

PUBLIC DISCLOSURE COPY

Form 990-T

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

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning, 2023, and ending, 20

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).

Department of the Treasury Internal Revenue Service

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

Form header section containing: A Check box if address changed; B Exempt under section 501(C)(3); C Book value of all assets at end of year 379,570,239; D Employer identification number 36-2229255; E Group exemption number; F Check box if an amended return.

G Check organization type: 501(c) corporation (checked), 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800.

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation.

J Enter the number of attached Schedules A (Form 990-T) 2

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes (checked) No

L The books are in care of (SEE STATEMENT) Telephone number (630) 792-5682

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I. Line 1: 67,091; Line 2: Reserved; Line 3: 67,091; Line 4: 23; Line 5: 67,068; Line 6: 52,501; Line 7: 14,567; Line 8: 1,000; Line 9: 0; Line 10: 1,000; Line 11: 13,567.

Part II Tax Computation

Table with 7 rows for Part II. Line 1: 2,849; Line 2: 0; Line 3: 0; Line 4: 0; Line 5: 0; Line 6: 0; Line 7: 2,849.

Part III Tax and Payments

Table with 5 main rows for Part III. Line 1a: 0; Line 1b: 0; Line 1c: 0; Line 1d: 0; Line 1e: 0; Line 2: 2,849; Line 3a: 0; Line 3b: 0; Line 3c: 0; Line 3d: 0; Line 3e: 0; Line 3f: 0; Line 4: 2,849; Line 5: 0.

For Paperwork Reduction Act Notice, see instructions.

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**Part III Tax and Payments** (continued)

<b>6a</b>	Payments: Preceding year's overpayment credited to the current year . . . . .	<b>6a</b>	0	
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies . . . . . <input type="checkbox"/>	<b>6b</b>	5,000	
<b>c</b>	Tax deposited with Form 8868 . . . . .	<b>6c</b>	0	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>6d</b>	0	
<b>e</b>	Backup withholding (see instructions). . . . .	<b>6e</b>	0	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) . . . . .	<b>6f</b>	0	
<b>g</b>	Elective payment election amount from Form 3800 . . . . .		0	
<b>h</b>	Payment from Form 2439 . . . . .	<b>6h</b>	0	
<b>i</b>	Credit from Form 4136 . . . . .	<b>6i</b>	0	
<b>j</b>	Other (see instructions) . . . . .	<b>6j</b>	0	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j . . . . .	<b>7</b>		5,000
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>	<b>8</b>		0
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . .	<b>9</b>		0
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid . . . . .	<b>10</b>		2,151
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> 2,151 <b>Refunded</b>	<b>11</b>		0

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

<b>1</b>	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>CH, SA, SN</b>	<b>Yes</b>	<b>No</b>
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		<input checked="" type="checkbox"/>
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . \$ <b>28,362</b>		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ <b>52,501</b> . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	<b>901101</b>	\$ <b>29,032</b>	
		\$	
		\$	
		\$	
<b>6a</b>	Reserved for future use . . . . .		
<b>b</b>	Reserved for future use . . . . .		

**Part V Supplemental Information**

Provide any additional information. See instructions.

**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 of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<b>CHIEF FINANCIAL OFFICER</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>MALLORY FAIRLESS</b>	<b>MALLORY FAIRLESS</b>	<b>11/01/2024</b>		<b>P01321579</b>
	Firm's name <b>CROWE LLP</b>	Firm's EIN <b>35-0921680</b>		Phone no. <b>(312) 899-7000</b>	
Firm's address <b>225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224</b>					