

Form **990-T**

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

OMB No 1545-0047

For calendar year 2019 or other tax year beginning **OCT 1, 2019**, and ending **SEP 30, 2020**

2019

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

<input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		RAVINIA FESTIVAL ASSOCIATION	36-6002273
		Number, street, and room or suite no. If a P.O. box, see instructions.	E Unrelated business activity code (See instructions)
		418 SHERIDAN ROAD	
		City or town, state or province, country, and ZIP or foreign postal code	523000
		HIGHLAND PARK, IL 60035	
C Book value of all assets at end of year 204,851,847.	F Group exemption number (See instructions.)		
		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

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**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

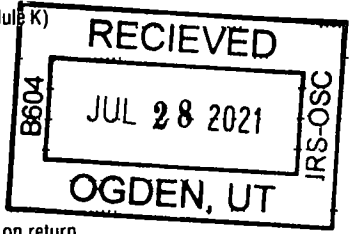
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

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

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			
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)	17,201.		17,201.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)	-18,941.	STMT 1	-18,941.
6	Rent income (Schedule C)			
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)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	Total. Combine lines 3 through 12	-1,740.		-1,740.

Part II 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		16
17	Bad debts		17
18	Interest (attach schedule) (see instructions)		18
19	Taxes and licenses		19
20	Depreciation (attach Form 4562)		20
21	Less depreciation claimed on Schedule A and elsewhere on return		21a
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)		26
27	Other deductions (attach schedule)	SEE STATEMENT 2	27
28	Total deductions. Add lines 14 through 27		28
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	SEE STATEMENT 3	30
31	Unrelated business taxable income. Subtract line 30 from line 29		31



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Part III Total Unrelated Business Taxable Income

Table with 2 columns: Description and Amount. Rows include: 32 Total of unrelated business taxable income... 0.; 33 Amounts paid for disallowed fringes; 34 Charitable contributions... 0.; 35 Total unrelated business taxable income before pre-2018 NOLs...; 36 Deduction for net operating loss... STMT 4 0.; 37 Total of unrelated business taxable income before specific deduction...; 38 Specific deduction... 1,000.; 39 Unrelated business taxable income... 0.

Part IV Tax Computation

Table with 2 columns: Description and Amount. Rows include: 40 Organizations Taxable as Corporations... 0.; 41 Trusts Taxable at Trust Rates...; 42 Proxy tax...; 43 Alternative minimum tax...; 44 Tax on Noncompliant Facility Income...; 45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 0.

Part V Tax and Payments

Table with 2 columns: Description and Amount. Rows include: 46a Foreign tax credit...; 46b Other credits...; 46c General business credit...; 46d Credit for prior year minimum tax...; 46e Total credits...; 47 Subtract line 46e from line 45 0.; 48 Other taxes...; 49 Total tax... 0.; 50 2019 net 965 tax liability... 0.; 51a Payments: A 2018 overpayment... 1,800.; 51b 2019 estimated tax payments; 51c Tax deposited with Form 8868; 51d Foreign organizations...; 51e Backup withholding...; 51f Credit for small employer health insurance...; 51g Other credits, adjustments, and payments... Total 1,800.; 52 Total payments... 1,800.; 53 Estimated tax penalty...; 54 Tax due...; 55 Overpayment... 1,800.; 56 Enter the amount of line 55 you want: Credited to 2020 estimated tax 1,800. Refunded 0.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question, Yes, No. Rows include: 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account...; 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?; 59 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature: [Signature] Date: 7/8/21 Title: PRESIDENT & CEO

Paid Preparer Use Only: Print preparer's name: LU ANN TRAPP; Preparer's signature: LU ANN TRAPP; Date: 07/07/21; Check self-employed: [] if PTIN: P01506476; Firm's name: PLANTE & MORAN, PLLC; Firm's EIN: 38-1357951; Firm's address: 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606; Phone no.: (312) 207-1040

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		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					
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No

