



Crowe LLP

Independent Member Crowe International

225 West Wacker Drive, Suite 2600

Chicago, IL 60606-1224

Tel: 312.899.7000

Fax: 312.899.5300

www.crowe.com

June 21, 2021

Robert P. Schmidt, CPA, MBA
Chicago Association of Realtors Business Information, Inc. & Subsidiaries
430 N. Michigan Ave, Ste. 800
Chicago, IL 60611

Dear Bob:

Enclosed is the client copy of the following returns for the year ended September 30, 2020:

- U.S. Corporation Income Tax Return (Form 1120)
- Illinois Corporation Income and Replacement Tax Return (Form IL-1120)

The above returns have been electronically filed with the IRS and Illinois Department of Revenue on your behalf. Please retain the enclosed client copy for your records.

It is understood that you have provided us with the basic information required for preparation of the return. The tax laws provide that the obligation of a preparer is based only on information of which the preparer has knowledge. Accordingly, the completeness and accuracy of the information you provide us remain the responsibility of your management. You have final and full responsibility for the income tax returns and therefore should review them carefully before signing. You must retain the documentation that supports the filed return. We understand that your staff is responsible for all other tax returns not included here, such as payroll, property, and sales tax returns.

Any tax advice expressed in this communication by Crowe LLP should not be construed as a formal tax opinion unless expressly stated. If you have any questions regarding the enclosed forms or the filing procedures, please call Robbie Williams at 202-552-8016 or Toby Kerslake at 312-966-3080.

Sincerely,

A handwritten signature in black ink that appears to read "Nicole Bencik".

Nicole Bencik

Enclosures

2019 TAX RETURN FILING INSTRUCTIONS
U.S. CONSOLIDATED CORPORATION INCOME TAX RETURN
FOR THE YEAR ENDING
September 30, 2020

Prepared For:

Chicago Association of Realtors Business
Information Services Inc & Subsidiaries
430 N Michigan Ave, Ste 800
Chicago, IL 60611

Prepared By:

Crowe LLP
225 West Wacker Drive, Suite 2600
Chicago, IL 60606-1224

To be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

| | | |
|------------------------------|----|---------|
| Total tax | \$ | 97,368 |
| Less: payments and credits | \$ | 119,128 |
| Plus: interest and penalties | \$ | 105 |
| Overpayment | \$ | 21,655 |

Overpayment:

| | | |
|------------------------------|----|--------|
| Credit to your estimated tax | \$ | 21,655 |
| Refunded to you | \$ | 0 |

Make Check Payable To:

Not Applicable

Mail Tax Return and Check (if applicable) To:

This return has qualified for electronic filing. After you have reviewed the return for accuracy, please sign, date and return Form 8879-C to our office. We will transmit your return electronically to the IRS, and no further action is required.

Return Must be Mailed on or Before:

Please return federal Form 8879-C to us as soon as possible. This must be signed and returned to us by July 15, 2021.

Special Instructions:

Form 8879-CDepartment of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization for Form 1120**

OMB No. 1545-0123

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

► Do not send to the IRS. Keep for your records.
 ► Go to www.irs.gov/Form8879C for the latest information.

2019

Name of corporation **CHICAGO ASSOCIATION OF REALTORS BUSINESS INFORMATION SERVICES INC & SUBSIDIARIES** Employer identification number **47-4639535**

Part I Tax Return Information (Whole dollars only)

| | | |
|---|---|------------|
| 1 Total income (Form 1120, line 11) | 1 | 1,574,209. |
| 2 Taxable income (Form 1120, line 30) | 2 | 463,659. |
| 3 Total tax (Form 1120, line 31) | 3 | 97,368. |
| 4 Amount owed (Form 1120, line 35) | 4 | |
| 5 Overpayment (Form 1120, line 36) | 5 | 21,655. |

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2019 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CROWE LLP to enter my PIN **12345**
 ERO firm name do not enter all zeros

as my signature on the corporation's 2019 electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2019 electronically filed income tax return.

Officer's signature ► Robert P Schmidt Date ► 6/21/2021 Title ► SENIOR VICE PRESIDENT - FINANCE

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **36307335092**
 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► Shane Berne Date ► 6/21/2021

**ERO Must Retain This Form - See Instructions
 Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

LHA

Form 8879-C (2019)

Form **1120**For calendar year 2019 or tax year beginning OCTOBER 1, 2019, ending SEPTEMBER 30, 2020

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service**2019**► Go to www.irs.gov/Form1120 for instructions and the latest information.

A Check if:
 1a Consolidated return (attach Form 851)
 b Life/nonlife consolidated return
 2 Personal holding co. (attach Sch. PH)
 3 Personal service corp. (see instructions)
 4 Schedule M-3 attached

**TYPE
OR
PRINT**

Name **CHICAGO ASSOCIATION OF REALTORS BUSINESS INFORMATION SERVICES INC & SUBSIDIARIES**

Number, street, and room or suite no. If a P.O. box, see instructions.
430 N MICHIGAN AVE, STE 800

City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 60611

B Employer identification number

47-4639535

C Date incorporated

06/30/2015

D Total assets (see instructions)

\$ 5,477,441.

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

| | | | | |
|---|---|----------------------|-----------|-------------------|
| Income | 1a Gross receipts or sales | 1a 5,030,550. | 1c | 5,030,550. |
| | b Returns and allowances | 1b | | 4,144,822. |
| | c Balance. Subtract line 1b from line 1a | | 2 | 885,728. |
| | 2 Cost of goods sold (attach Form 1125-A) | | 3 | |
| | 3 Gross profit. Subtract line 2 from line 1c | | 4 | |
| | 4 Dividends and inclusions (Schedule C, line 23) | | 5 | 46,292. |
| | 5 Interest | | 6 | |
| | 6 Gross rents | | 7 | |
| | 7 Gross royalties | | 8 | |
| | 8 Capital gain net income (attach Schedule D (Form 1120)) | | 9 | |
| | 9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) | | 10 | 642,189. |
| | 10 Other income (attach statement) SEE CONSOLIDATED INCOME AND DEDUCTIONS | | 11 | 1,574,209. |
| | 11 Total income. Add lines 3 through 10 ► | | | |
| Deductions (See instructions for limitations on deductions.) | 12 Compensation of officers (attach Form 1125-E) | | 12 | |
| | 13 Salaries and wages (less employment credits) | | 13 | 560,538. |
| | 14 Repairs and maintenance | | 14 | 6,425. |
| | 15 Bad debts | | 15 | |
| | 16 Rents | | 16 | 56,278. |
| | 17 Taxes and licenses | | 17 | 49,677. |
| | 18 Interest (see instructions) | | 18 | 5,635. |
| | 19 Charitable contributions | | 19 | 40,000. |
| | 20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) | | 20 | |
| | 21 Depletion | | 21 | |
| | 22 Advertising | | 22 | |
| | 23 Pension, profit-sharing, etc., plans | | 23 | |
| | 24 Employee benefit programs | | 24 | |
| | 25 Reserved for future use | | 25 | |
| | 26 Other deductions (attach statement) SEE CONSOLIDATED INCOME AND DEDUCTIONS | | 26 | 391,997. |
| | 27 Total deductions. Add lines 12 through 26 ► | | 27 | 1,110,550. |
| | 28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11 | | 28 | 463,659. |
| | 29a Net operating loss deduction (see instructions) | 29a | | |
| | b Special deductions (Schedule C, line 24) | 29b | | |
| | c Add lines 29a and 29b | | 29c | |
| Tax, Refundable Credits, and Payments | 30 Taxable income. Subtract line 29c from line 28. See instructions | | 30 | 463,659. |
| | 31 Total tax (Schedule J, Part I, line 11) | | 31 | 97,368. |
| | 32 2019 net 965 tax liability paid (Schedule J, Part II, line 12) | | 32 | |
| | 33 Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23) | | 33 | 119,128. |
| | 34 Estimated tax penalty. See instructions. Check if Form 2220 is attached ► | X | 34 | 105. |
| | 35 Amount owed. If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed | | 35 | 0. |
| | 36 Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid | | 36 | 21,655. |
| | 37 Enter amount from line 36 you want: Credited to 2020 estimated tax ► | 21,655. | 37 | |

**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.

May the IRS discuss this return with the preparer shown below?
 Yes No

► Signature of officer

Date

SENIOR VICE PRESIDENT - FINANCE
TITLE

| | | | | | |
|--------------------------|--|--|--------------------------|--|--------------------------|
| Paid Preparer | Print/Type preparer's name NICOLE BENCIK | Preparer's signature <i>Nicole Bencik</i> | Date 6/21/2021 | Check if self-employed <input type="checkbox"/> | PTIN P00756195 |
| Use Only | Firm's name ► CROWE LLP | | | Firm's EIN ► | 35-0921680 |
| | Firm's address ► 225 WEST WACKER DRIVE, SUITE 2600 CHICAGO, IL 60606-1224 | | | Phone no. | 312-899-7000 |

911601
12-30-19 LHA For Paperwork Reduction Act Notice, see separate instructions. Form 1120 (2019)

| Schedule C | Dividends, Inclusions, and Special Deductions (see instructions) | (a) Dividends and inclusions | (b) % | (c) Special deductions (a) x (b) |
|-------------------|--|------------------------------|------------------|-------------------------------------|
| 1 | Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock) | | 50 | |
| 2 | Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock) | | 65 | |
| 3 | Dividends on certain debt-financed stock of domestic and foreign corporations | | see instructions | |
| 4 | Dividends on certain preferred stock of less-than-20%-owned public utilities | | 23.3 | |
| 5 | Dividends on certain preferred stock of 20%-or-more-owned public utilities | | 26.7 | |
| 6 | Dividends from less-than-20%-owned foreign corporations and certain FSCs | | 50 | |
| 7 | Dividends from 20%-or-more-owned foreign corporations and certain FSCs | | 65 | |
| 8 | Dividends from wholly owned foreign subsidiaries | | 100 | |
| 9 | Subtotal. Add lines 1 through 8 | | see instructions | |
| 10 | Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958 | | 100 | |
| 11 | Dividends from affiliated group members | | 100 | |
| 12 | Dividends from certain FSCs | | 100 | |
| 13 | Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions) | | 100 | |
| 14 | Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends) | | | |
| 15 | Section 965(a) inclusion | | see instructions | |
| 16a | Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions) | | 100 | |
| b | Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions) | | | |
| c | Other inclusions from CFCs under subpart F not included on line 15, 16a, 16b, or 17 (attach Form(s) 5471) (see instructions) | | | |
| 17 | Global intangible Low-Taxed income (GILTI) (attach Form(s) 5471 and Form 8992) | | | |
| 18 | Gross-up for foreign taxes deemed paid | | | |
| 19 | IC -DISC and former DISC dividends not included on line 1, 2, or 3 | | | |
| 20 | Other dividends | | | |
| 21 | Deduction for dividends paid on certain preferred stock of public utilities | | | |
| 22 | Section 250 deduction (attach Form 8993) | | | |
| 23 | Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4 | | | |
| 24 | Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b | | | |

Schedule J Tax Computation and Payment (see instructions)**Part I - Tax Computation**

| | | | | | |
|----|--|---|----|---------|---------|
| 1 | Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)) | ► <input checked="" type="checkbox"/> X | | 2 | 97,368. |
| 2 | Income tax. See instructions | | | 3 | |
| 3 | Base erosion minimum tax amount (attach Form 8991) | | | 4 | 97,368. |
| 4 | Add lines 2 and 3 | | | | |
| 5a | Foreign tax credit (attach Form 1118) | 5a | | | |
| b | Credit from Form 8834 (see instructions) | 5b | | | |
| c | General business credit (attach Form 3800) | 5c | | | |
| d | Credit for prior year minimum tax (attach Form 8827) | 5d | | | |
| e | Bond credits from Form 8912 | 5e | | | |
| 6 | Total credits. Add lines 5a through 5e | | 6 | | |
| 7 | Subtract line 6 from line 4 | | 7 | 97,368. | |
| 8 | Personal holding company tax (attach Schedule PH (Form 1120)) | | 8 | | |
| 9a | Recapture of investment credit (attach Form 4255) | 9a | | | |
| b | Recapture of low-income housing credit (attach Form 8611) | 9b | | | |
| c | Interest due under the look-back method-completed long-term contracts (attach Form 8697) | 9c | | | |
| d | Interest due under the look-back method-income forecast method (attach Form 8866) | 9d | | | |
| e | Alternative tax on qualifying shipping activities (attach Form 8902) | 9e | | | |
| f | Other (see instructions - attach statement) | 9f | | | |
| 10 | Total. Add lines 9a through 9f | | 10 | | |
| 11 | Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31 | | 11 | 97,368. | |

