PUBLIC DISCLOSURE COPY

Extended to May 17, 2021

Form 990-T									
		•	nd proxy tax unde					0040	
	For ca	alendar year 2019 or other tax yea			, and ending		·	ZU 19	
Department of the Treasury Internal Revenue Service	•	► Go to www. Do not enter SSN number	irs.gov/Form990T for in s on this form as it may				(3).	Open to Public Inspection for 501(c)(3) Organizations Only	
A Check box if address change	d	Name of organization (Catholic Charitie	Check box if name cl		and see instructions.	.)	(Em	D Employer identification number (Employees' trust, see instructions.)	
B Exempt under section	Print	of Chicago						36-2170821	
X 501(c)(3)	or	Number, street, and room	or suite no. If a P.O. box	c see in	structions.			elated business activity code	
408(e) 220(e) Type	721 N. LaSalle Dr		.,			(See	e instructions.)	
408A 530(a)	City or town, state or prov	rince, country, and ZIP or	r foreigi	n postal code				
529(a)		Chicago, IL 6065	4		•		5259	990	
C Book value of all assets at end of year		F Group exemption numb	er (See instructions.)	\	0928				
350,74	5,134.	G Check organization type	e 🕨 🗓 501(c) corp	oration	501(c) tru	ust 40	1(a) trust	Other trust	
H Enter the number of the	ne organiza	ation's unrelated trades or b	usinesses. 🕨	1	Desc	ribe the only (or first)) unrelate	d	
trade or business here	► INV	ESTMENTS			If only	one, complete Parts I	-V. If moi	re than one,	
describe the first in the	e blank spa	ace at the end of the previou	s sentence, complete Pa	rts I and	d II, complete a Sche	dule M for each addit	ional trad	e or	
business, then comple									
		poration a subsidiary in an a		ıt-subsi	diary controlled grou	p?	· \	res X No	
		tifying number of the paren	t corporation.		Tal	 	212 6	EE 7226	
J The books are in care Part I Unrelat		de or Business Inc	nme		(A) Income	lephone number (B) Expen		(C) Net	
		de or business mo	onic		(A) Illcolle	(B) Expen	1505	(O) Net	
1a Gross receipts or sb Less returns and a			c Balance	1c					
		 e A, line 7)		2					
3 Gross profit. Subtr				3					
•		ch Schedule D)		4a	21,56	56.		21,566.	
		Part II, line 17) (attach Form		4b	,				
				4c					
	apital loss deduction for trusts ncome (loss) from a partnership or an S corporation (attach statement)					79. Stmt 1		-50,879.	
6 Rent income (Sche			·	6					
7 Unrelated debt-fina		me (Schedule E)		7					
		and rents from a controlled o		8					
9 Investment income	of a secti	on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9					
		ome (Schedule I)		10					
11 Advertising income	(Schedul	e J)		11					
		ns; attach schedule)Sta		12		1.		1.	
13 Total. Combine lin	nes 3 throu	ıgh 12		13	-29,31	12.		-29,312.	
		ot Taken Elsewhere be directly connected with the c				ns.)			
14 Compensation of	officers, di	irectors, and trustees (Sche	dule K)				. 14		
17 Bad debts							. 17		
		see instructions)						0.0	
							. 19	99.	
		562)					- alb		
		n Schedule A and elsewhere					21b 22	+	
23 Contributions to 0	leferred co	ompensation plans							
		milpensation plans							
		chedule I)							
		chedule J)							
27 Other deductions	(attach scl	hedule)			See State	ement 3	27	8,926.	
28 Total deductions.	Add lines	14 through 27					28	9,025.	
		ncome before net operating						-38,337.	
30 Deduction for net	operating	loss arising in tax years beg	jinning on or after Januar	ry 1, 20	18				
								0.	
31 Unrelated busines	s taxable i	ncome. Subtract line 30 fro	m line 29				. 31	-38,337.	

