

1909

Form 990-T

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

OMB No 1545-0687

For calendar year 2018 or other tax year beginning OCT 1, 2018 and ending SEP 30, 2019

2018

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed, B Exempt under section (501(c)03), C Book value of all assets at end of year (204,253,277), D Employer identification number (36-6002273), E Unrelated business activity code (523000), F Group exemption number, G Check organization type (501(c) corporation).

H Enter the number of the organization's unrelated trades or businesses (3) Describe the only (or first) unrelated trade or business here: PASS-THROUGH INVESTMENT ACTIVITY.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (Yes/No) [X] No

J The books are in care of: RAVINIA FESTIVAL ASSOCIATION Telephone number: 847-266-5000

Part I Unrelated Trade or Business Income table with columns (A) Income, (B) Expenses, (C) Net. Includes rows for Gross receipts, Cost of goods sold, Capital gain, etc. Total: -106,352.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) Table with rows 14-32. Includes compensation, salaries, repairs, interest, taxes, etc. Total deductions: 10,564. Unrelated business taxable income: -116,916.

SCANNED MAY 25 2021

JAN 17 2021

39 Received in Batching Ogden

RECEIVED LB ON 712 AUG 24 2020 IRS KANSAS CITY, MO

SEE STATEMENT 3

1

4

915

Part IV Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income calculation.

Part V Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part VI Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-55 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 56-58 regarding foreign interests and tax-exempt interest.

Sign Here section containing a signature, date (8-11-20), and title (PRESIDENT & CEO).

Paid Preparer Use Only section containing preparer name (LU ANN TRAPP), firm name (PLANTE & MORAN, PLLC), and address (10 S. RIVERSIDE PLAZA, 9TH FLOOR, CHICAGO, IL 60606).

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

| | | | | | | | | | | | |
|-----|---|----|----|---|---|--|----|-----|----|--|--|
| 1 | Inventory at beginning of year | 1 | 0. | 6 | Inventory at end of year | 6 | 0. | | | | |
| 2 | Purchases | 2 | | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | | | | | |
| 3 | Cost of labor | 3 | | | | <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table> | | Yes | No | | |
| Yes | No | | | | | | | | | | |
| | | | | | | | | | | | |
| 4a | Additional section 263A costs (attach schedule) | 4a | | | | | | | | | |
| b | Other costs (attach schedule) | 4b | | | | | | | | | |
| 5 | Total. Add lines 1 through 4b | 5 | | | | | | | | | |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1) _____

(2) _____

(3) _____

(4) _____

| 2. Rent received or accrued | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 0. | Total 0. |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or 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) | | % | | |
| Totals | | | Enter here and on page 1, Part I, line 7, column (A) 0. | Enter here and on page 1, Part I, line 7, column (B) 0. |
| Total dividends-received deductions included in column 8 | | | 0. | 0. |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|---|---|--|---|--|
| | | 3. Net unrelated income (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) | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 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 | 11. Deductions directly connected with income in column 10 | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | | | Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) | Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) | |
| Totals | | | 0. | 0. | |

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
|--------------------------|---------------------|--|--|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Enter here and on page 1, Part I, line 9, column (A) | Enter here and on page 1, Part I, line 9, column (B) | |
| Totals | | 0. | 0. | |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business 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. Expenses attributable to column 5 | 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) | Enter here and on page 1, Part I, line 10, col (B) | Enter here and on page 1, Part II, line 26 | | |
| Totals | | 0. | 0. | 0. | | |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|--|-----------------------------|-----------------------------|---|-----------------------|---------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | | 0. | 0. | 0. | | |

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 advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|------------------------------------|--|--|---|-----------------------|---------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5) | 0. <small>Enter here and on page 1, Part I, line 11, col (A)</small> | 0. <small>Enter here and on page 1, Part I, line 11, col (B)</small> | | | | 0. <small>Enter here and on page 1, Part II, line 27</small> |

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

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | 0. |

FOOTNOTES

STATEMENT 1

IN FISCAL YEAR 6/30/18, THE ASSOCIATION REPORTED AN ADDITION TO ITS UNRELATED BUSINESS INCOME, PURSUANT TO IRC SEC. 512(A)(7), OF \$8,059. ON DECEMBER 20, 2019, SEC. 512(A)(7) WAS REPEALED RETROACTIVELY TO ITS ORIGINAL EFFECTIVE DATE. AS A RESULT, THE \$8,059 ADDITION TO UBI IS NOW INCORRECT. AS THE ONLY IMPACT ON THE 6/30/18 AND 6/30/19 FORMS 990-T IS TO ADJUST THE AMOUNT OF THE NET OPERATING LOSS CARRYOVER, THIS CARRYOVER HAS BEEN ADJUSTED ON THIS 6/30/19 TAX RETURN, FROM \$16,985 TO \$25,044. THE CARRYOVER NOW CONSISTS OF THE FOLLOWING:

6/30/17: \$ 2,442
6/30/18: \$25,044

| FORM 990-T | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 2 |
|--|---------------------------------|----------------------|
| DESCRIPTION | | NET INCOME OR (LOSS) |
| DENHAM - FUND TO ASSURE - OTHER INCOME (LOSS) | | -81,247. |
| DENHAM - STEANS INSTITUTE - OTHER INCOME (LOSS) | | -27,083. |
| VALINOR CAPITAL - FUND TO ASSURE - ORDINARY BUSINESS INCOME (LOSS) | | -2,861. |
| VALINOR CAPITAL - STEANS - ORDINARY BUSINESS INCOME (LOSS) | | -870. |
| VISION RIDGE - STEANS - ORDINARY BUSINESS INCOME (LOSS) | | -230. |
| VISION RIDGE - FUND TO ASSURE - ORDINARY BUSINESS INCOME (LOSS) | | -691. |
| TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5 | | -112,982. |

| FORM 990-T | OTHER DEDUCTIONS | STATEMENT 3 |
|--------------------------------------|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| TAX PREP FEES | | 500. |
| INVESTMENT MANAGEMENT FEES | | 10,064. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 28 | | 10,564. |

| FORM 990-T | NET OPERATING LOSS DEDUCTION | | | STATEMENT 4 |
|-----------------------------------|------------------------------|-------------------------|----------------|---------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 09/30/14 | 33,972. | 33,972. | 0. | 0. |
| 09/30/17 | 2,442. | 0. | 2,442. | 2,442. |
| 09/30/18 | 25,044. | 0. | 25,044. | 25,044. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 27,486. | 27,486. |

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

ENTITY 1

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service (99)

Name of the organization **RAVINIA FESTIVAL ASSOCIATION** Employer identification number **36-6002273**

Unrelated business activity code (see instructions) ▶ **722320**

Describe the unrelated trade or business ▶ **CATERING EVENTS REVENUE**

| Part 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) | 2 | | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | | |
| 4 a Capital gain net income (attach Schedule D) | 4a | | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | | |
| c Capital loss deduction for trusts | 4c | | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | 5 | | | |
| 6 Rent income (Schedule C) | 6 | | | |
| 7 Unrelated debt-financed income (Schedule E) | 7 | | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | 8 | | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | | |
| 10 Exploited exempt activity income (Schedule I) | 10 | | | |
| 11 Advertising income (Schedule J) | 11 | | | |
| 12 Other income (See instructions, attach schedule) STMT 5 | 12 | 55,973. | | 55,973. |
| 13 Total. Combine lines 3 through 12 | 13 | 55,973. | | 55,973. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | | |
|--|------------|----------------|-----------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 | | |
| 15 Salaries and wages | 15 | | 32,895. |
| 16 Repairs and maintenance | 16 | | |
| 17 Bad debts | 17 | | |
| 18 Interest (attach schedule) (see instructions) | 18 | | |
| 19 Taxes and licenses | 19 | | |
| 20 Charitable contributions (See instructions for limitation rules) | 20 | | |
| 21 Depreciation (attach Form 4562) | 21 | 31,284. | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | | 31,284. |
| 23 Depletion | 23 | | |
| 24 Contributions to deferred compensation plans | 24 | | |
| 25 Employee benefit programs | 25 | | 5,590. |
| 26 Excess exempt expenses (Schedule I) | 26 | | |
| 27 Excess readership costs (Schedule J) | 27 | | |
| 28 Other deductions (attach schedule) SEE STATEMENT 6 | 28 | | 31,846. |
| 29 Total deductions. Add lines 14 through 28 | 29 | | 101,615. |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | | -45,642. |
| 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | 31 | | |
| 32 Unrelated business taxable income. Subtract line 31 from line 30 | 32 | | -45,642. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

| FORM 990-T (M) | OTHER INCOME | STATEMENT 5 |
|--------------------------------------|--------------|-------------|
| DESCRIPTION | | AMOUNT |
| FOOD SERVICE COMISSIONS | | 55,973. |
| TOTAL TO SCHEDULE M, PART I, LINE 12 | | 55,973. |

| FORM 990-T (M) | OTHER DEDUCTIONS | STATEMENT 6 |
|---------------------------------------|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| PAYROLL TAXES | | 2,441. |
| INSURANCE | | 17,798. |
| UTILITIES | | 6,760. |
| ADVERTISING AND MISC. | | 4,347. |
| TAX PREP FEES | | 500. |
| TOTAL TO SCHEDULE M, PART II, LINE 28 | | 31,846. |

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

ENTITY 2

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service (99)