Part II - Section 965 Payments (see instructions)

| | | | |
|----|---|----|--|
| 12 | 2019 net 965 tax liability paid from Form 965-B, Part II, column (k), line 3. Enter here and on page 1, line 32 | 12 | |
|----|---|----|--|

Part III - Payments, Refundable Credits, and Section 965 Net Tax Liability

| | | | |
|----|--|-----|----------|
| 13 | 2018 overpayment credited to 2019 | 13 | 2,018. |
| 14 | 2019 estimated tax payments | 14 | 92,110. |
| 15 | 2019 refund applied for on Form 4466 | 15 | () |
| 16 | Combine lines 13, 14, and 15 | 16 | 94,128. |
| 17 | Tax deposited with Form 7004 | 17 | 25,000. |
| 18 | Withholding (see instructions) | 18 | |
| 19 | Total payments. Add lines 16, 17, and 18 | 19 | 119,128. |
| 20 | Refundable credits from: | | |
| a | Form 2439 | 20a | |
| b | Form 4136 | 20b | |
| c | Form 8827, line 5c | 20c | |
| d | Other (attach statement - see instructions) | 20d | |
| 21 | Total credits. Add lines 20a through 20d | 21 | |
| 22 | 2019 net 965 tax liability from Form 965-B, Part I, column (d), line 3. See instructions | 22 | |
| 23 | Total payments, credits, and section 965 net tax liability. Add lines 19, 21, and 22. Enter here and on page 1, line 33 | 23 | 119,128. |

Form 1120 (2019)

Schedule K Other Information (see instructions)

| | Yes | No | |
|---|--|--------------------------------|---|
| 1 Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c Other (specify) ► _____ | X | X | |
| 2 See the instructions and enter the: a Business activity code no. ► 531390 b Business activity ► SERVICE c Product or service ► REAL ESTATE INFORMATION | X | X | |
| 3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? _____ If "Yes," enter name and EIN of the parent corporation ► CHICAGO ASSOCIATION OF REALTORS 36-0904580 | X | X | |
| 4 At the end of the tax year: a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) | X | X | |
| 5 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions If "Yes," complete (i) through (iv) below. | X | X | |
| (i) Name of Corporation | (ii) Employer Identification Number (if any) | (iii) Country of Incorporation | (iv) Percentage Owned in Voting Stock |
| | | | |
| | | | |
| | | | |
| | | | |
| b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions If "Yes," complete (i) through (iv) below. | X | X | X |
| (i) Name of Entity | (ii) Employer Identification Number (if any) | (iii) Country of Organization | (iv) Maximum Percentage Owned in Profit, Loss, or Capital |
| | | | |
| | | | |
| | | | |
| | | | |
| 6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 If "Yes," file Form 5452 , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary. | X | X | X |
| 7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? For rules of attribution, see section 318. If "Yes," enter: (a) Percentage owned ► _____ and (b) Owner's country ► _____ (c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ► _____ | X | X | X |
| 8 Check this box if the corporation issued publicly offered debt instruments with original issue discount If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments. | X | X | X |
| 9 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ _____ | X | X | X |
| 10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ► _____ 1 | X | X | X |
| 11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid. | X | X | X |
| 12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) ► \$ 561,610. | X | X | X |

Schedule K Other Information (continued from page 4)

| | Yes | No |
|---|-----|----|
| 13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000? | | X |
| If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ► \$ | | |
| 14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions | X | |
| If "Yes," complete and attach Schedule UTP. | | |
| 15a Did the corporation make any payments in 2019 that would require it to file Form(s) 1099? | X | |
| b If "Yes," did or will the corporation file required Form(s) 1099? | X | |
| 16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock? | X | |
| 17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction? | X | |
| 18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million? | X | |
| 19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code? | X | |
| 20 Is the corporation operating on a cooperative basis? | X | |
| 21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions | X | |
| If "Yes," enter the total amount of the disallowed deductions ► \$ | | |
| 22 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3)) | X | |
| If "Yes," complete and attach Form 8991. | | |
| 23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions | | X |
| 24 Does the corporation satisfy one or more of the following? See instructions | X | |
| a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense. | | |
| b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense. | | |
| c The corporation is a tax shelter and the corporation has business interest expense. | | |
| If "Yes," to any, complete and attach Form 8990. | | |
| 25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? | | X |
| If "Yes," enter amount from Form 8996, line 14 ► \$ | | |

Form 1120 (2019)

| Schedule L Balance Sheets per Books | | Beginning of tax year | | End of tax year | |
|---|--|-----------------------|------------|-----------------|------------|
| | | (a) | (b) | (c) | (d) |
| 1 Cash | | | 4,137,198. | | 3,999,303. |
| 2a Trade notes and accounts receivable | | 7,985. | | 7,808. | |
| b Less allowance for bad debts | | () | 7,985. | () | 7,808. |
| 3 Inventories | | | | | |
| 4 U.S. government obligations | | | | | |
| 5 Tax-exempt securities | | | | | |
| 6 Other current assets (att. stmt.) | | | | | |
| 7 Loans to shareholders | | | | | |
| 8 Mortgage and real estate loans | | | | | |
| 9 Other investments (att. stmt.) | | | | | |
| 10a Buildings and other depreciable assets | | | | | |
| b Less accumulated depreciation | | () | | () | |
| 11a Depletable assets | | | | | |
| b Less accumulated depletion | | () | | () | |
| 12 Land (net of any amortization) | | | | | |
| 13a Intangible assets (amortizable only) | | | | | |
| b Less accumulated amortization | | () | | () | |
| 14 Other assets (att. stmt.) | | | | | |
| 15 Total assets | | | 5,557,735. | | 5,477,441. |
| Liabilities and Shareholders' Equity | | | | | |
| 16 Accounts payable | | | 1,293. | | 1,692. |
| 17 Mortgages, notes, bonds payable in less than 1 year | | | | | |
| 18 Other current liabilities (att. stmt.) | | | 3,537,810. | | 3,069,246. |
| 19 Loans from shareholders | | | | | |
| 20 Mortgages, notes, bonds payable in 1 year or more | | | | | |
| 21 Other liabilities (att. stmt.) | | | | | |
| 22 Capital stock: a Preferred stock | | | | | |
| b Common stock | | 70,000. | 70,000. | 70,000. | 70,000. |
| 23 Additional paid-in capital | | | 453,743. | | 453,743. |
| 24 Retained earnings - Appropriated (attach statement) | | | | | |
| 25 Retained earnings - Unappropriated | | | 1,494,889. | | 1,882,760. |
| 26 Adjustments to shareholders' equity (attach statement) | | | | | |
| 27 Less cost of treasury stock | | | () | | () |
| 28 Total liabilities and shareholders' equity | | | 5,557,735. | | 5,477,441. |

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

| | | | |
|---|----------|--|----------|
| 1 Net income (loss) per books | 387,871. | 7 Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ 63,200. | |
| 2 Federal income tax per books | 97,561. | | 63,200. |
| 3 Excess of capital losses over capital gains | 40,384. | | |
| 4 Income subject to tax not recorded on books this year (itemize): | | | |
| 5 Expenses recorded on books this year not deducted on this return (itemize): | | 8 Deductions on this return not charged against book income this year (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____ c Travel and entertainment \$ 946. | |
| a Depreciation \$ _____ | | | |
| b Charitable contributions \$ _____ | | | |
| c Travel and entertainment \$ 946. | 97. | | |
| 6 Add lines 1 through 5 | 1,043. | 9 Add lines 7 and 8 | 63,200. |
| | 526,859. | 10 Income (page 1, line 28) - line 6 less line 9 | 463,659. |

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

| | | | |
|--------------------------------------|------------|---|------------|
| 1 Balance at beginning of year | 1,494,889. | 5 Distributions: a Cash | |
| 2 Net income (loss) per books | 387,871. | b Stock | |
| 3 Other increases (itemize): | | c Property | |
| 4 Add lines 1, 2, and 3 | 1,882,760. | 6 Other decreases (itemize): | |
| | | 7 Add lines 5 and 6 | |
| | | 8 Balance at end of year (line 4 less line 7) | 1,882,760. |

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 CHICAGO ASSOCIATION OF REALTORS BUSINESS INFORMATION SERVICES INC & SUBSIDIARIES | Employer identification number 47-4639535 |
|---|---|

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. | (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 | | | | |
| 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) | | | SEE STATEMENT 2 | 6 (20,949.) |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | | | | 7 <20,949.> |

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

| See instructions for how to figure the amounts to enter on the lines below. | (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 | 222,745. | 263,129. | | <40,384.> |
| 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 <40,384.> |

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

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

**SCHEDULE O
(Form 1120)**(Rev. December 2018)
Department of the Treasury
Internal Revenue Service**Consent Plan and Apportionment Schedule
for a Controlled Group**

OMB No. 1545-0123

► 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.

| | |
|---|---|
| Name CHICAGO ASSOCIATION OF REALTORS BUSINESS INFORMATION SERVICES INC & SUBSIDIARIES | Employer identification number 47-4639535 |
|---|---|

Part I Apportionment Plan Information**1 Type of controlled group:**

- a Parent-subsidiary group
- b Brother-sister group
- c Combined group
- d Life insurance companies only

2 This corporation has been a member of this group:

- a For the entire year.
- b 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 _____, and for all succeeding tax years.
- 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 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 plan was:

- a Elected by the component members of the group.
- b 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).

- a No apportionment plan is in effect and none is being adopted.
- b An apportionment plan is already in effect. It was adopted for the tax year ending SEPTEMBER 30, 2015, 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.

- a Yes.
 - (i) The statute of limitations for this year will expire on _____.
 - (ii) On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
- b No. The members may not adopt or amend an apportionment plan.

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

Part II Apportionment (See instructions)

| | (a) Group member's name and employer identification number | (b) Tax year end (Yr-Mo) | Apportionment | | |
|--------------|---|-----------------------------------|---------------------------------------|--|--------------|
| | | | (c) Accumulated earnings credit | (d) Penalty for failure to pay estimated tax | (e) Other |
| 1 | CHICAGO ASSOCIATION OF REALTORS BUSINESS INFORMATION SERVICES INC & SUBSIDIARIES | 47-4639535 | 20-09 | 0. | 0. |
| 2 | CHICAGO ASSOCIATION OF REALTORS | 36-0904580 | 20-09 | 0. | 0. |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| Total | | | | | |

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

Cost of Goods Sold

► Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.

► Go to www.irs.gov/Form1125A for the latest information.Name CHICAGO ASSOCIATION OF REALTORS BUSINESS
INFORMATION SERVICES INC & SUBSIDIARIES

Employer Identification number

47-4639535

| | | | |
|---|--|---|------------|
| 1 | Inventory at beginning of year | 1 | 0. |
| 2 | Purchases | 2 | 0. |
| 3 | Cost of labor | 3 | 0. |
| 4 | Additional section 263A costs (attach schedule) | 4 | 0. |
| 5 | Other costs (attach schedule) | 5 | 4,144,822. |
| 6 | Total. Add lines 1 through 5 | 6 | 4,144,822. |
| 7 | Inventory at end of year | 7 | 0. |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions | 8 | 4,144,822. |

9a Check all methods used for valuing closing inventory:

(i) Cost
 (ii) Lower of cost or market
 (iii) Other (Specify method used and attach explanation) ►

b Check if there was a writedown of subnormal goods

►

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)

►

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO

9d

e If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions

 Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory?

 Yes No

If "Yes," attach explanation.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-A (Rev. 11-2018)

Information on Certain Persons Owning the Corporation's Voting Stock

► Attach to Form 1120.