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 6 x column 5)	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 25
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 26</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.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
DENHAM - FUND TO ASSURE - ORDINARY BUSINESS INCOME (LOSS)		40,650.
DENHAM - FUND TO ASSURE - OTHER PORTFOLIO INCOME (LOSS)		3,663.
DENHAM - FUND TO ASSURE - OTHER INCOME (LOSS)		-51,984.
DENHAM - STEANS INSTITUTE - ORDINARY BUSINESS INCOME (LOSS)		13,550.
DENHAM - STEANS INSTITUTE - OTHER PORTFOLIO INCOME (LOSS)		1,221.
DENHAM - STEANS INSTITUTE - OTHER INCOME (LOSS)		-17,328.
VALINOR CAPITAL - FUND TO ASSURE - ORDINARY BUSINESS INCOME (LOSS)		-1,444.
VALINOR CAPITAL - FUND TO ASSURE - DIVIDEND INCOME		358.
VALINOR CAPITAL - STEANS - ORDINARY BUSINESS INCOME (LOSS)		-440.
VALINOR CAPITAL - STEANS - DIVIDEND INCOME		109.
VISION RIDGE - FUND TO ASSURE - ORDINARY BUSINESS INCOME (LOSS)		-5,472.
VISION RIDGE - STEANS - ORDINARY BUSINESS INCOME (LOSS)		-1,824.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5		-18,941.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX PREP FEES		500.
INVESTMENT MANAGEMENT FEES		55.
TOTAL TO FORM 990-T, PAGE 1, LINE 27		555.

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/19	116,916.	0.	116,916.	116,916.
NOL CARRYOVER AVAILABLE THIS YEAR			116,916.	116,916.

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 from an
Unrelated Trade or Business**

ENTITY 1

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning OCT 1, 2019 and ending SEP 30, 2020

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

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

Department of the Treasury
Internal Revenue Service

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	21,653.		21,653.
13 Total. Combine lines 3 through 12	13	21,653.		21,653.

Part II 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			9,487.
16 Repairs and maintenance	16			
17 Bad debts	17			
18 Interest (attach schedule) (see instructions)	18			
19 Taxes and licenses	19			
20 Depreciation (attach Form 4562)	20	9,385.		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a			
22 Depletion	22			
23 Contributions to deferred compensation plans	23			
24 Employee benefit programs	24			1,408.
25 Excess exempt expenses (Schedule I)	25			
26 Excess readership costs (Schedule J)	26			
27 Other deductions (attach schedule) SEE STATEMENT 6	27			8,593.
28 Total deductions. Add lines 14 through 27	28			28,873.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29			-7,220.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) STMT 7	30			0.
31 Unrelated business taxable income. Subtract line 30 from line 29	31			-7,220.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	OTHER INCOME	STATEMENT 5
DESCRIPTION		AMOUNT
FOOD SERVICE COMISSIONS		21,653.
TOTAL TO SCHEDULE M, PART I, LINE 12		21,653.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
PAYROLL TAXES		726.
INSURANCE		5,339.
UTILITIES		2,028.
TAX PREP FEES		500.
TOTAL TO SCHEDULE M, PART II, LINE 27		8,593.

SCHEDULE M	NET OPERATING LOSS DEDUCTION			STATEMENT 7
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/19	45,642.		45,642.	45,642.
NOL CARRYOVER AVAILABLE THIS YEAR			45,642.	45,642.

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

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

ENTITY 2

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning OCT 1, 2019 and ending SEP 30, 2020

▶ 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

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>15,347.</u>			
b Less returns and allowances				
c Balance ▶		1c 15,347.		
2 Cost of goods sold (Schedule A, line 7)		2 7,565.		
3 Gross profit. Subtract line 2 from line 1c		3 7,782.		7,782.
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 7,782.		7,782.

Part II 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	14,805.	
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		
20 Depreciation (attach Form 4562)	<u>3,975.</u>	20		
21 Less depreciation claimed on Schedule A and elsewhere on return		21a		
22 Depletion		21b	3,975.	
23 Contributions to deferred compensation plans		22		
24 Employee benefit programs		23		
25 Excess exempt expenses (Schedule I)		24	2,111.	
26 Excess readership costs (Schedule J)		25		
27 Other deductions (attach schedule)	SEE STATEMENT 8	26		
28 Total deductions. Add lines 14 through 27		27	8,981.	
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		28	29,872.	
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	STMT 9	29	-22,090.	
31 Unrelated business taxable income. Subtract line 30 from line 29		30	0.	
		31	-22,090.	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 8
DESCRIPTION		AMOUNT
SUPPLIES		642.
EQUIPMENT		247.
OTHER EXPENSES		5,986.
INSURANCE		1,606.
TAX PREP FEES		500.
TOTAL TO SCHEDULE M, PART II, LINE 27		8,981.

SCHEDULE M	NET OPERATING LOSS DEDUCTION			STATEMENT 9
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/19	162.		162.	162.
NOL CARRYOVER AVAILABLE THIS YEAR			162.	162.

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	7,565.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	7,565.
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5	7,565.				X

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

(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	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) ►

(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			0.	0.
Total dividends-received deductions included in column 8				0.

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.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

2019

Name **RAVINIA FESTIVAL ASSOCIATION** Employer identification number **36-6002273**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss

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				913.
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				7 913.

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				16,288.
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 16,288.

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)	16 913.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17 16,288.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18 17,201.

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

