calendar year, did the organization have an interest in or a signature	or othe	r authority Yes I
over	a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may ha	ave to file
FinC	EN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of t	he forei	gn country
here			\ \ \ \ \ \ \ \ \ \ \ \
Duri	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a t	oreign tru	st? >
If "Y	es," see instructions for other forms the organization may have to file		
Ente	r the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
.	Under penallies of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	the best of	my knowledge and belief,
ign		May the	IRS discuss this reti
ere		with the	preparer shown bel
	Signature of officer Date Title	(see instru	
aid	Print/Type preparer's name Preparer's signature Date	Check	ef PTIN
aiu reparei	·	elf-employe	
. cpaici	Firm's name	ım's EIN 🕨	
•			
se Onl	Firm's address ► 171 N CLARK ST, SUITE 200, CHICAGO, IL 60601	hone no	812-856-0200 Form 990-T (2

1. Description of de	bt-financed property	2 Gross income from or	Deductions directly connected with or allocable to debt-financed property				
i Description of de	iot-iinanced property	allocable to debt-financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)							
(2)				***			
(3)							
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach 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 columns 3(a) and 3(b))			
(1)		%					
(2)		%					
(3)		%					
(4)		%					
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)			
Totals							
Total dividends-received deduc-	tions included in column 8 .						

Fðrm 990-T (2019)								_			Page 4	
Schedule F -Interest, Ann	uities, Royaltie				om Contro			ions (se	e instruction	ons)		
1 Name of controlled organization	2 Employer identification numb		3 Net	unrela	ated income	4 Total	of specified ents made	ıncluded	rt of column 4 that is led in the controlling zation's gross income		6 Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organiz	zations											
7 Taxable Income	8 Net unrelated in (loss) (see instruc				Total of specific ayments made		ınclud	nt of column ed in the co ation's gros	ntrolling		Deductions directly nected with income in column 10	
(1)			_									
(2)			_								-	
(3)												
(4)							^ -	columns 5 a			dd columns 6 and 11	
						_	Enter	here and on , line 8, colu	page 1,	En	ter here and on page 1, rt I, line 8, column (B)	
Schedule G-Investment In	come of a Sec	ction 5	01(c)	(7)	(9) or /17) Orga	nization	(see ins	tructions)			
1 Description of income	2 Amount o		01(0)	(<i>')</i> ;	3 Deduction directly contact (attach sch	tions nected		4 Se	et-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)					·- ` ·-						· · · · · · · · · · · · · · · · · · ·	
(2)				•								
(3)												
(4)												
	Enter here and Part I, line 9, c										Enter here and on page 1, Part I, line 9, column (B)	
Totals ▶												
Schedule I-Exploited Exe	mpt Activity In	come,	Othe	r Th	an Adverti	sing Ir	come (s	see instru	ictions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dı conne prodi uni	xpenses rectly ected w uction of related ess inco	ith of	4 Net incom from unrelat or business 2 minus col If a gain, co cols 5 thro	ed trade (column umn 3) ompute	from ac	s income tivity that inrelated s income	6 Exper attributa columi	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)												
(4)												
	Enter here and on page 1, Part I, line 10, col (A)	_ page	iere and 1, Part 0, col (i	l,							Enter here and on page 1, Part II, line 25	
Schedule J- Advertising In		<u> </u>			<u> </u>			-				
					datad Bac	io						
Part I Income From Per	lodicais Report	ted on a	a Cor	ISOII	uateu bas	15	1					
1 Name of periodical	2 Gross advertising income	_	Direct ising co	sts	4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col I 3) If npute		culation ome	6 Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5))												
											Form 990-T (2019)	

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 gain or (loss) (col 7 Excess readership costs (column 6 2 Gross 3 Direct 5 Circulation 6 Readership minus column 5, but 2 minus col 3) If 1 Name of periodical advertising advertising costs not more than a gain, compute ıncome cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 26 Totals, Part II (lines 1-5) ▶

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
4)		%	
otal Enter here and on page 1, Part II, line 14			

Form 990-T (2019)

·...8949

Sales and Other Dispositions of Capital Assets

► Go to www irs gov/Form8949 for instructions and the latest information

20**19**

Attachment Sequence No 12A

Department of the Treasury Internal Revenue Service

CITIZEN SOLDIER

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

Name(s) shown on return COLONEL JAMES N. PRITZKER LIBRARY OF TH Social security number or taxpayer identification number

36-4477083

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions) For long-term transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an a enter a coo	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions	
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	om Amount of	Subtract column (e) from column (d) and combine the result with column (g)
CAPITAL GAIN/LOSS - LIMITED PARTN	VAR	VAR	8				8
			-				
					<u> </u>		
		:					
	<u> </u>						