Name _____

CHICAGO ASSOCIATION OF REALTORS BUSINESS
INFORMATION SERVICES INC & SUBSIDIARIES

Employer identification number (EIN)

47-4639535

Part I Certain Entities Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4a). Complete columns

(i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

Part II Certain Individuals and Estates Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4b).

Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

| (i) Name of Individual or Estate | (ii) Identifying Number (if any) | (iii) Country of Citizenship (see instructions) | (iv) Percentage Owned in Voting Stock |
|----------------------------------|----------------------------------|---|---------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

851(Rev. October 2016)
Department of the Treasury
Internal Revenue Service**Affiliations Schedule**

SEPTEMBER 30, 2020

OMB No. 1545-0123

► File with each consolidated income tax return.

► Information about Form 851 and its instructions is at www.irs.gov/form851.

| | | |
|-----------------------------------|---|--|
| Name of common parent corporation | CHICAGO ASSOCIATION OF REALTORS INFORMATION SERVICES INC & SUBSIDIARIES | Employer identification number 47-4639535 |
|-----------------------------------|---|--|

Number, street, and room or suite no. If a P.O. box, see instructions.

430 N MICHIGAN AVE, STE 800

City or town, state, and ZIP code CHICAGO, IL 60611

| Part I Overpayment Credits, Estimated Tax Payments, and Tax Deposits (see instructions) | | Employer identification number | Portion of overpayment credits and estimated tax payments | Portion of tax deposited with Form 7004 |
|--|---|--------------------------------|---|---|
| Corp. No. | Name and address of corporation | | | |
| 1 | Common parent corporation | | 160,503. | 25,000. |
| | Subsidiary corporations: CHICAGO ASSOCIATION OF REALTORS, INC. 430 N. MICHIGAN AVE., SUITE 800 2 CHICAGO, IL 60611 | 36-2348007 | 0. | 0. |
| 3 | NORTHERN ILLINOIS REAL ESTATE 430 N. MICHIGAN AVE, SUITE 800 CHICAGO, IL 60611 | 36-3425361 | 0. | 0. |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| Totals (Must equal amounts shown on the consolidated tax return) | | | | |

| Part II Principal Business Activity, Voting Stock Information, Etc. (see instructions) | | PBA Code No. | Did the subsidiary make any nondividend distributions? | | Stock holdings at beginning of year | | | |
|---|-------------------------------------|--------------|--|----|-------------------------------------|-------------------------|------------------|--------------------------|
| Corp. No. | Principal business activity (PBA) | | Yes | No | Number of shares | Percent of voting power | Percent of value | Owned by corporation no. |
| 1 | Common parent corporation SERVICE | 531390 | | | | | | |
| 2 | Subsidiary corporations: SERVICE | 531390 | | X | | % 100.00 % | 1 | |
| 3 | SERVICE | 531390 | | X | | % 100.00 % | 1 | |
| 4 | | | | | | % | % | |
| 5 | | | | | | % | % | |
| 6 | | | | | | % | % | |
| 7 | | | | | | % | % | |
| 8 | | | | | | % | % | |
| 9 | | | | | | % | % | |
| 10 | | | | | | % | % | |

910521
04-01-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form 851 (Rev. 10-2016)

Part III Changes in Stock Holdings During the Tax Year

(c) If any transaction listed above caused a transfer of a share of subsidiary stock (defined to include dispositions and deconsolidations), did the share's basis exceed its value at the time of the transfer? See instructions

(d) Did any share of subsidiary stock become worthless within the meaning of section 165 (taking into account the provisions of Regulations section 1.1502-80(c)) during the taxable year? See instructions

(e) If the equitable owners of any capital stock shown above were other than the holders of record, provide details of the changes.

(f) If additional stock was issued, or if any stock was retired during the year, list the dates and amounts of these transactions.

Form 851 (Rev. 10-2016)

Part IV Additional Stock Information (see instructions)

1 During the tax year, did the corporation have more than one class of stock outstanding? Yes No
 If "Yes," enter the name of the corporation and list and describe each class of stock.

| Corp. No. | Name of corporation | Class of stock |
|-----------|---------------------|----------------|
| | | |
| | | |
| | | |
| | | |

2 During the tax year, was there any member of the consolidated group that reaffiliated within 60 months of disaffiliation? Yes No
 If "Yes," enter the name of the corporation(s) and explain circumstances.

| Corp. No. | Name of corporation | Explanation |
|-----------|---------------------|-------------|
| | | |
| | | |
| | | |
| | | |

3 During the tax year, was there any arrangement in existence by which one or more persons that were not members of the affiliated group could acquire any stock, or acquire any voting power without acquiring stock, in the corporation, other than a de minimis amount, from the corporation or another member of the affiliated group? Yes No
 If "Yes," enter the name of the corporation and see the instructions for the percentages to enter in columns (a), (b), and (c).

| Corp. No. | Name of corporation | (a) Percent of value | (b) Percent of outstanding voting stock | (c) Percent of voting power |
|-----------|---------------------|-------------------------|--|--------------------------------|
| | | % | % | % |
| | | % | % | % |
| | | % | % | % |
| | | % | % | % |

Corp. No. (d) Provide a description of any arrangement.

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

► Attach to the corporation's tax return.

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

| | | |
|------|---|--------------------------------|
| Name | CHICAGO ASSOCIATION OF REALTORS BUSINESS INFORMATION SERVICES INC & SUBSIDIARIES | Employer identification number |
| | | 47-4639535 |

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.

Part I Required Annual Payment

| | | |
|--|----|---------|
| 1 Total tax (see instructions) | 1 | 97,368. |
| 2a 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) | 2c | |
| 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 does not owe the penalty | 3 | 97,368. |
| 4 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 | 4 | 59,392. |
| 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 | 5 | 59,392. |

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.

6 The corporation is using the adjusted seasonal installment method.
 7 The corporation is using the annualized income installment method.
 8 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) |
|---|--------------|------------|------------|------------|
| 9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year | 9 01/15/2020 | 03/16/2020 | 06/15/2020 | 09/15/2020 |
| 10 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 14,848. | 14,848. | 14,848. | 14,848. |
| 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 2,018. | 56,380. | 6,270. | 29,460. |
| 12 Enter amount, if any, from line 18 of the preceding column | 12 | | 28,702. | 20,124. |
| 13 Add lines 11 and 12 | 13 | 56,380. | 34,972. | 49,584. |
| 14 Add amounts on lines 16 and 17 of the preceding column | 14 | 12,830. | | |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- | 15 2,018. | 43,550. | 34,972. | 49,584. |
| 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- | 16 | | | |
| 17 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 column. Otherwise, go to line 18 | 17 12,830. | | | |
| 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 | 18 | 28,702. | 20,124. | |

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions.

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 STATEMENT | 4 | | |
| 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 <u>Number of days on line 21 x 6% (0.06)</u> 365 | 22 \$ | \$ | \$ | \$ |
| 23 Number of days on line 20 after 06/30/2019 and before 10/1/2019 | 23 | | | |
| 24 Underpayment on line 17 x <u>Number of days on line 23 x 5% (0.05)</u> 365 | 24 \$ | \$ | \$ | \$ |
| 25 Number of days on line 20 after 9/30/2019 and before 1/1/2020 | 25 | | | |
| 26 Underpayment on line 17 x <u>Number of days on line 25 x 5% (0.05)</u> 365 | 26 \$ | \$ | \$ | \$ |
| 27 Number of days on line 20 after 12/31/2019 and before 4/1/2020 | 27 | | | |
| 28 Underpayment on line 17 x <u>Number of days on line 27 x 5% (0.05)</u> 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 <u>Number of days on line 29 x %</u> 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 <u>Number of days on line 31 x %</u> 366 | 32 \$ | \$ | \$ | \$ |
| 33 Number of days on line 20 after 9/30/2020 and before 1/1/2021 | 33 | | | |
| 34 Underpayment on line 17 x <u>Number of days on line 33 x %</u> 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 <u>Number of days on line 35 x %</u> 365 | 36 \$ | \$ | \$ | \$ |
| 37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36 | 37 \$ | 105. | \$ | \$ |
| 38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns | | | 38 \$ | 105. |

* 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.

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|--|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
|--|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

| | | | | | | | | |
|----|---|--|--|--|--|--|--|--|
| ⋮⋮ | % | | | | | | | |
| ⋮⋮ | % | | | | | | | |
| ⋮⋮ | % | | | | | | | |

27 Property used 50% or less in a qualified business use:

| | | | | | | | |
|----|---|--|--|-------|--|--|--|
| ⋮⋮ | % | | | S/L - | | | |
| ⋮⋮ | % | | | S/L - | | | |
| ⋮⋮ | % | | | S/L - | | | |

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| (a) Vehicle | (b) Vehicle | (c) Vehicle | (d) Vehicle | (e) Vehicle | (f) Vehicle | | | | | | |
|---|----------------|----------------|----------------|----------------|----------------|-----|----|-----|----|-----|----|
| | | | | | | Yes | No | Yes | No | Yes | No |
| 30 Total business/investment miles driven during the year (don't include commuting miles) | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | |

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

| | | |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|------------------------------------|------------------------------|------------------------|---|--------------------------------------|
| 42 Amortization of costs that begins during your 2019 tax year: | ⋮⋮ | | | | |
| ⋮⋮ | ⋮⋮ | | | | |
| ⋮⋮ | ⋮⋮ | | | | |
| 43 Amortization of costs that began before your 2019 tax year | | | | 43 | 13,507. |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | 44 | 13,507. |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**Social security number or
taxpayer identification no.**

CHICAGO ASSOCIATION OF REALTORS BUSINESS

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

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

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

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box.

If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see [Section 1.1099-B-1](#))

(E) Long-term transactions reported on Form(s) 1099-B showing

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

222,745. | 263,129.

<40, 384. >

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

CAPITAL LOSS CARRYOVER

STATEMENT 2

| CONSOLIDATED CAPITAL GAIN INCOME | | | | | -40,384. |
|---|---|---|---|---|----------|
| SEPARATE COMPANY CAPITAL GAIN INCOME | CAPITAL LOSS CARRYOVER AVAILABLE | TOTAL CAPITAL LOSS CARRYOVER AFTER SRLY LIMITATION | TOTAL CAPITAL LOSS CARRYOVER DEDUCTED | REMAINING CONSOLIDATED CAPITAL GAIN INCOME | |
| YEAR END 09/30/18 NON-SRLY | | CHICAGO ASSOCIATION OF REALTORS, INC. 220. | 220. | | |
| YEAR END 09/30/19 NON-SRLY | | CHICAGO ASSOCIATION OF REALTORS, INC. 20,729. | 20,729. | | |
| SUBTOTAL | | 20,949. | 0. | | |

ALLOCATION OF CURRENT CONSOLIDATED
CAPITAL LOSS TO MEMBER CORPORATIONS

STATEMENT 3

| CURRENT CONSOLIDATED CAPITAL LOSS | MEMBER'S CURRENT CAPITAL LOSS WITHOUT SEC. 1231 GAIN | | TOTAL OF ALL MEMBERS WITH CAPITAL LOSS | CAPITAL LOSS ALLOCATED TO THIS COMPANY |
|---|---|---|--|---|
| | X | / | | |
| 09/30/20 | CHICAGO ASSOCIATION OF REALTORS, INC. | | 40,384. | 40,384. |
| | 40,384. | | 40,384. | 40,384. |

FORM 2220

COMPUTATION OF UNDERPAYMENT PENALTY

STATEMENT 4

| Q | T | EVENT AMOUNT | TYPE * | REMAINING UNDERPAYMENT | PERIOD OF UNDERPAYMENT | DAYS | INT RATE | AMOUNT OF PENALTY |
|-----------------------------|---|-----------------|-----------|---------------------------|---------------------------|------|-------------|----------------------|
| A | | | | | | | | |
| | | Q | | 12,830. | 01/15/2020 03/15/2020 | 60 | 5% | 105. |
| | | -56,380. | P | -43,550. | 03/15/2020 | 0 | 5% | 0. |
| TOTAL TO FORM 2220, LINE 38 | | | | | | | | 105. |