Part	III 7	Total Unrelated Business Taxab	le Income									
32	Total of	unrelated business taxable income computed	from all unrelated trades (or businesses (s	ee instructions)		32		-38,	337.		
33	Amount	s paid for disallowed fringes					33	j				
34	Charitab	le contributions (see instructions for limitation	rules) Stmt	4	Stmt 5		34	ļ		0.		
	5 Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 35 35											
36	Deduction	on for net operating loss arising in tax years be	ginning before January 1	, 2018 (see insti	ructions)		36	j				
		deduction (Generally \$1,000, but see line 38 in						,	1,	000.		
		ed business taxable income. Subtract line 38	•	,								
	enter the	e smaller of zero or line 37			· · · · · · · · · · · · · · · · · · ·		39	,	-38,	337.		
Part	IV 7	ax Computation										
40	Organiz	ations Taxable as Corporations. Multiply line	39 by 21% (0.21)			>	- 40	,		0.		
		axable at Trust Rates. See instructions for ta										
		x rate schedule or Schedule D (Form				•	- 41					
42		x. See instructions					- 42					
		ive minimum tax (trusts only)					43					
44	Tax on I	Noncompliant Facility Income. See instruction	ns				44					
45	Total. A	dd lines 42, 43, and 44 to line 40 or 41, which	ever applies				45			0.		
Part	V 1	ax and Payments						•				
46 a	Foreign	tax credit (corporations attach Form 1118; trus	sts attach Form 1116)		46a							
C	General	h			ایدا							
d	Credit fo	or prior year minimum tax (attach Form 8801 c	r 8827)		46d							
		edits. Add lines 46a through 46d					46	e				
47	Subtrac	t line 46e from line 45					47	,		0.		
48	Other ta	xes. Check if from: Form 4255	Form 8611 Form 8	697 🔲 Form	n 8866 🔲 Othe	(attach schedule)	48	j				
49	Total tax. Add lines 47 and 48 (see instructions)											
51 a	Paymen	ts: A 2018 overpayment credited to 2019			51a	21,500).					
		timated tax payments										
C	Tax dep	osited with Form 8868			51c							
d	Foreign	organizations: Tax paid or withheld at source (see instructions)		51d							
е	Backup	withholding (see instructions)			51e							
		or small employer health insurance premiums										
g	Other cr	edits, adjustments, and payments: 🔲 Fo	rm 2439									
	Fo	rm 4136 Ot	her	Total	▶ 51g							
52	Total pa	yments. Add lines 51a through 51g		. <u></u>			52		21,	500.		
53	Estimate	ed tax penalty (see instructions). Check if Form	2220 is attached	L			53	<u>; </u>				
54	Tax due	. If line 52 is less than the total of lines 49, 50,	and 53, enter amount ov	/ed			54	<u> </u>				
		ment. If line 52 is larger than the total of lines		ount overpaid		····· >	55	;	21,	500.		
		e amount of line 55 you want: Credited to 202				Refunded >	<u>56</u>	<u>; </u>		0.		
Part		Statements Regarding Certain A							1			
	-	me during the 2019 calendar year, did the org		•		-			Yes	No		
		nancial account (bank, securities, or other) in		•	-							
	FinCEN	Form 114, Report of Foreign Bank and Financi	al Accounts. If "Yes," enter	r the name of the	e foreign country							
	here	<u> </u>								X		
	_	he tax year, did the organization receive a distr		e grantor of, or t	transferor to, a for	eign trust?				Х		
		see instructions for other forms the organizati	•									
59		e amount of tax-exempt interest received or ac			d -4-4	h - h h - f · l · ·		-11-11-6 14 1- 4				
Sign		der penalties of perjury, I declare that I have examined trect, and complete. Declaration of preparer (other than					riedge ar	id beller, it is tru	e,			
Here							•	IRS discuss this		vith		
		Signature of officer	 Date	Title				parer shown belo		¬ No		
				11110	Data				es	No		
_		Print/Type preparer's name	Preparer's signature		Date	Check		PTIN				
Paid		Jeffrey Frank	- Vaga 00	<i>,</i>	00/47/0004	self- employe	- 1	P00287234	i			
Prep	arei	Firm's name ► Deloitte Tax LLP	warey or year	<u> </u>	03/17/2021	Eirmin FIN I		86-1065				
Use	Only		Street, Ste 2800			Firm's EIN		00-1002	, , 4			
		Firm's address Minneapolis, MN	•			Phone no.	612-3	397_1000				
		IIIII o audicoo 🔽 miineapoiis, MN	22407-T220			FIIOHE HO.	012-	,,, 1 000				