Note If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions

Form **8949** (2019)

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

COLONEL JAMES N. PRITZKER LIBRARY OF THE

36-4477083

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- X (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions			
(Example 100 sh XYZ Co)	XYZ Co) (Mo , day, yr) (see instructions) in	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)			
CAPITAL GAIN/LOSS - LIMITED PARTN	VAR	VAR	645,465				645,465	
-								
		1						
	····							
								
2 Totals Add the amounts in columns (negative amounts) Enter each total Schedule D, line 8b (if Box D above is above is checked), or line 10 (if Box	here and inclu is checked), line	ide on your 9 (if Box E	645,465				645,465	

Note If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2019)

JSA 9X2616 2 000

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning _ , 2019, and ending _

► 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)

Name of the organization

COLONEL JAMES N. PRITZKER LIBRARY OF THE

Unrelated Business Activity Code (see instructions) ▶ 53

Total Combine lines 3 through 12......

Employer identification number

36-4477083

Describe the unrelated trade or business ► EQUIPMENT RENTALS Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 🕨 Cost of goods sold (Schedule A, line 7)...... Gross profit Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . Income (loss) from a partnership or an S corporation (attach 20,160 20,160 6 Rent income (Schedule C) ATCH. 5 . 6 Unrelated debt-financed income (Schedule E). 8 Interest, annuities, royalties, and rents from a controlled Investment income of a section 501(c)(7), (9), or (17) Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J)...... 11 12 Other income (See instructions, attach schedule) 12

20,160.

Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance		
17	Bad debts	I	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	1	
27	Other deductions (attach schedule)	27	1,167.
28	Total deductions Add lines 14 through 27	28	1,167.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	18,993.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	18,993.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

20,160.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning _______, 2019, and ending _____

► Go to www irs gov/Form9907 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

Name of the organization

COLONEL JAMES N. PRITZKER LIBRARY OF THE

Employer identification number

Unrelated Business Activity Code (see instructions) ▶ 72

Describe the unrelated trade or business ▶ CATERING COMMISSIONS

36-4477083

Pa	t I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances c Balance ▶ 1c	;		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D) 4a	a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b			
С	Capital loss deduction for trusts	;		
5	Income (loss) from a partnership or an S corporation (attach			
	statement)			
6	Rent income (Schedule C) 6			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled		•	
	organization (Schedule F)			
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)			
12	Other income (See instructions, attach schedule) ATCH. 7. 12			5,519.
13	Total Combine lines 3 through 12	5,519.		5,519.
Par	connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K)		14	·
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts,			
18	Interest (attach schedule) (see instructions)			
19	Taxes and licenses	, ,	19	
20	Depreciation (attach Form 4562)	f		
21	Less depreciation claimed on Schedule A and elsewhere on return		21t	<u> </u>
22	Depletion			
23	Contributions to deferred compensation plans			
24	Employee benefit programs			+
25	Excess exempt expenses (Schedule I)			
26	Excess readership costs (Schedule J)			1 167
27	Other deductions (attach schedule)			1,167.
28	Total deductions Add lines 14 through 27			1,167.
29	Unrelated business taxable income before net operating loss			4,352.
30	Deduction for net operating loss arising in tax years beg	•	·	
	instructions)			4,352.
31	Unrelated business taxable income Subtract line 30 from line 29		31	4,352.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

97600W 649R

ATTACHMENT, 1 🚅 💂					
	ATTACHMENT.	1	=	one.	

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

INVESTMENT IN LIMITED PARTNERSHIPS

-135,761.

INCOME (LOSS) FROM PARTNERSHIPS

-135,761.

	4	ATTACHMENT_2	
FORM 990T - PART II - LINE 18 - INTEREST			
INTEREST EXPENSE			35.
PART II - LINE 18 - INTEREST			35.

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES INVESTMENT MANAGEMENT FEES

1,167. 218,985.

PART II - LINE 27 - OTHER DEDUCTIONS

220,152.

ATTACHMENT 4

FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS UNRELATED TRADE OR BUSINESS INCOME 544,891. UNRELATED TRADE OR BUSINESS INCOME (SCHEDULES M) 25,679. ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION 222,778. LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & CARRYOVER NOL DED W/O CHARITABLE CONTRIBUTIONS & DPAD & C/O NOL (SCH M) 2,334. 0. * 10% CHARITABLE CONTRIBUTION LIMITATION (10%) 34,546. CHARITABLE CONTRIBUTION 502,057. CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO) 34,546.