EVENT TYPE: Q = AMOUNT UNDERPAID AT START OF QUARTER

P = PAYMENT

W = WITHHOLDING

R = INTEREST RATE CHANGE

L = SWITCH TO OR FROM A LEAP YEAR

INCOME AND DEDUCTIONS

| | CONSOLIDATED AMOUNTS | ADJUSTMENTS | ELIMINATIONS | COMBINED AMOUNTS | CHICAGO ASSOCIATION OF REALTORS INFORMAT 47-4639535 | CHICAGO ASSOCIATION OF REALTORS, INC. 36-2348007 | NORTHERN ASSOCIATION OF ILLINOIS REAL ESTATE 36-3425361 |
|---|-------------------------|-------------|--------------|---------------------|---|---|--|
| Gross receipts or sales | 5,030,550. | | | 5,030,550. | | 4,990,489. | 40,061. |
| Less returns and allowances | | | | | | | |
| Net Sales | 5,030,550. | | | 5,030,550. | | 4,990,489. | 40,061. |
| Cost of goods sold: | | | | | | | |
| Inventory at beginning of year | | | | | | | |
| Purchases | | | | | | | |
| Cost of labor | | | | | | | |
| Additional section 263A costs | | | | | | | |
| Other costs | STMT 8 | 4,144,822. | | 4,144,822. | | 4,144,822. | |
| Inventory end of year | | | | | | | |
| Cost of goods sold | | 4,144,822. | | 4,144,822. | | 4,144,822. | |
| Gross profit | | 885,728. | | 885,728. | | 845,667. | 40,061. |
| Dividends | | | | | | | |
| Interest | STMT 9 | 46,292. | | 46,292. | | 46,292. | |
| Gross rents | | | | | | | |
| Gross royalties | | | | | | | |
| Capital gain net income | | | | | | | |
| Net gain or (loss) Form 4797 | | | | | | | |
| Other income | STMT 10 | 642,189. | | 642,189. | | 581,314. | 60,875. |
| Total Income | | 1,574,209. | | 1,574,209. | | 1,473,273. | 100,936. |
| Deductions | | | | | | | |
| Compensation of officers | | | | | | | |
| Salaries and wages | 560,538. | | | 560,538. | | 496,483. | 64,055. |
| Repairs | 6,425. | | | 6,425. | | 5,713. | 712. |
| Bad debts | | | | | | | |
| Rents | 56,278. | | | 56,278. | | 50,929. | 5,349. |
| Taxes | STMT 11 | 49,677. | | 49,677. | | 49,560. | 117. |
| Interest | | 5,635. | | 5,635. | | | 5,635. |
| Charitable Contributions | STMT 5 | 40,000. | | 40,000. | | 40,000. | |
| Depreciation not claimed elsewhere | | | | | | | |
| Depletion | | | | | | | |
| Advertising | | | | | | | |
| Pension, profit-sharing, etc., plans | | | | | | | |
| Employee benefit programs | | | | | | | |
| Other deductions | STMT 12 | 391,997. | | 391,997. | | 330,532. | 61,465. |
| Total Deductions | | 1,110,550. | | 1,110,550. | | 973,217. | 137,333. |
| Taxable income before NOL and special deductions | | 463,659. | | 463,659. | | 500,056. | -36,397. |
| Net operating loss deduction | STMT 6 | | | | | | |
| Special deductions | | | | | | | |
| Taxable Income | | 463,659. | | 463,659. | | 500,056. | -36,397. |

CHARITABLE CONTRIBUTION ADJUSTMENT

STATEMENT 5

LIMITATION OF 10% OF TAXABLE INCOME AS ADJUSTED 50,366.

| | ORIGINAL CONTRIBUTION | APPLIED TO DATE | CONTRIBUTION AVAILABLE | AMOUNT DEDUCTED | REMAINING LIMITATION AFTER DEDUCTION |
|--|--------------------------|---------------------------------------|---------------------------|--------------------|---|
| CURRENT YEAR | | CHICAGO ASSOCIATION OF REALTORS, INC. | | | |
| | 40,000. | | 40,000. | 40,000. | 10,366. |
| YEAR END | 09/30/20 | CHICAGO ASSOCIATION OF REALTORS, INC. | | | |
| | 40,000. | 0. | 40,000. | 10,366. | 0. |
| CONSOLIDATED CHARITABLE CONTRIBUTION DEDUCTION | | | 40,000. | | |
| LESS: COMBINED CHARITABLE CONTRIBUTION DEDUCTION | | | 40,000. | | |
| CONSOLIDATED ADJUSTMENT | | | | 0. | |

NET OPERATING LOSS ADJUSTMENT

STATEMENT 6

CONSOLIDATED TAXABLE INCOME BEFORE NOL 463,659.

| | SRLY OR SEC. 382 LIMIT | TOTAL NOL AVAILABLE | TOTAL NOL AFTER SRLY OR SEC. 382 LIMITATION | TOTAL NOL DEDUCTED | REMAINING TAXABLE INCOME AFTER NOL DEDUCTION |
|-----------------------------|---------------------------------|---|--|-----------------------|---|
| YEAR END SRLY | 09/30/07 -36,397. | NORTHERN ILLINOIS REAL ESTATE 43,752. | 0. | 0. | 463,659. |
| YEAR END SRLY | 09/30/08 -36,397. | NORTHERN ILLINOIS REAL ESTATE 273,712. | 0. | 0. | 463,659. |
| YEAR END SRLY | 09/30/10 -36,397. | NORTHERN ILLINOIS REAL ESTATE 3,821. | 0. | 0. | 463,659. |
| YEAR END SRLY | 09/30/12 -36,397. | NORTHERN ILLINOIS REAL ESTATE 8,433. | 0. | 0. | 463,659. |
| YEAR END SRLY | 09/30/13 -36,397. | NORTHERN ILLINOIS REAL ESTATE 131,677. | 0. | 0. | 463,659. |
| YEAR END SRLY | 09/30/14 -36,397. | NORTHERN ILLINOIS REAL ESTATE 100,215. | 0. | 0. | 463,659. |
| SUBTOTAL | | 561,610. | 0. | 0. | |
| CONSOLIDATED NOL DEDUCTION | | | 0. | | |
| COMBINED NOL DEDUCTION | | | 0. | | |
| CONSOLIDATED NOL ADJUSTMENT | | | 0. | | |

| CURRENT CHARITABLE CONTRIBUTIONS | | | |
|----------------------------------|---------------------------------------|---------------------------------------|----------------------------|
| CONSOLIDATED AMOUNTS | CHICAGO ASSOCIATION OF REALTORS | CHICAGO ASSOCIATION OF REALTORS | NORTHERN REAL ESTATE |
| | INFORMAT 47-4639535 | 36-2348007 | 36-3425361 |
| CHARITABLE CONTRIBUTION | 40,000. | 40,000. | |
| TOTAL CURRENT CONTRIBUTIONS | 40,000. | 40,000. | |

| SCHEDULE A | COST OF GOODS SOLD OTHER COSTS | | | STATEMENT 8 |
|-------------------------|---------------------------------------|--|-------------------------------------|-------------|
| CONSOLIDATED AMOUNTS | CHICAGO ASSOCIATION OF REALTORS | CHICAGO ASSOCIATION OF REALTORS, | NORTHERN ILLINOIS REAL ESTATE | |
| | INFORMAT 47-4639535 | 36-2348007 | 36-3425361 | |
| LISTING SERVICES | 4,144,822. | 4,144,822. | | |
| TOTAL OTHER COSTS | 4,144,822. | 4,144,822. | | |

| INTEREST INCOME | | | | STATEMENT 9 |
|------------------------------------|---------------------------------------|---------------------------------------|----------------------------|-------------|
| CONSOLIDATED AMOUNTS | CHICAGO ASSOCIATION OF REALTORS | CHICAGO ASSOCIATION OF REALTORS | NORTHERN REAL ESTATE | |
| | INFORMAT 47-4639535 | 36-2348007 | 36-3425361 | |
| INTEREST INCOME - THE PRIVATE BANK | 46,292. | 46,292. | | |
| TOTAL INTEREST INCOME | 46,292. | 46,292. | | |

| | CONSOLIDATED AMOUNTS | CHICAGO ASSOCIATION OF REALTORS | CHICAGO ASSOCIATION OF REALTORS | NORTHERN ILLINOIS REAL ESTATE |
|------------------------------|-------------------------|---------------------------------------|---------------------------------------|-------------------------------------|
| | | INFORMAT | | |
| | | 47-4639535 | 36-2348007 | 36-3425361 |
| APPLICATION FEES | 60,400. | | 60,400. | |
| COMMERCIAL MEMBER INITIATIVE | 798. | | | 798. |
| CR MAGAZINE AD INCOME | 5,200. | | 5,200. | |
| LICENSE HOLDING FEES | 60,077. | | | 60,077. |
| MLS LATE FEE | 16,816. | | 16,816. | |
| OFFICE DUES | 434,775. | | 434,775. | |
| PAPER INVOICE FEE | 643. | | 643. | |
| PAYMENT PLAN SERVICE FEE | 61,736. | | 61,736. | |
| REFUND PROCESSING FEE | 1,700. | | 1,700. | |
| SALES AWARDS PROGRAM | 44. | | 44. | |
| TOTAL OTHER INCOME | 642,189. | | 581,314. | 60,875. |

| TAXES | | | |
|-----------------------------|---------------------------------------|---------------------------------------|-------------------------------------|
| CONSOLIDATED AMOUNTS | CHICAGO ASSOCIATION OF REALTORS | CHICAGO ASSOCIATION OF REALTORS | NORTHERN ILLINOIS REAL ESTATE |
| | INFORMAT | | |
| | 47-4639535 | 36-2348007 | 36-3425361 |
| OTHER STATE AND LOCAL TAXES | 48,671. | 48,671. | |
| REAL ESTATE TAXES | 1,006. | 889. | 117. |
| TOTAL TAXES | 49,677. | 49,560. | 117. |

| | | OTHER DEDUCTIONS | | |
|------------------------------|-------------------------|---------------------------------------|---|-------------------------------------|
| | CONSOLIDATED AMOUNTS | CHICAGO ASSOCIATION OF REALTORS | CHICAGO ASSOCIATION OF REALTORS, INC. | NORTHERN ILLINOIS REAL ESTATE |
| | | 47-4639535 | 36-2348007 | 36-3425361 |
| ALLOCATED OVERHEAD | 46,607. | | 41,252. | 5,355. |
| AMORTIZATION | 13,507. | | 11,957. | 1,550. |
| BANK & CREDIT CARD FEES | 122,927. | | 119,399. | 3,528. |
| COMPUTER SYSTEM | 22,627. | | 20,020. | 2,607. |
| DUES & SUBSCRIPTIONS | 1,174. | | 815. | 359. |
| INSURANCE | 10,602. | | 9,530. | 1,072. |
| MEALS | 946. | | 669. | 277. |
| MEMBER PROMOTION | 10,434. | | 10,256. | 178. |
| MISCELLANEOUS | 20,936. | | 20,632. | 304. |
| OFFICE EXPENSES | 5,378. | | 4,739. | 639. |
| POSTAGE & DELIVERY | 695. | | 488. | 207. |
| PRINTING | 118. | | 105. | 13. |
| PROFESSIONAL FEES | 100,464. | | 64,251. | 36,213. |
| RECRUITMENT EXPENSE | 687. | | 623. | 64. |
| STAFF TRAINING & RECOGNITION | 11,791. | | 10,498. | 1,293. |
| SUBSCRIBER EVENTS & OUTREACH | 5,500. | | | 5,500. |
| TELEPHONE | 15,294. | | 13,518. | 1,776. |
| TRANSPORTATION | 392. | | 82. | 310. |
| UTILITIES | 1,918. | | 1,698. | 220. |
| TOTAL OTHER DEDUCTIONS | 391,997. | | 330,532. | 61,465. |