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or Catholic Charities of the Archdiocese print 36-2170821 of Chicago File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 721 N. LaSalle Drive return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. Chicago, IL 60654 Enter the Return Code for the return that this application is for (file a separate application for each return) Return **Application** Application Return Code Code Is For Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Ω4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Elida Hernandez The books are in the care of ▶ 721 N. LaSalle Drive - Chicago, IL 60654-3751 Telephone No. ▶ 312-655-7326 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and TINs of all members the extension is for. May 17, 2021 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ▶ X tax year beginning JUL 1, 2019 JUN 30, 2020 __ , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 21,500. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

Form 990-T (2019) of Chicago

Schedule A - Cost of Goods S	old. Enter	method of invent	tory v	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2			Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (\	vith respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					Х
Schedule C - Rent Income (Fr	om Real I	Property and	Per	sonal Property L	ease	d With Real Prope	erty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									_
(4)									
3	2. Rent receive	ed or accrued							
(a) From personal property (if the percent rent for personal property is more tha 10% but not more than 50%)	` ' of rent for p	ersonal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ре	3(a) Deductions directly of columns 2(a) and	connect d 2(b) (a	ed with the income in ttach schedule)		
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2(a 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	instru	ctions)					
			,	. Gross income from		3. Deductions directly conne to debt-finance			
1. Description of debt-finance	ed property			or allocable to debt-	(a)	Straight line depreciation	Τ̈́	(b) Other deductions	
1. Description of descrinance	ced property			financed property	, ,	(attach schedule)		(attach schedule)	
(1)									
(2)									_
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n 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 column 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
			•	· ·	Е	nter here and on page 1,	E	inter here and on page 1,	,
						Part I, line 7, column (A).		Part I, line 7, column (B).	
Totals						0.			0.
Total dividends-received deductions inclu	ided in column	18				>			0.

Form **990-T** (2019)

Form 990-T (2019) of Chicag								36-217	0821	Page
Schedule F - Interest, A	Annuities, R	oyalties	s, and Rents	From Co	ntrolle	d Organiza	tions	see ins	structio	ons)
			Exempt (Controlled O	rganizatio	ons				
1. Name of controlled organizat	ion	2. Employe identification number				ments made includ		rt of column 4 led in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)										
<u>(1)</u> (2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations		<u> </u>							
7. Taxable Income	8. Net unrelate	ed income (lo	ss) 0 Total	of specified payr	nents	10. Part of colu	mn 9 tha	t is included	11 1	Deductions directly connected
		tructions)	0 . 1988	made		in the controlli	ing orgai	nization's		ith income in column 10
(1)										
(2)										
(3)										
(4)										
			·			Add colun Enter here and line 8, c		e 1, Part I,		Add columns 6 and 11. r here and on page 1, Part I, line 8, column (B).
Totals								0.		0
Schedule G - Investme	nt Income	of a Sec	tion 501(c)(7), (9), or (17) Org	anization				
(see insti				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,					
1. Desc	1. Description of income			2. Amount of income		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 o Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Totals			>		0.					0
Schedule I - Exploited	Exempt Act	tivity Ind	come, Other	Than Adv	ertisin	g Income				
(see instru	uctions)									
1. Description of exploited activity	2. Gross unrelated busin income from trade or busine	ess I	3. Expenses lirectly connected with production of unrelated business income	4. Net incom from unrelated business (cominus colum gain, compute through	I trade or Ilumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	that attributable to		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(4)				unougn	7.					
(1)										
(2)										
(4)	Enter here and	on F	Enter here and on							Enter here and
Totals -	page 1, Part line 10, col. (A	I,	page 1, Part I, line 10, col. (B).							on page 1, Part II, line 25.
Schedule J - Advertision	na Income									
Part I Income From				solidated	Basis					
1. Name of periodical	adve	Gross ertising come	3. Direct advertising costs	or (loss) (co	ising gain ol. 2 minus ain, compute arough 7.	5. Circulatincome		6. Read		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

Form 990-T(2019) of Chicago

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.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.	_			0.