Name of the organization

RAVINIA FESTIVAL ASSOCIATION

Employer identification number

36-6002273

Unrelated business activity code (see instructions) ▶ 453220

Describe the unrelated trade or business ▶ **GIFT SHOP**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|--|----------------|--------------------------|--------------|----------------|
| 1 a Gross receipts or sales | <u>73,044.</u> | | | |
| b Less returns and allowances | | | | |
| c Balance ▶ | | 1c <u>73,044.</u> | | |
| 2 Cost of goods sold (Schedule A, line 7) | | 2 <u>28,672.</u> | | |
| 3 Gross profit. Subtract line 2 from line 1c | | 3 <u>44,372.</u> | | 44,372. |
| 4 a Capital gain net income (attach Schedule D) | | 4a | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | | 4b | | |
| c Capital loss deduction for trusts | | 4c | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | | 5 | | |
| 6 Rent income (Schedule C) | | 6 | | |
| 7 Unrelated debt-financed income (Schedule E) | | 7 | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | | 8 | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | | 9 | | |
| 10 Exploited exempt activity income (Schedule I) | | 10 | | |
| 11 Advertising income (Schedule J) | | 11 | | |
| 12 Other income (See instructions, attach schedule) | | 12 | | |
| 13 Total. Combine lines 3 through 12 | | 13 <u>44,372.</u> | | 44,372. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | | |
|--|------------------------|------------|----------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | | 14 | |
| 15 Salaries and wages | | 15 | <u>15,242.</u> |
| 16 Repairs and maintenance | | 16 | |
| 17 Bad debts | | 17 | |
| 18 Interest (attach schedule) (see instructions) | | 18 | |
| 19 Taxes and licenses | | 19 | |
| 20 Charitable contributions (See instructions for limitation rules) | | 20 | |
| 21 Depreciation (attach Form 4562) | <u>4,136.</u> | 21 | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | | 22a | <u>4,136.</u> |
| 23 Depletion | | 23 | |
| 24 Contributions to deferred compensation plans | | 24 | |
| 25 Employee benefit programs | | 25 | <u>2,093.</u> |
| 26 Excess exempt expenses (Schedule I) | | 26 | |
| 27 Excess readership costs (Schedule J) | | 27 | |
| 28 Other deductions (attach schedule) | SEE STATEMENT 7 | 28 | <u>23,063.</u> |
| 29 Total deductions. Add lines 14 through 28 | | 29 | <u>44,534.</u> |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | | 30 | <u>-162.</u> |
| 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | | 31 | |
| 32 Unrelated business taxable income. Subtract line 31 from line 30 | | 32 | <u>-162.</u> |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

RAVINIA FESTIVAL ASSOCIATION

36-6002273

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

| | | | | | | | | | | | |
|-----|---|----|---------|---|---|---|---------|-----|----|--|---|
| 1 | Inventory at beginning of year | 1 | | 6 | Inventory at end of year | 6 | | | | | |
| 2 | Purchases | 2 | 28,672. | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | 28,672. | | | | |
| 3 | Cost of labor | 3 | | | | <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td>X</td> </tr> </table> | | Yes | No | | X |
| Yes | No | | | | | | | | | | |
| | X | | | | | | | | | | |
| 4a | Additional section 263A costs (attach schedule) | 4a | | | | | | | | | |
| b | Other costs (attach schedule) | 4b | | | | | | | | | |
| 5 | Total. Add lines 1 through 4b | 5 | 28,672. | | | | | | | | |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

| |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

| 2. Rent received or accrued | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 0. | Total 0. |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or 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) | | % | | |
| Totals | | | Enter here and on page 1, Part I, line 7, column (A) 0. | Enter here and on page 1, Part I, line 7, column (B) 0. |
| Total dividends-received deductions included in column 8 | | | 0. | 0. |

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 7

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|---------------------------------------|----------------|
| SUPPLIES | 3,506. |
| EQUIPMENT | 193. |
| OTHER EXPENSES | 17,052. |
| INSURANCE | 1,812. |
| TAX PREP FEES | 500. |
| | |
| TOTAL TO SCHEDULE M, PART II, LINE 28 | <u>23,063.</u> |

Name

Employer identification number

RAVINIA FESTIVAL ASSOCIATION

36-6002273

Part I Short-Term Capital Gains and Losses (See instructions.)

| 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 (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | 1,257. |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 4 | |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computation) | | | 6 | () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | | | 7 | 1,257. |

Part II Long-Term Capital Gains and Losses (See instructions.)

| 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 (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | 5,373. |
| 11 Enter gain from Form 4797, line 7 or 9 | | | 11 | |
| 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 12 | |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions | | | 14 | |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | | | 15 | 5,373. |

Part III Summary of Parts I and II

| | |
|--|---------------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 1,257. |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 5,373. |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. | 6,630. |

Note: If losses exceed gains, see **Capital losses** in the instructions.