BEGINNING BALANCE SHEET

| | CONSOLIDATED AMOUNTS | ADJUSTMENTS | ELIMINATIONS | COMBINED AMOUNTS | CHICAGO ASSOCIATION OF REALTORS INFORMAT 47-4639535 | CHICAGO ASSOCIATION OF REALTORS, INC. 36-2348007 | NORTHERN ASSOCIATION OF ILLINOIS REAL ESTATE 36-3425361 |
|--|-------------------------|-------------|--------------|---------------------|---|---|--|
| Assets | | | | | | | |
| Cash | 4,137,198. | | | 4,137,198. | | 4,137,198. | |
| Trade notes and accounts receivable | 7,985. | | | 7,985. | | 7,985. | |
| Less allowance for bad debts | | | | | | | |
| Inventories | | | | | | | |
| U.S. government obligations | | | | | | | |
| Tax-exempt securities | | | | | | | |
| Other current assets STATEMENT 13 | 10,895. | | | 10,895. | | 10,498. | 397. |
| Loans to stockholders | | | | | | | |
| Mortgage and real estate loans | | | | | | | |
| Other investments STATEMENT 14 | 1,401,657. | | | 1,401,657. | | 1,401,657. | |
| Buildings and other depreciable assets | | | | | | | |
| Less accumulated depreciation | | | | | | | |
| Depletable assets | | | | | | | |
| Less accumulated depletion | | | | | | | |
| Land (net of any amortization) | | | | | | | |
| Intangible assets (amortizable only) | | | | | | | |
| Less accumulated amortization | | | | | | | |
| Other assets | | | | | | | |
| Total Assets | 5,557,735. | | | 5,557,735. | | 5,557,338. | 397. |
| Liabilities and Stockholders' Equity | | | | | | | |
| Accounts payable | 1,293. | | | 1,293. | | 1,180. | 113. |
| Mortgages, notes, bonds payable in less than 1 year | | | | | | | |
| Other current liabilities STATEMENT 15 | 3,537,810. | | | 3,537,810. | | 2,940,623. | 597,187. |
| Loans from stockholders | | | | | | | |
| Mortages, notes, bonds payable in 1 year or more | | | | | | | |
| Other liabilities | | | | | | | |
| Capital stock: a Preferred stock | | | | | | | |
| b Common stock | 70,000. | | | 70,000. | | 70,000. | |
| Additional paid-in capital | 453,743. | | | 453,743. | | 453,743. | |
| Retained earnings - Appropriated | | | | | | | |
| Retained earnings - Unappropriated | 1,494,889. | | | 1,494,889. | | 2,615,535. | -1,120,646. |
| Adjustments to shareholders' equity | | | | | | | |
| Less cost of treasury stock | | | | | | | |
| Total Liabilities and Stockholders' Equity | 5,557,735. | | | 5,557,735. | | 5,557,338. | 397. |

SCHEDULE L

OTHER CURRENT ASSETS

STATEMENT 13

| | CONSOLIDATED AMOUNTS | CHICAGO ASSOCIATION OF REALTORS | CHICAGO ASSOCIATION OF REALTORS | NORTHERN REAL ESTATE |
|--------------------------------------|-------------------------|---------------------------------------|---------------------------------------|----------------------------|
| | | INFORMAT | | |
| | | 47-4639535 | 36-2348007 | 36-3425361 |
| PREPAID EXPENSES & OTHER RECEIVABLES | 10,498. | | 10,498. | |
| PREPAID INSURANCE | 397. | | | 397. |
| TOTAL OTHER CURRENT ASSETS | 10,895. | | 10,498. | 397. |

SCHEDULE L

OTHER INVESTMENTS

STATEMENT 14

| | CONSOLIDATED AMOUNTS | CHICAGO ASSOCIATION OF REALTORS | CHICAGO ASSOCIATION OF REALTORS | NORTHERN REAL ESTATE |
|----------------------------|-------------------------|---------------------------------------|---------------------------------------|----------------------------|
| | | INFORMAT | | |
| | | 47-4639535 | 36-2348007 | 36-3425361 |
| PUBLICLY TRADED SECURITIES | 1,401,657. | | 1,401,657. | |
| TOTAL OTHER INVESTMENTS | 1,401,657. | | 1,401,657. | |

SCHEDULE L

CURRENT LIABILITIES

STATEMENT 15

| | CONSOLIDATED AMOUNTS | CHICAGO ASSOCIATION OF REALTORS | CHICAGO ASSOCIATION OF REALTORS | NORTHERN ILLINOIS REAL ESTATE |
|---------------------------------|-------------------------|---------------------------------------|---------------------------------------|-------------------------------------|
| | | INFORMAT | | |
| | | 47-4639535 | 36-2348007 | 36-3425361 |
| ACCRUED INCOME TAX | -2,471. | | | -2,471. |
| DEFERRED INCOME | 18,030. | | | 18,030. |
| DEFERRED REVENUE | 2,916,577. | | 2,916,577. | |
| FEDERAL ACCRUED TAXES | 20,574. | | 20,574. | |
| INTERCOMPANY PAYABLE | 581,600. | | | 581,600. |
| STATE ACCRUED TAXES | 3,472. | | 3,472. | |
| UNCLAIMED PROPERTY | 28. | | | 28. |
| TOTAL OTHER CURRENT LIABILITIES | 3,537,810. | | 2,940,623. | 597,187. |

ENDING BALANCE SHEET AND SCHEDULE M-2

| | CONSOLIDATED AMOUNTS | ADJUSTMENTS | ELIMINATIONS | COMBINED AMOUNTS | CHICAGO ASSOCIATION OF REALTORS INFORMAT 47-4639535 | CHICAGO ASSOCIATION OF REALTORS, INC. 36-2348007 | NORTHERN ASSOCIATION OF ILLINOIS REAL ESTATE 36-3425361 |
|---|-------------------------|-------------|--------------|---------------------|---|---|--|
| Assets | | | | | | | |
| Cash | 3,999,303. | | | 3,999,303. | | 3,999,303. | |
| Trade notes and accounts receivable | 7,808. | | | 7,808. | | 7,808. | |
| Less allowance for bad debts | | | | | | | |
| Inventories | | | | | | | |
| U.S. government obligations | | | | | | | |
| Tax-exempt securities | | | | | | | |
| Other current assets STATEMENT 16 | 14,926. | | | 14,926. | | 14,417. | 509. |
| Loans to stockholders | | | | | | | |
| Mortgage and real estate loans | | | | | | | |
| Other investments STATEMENT 17 | 1,455,404. | | | 1,455,404. | | 1,455,404. | |
| Buildings and other depreciable assets | | | | | | | |
| Less accumulated depreciation | | | | | | | |
| Depletable assets | | | | | | | |
| Less accumulated depletion | | | | | | | |
| Land (net of any amortization) | | | | | | | |
| Intangible assets (amortizable only) | | | | | | | |
| Less accumulated amortization | | | | | | | |
| Other assets | | | | | | | |
| Total Assets | 5,477,441. | | | 5,477,441. | | 5,476,932. | 509. |
| Liabilities and Stockholders' Equity | | | | | | | |
| Accounts payable | 1,692. | | | 1,692. | | 1,579. | 113. |
| Short term mortgages, notes, and bonds | | | | | | | |
| Other current liabilities STATEMENT 18 | 3,069,246. | | | 3,069,246. | | 2,435,271. | 633,975. |
| Loans from stockholders | | | | | | | |
| Long term mortgages, notes, and bonds | | | | | | | |
| Other liabilities | | | | | | | |
| Capital stock: a Preferred stock | | | | | | | |
| b Common stock | 70,000. | | | 70,000. | | 70,000. | |
| Additional paid-in capital | 453,743. | | | 453,743. | | 453,743. | |
| Retained earnings - Appropriated | | | | | | | |
| Retained earnings - Unappropriated | 1,882,760. | | | 1,882,760. | | 3,040,082. | -1,157,322. |
| Adjustments to shareholders' equity | | | | | | | |
| Less cost of treasury stock | | | | | | | |
| Total Liabilities and Stockholders' Equity | 5,477,441. | | | 5,477,441. | | 5,476,932. | 509. |
| Schedule M-2 | | | | | | | |
| Balance at beginning of year | 1,494,889. | | | 1,494,889. | | 2,615,535. | -1,120,646. |
| Net income per books | 387,871. | | | 387,871. | | 414,270. | -26,399. |
| Other increases STATEMENT 19 | | | | | | 10,277. | -10,277. |
| Total Increases | 1,882,760. | | | 1,882,760. | | 3,040,082. | -1,157,322. |
| Distributions: Cash | | | | | | | |
| Stock | | | | | | | |
| Property | | | | | | | |
| Other decreases | | | | | | | |
| Total Decreases | | | | | | | |
| Balance at End of Year | 1,882,760. | | | 1,882,760. | | 3,040,082. | -1,157,322. |

SCHEDULE L

OTHER CURRENT ASSETS

STATEMENT 16

| | CONSOLIDATED AMOUNTS | CHICAGO ASSOCIATION OF REALTORS | CHICAGO ASSOCIATION OF REALTORS | NORTHERN REAL ESTATE |
|--------------------------------------|-------------------------|---------------------------------------|---------------------------------------|----------------------------|
| | | INFORMAT | | |
| | | 47-4639535 | 36-2348007 | 36-3425361 |
| PREPAID EXPENSES & OTHER RECEIVABLES | 14,417. | | 14,417. | |
| PREPAID INSURANCE | 509. | | | 509. |
| TOTAL OTHER CURRENT ASSETS | 14,926. | | 14,417. | 509. |

SCHEDULE L

OTHER INVESTMENTS

STATEMENT 17

| | CONSOLIDATED AMOUNTS | CHICAGO ASSOCIATION OF REALTORS | CHICAGO ASSOCIATION OF REALTORS | NORTHERN REAL ESTATE |
|----------------------------|-------------------------|---------------------------------------|---------------------------------------|----------------------------|
| | | INFORMAT | | |
| | | 47-4639535 | 36-2348007 | 36-3425361 |
| PUBLICLY TRADED SECURITIES | 1,455,404. | | 1,455,404. | |
| TOTAL OTHER INVESTMENTS | 1,455,404. | | 1,455,404. | |

SCHEDULE L

CURRENT LIABILITIES

STATEMENT 18

| | CONSOLIDATED AMOUNTS | CHICAGO ASSOCIATION OF REALTORS | CHICAGO ASSOCIATION OF REALTORS | NORTHERN ILLINOIS REAL ESTATE |
|---------------------------------|-------------------------|---------------------------------------|---------------------------------------|-------------------------------------|
| | | INFORMAT | | |
| | | 47-4639535 | 36-2348007 | 36-3425361 |
| ACCRUED INCOME TAX | -2,471. | | | -2,471. |
| DEFERRED INCOME | 21,237. | | | 21,237. |
| DEFERRED REVENUE | 2,403,036. | | 2,403,036. | |
| FEDERAL ACCRUED TAXES | 26,025. | | 26,025. | |
| IAR AFFILIATE DUES PAYABLE | 245. | | | 245. |
| INTERCOMPANY PAYABLE | 614,941. | | | 614,941. |
| STATE ACCRUED TAXES | 6,210. | | 6,210. | |
| UNCLAIMED PROPERTY | 23. | | | 23. |
| TOTAL OTHER CURRENT LIABILITIES | 3,069,246. | | 2,435,271. | 633,975. |

SCHEDULE M-2

COMBINED OTHER INCREASES

STATEMENT 19

| | CONSOLIDATED AMOUNTS | CHICAGO ASSOCIATION OF REALTORS | CHICAGO ASSOCIATION OF REALTORS | NORTHERN ILLINOIS REAL ESTATE |
|--------------------------------|-------------------------|---------------------------------------|---------------------------------------|-------------------------------------|
| | | INFORMAT | | |
| | | 47-4639535 | 36-2348007 | 36-3425361 |
| CAPITAL CONTRIBUTION TO NIREIN | | | 10,277. | -10,277. |
| TOTAL OTHER INCREASES | | | 10,277. | -10,277. |