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

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

Form **990-T** (2019)

SCHEDULE O (Form 1120)

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Name

Consent Plan and Apportionment Schedule for a Controlled Group

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.

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

OMB No. 1545-0123

Employer identification number

Catholic Charities of the Archdiocese of Chicago 36-2170821 Part I Apportionment Plan Information Type of controlled group: a X Parent-subsidiary group ___ Brother-sister group Combined group **d** Life insurance companies only 2 This corporation has been a member of this group: **a** X For the entire year. ____ From _________ , until ________ . 3 This corporation consents and represents to: a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on ______, and for all succeeding tax years. **b** Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending ___ c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan. d Last Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _______, and for all succeeding tax years. 4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment Elected by the component members of the group. Required for the component members of the group. 5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions). No apportionment plan is in effect and none is being adopted. An apportionment plan is already in effect. It was adopted for the tax year ending , and for all succeeding tax years. 6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions. (i) The statute of limitations for this year will expire on _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until **b** X No. The members may not adopt or amend an apportionment plan. If the corporation has a short tax year that does not include December 31, check the box. See instructions.

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

Schedule 0 (Form 1120) (Rev. 12-2018)

Part II Apportionment (See instructions)			_			
	(1.)	Apportionment				
(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other		
1 Catholic Charities of the Archdiocese						
of Chicago	36-2170821	20-06				
2 MISSION OF OUR LADY OF MERCY	36-2171726	20-06				
CATHOLIC BISHOP OF CHICAGO	36-2170826	20-06				
4 MISERICORDIA HOME	36-2170153	20-06				
5						
6						
7						
8						
9						
10						
Total					1100) (D 10 0010)	

Schedule O (Form 1120) (Rev. 12-2018)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0123

Name				Empl	oyer identification number
Catholic Charities of the A	rchdiocese				
of Chicago					-2170821
Did the corporation dispose of any investmen					Yes X No
If "Yes," attach Form 8949 and see its instruc	tions for additional require	ements for reporting your	gain or loss.		
Part I Short-Term Capital Gai	ns and Losses (See	instructions.)			ı
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	n !9,	(h) Gain or (loss). Subtract column (e) from column (d) and
round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)	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				ı	5,825.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach computa				6	()
7 Net short-term capital gain or (loss). Combine				7	5,825.
Part II Long-Term Capital Gair	is and Losses (See	instructions.)			<u> </u>
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 gai or loss from Form(s) 894 Part II, line 2, column (g	n 9, 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					14,889.
44 Fatan asia form Famo 4707 line 7 and			•	11	852.
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kind				13	
44.0 9.1 1 8.19.0				14	
15 Net long-term capital gain or (loss). Combine				15	15,741.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin		al loss (line 15)		16	5,825.
17 Net capital gain. Enter excess of net long-term				17	15,741.
18 Add lines 16 and 17. Enter here and on Form				18	21,566.
Note: If losses exceed gains, see Capital Loss					

LHA

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

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

Catholic Charities of the Archdiocese

Social security number or taxpayer identification no.

36-2170821

D. I.I. Ole and Tanner
<u>roker and</u> may even tell you which box to check.
tatement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by you
lefore 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

В Si 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 \perp (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (h) (a) (c) (e) loss. If you enter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of see Column (e) ir combine the result Code(s) with column (g) the instructions adjustment

LANDMARK EQUITY PARTNERS LΡ 4,282. LANDMARK EQUITY PARTNERS XVI, LP 1,543. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

5,825.

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.

Form 8949 (2019) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1
Catholic Charities of the Archdiocese
of Chicago

(F) Long-term transactions not reported to you on Form 1099-B

Social security number or taxpayer identification no. 36-2170821

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

<u>broker and may even tell you which box to check.</u>	
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 bo	οx.
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.	
(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)	
(-) 3 (

Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) see *Column (*e) in combine the result Amount of Code(s) with column (g) the instructions adjustment LANDMARK EQUITY PARTNERS <5,606.> LANDMARK EQUITY PARTNERS XVI, LP 20,495. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

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* (q) in the separate instructions for how to figure the amount of the adjustment.