97600W 649R 0198784.00008 PAGE 15

EQUIPMENT RENTALS

SCHEDULE M - SCHEDULE C RENT INCOME

1 DESCRIPTION OF PROPERTY

1 EQUIPMENT RENTALS

(1) FROM PERSONAL PROPERTY (IF THE (2) FROM REAL AND PERSONAL PROPERTY (IF THE PERCENTAGE OF RENT FOR PERSONAL PROPERTY PERCENTAGE OF RENT FOR PERSONAL PROPERTY EXCEEDS 50% OR IF THE RENT IS BASED ON PROFIT OR INCOME) IS MORE THAN 10% BUT NOT MORE THAN 50%)

3(A) DEDUCTIONS DIRECTLY CONNECTED WITH THE INCOME IN COLUMN 2(A) AND 2(B) (ATTACH SCHEDULE)

20,160

TOTAL

TOTAL

(C) TOTAL INCOME. ADD TOTALS OF COLUMN 2(A) AND 2(B). ENTER HERE AND ON SCH M, PART I, LINE 6, COLUMN (A)

(B) TOTAL DEDUCTIONS. ENTER HERE AND ON PAGE 1, PART I, 20,160. LINE 6, COLUMN (B)

0198784 00008

2019	FORM	990-PF	

		 	 _	_
ATTACHMENT	6			

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

1,167.

PART II - LINE 28 - OTHER DEDUCTIONS

1.167

97600W 649R

0198784.00008

2	01	g	FORM	990-	PF

ATTACHMENT	7	

SCHEDULE M - OTHER INCOME

CATERING COMMISSIONS

5,519.

TOTAL

5,519.

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ATTACHMENT	8	

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

1,167.

PART II - LINE 28 - OTHER DEDUCTIONS

1,167.

SCHEDULE D (Form 1120)

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

OMB No 1545-0123

Department of Internal Revenu	the freasury	20-REIT, 1120-RIC, 1120-S p <i>v/Form1120</i> for instructi				2	:0 19
	NEL JAMES N. PRITZKER LIBRARY		Employ	l er identifica	ition number		
CITIZEN SOLDIER							083
Did the corp	poration dispose of any investment(s) in a	qualified opportuni	y fund during the ta	x year?	▶[Yes	X No
	ach Form 8949 and see its instructions for			your gain or los	s		
	Short-Term Capital Gains and Losses			(g) Adjustments	to gain	(h) Gain o	r (loss)
the line:	s below	(d) Proceeds	(e) Cost	or loss from Forr	n(s)	Subtract of	column (e) from
This for whole d	m may be easier to complete if you round off cents to ollars	(sales price)	(or other basis)	8949, Part I, line column (g)	2,) and combine with column (g)
1099-E which if you o leave th	for all short-term transactions reported on Form 3 for which basis was reported to the IRS and for you have no adjustments (see instructions). However, choose to report all these transactions on Form 8949, his line blank and go to line 1b.		_				
with Be	for all transactions reported on Form(s) 8949 ox A checked						
	for all transactions reported on Form(s) 8949 ox B checked						
	for all transactions reported on Form(s) 8949	8.					8.
4 Short-	term capital gain from installment sales from	Form 6252, line 26 or 3	7		4		
5 Short-	term capital gain or (loss) from like-kind excha	nges from Form 8824			5		
6 Unuse	ed capital loss carryover (attach computation)				6	()
	nort-term capital gain or (loss). Combine lines		1 <u></u>	<u>,</u>	7		8.
	ong-Term Capital Gains and Losses	(See instructions)		1 (=) A dat == anta		(1) (2)	. (()
the line This fo	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars (d) Proceeds Cost (sales price) (or other basis) (or other basis)					sin (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
8a Totals to 1099-E which if you do	for all long-term transactions reported on Form B for which basis was reported to the IRS and for you have no adjustments (see instructions) However, choose to report all these transactions on Form 8949, his line blank and go to line 8b			(3)			(3)
	for all transactions reported on Form(s) 8949 ox D checked						
	for all transactions reported on Form(s) 8949						
	for all transactions reported on Form(s) 8949						
with Bo	ox F checked	645,465.					645,465.
11 Enter	gain from Form 4797, line 7 or 9				11		35,179.
12 Long-	term capital gain from installment sales from F	Form 6252, line 26 or 37	·		12		
13 Long-	term capital gain or (loss) from like-kind exchar	nges from Form 8824			13		
14 Capita	al gain distributions (see instructions)				14		
							680,644.
Part III S	Summary of Parts I and II						
16 Enter	excess of net short-term capital gain (line 7) o	ver net long-term capital	loss (line 15)		16		8.
							680,644.
	apital gain Enter excess of net long-term capit				17	1	<u> </u>
	nes 16 and 17 Enter here and on Form 1120, If losses exceed gains, see Capital Losses in the		roper line on other reti	urns	18		680,652.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120 JSA 9E18011000 97600W 649R

Schedule D (Form 1120) 2019