SCHEDULE M-1

| | | | CONSOLIDATED AMOUNTS | ADJUSTMENTS | ELIMINATIONS | COMBINED AMOUNTS | CHICAGO ASSOCIATION OF REALTORS INFORMAT 47-4639535 | CHICAGO ASSOCIATION OF REALTORS, INC. 36-2348007 | NORTHERN ASSOCIATION OF ILLINOIS REAL ESTATE 36-3425361 |
|---|-----------------|--|-------------------------|-------------|--------------|---------------------|---|---|--|
| Schedule M-1 | | | | | | | | | |
| Net income per books | 387,871. | | | | | 387,871. | | 414,270. | -26,399. |
| Federal income tax | 97,561. | | | | | 97,561. | | 97,561. | |
| Excess of capital losses over capital gains | 40,384. | | | | | 40,384. | | 40,384. | |
| Income subject to tax not recorded on books this year (itemize): | | | | | | | | | |
| Expenses recorded on books this year not deducted in this return (itemize): | | | | | | | | | |
| Depreciation | | | | | | | | | |
| Contribution carryover | | | | | | | | | |
| Travel and entertainment | 946. | | | | | 946. | | 669. | 277. |
| Other SEE STATEMENT 20 | 97. | | | | | 97. | | 10,374. | -10,277. |
| Total Increases | 526,859. | | | | | 526,859. | | 563,258. | -36,399. |
| Income recorded on books this year not included in this return (itemize): | | | | | | | | | |
| Tax-exempt interest | | | | | | | | | |
| Other SEE STATEMENT 21 | 63,200. | | | | | 63,200. | | 63,200. | |
| Deductions in this tax return not charged against book income this year (itemize): | | | | | | | | | |
| Depreciation | | | | | | | | | |
| Contribution carryover | | | | | | | | | |
| Other | | | | | | | | | |
| Total Decreases | 63,200. | | | | | 63,200. | | 63,200. | |
| Taxable Income | 463,659. | | | | | 463,659. | | 500,058. | -36,399. |

SCHEDULE M-1

EXPENSES NOT DEDUCTED IN RETURN

STATEMENT 20

| | CONSOLIDATED AMOUNTS | CHICAGO ASSOCIATION OF REALTORS | CHICAGO ASSOCIATION OF REALTORS, INC. | NORTHERN ESTATE |
|------------------------------|-------------------------|---------------------------------------|---|--------------------|
| | | INFORMAT 47-4639535 | 36-2348007 | 36-3425361 |
| INCOME TAX EXPENSE | -10,277. | | | -10,277. |
| STATE TAXES | 10,374. | | 10,374. | |
| TOTAL EXPENSES NOT IN RETURN | 97. | | 10,374. | -10,277. |

SCHEDULE M-1

INCOME NOT INCLUDED IN RETURN

STATEMENT 21

| | CONSOLIDATED AMOUNTS | CHICAGO ASSOCIATION OF REALTORS | CHICAGO ASSOCIATION OF REALTORS, INC. | NORTHERN ESTATE |
|-------------------------------------|-------------------------|---------------------------------------|---|--------------------|
| | | INFORMAT 47-4639535 | 36-2348007 | 36-3425361 |
| UNREALIZED GAIN | 63,200. | | 63,200. | |
| TOTAL INCOME NOT INCLUDED IN RETURN | 63,200. | | 63,200. | |

| | | |
|------------------------------|--|---|
| Print or Type | Name CHICAGO ASSOCIATION OF REALTORS BUSINESS INFORMATION SERVICES, INC. & SUBSIDIARIES Number, street, and room or suite no. (If P.O. box, see instructions.) 430 N. MICHIGAN AVE, STE 800 City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).) CHICAGO, IL 60611 | Identifying number 47-4639535 |
|------------------------------|--|---|

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for **12**

| Application Is For: | Form Code | Application Is For: | Form Code |
|---|--------------|-----------------------------------|--------------|
| Form 706-GS(D) | 01 | Form 1120-ND (section 4951 taxes) | 20 |
| Form 706-GS(T) | 02 | Form 1120-PC | 21 |
| Form 1041 (bankruptcy estate only) | 03 | Form 1120-POL | 22 |
| Form 1041 (estate other than a bankruptcy estate) | 04 | Form 1120-REIT | 23 |
| Form 1041 (trust) | 05 | Form 1120-RIC | 24 |
| Form 1041-N | 06 | Form 1120S | 25 |
| Form 1041-QFT | 07 | Form 1120-SF | 26 |
| Form 1042 | 08 | Form 3520-A | 27 |
| Form 1065 | 09 | Form 8612 | 28 |
| Form 1066 | 11 | Form 8613 | 29 |
| Form 1120 | 12 | Form 8725 | 30 |
| Form 1120-C | 34 | Form 8804 | 31 |
| Form 1120-F | 15 | Form 8831 | 32 |
| Form 1120-FSC | 16 | Form 8876 | 33 |
| Form 1120-H | 17 | Form 8924 | 35 |
| Form 1120-L | 18 | Form 8928 | 36 |
| Form 1120-ND | 19 | | |

Part II All Filers Must Complete This Part

2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ►

3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here **STMT 1** ►

If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ►

5a The application is for calendar year , or tax year beginning **OCTOBER 1, 2019**, and ending **SEPTEMBER 30, 2020**

b **Short tax year.** If this tax year is less than 12 months, check the reason: Initial return Final return
Change in accounting period Consolidated return to be filed Other (See instructions - attach explanation.)

| | | |
|--|----------|----------------|
| 6 Tentative total tax | 6 | 115. |
| 7 Total payments and credits. See instructions | 7 | 25,000. |
| 8 Balance due. Subtract line 7 from line 6. See instructions | 8 | 0. |

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

Form 7004 (Rev. 12-2018)

FORM 7004

AFFILIATED GROUP INFORMATION

STATEMENT 1

NAME AND ADDRESS OF EACH MEMBER OF THE AFFILIATED GROUP

FEIN

CHICAGO ASSOCIATION OF REALTORS, INC.
430 N. MICHIGAN AVE., SUITE 800
CHICAGO, IL 60611

36-2348007

NORTHERN ILLINOIS REAL ESTATE
430 N. MICHIGAN AVE, SUITE 800
CHICAGO, IL 60611

36-3425361

2019 TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM IL-1120

FOR THE YEAR ENDING

September 30, 2020

Prepared For:

Chicago Association of Realtors Business
Information Services Inc & Subsidiaries
430 N Michigan Ave, Ste 800
Chicago, IL 60611

Prepared By:

Crowe LLP
225 West Wacker Drive, Suite 2600
Chicago, IL 60606-1224

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

| | | |
|------------------------------|----|--------|
| Total tax | \$ | 48,671 |
| Less: payments and credits | \$ | 59,052 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 640 |
| Overpayment | \$ | 9,741 |

Overpayment:

| | | |
|------------------------------|----|-------|
| Credit to your estimated tax | \$ | 9,741 |
| Other amount | \$ | 0 |
| Refunded to you | \$ | 0 |

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has qualified for electronic filing. After you have reviewed your return for accuracy, please sign, date and return Form 8879-SO to our office. We will then transmit your return to the IDOR. Do not mail a copy of the return.

Return Must be Mailed On or Before:

Please return signed IDOR authorization form to us as soon as possible. This must be signed and returned to us by July 15, 2021.

Special Instructions:

8879-SO**State-Only e-file Signature Authorization****2019**

► Do not send to the Taxing Authority. This is not a tax return.
 ► Keep this form for your records.

| | |
|--|----------------------------|
| Taxpayer name CHICAGO ASSOCIATION OF REALTORS BUSINESS | FEIN 47 14639535 |
|--|----------------------------|

Part I Electronically Filed States**ILLINOIS****Part II Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return and accompanying schedules and statements for tax year 2019, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the taxing authority and to receive from the taxing authority (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the taxing authority and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this also authorizes the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize CROWE LLP to enter or generate my PIN **12345**

Enter five numbers, but
do not enter all zeros

ERO firm name
as my signature on my tax year 2019 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► Robert P. Schmidt Date ► 6/21/2021

Title ► SENIOR VICE PRESIDENT - FINANCE

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **36307335092**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer indicated above.

ERO's signature ► John Denie Date ► 6/21/2021

**ERO Must Retain This Form
Do Not Submit This Form to the Taxing Authority**

Illinois Department of Revenue
2019 Form IL-1120
Corporation Income and Replacement Tax Return



See "When should I file?" in the Form IL-1120 instructions for a list of due dates.

If this return is not for calendar year 2019, enter your fiscal tax year here.

Tax year beginning OCTOBER 1, 2019, ending SEPTEMBER 30, 2020

Enter the amount you are paying.
\$ 0.00

This form is for tax years ending on or after December 31, 2019, and before December 31, 2020.

WARNING For all other situations, see instructions to determine the correct form to use.

Step 1: Identify your corporation

A Enter your complete legal business name.

If you have a name change, check this box.

**CHICAGO ASSOCIATION OF REALTORS BUSIN
INFORMATION SERVICES INC & SUBSIDIARI**

B Enter your mailing address.

Check this box if either of the following apply:

- this is your **first return**, or
- you have an **address change**.

C/O: _____

Mailing address: 430 N MICHIGAN AVE, STE 800

City: CHICAGO State: IL ZIP: 60611

C If this is the first or final return, check the applicable box(es).

First return
 Final return (Enter the date of termination. mm dd yyyy)

D If this is a final return because you sold this business, enter the date sold (mm dd yyyy), and the new owner's FEIN.

E Check the box and see the instructions if your business is a:

Unitary Filer (Combined return) Foreign insurer

F If you completed the following, check the box and **attach** the federal form(s) to this return.

Federal Form 8886 Federal Schedule M-3, Part II, Line 12

G **Apportionment Formulas.** Mark the appropriate box or boxes and see

Apportionment Formula instructions. Sales companies
 Insurance companies Financial organizations
 Transportation companies Federally regulated exchanges

H Check this box if you attached Illinois Schedule UB.

I Check this box if you attached the Subgroup Schedule.

J Check this box if you attached Illinois Schedule 1299-D.

K Check this box if you attached Form IL-4562.

L Check this box if you attached Illinois Schedule M (for businesses).

M Check this box if you attached Schedule 80/20.

N Enter your federal employer identification number (FEIN).

47-4639535

O If you are a member of a group filing a federal consolidated return, enter the FEIN of the parent.

P Enter your North American Industry Classification System (NAICS) Code. See instructions.

531390

Q Enter your corporate file (charter) number assigned to you by the Secretary of State.

70105977

R Enter the city, state, and ZIP code where your accounting records are kept. (Use the two-letter postal abbreviation, e.g., IL, GA, etc.)

CHICAGO IL 60611

City

State

ZIP

S If you are making the business income election to treat all nonbusiness income as business income, check this box and enter zero on Lines 24 and 32.

T Check your method of accounting.

Cash Accrual Other

U If you are making a discharge of indebtedness adjustment on Schedules NLD or UB/NLD, or Form IL-1120, Line 36, check this box and **attach** federal Form 982.

V Check this box if you attached Schedule INL.

W If you annualized your income on Form IL-2220, check this box and **attach** Form IL-2220.

X Check this box if your business activity is protected under Public Law 86-272.

Y Check this box if you are a 52/53 week filer.

► Attach your payment and Form IL-1120-V here.

- If you owe tax on Line 67, complete a payment voucher, Form IL-1120-V. Write your FEIN, tax year ending, and "IL-1120-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment here.
- Refer to the 2019 IL-1120 Instructions for the address to mail your return.