14,889.

above is checked), or line 10 (if Box F above is checked)

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

OMB No. 1545-0123

Employer identification number 36-2170821

Department of the Treasury Internal Revenue Service

of Chicago

Catholic Charities of the Archdiocese

► Go to www.irs.gov/Form2220 for instructions and the latest information.

2019

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220. **Required Annual Payment** 1 Total tax (see instructions) 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 2a **b** Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method 2b c Credit for federal tax paid on fuels (see instructions) d Total. Add lines 2a through 2c 2d 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation 3 Enter the tax shown on the corporation's 2018 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions. The corporation is using the adjusted seasonal installment method. 6 The corporation is using the annualized income installment method. The corporation is a "large corporation" figuring its first required installment based on the prior year's tax. Part III | Figuring the Underpayment (a) (b) (c) (d) Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Ùse 5th month), 6th, 9th, and 12th months of the corporation's tax year Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column 10 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions 11 Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column 12 Add lines 11 and 12 13 Add amounts on lines 16 and 17 of the preceding column 14 14 Subtract line 14 from line 13. If zero or less, enter -0-15 15 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-16 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next 17 column. Otherwise, go to line 18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column

36-2170821

Form 2220 (2019)

Part IV Figuring the Penalty

			(a)	(b)	(c)		(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19					
20	Number of days from due date of installment on line 9 to the date shown on line 19	20					
21	Number of days on line 20 after 4/15/2019 and before 7/1/2019	21					
22	Underpayment on line 17 x Number of days on line 21 x 6% (0.06)	22	\$	\$	\$		\$
23	Number of days on line 20 after 06/30/2019 and before 10/1/2019	23					
24	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24	\$	\$	\$		\$
25	Number of days on line 20 after 9/30/2019 and before 1/1/2020	25					
26	Underpayment on line 17 x Number of days on line 25 x 5% (0.05)	26	\$	\$	\$		\$
27	Number of days on line 20 after 12/31/2019 and before 4/1/2020	27					
28	Underpayment on line 17 x Number of days on line 27 x 5% (0.05) 366	28	\$	\$	\$		\$
29	Number of days on line 20 after 3/31/2020 and before 7/1/2020	29					
30	Underpayment on line 17 x Number of days on line 29 x *% 366	30	\$	\$	\$		\$
31	Number of days on line 20 after 6/30/2020 and before 10/1/2020	31					
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$
33	Number of days on line 20 after 9/30/2020 and before 1/1/2021	33					
34	Underpayment on line 17 x Number of days on line 33 x *% 366	34	\$	\$	\$		\$
35	Number of days on line 20 after 12/31/2020 and before 3/16/2021	35					
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	I	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the to	tal h	ere and on Form 1120, lin	e 34; or the comparable		38	g 0

Form **2220** (2019)

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

OMB No. 1545-0184

Name(s) shown on return

Catholic Charities of the Archdiocese

► Go to www.irs.gov/Form4797 for instructions and the latest information.