ID: 2BX

949401 01-08-20

IL-1120 (R-12/19)

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

IR

NS

DR

Page 1 of 4



Step 2: Figure your income or loss

(Whole dollars only)

- 1 Federal taxable income from U.S. Form 1120, Line 30. **Attach** a copy of your federal return.
- 2 Net operating loss deduction from U.S. Form 1120, Line 29a. This amount cannot be negative.
- 3 State, municipal, and other interest income excluded from Line 1.
- 4 Illinois income and replacement tax and surcharge deducted in arriving at Line 1.
- 5 Illinois Special Depreciation addition. **Attach** Form IL-4562.
- 6 Related-Party Expenses additions. **Attach** Schedule 80/20.
- 7 Distributive share of additions. **Attach** Schedule(s) K-1-P or K-1-T.
- 8 Other additions. **Attach** Schedule M (for businesses).
- 9 Add Lines 1 through 8. This amount is your income or loss.

| | | |
|---|---------|-----|
| 1 | 463,659 | .00 |
| 2 | | .00 |
| 3 | | .00 |
| 4 | 48,671 | .00 |
| 5 | | .00 |
| 6 | | .00 |
| 7 | | .00 |
| 8 | | .00 |
| 9 | 512,330 | .00 |

Step 3: Figure your base income or loss

- 10 Interest income from U.S. Treasury and other exempt federal obligations.
- 11 River Edge Redevelopment Zone Dividend subtraction.
Attach Schedule 1299-B.
- 12 River Edge Redevelopment Zone Interest subtraction.
Attach Schedule 1299-B.
- 13 High Impact Business Dividend subtraction. **Attach** Schedule 1299-B.
- 14 High Impact Business Interest subtraction. **Attach** Schedule 1299-B.
- 15 Contribution subtraction. **Attach** Schedule 1299-B.
- 16 Contributions to certain job training projects. See instructions.
- 17 Foreign Dividend subtraction. **Attach** Schedule J. See instructions.
- 18 Illinois Special Depreciation subtraction. **Attach** Form IL-4562.
- 19 Related-Party Expenses subtraction. **Attach** Schedule 80/20.
- 20 Distributive share of subtractions. **Attach** Schedule(s) K-1-P or K-1-T.
- 21 Other subtractions. **Attach** Schedule M (for businesses).
- 22 Total subtractions. Add Lines 10 through 21.
- 23 **Base income or loss.** Subtract Line 22 from Line 9.

| | | |
|----|---------|-----|
| 10 | | .00 |
| 11 | | .00 |
| 12 | | .00 |
| 13 | | .00 |
| 14 | | .00 |
| 15 | | .00 |
| 16 | | .00 |
| 17 | | .00 |
| 18 | | .00 |
| 19 | | .00 |
| 20 | | .00 |
| 21 | | .00 |
| 22 | | .00 |
| 23 | 512,330 | .00 |

STOP **A** If the amount on Line 23 is derived inside Illinois only, check this box and enter the amount from Step 3, Line 23 on Step 5, Line 35. You may not complete Step 4. (You must leave Step 4, Lines 24 through 34 blank.)

Note ➔ If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 4.

B If any portion of the amount on Line 23 is derived outside Illinois, or you are a unitary filer, check this box and complete all lines of Step 4. (Do not leave Lines 28 through 30 blank.) See instructions.

Step 4: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

- 24 Nonbusiness income or loss. **Attach** Schedule NB. **24** 0 .00
- 25 Business income or loss included in Line 23 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions. **25** 0 .00
- 26 Add Lines 24 and 25. **26** 0 .00
- 27 Business income or loss. Subtract Line 26 from Line 23. **27** 512,330 .00
- 28 Total sales everywhere. This amount cannot be negative. **28** 5,030,550
- 29 Total sales inside Illinois. This amount cannot be negative. **29** 5,030,550
- 30 Apportionment Factor. Divide Line 29 by Line 28. Round to six decimal places. **30** 1.000000
- 31 Business income or loss apportionable to Illinois. Multiply Line 27 by Line 30. **31** 512,330 .00
- 32 Nonbusiness income or loss allocable to Illinois. **Attach** Schedule NB. **32** 0 .00
- 33 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions. **33** 0 .00
- 34 **Base income or loss allocable to Illinois.** Add Lines 31 through 33. **34** 512,330 .00

**Step 5: Figure your net income**

| | | | |
|----|---|----|-------------|
| 35 | Base income or net loss from Step 3, Line 23, or Step 4, Line 34. | 35 | 512,330 .00 |
| 36 | Discharge of indebtedness adjustment. Attach federal Form 982. See instructions. | 36 | .00 |
| 37 | Adjusted base income or net loss. Add Lines 35 and 36. See instructions. | 37 | 512,330 .00 |
| 38 | Illinois net loss deduction. Attach Schedule NLD or UB/NLD. If Line 37 is zero or a negative amount, enter zero. | 38 | 0 .00 |
| 39 | Net income. Subtract Line 38 from Line 37. | 39 | 512,330 .00 |

Step 6: Figure your replacement tax after credits

| | | | |
|----|---|----|------------|
| 40 | Replacement tax. Multiply Line 39 by 2.5% (.025). | 40 | 12,808 .00 |
| 41 | Recapture of investment credits. Attach Schedule 4255. | 41 | .00 |
| 42 | Replacement tax before credits. Add Lines 40 and 41. | 42 | 12,808 .00 |
| 43 | Investment credits. Attach Form IL-477. | 43 | .00 |
| 44 | Replacement tax after credits. Subtract Line 43 from Line 42. If the amount is negative, enter zero. | 44 | 12,808 .00 |

Step 7: Figure your income tax after credits

| | | | |
|----|--|----|------------|
| 45 | Income tax. Multiply Line 39 by 7.00% (.07) | 45 | 35,863 .00 |
| 46 | Recapture of investment credits. Attach Schedule 4255. | 46 | .00 |
| 47 | Income tax before credits. Add Lines 45 and 46. | 47 | 35,863 .00 |
| 48 | Income tax credits. Attach Schedule 1299-D. | 48 | .00 |
| 49 | Income tax after credits. Subtract Line 48 from Line 47. If the amount is negative, enter zero. | 49 | 35,863 .00 |

Step 8: Figure your refund or balance due

| | | | |
|----|--|----|------------|
| 50 | Replacement tax before reductions. Enter the amount from Line 44. | 50 | 12,808 .00 |
| 51 | Foreign Insurer replacement tax reduction. Attach Schedule INS or UB/INS. See instructions. | 51 | .00 |
| 52 | Subtract Line 51 from Line 50. This is your net replacement tax. | 52 | 12,808 .00 |
| 53 | Income tax before reductions. Enter the amount from Line 49. | 53 | 35,863 .00 |
| 54 | Foreign Insurer income tax reduction. Attach Schedule INS or UB/INS. See instructions. | 54 | .00 |
| 55 | Subtract Line 54 from Line 53. This is your net income tax. | 55 | 35,863 .00 |
| 56 | Compassionate Use of Medical Cannabis Program Act surcharge. See instructions. | 56 | .00 |
| 57 | Sale of assets by gaming licensee surcharge. See instructions. | 57 | .00 |
| 58 | Total net income and replacement taxes and surcharges. Add Lines 52, 55, 56, and 57. | 58 | 48,671 .00 |
| 59 | Underpayment of estimated tax penalty from Form IL-2220. See instructions. | 59 | 640 .00 |
| 60 | Total taxes, surcharges, and penalty. Add Lines 58 and 59. | 60 | 49,311 .00 |

61 Payments. See instructions.

| | | | |
|---|--|-----|------------|
| a | Credits from previous overpayments. | 61a | 1,022 .00 |
| b | Total payments made before the date this return is filed. | 61b | 58,030 .00 |
| c | Pass-through withholding reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T. | 61c | .00 |
| d | Illinois gambling withholding. Attach Form(s) W-2G. | 61d | .00 |

62 Total payments. Add Lines 61a through 61d.

63 **Overpayment.** If Line 62 is greater than Line 60, subtract Line 60 from Line 62.64 Amount to be **credited forward.** See instructions.65 **Refund.** Subtract Line 64 from Line 63. This is the amount to be refunded.**66 Complete to direct deposit your refund.**

Routing Number _____ Checking or Savings _____
 Account Number _____

67 **Tax due.** If Line 60 is greater than Line 62, subtract Line 62 from Line 60. This is the amount you owe.

67 _____ .00

Step 9: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct and complete.

| | | | | | |
|------------------------------|---|---------------------------|------------------------------------|------------------------|--|
| Sign Here | Signature of authorized officer | Date (mm/dd/yyyy) | SENIOR VICE PRESIDENT - FINANCE | 312-803-4900 | <input checked="" type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step. |
| Paid Preparer Use Only | Print/Type paid preparer's name | Paid preparer's signature | Date (mm/dd/yyyy) | Check if self-employed | Paid Preparer's PTIN |
| | Firm's name ► CROWE LLP | | Firm's FEIN ► 35-0921680 | | |
| | Firm's address ► 225 WEST WACKER DRIVE, SUITE 2600 CHICAGO, IL | 60606-1224 | Firm's phone ► 312-899-7000 | | |

► Enter the amount of your payment on the top of page 1 in the space provided.



Illinois Department of Revenue
2019 Schedule UB

**Combined Apportionment for
Unitary Business Group**

For tax years ending on or after December 31, 2019

Common year ending for the
unitary business group
09 **20**
Month Year

Attach to your Form IL-1120, Form IL-1120-ST, and Form IL-1065.

IL Attachment no. 5

| | |
|---|--|
| Step 1 - Provide Your Membership Information | CHICAGO ASSOCIATION OF REALTORS BUSINESS |
| INFORMATION SERVICES INC & SUBSIDIARIES | 47-4639535 |
| Enter the name of the designated agent (see general instructions). | Enter the federal employer identification number (FEIN). |
| Enter the name of the designated agent last year, if it is different than above. | Enter the FEIN, if it is different than above. |
| CHICAGO ASSOCIATION OF REALTORS BUSINESS INFORMATION SERVICES INC & SUBSIDIARIES | 47-4639535 |
| Enter the name of the controlling corporation (see general instructions). | Enter the FEIN, if it is different than above. |
| If the controlling corporation is a member of this unitary group, check the box. <input checked="" type="checkbox"/> | |

Section A - List all members. See Specific Instructions.

| A | B | C | D | E | F | G | H | I |
|--|------------|-----------------------|--------------------------|------------|-----------------|-----------------|----------------------|-------------|
| Name | FEIN | Year ending (Mo/Year) | Protected by P.L. 86-272 | New member | Inactive member | Holding company | Apportionment method | Member Type |
| 1 CHICAGO ASSOCIATION OF REALTORS BUSINESS | | | | | | | | |
| 2 INFORMATION SERVICES INC & SUBSIDIARIES | 47-4639535 | 09/20 | | | | | S | |
| 3 CHICAGO ASSOCIATION OF REALTORS, INC. | | | | | | | | |
| 4 MULTIPLE LISTING SERVICES | 36-2348007 | 09/20 | | | | | S | |
| 5 NORTHERN ILLINOIS REAL ESTATE | | | | | | | | |
| 6 INFORMATION NETWORK INC. | 36-3425361 | 09/20 | | | | | S | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |

Section B - List any mergers with members listed in Section A. See Specific Instructions.

| A | | B | |
|-----------------------------------|------|----------------------------|----------------|
| Person who has merged with member | | Member listed in Section A | |
| 1 Name | FEIN | Name | FEIN |
| 2 Name | FEIN | Name | FEIN |
| 3 Name | FEIN | Name | FEIN |
| | | | Date of merger |
| | | | Date of merger |
| | | | Date of merger |

Section C - List all members who left the group during this tax year. See Specific Instructions.

| A | | B | |
|---------------------|------|---|--------------|
| Member who was sold | | Entity to which member in Column A was sold | |
| 1 Name | FEIN | Name | FEIN |
| 2 Name | FEIN | Name | FEIN |
| 3 Name | FEIN | Name | FEIN |
| | | | Date of sale |
| | | | Date of sale |
| | | | Date of sale |

Section D - Provide information about your excluded members

See Specific Instructions and complete Step 5 if the answer below is 1 or greater.

1 Enter the total number of members excluded.

Schedule UB (R-12/19)

931001 01-08-20 ID: 2BX

This form is authorized by the Illinois Income Tax Act. Disclosure of this information is required of those taxpayers to whom this form applies. Failure to provide this information when required could result in a penalty.

Illinois Department of Revenue
Schedule UB



CHICAGO ASSOCIATION OF REALTORS BUSINESS
INFORMATION SERVICES INC & SUBSIDIARIES

Enter your name as shown on the tax return of the member filing the Schedule UB.

47-4639535

Enter your federal employer identification no. (FEIN).