of C	Chicago		L	36-2170821						
1 E	nter the gross proceeds from sales or	exchanges repor	ted to you for 2	019 on Form(s) 10	99-B or 1099-S					
	or substitute statement) that you are in	cluding on line 2	, 10, or 20				1			
Pa		of Property L	Jsed in a Tra	de or Busines	s and Involun	tary Conve	ersic	ons From		
	Other Than Casualty	or Theft-Mo	st Property	Held More Tha	an 1 Year (see	instructions)				
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or ot basis, plus improvements expense of sa	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)		
LANI	DMARK EQUITY PARTNERS XV, LP							500.		
LANI	MARK EQUITY PARTNERS XVI,									
LP								352.		
3	Gain, if any, from Form 4684, line 39)					3			
4	Section 1231 gain from installment s	sales from Form 6	6252, line 26 or	37			4			
5	Section 1231 gain or (loss) from like-	kind exchanges	from Form 8824				5			
6	Gain, if any, from line 32, from other						6			
7	Combine lines 2 through 6. Enter the	e gain or (loss) he	ere and on the a	ppropriate line as t	follows		7	852.		
	Partnerships and S corporations. line 10, or Form 1120-S, Schedule K				for Form 1065, Sch	edule K,				
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.									
8	Nonrecaptured net section 1231 los	ses from prior ye	ars. See instruc	tions		Γ	8			
9	Subtract line 8 from line 7. If zero or	less, enter -0 If	line 9 is zero, er							
	line 9 is more than zero, enter the ar	nount from line 8	on line 12 belo	w and enter the ga	in from line 9 as a	long-term				
	capital gain on the Schedule D filed	with your return.	See instructions	S			9	852.		
Pa	rt II Ordinary Gains and I	_osses (see ins	structions)							
10	Ordinary gains and losses not include	led on lines 11 th	rough 16 (inclu	de property held 1	vear or less):					
	7.5		<u> </u>	Ι΄ ΄΄	j , , , , , , , , , , , , , , , , , , ,					
11	Loss, if any, from line 7			•	•		11	()		
12	Gain, if any, from line 7 or amount from						12	,		
13	Gain, if any, from line 31						13			
14	Net gain or (loss) from Form 4684, lin	nes 31 and 38a					14			
15	Ordinary gain from installment sales						15			
16							16			
17	, , , , , , , , , , , , , , , , , , , ,									
18	For all except individual returns, enter									
	a and b below. For individual returns				-					
а	If the loss on line 11 includes a loss			(b)(ii), enter that p	art of the loss here	. Enter the				
	loss from income-producing property	y on Schedule A	(Form 1040 or F	orm 1040-SR), line	e 16. (Do not includ	le any loss				
	on property used as an employee.) Id					· [18a			
b	Redetermine the gain or (loss) on line					le 1				
	(Form 1040 or Form 1040-SR), Part I					I	18b			
LHA	For Paperwork Reduction Act No.	otice, see separ	ate instructions	S.				Form 4797 (2019)		

19	(a) Description of section 1245, 1250, 1252, 1254, o		(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)			
Α								
В								
С								
D								
	These columns relate to the properties on							
	lines 19A through 19D.	•	Property A	Property	В	Property	С	Property D
20	Gross sales price (Note: See line 1 before completing.)	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable \dots	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
24	Total gain. Subtract line 23 from line 20	24						
25	If section 1245 property:							
а	Depreciation allowed or allowable from line 22	25a						
	Enter the smaller of line 24 or 25a	25b						
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions \hdots	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
С	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
đ	Additional depreciation after 1969 and before 1976	26d						
е	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
	Add lines 26b, 26e, and 26f	26g						
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage	27b						
	Enter the smaller of line 24 or 27b	27c						
а	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
29	Enter the smaller of line 24 or 28a If section 1255 property: Applicable percentage of payments excluded	28b 29a						
h	from income under section 126. See instructions Enter the smaller of line 24 or 29a. See instructions	29b						
							-	
Sui	mmary of Part III Gains. Complete property of	olumns /	A through D through	line 29b before	going	to line 30.		
			gh D, line 24				30	
30	Total gains for all properties. Add property columns	A throug						
31	Add property columns A through D, lines 25b, 26g,	27c, 28b	o, and 29b. Enter he				31	
31	Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from	27c, 28b casualty	o, and 29b. Enter he					
31 32	Add property columns A through D, lines 25b, 26g,	27c, 28b casualty	o, and 29b. Enter he	884, line 33. Ente	er the p	portion	32	or Less
31 32	Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from other than casualty or theft on Form 4797, line	27c, 28b casualty	o, and 29b. Enter he	884, line 33. Ente	er the p	portion	32	or Less
31 32	Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from from other than casualty or theft on Form 4797, line art IV Recapture Amounts Under Section	27c, 28b casualty	o, and 29b. Enter he	884, line 33. Ente	er the p	portion	32	or Less (b) Section 280F(b)(2)
31 32 P a	Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from from other than casualty or theft on Form 4797, line art IV Recapture Amounts Under Section	27c, 28t casualty 6	o, and 29b. Enter her or theft on Form 46 and 280F(b)(2)	When Busin	er the p	Use Drops to	32	(b) Section

Form **965**

Department of the Treasury Internal Revenue Service

For calendar year

Inclusion of Deferred Foreign Income Upon Transition to Participation Exemption System

► Attach to tax return.

► Go to www.irs.gov/Form965 for instructions and the latest information.

OMB No. 1545-0123

of the filer.

June 30

and ending

2020

Name of person filing this return Identifying number Catholic Charities of the Archdiocese 36-2170821 Note: Throughout this form, the term "2019 tax year" refers to 2019 calendar tax years and fiscal tax years of the person filing this return that begin in 2019 Part I Section 965(a) Inclusion Reserved 2 Reserved 2 2019 tax year section 965(a) inclusions from pass-throughs. Enter the sum here and on your tax return as follows. Corporations: Enter the line 3 total on Form 1120, Schedule C, line 15, column (a), or the corresponding line of other corporate tax returns. 2 3 4 Reserved Reserved 5 Reserved 6 Section 965(c) Deduction Part II 7 Reserved 8 Reserved Reserved 9 10 Reserved 10 11 Reserved 12 12 Reserved 13 13 Reserved Reserved 14 15 Reserved 15 16 16 Reserved 2019 tax year section 965(c) deduction from pass-throughs. Enter the sum here and on your tax return as follows. Corporations: Enter the line 17 total on Form 1120, Schedule C, line 15, column (c), or the corresponding line of other corporate tax returns. All others: See instructions 17 Elections Part III Yes No Was an election made to pay the net tax liability over 8 years as provided for in section 965(h)? Х Complete if a shareholder in an S corporation. Was an election made to defer payment of net tax liability as provided for in section 965(i)? Complete if a Real Estate Investment Trust. Was an election made to include income over 8 years as provided for in section 965(m)? Was an election made not to apply a net operating loss deduction as provided in section 965(n)? Was the election provided for in Regulations section 1.965-2(f)(2) made?

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

, or other tax year beginning July 1,

Form **965** (Rev. 1-2020)

Corporate and Real Estate Investment Trust (REIT) Report of Net 965 Tax Liability and Electing REIT Report of 965 Amounts

(Rev. January 2020) Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form965B for instructions and the latest information.

OMB No. 1545-0123

Che	eck this box i	f this is an amende	d report											▶
Nan	ne of taxpayer		nolic (Chicago	Charities of the Arch							Identifying number 36-2170821		Taxable year of re	eporting
	Ts Electing T	o Account for Sect	ion 965	Amounts Over Time Must Fi	ll Out Part I	II.					•		•	
Pa	rt I Re	eport of Net 965 Ta	ax Liabi	lity and Election To Pay in I	nstallment	s	1		T					
	(a) Year of Section 965(a) Inclusion or Liability Assumed	(b) Taxpayer's Net Tax With all 965 Amounts (see instruction	S	(c) Taxpayer's Net Tax Liability Without 965 Amounts (see instructions)	Net 965 (subtract	(d) Tax Liability column (c) blumn (b))	Instal Elec Ma	e) Ilment ction ade	(f) Net 965 Tax Liability To Be Paid in Full in Ye: (if column (e) is "No," ei amount from column (ear 1 enter	(g) Net 965 Tax Liability To Be Paid in Installments (if column (e) is "Yes," enter amount from column (d) and see instructions)	Tra Tra Subsec	(h) 965 Tax Liability nsferred (Out), nsferred In, or quent Adjustments (see instructions)	(i) Tax Identification Number of Buyer/ Transferee or _ Seller/
_	(see instructions)						Yes	No						Transferor
1 2 3 4 5 6 7 8	2017 2018							X						<u> </u>
3	2019		0.	0.				X						
4														
5														
6														
<u></u>														<u> </u>
Pa		ecord of Amount o	f Net 96	55 Tax Liability Paid by the	Taxpaver (see instruction	ns)							
	Year of In Liabi	(a) Section 965(a) clusion or lity Assumed instructions)		(b) Paid for Year 1		(c) d for Year 2	,		(d) Paid for Year 3		(e) Paid for Year 4		(f) Paid for Y	⁄ear 5
1		2017												
1 2 3 4 5 6 7		2018												
3		2019												
4														
-6														
7														
8														
		(g) Paid for Year 6		(h) Paid for Year 7			(i Paid for		Rema	Net s aining U	(j) 965 Tax Liability Jnpaid (see instructions)		(k) Net 965 Tax Liat Paid for the Reporti	bility ng Year
2														
_2														
3														
-4-														
4 5 6 7 8														_
7														
8		·											·	
_														
For	otals Privacy Act an	nd Paperwork Reduct	ion Act N	otice, see the separate instruc	tions.								Form 965	5-B (Rev. 1-2020)

Part III	Part III Electing REIT Report of Section 965 Amounts Accounted for Over Time (see instructions)						
	(a) Tax Year of tion 965(a) Inclusion and ection 965(c) Deduction	(b) Amount Elected To Be Accounted for Over Time	(c) Portion Accounted for in Year 1	(d) Portion Accounted for in Year 2	(e) Portion Accounted for in Year 3	(f) Portion Accounted for in Year 4	
	Section 965(a) Inclusion						
	Section 965(c) Deduction						
	Section 965(a) Inclusion						
	Section 965(c) Deduction						
	Section 965(a) Inclusion						
3b 2019 9	Section 965(c) Deduction						
P	(g) ortion Accounted for in Year 5	(h) Portion Accounted for in Year 6	(i) Portion Accounted for in Year 7	(j) Portion Accounted for in Year 8	(k) Amount Remaining To Be Accounted for	(I) Portion Accounted for in This Reporting Year	
1a							
<u>1b</u>							
2a							
<u>2</u> b							
3a							
3b							
Totals .				>			

If more lines are needed for any Parts on this form, attach additional sheets.

Form **965-B** (Rev. 1-2020)

Form 990-T Income (Loss) from Partnerships	Statement 1
Description	Net Income or (Loss)
(loss)	12,848.
LANDMARK EQUITY PARTNERS XV, LP - Net Rental Real Estate	405
Income	-135
LANDMARK EQUITY PARTNERS XV, LP - Other Net Rental Income	-3.
(loss)	-3. 917.
LANDMARK EQUITY PARTNERS XV, LP - Interest Income LANDMARK EQUITY PARTNERS XV, LP - Dividend Income	282.
LANDMARK EQUITY PARTNERS XV, LP - DIVIDEND INCOME LANDMARK EQUITY PARTNERS XV, LP - Royalties	187
LANDMARK EQUITY PARTNERS XV, LP - Other income (loss)	-18,047
LANDMARK EQUITY PARTNERS XVI, LP - Ordinary Business	20,017.
Income (loss)	7,662
LANDMARK EQUITY PARTNERS XVI, LP - Net Rental Real Estate	•
Income	60
LANDMARK EQUITY PARTNERS XVI, LP - Other Net Rental Income	
(loss)	204
LANDMARK EQUITY PARTNERS XVI, LP - Interest Income	1,863
LANDMARK EQUITY PARTNERS XVI, LP - Dividend Income	1,304
LANDMARK EQUITY PARTNERS XVI, LP - Royalties	161
LANDMARK EQUITY PARTNERS XVI, LP - Other income (loss)	-58,102
BLACKSTONE SGP CAPITAL PARTNERS (CAYMAN) IV LP - Ordinary	
Business Income (1	-80
Total Included on Form 990-T, Page 1, line 5	-50,879.

Form 990-T	Other Income	Statement 2
Description		Amount
Net section 965 inclu	sion	1.
Total to Form 990-T,	Page 1, line 12	1.

Form 990-T	Other Deductions	Statement 3
Description		Amount
TAX PREPARATION FEES		8,926.
Total to Form 990-T, Page 1	, line 27	8,926.

Form 990-T	Contributions	Statement 4
Description/Kind of Property	Method Used to Determine FMV	Amount
CHARITABLE DEDUCTIONS FROM SCHEDULE K-1s	N/A	75.
Total to Form 990-T, Page 2, 1	ine 34	75.

Form 990-T	Contributions Summary		Statement 5
	ontributions Subject to 100% Limit ontributions Subject to 25% Limit		
Carryover of For Tax Ye For Tax Ye For Tax Ye For Tax Ye	ear 2015 ear 2016 ear 2017		
Total Carryo	over nt Year 10% Contributions	75	
	ibutions Available ome Limitation as Adjusted	75 0	
	ributions Contributions s Contributions	75 0 75	
Allowable Co	ontributions Deduction		0
Total Contr	ibution Deduction	-	0