Step 2 - Figure your federal taxable income ◆ Read specific instructions before completing. ◆

| | A FEIN | B FEIN | C FEIN | D Eliminations and adjustments between members (attach explanation) | E Combined totals |
|--|--------------|--------------|------------|---|-------------------------|
| ◆ 47-4639535 | ◆ 36-2348007 | ◆ 36-3425361 | | | |
| 1 Net receipts or sales | .00 | 4,990,489.00 | 40,061.00 | .00 | 1 5,030,550.00 |
| 2 Cost of goods sold | .00 | 4,144,822.00 | .00 | .00 | 2 4,144,822.00 |
| 3 Gross profit. Subtract Line 2 from Line 1. | .00 | 845,667.00 | 40,061.00 | .00 | 3 885,728.00 |
| 4 Dividends | .00 | .00 | .00 | .00 | 4 .00 |
| 5 Interest | .00 | 46,292.00 | .00 | .00 | 5 46,292.00 |
| 6 Gross rents | .00 | .00 | .00 | .00 | 6 .00 |
| 7 Gross royalties | .00 | .00 | .00 | .00 | 7 .00 |
| 8 Capital gain net income | .00 | .00 | .00 | .00 | 8 .00 |
| 9 Net gain or loss from U.S. Form 4797 | .00 | .00 | .00 | .00 | 9 .00 |
| 10 Other income | .00 | 581,314.00 | 60,875.00 | .00 | 10 642,189.00 |
| 11 Total income. Add Lines 3 through 10. | .00 | 1,473,273.00 | 100,936.00 | .00 | 11 1,574,209.00 |
| 12 Compensation of officers | .00 | .00 | .00 | .00 | 12 .00 |
| 13 Salaries and wages less employment credit | .00 | 496,483.00 | 64,055.00 | .00 | 13 560,538.00 |
| 14 Repairs and maintenance | .00 | 5,713.00 | 712.00 | .00 | 14 6,425.00 |
| 15 Bad debts | .00 | .00 | .00 | .00 | 15 .00 |
| 16 Rents | .00 | 50,929.00 | 5,349.00 | .00 | 16 56,278.00 |
| 17 Taxes and licenses | .00 | 49,560.00 | 117.00 | .00 | 17 49,677.00 |
| 18 Interest Charitable Contributions | .00 | .00 | 5,635.00 | .00 | 18 5,635.00 |
| 19 | .00 | 40,000.00 | .00 | .00 | 19 40,000.00 |
| 20 Depreciation | .00 | .00 | .00 | .00 | 20 .00 |
| 21 Depletion | .00 | .00 | .00 | .00 | 21 .00 |
| 22 Advertising | .00 | .00 | .00 | .00 | 22 .00 |
| 23 Pension plan, etc. | .00 | .00 | .00 | .00 | 23 .00 |
| 24 Employee benefit programs | .00 | .00 | .00 | .00 | 24 .00 |
| 25 RESERVED | | | | | 25 .00 |
| 26 Other deductions | .00 | 330,532.00 | 61,465.00 | .00 | 26 391,997.00 |
| 27 Total deductions. Add Lines 12 through 26. | .00 | 973,217.00 | 137,333.00 | .00 | 27 1,110,550.00 |
| 28 Taxable income. Subtract Line 27 from Line 11. | .00 | 500,056.00 | -36,397.00 | .00 | 28 463,659.00 |
| 29 a Net operating loss deduction | .00 | .00 | .00 | .00 | 29a .00 |
| b Special deductions | .00 | .00 | .00 | .00 | 29b .00 |
| c Total NOL and special deductions | .00 | .00 | .00 | .00 | 29c .00 |
| 30 Federal taxable income or loss for Illinois purposes. Subtract Line 29c from Line 28. | .00 | 500,056.00 | -36,397.00 | .00 | 30 463,659.00 |

Illinois Department of Revenue

Schedule UB CHICAGO ASSOCIATION OF REALTORS BUSINESS
INFORMATION SERVICES INC & SUBSIDIARIES

47-4639535

Enter your name as shown on the tax return of the member filing the Schedule UB.

Enter your federal employer identification no. (FEIN).

Step 3 - Figure your combined business income

| | A FEIN | B FEIN | C FEIN | D Eliminations and adjustments between members (attach explanation) | E Combined totals |
|----------------------------------|---|------------------|------------------|---|-------------------------|
| 1 | 47-4639535 00 | 36-2348007 00 | 36-3425361 00 | -36,397 00 | 1 463,659 |
| Addition Modifications | | | | | |
| 2 | Net operating loss deduction from Step 2, Line 29a 00 | .00 | .00 | 0 00 | 2 .00 |
| 3 | State, municipal, and other interest income excluded in arriving at Line 1 00 | .00 | .00 | .00 | 3 .00 |
| 4 | Illinois income and replace- ment tax and surcharge de- ducted in arriving at Line 1 00 | 48,671 00 | .00 | .00 | 4 48,671 00 |
| 5 | Illinois Special Depreciation 00 | .00 | .00 | .00 | 5 .00 |
| 6 | Related-party expenses 00 | .00 | .00 | .00 | 6 .00 |
| 7 | Distributive share of additions 00 | .00 | .00 | .00 | 7 .00 |
| 8 | Other additions 00 | .00 | .00 | .00 | 8 .00 |
| 9 | Total income or loss. Add Lines 1 through 8. 00 | 548,727 00 | -36,397 00 | .00 | 9 512,330 00 |
| Subtraction Modifications | | | | | |
| 10 | Interest income from U.S. Treasury and other exempt federal obligations 00 | .00 | .00 | .00 | 10 .00 |
| 11 | River Edge Rede- velopment Zone Dividend subtraction 00 | .00 | .00 | .00 | 11 .00 |
| 12 | River Edge Rede- velopment Zone Interest subtraction 00 | .00 | .00 | .00 | 12 .00 |
| 13 | High Impact Business Dividend subtraction 00 | .00 | .00 | .00 | 13 .00 |
| 14 | High Impact Business Interest subtraction 00 | .00 | .00 | .00 | 14 .00 |
| 15 | Contribution subtraction 00 | .00 | .00 | .00 | 15 .00 |
| 16 | Contributions to certain job training projects 00 | .00 | .00 | .00 | 16 .00 |
| 17 | Foreign Dividend subtraction 00 | .00 | .00 | .00 | 17 .00 |
| 18 | Illinois Special Depreciation subtraction 00 | .00 | .00 | .00 | 18 .00 |
| 19 | Related-Party expenses subtraction 00 | .00 | .00 | .00 | 19 .00 |
| 20 | Distributive share of subtractions 00 | .00 | .00 | .00 | 20 .00 |
| 21 | Other subtractions 00 | .00 | .00 | .00 | 21 .00 |
| 22 | Total subtractions. Add Lines 10 through 21. 00 | .00 | .00 | .00 | 22 .00 |
| 23 | Base income or loss. Subtract Line 22 from Line 9. 00 | 548,727 00 | -36,397 00 | .00 | 23 512,330 00 |
| 24 | Nonbusiness income or loss 00 | .00 | .00 | .00 | 24 .00 |
| 25 | Business income or loss from non-unitary partnerships, partnerships included on this Schedule UB, S corporations, trusts, or estates. (See inst.) 00 | .00 | .00 | .00 | 25 .00 |
| 26 | Add Lines 24 and 25. Combined unitary business income or loss. Subtract Line 26 from Line 23. 00 | .00 | .00 | .00 | 26 .00 |
| 27 | 548,727 00 | -36,397 00 | .00 | 27 512,330 00 | |

Illinois Department of Revenue
Schedule UB



CHICAGO ASSOCIATION OF REALTORS BUSINESS
INFORMATION SERVICES INC & SUBSIDIARIES

47-4639535

Enter your name as shown on the tax return of the member filing the Schedule UB.

Enter your federal employer identification number (FEIN).

Step 4 - Figure your apportionment factor

Complete a separate Subgroup Schedule for each Insurance Company Subgroup, Financial Organization Subgroup, Regulated Exchange Subgroup, and Transportation Company Subgroup, in order to determine the amounts to enter on Schedule UB, Step 4, Lines 2 and 3 for each member of that subgroup.

| A ♦ | B ♦ | C ♦ | D Combined totals |
|--------------------|--------------------|--------------------|----------------------|
| 47-4639535 FEIN | 36-2348007 FEIN | 36-3425361 FEIN | 1 512,330 |

1 Enter your combined unitary business income or loss from Step 3, Column E, Line 27 here. ►

| | | | | |
|--|---------|----------------|-------------|----------------|
| 2 Enter the net sales everywhere. | ♦ 0.00 | ♦ 4,990,489.00 | ♦ 40,061.00 | 2 5,030,550.00 |
| 3 Enter the net sales within Illinois. | ♦ 0.00 | ♦ 4,990,489.00 | ♦ 40,061.00 | 3 5,030,550.00 |
| 4 Apportionment factor | | | | |
| Divide Line 3 of each Column by Line 2, | | | | |
| Column D. (Round to six decimal places.) | .000000 | .992036 | .007964 | 4 1.000000 |
| 5 Illinois business income or loss. | 0.00 | 508,250.00 | 4,080.00 | 5 512,330.00 |
| 6 Nonbusiness income or loss. | ♦ .00 | ♦ .00 | ♦ .00 | 6 .00 |
| 7 Non-unitary or combined partnership business income or loss. | ♦ .00 | ♦ .00 | ♦ .00 | 7 .00 |
| 8 Net income or loss. | 0.00 | 508,250.00 | 4,080.00 | 8 512,330.00 |
| 9 Net income or loss of members who are not C corporations. | ♦ .00 | ♦ .00 | ♦ .00 | 9 .00 |
| 10 Combined net income. | 0.00 | 508,250.00 | 4,080.00 | 10 512,330.00 |
| If the amount in Column D, Line 10 is negative, complete Lines 11 through 13. | | | | |
| 11 Net loss from Line 8. | .00 | .00 | .00 | 11 .00 |
| 12 Divide Line 11 of each Column A through C, by the amount in Line 11, Column D. (Round to six decimal places.) | | | | 12 .00 |
| 13 Allocated net loss. Multiply Line 12 by Line 10, Column D. | .00 | .00 | .00 | 13 .00 |

After you have completed this schedule, see the specific instructions for completing
Form IL-1120, Form IL-1120-ST, or Form IL-1065 in the Schedule UB instructions.

Illinois Department of Revenue Schedule UB



47-4639535

CHICAGO ASSOCIATION OF REALTORS BUSINESS

Enter your name as shown on the tax return of the member filing the Schedule UB.

Enter your federal employer identification no. (FEIN).

Step 5 - Provide your affiliated company information

A

8

C

Name

FEIM

80/20 company

not unitary



Illinois Department of Revenue
2019 IL-2220 Computation of Penalties for Businesses

Attach to your Form IL-1120, IL-1120-ST, IL-1065, IL-1041, or IL-990-T
 For tax years ending on or after December 31, 2019.

IL Attachment No. 19

Read this information first - We encourage you to let us figure your penalties and send you a bill instead of completing this form yourself.

You must complete this form if you are using the annualized income installment method for late-payment penalty for underpayment of estimated tax in Step 6. You do not owe the late-payment penalty for underpayment of estimated tax if you made timely estimated installment payments equaling at least 90 percent of this year's tax liability or 100 percent of the prior year's tax liability (provided you reported a liability in the prior year and it was not a short taxable year). See the Specific Instructions for more information. The late-payment penalty for underpayment of estimated tax is based on the tax shown due on your original return. Do not use the tax shown on an amended return filed after the extended due date of the return to compute your required installments in Step 2.

Step 1: Provide the following information

1 This form is for the 2019 calendar year or fiscal year beginning OCTOBER 1, 2019, and ending SEPTEMBER 30, 2020
 Month Day Year

2 Enter your FEIN as it appears on your annual return. 2 47-4639535
 CHICAGO ASSOCIATION OF REALTORS BUSINESS

3 Enter your name as it appears on your annual return. 3 INFORMATION SERVICES INC & SUBSIDIARIES

4

5 If your prior year return was filed under a different FEIN than the one shown on Line 2, enter that number here.

Step 2: Figure your required installments - Form IL-1120 filers only

| | | A This year | B Last year | | |
|----|---|---|---------------------------|---------------------------|---------------------------|
| 5 | Enter the total net income and replacement taxes and surcharges from Form IL-1120. If prior year's tax was zero or you filed a short year return, enter "N/A" in Column B. You may be required to make installments even if you enter "N/A" in Column B. See instructions. | 5 <u>48,671.00</u> | 29,688.00 | | |
| 6 | Enter the total amount of pass-through withholding and Illinois gambling withholding from Form IL-1120. See instructions. | 6 <u>0.00</u> | | | |
| 7 | Subtract Line 6 from Line 5, Column A. | 7 <u>48,671.00</u> | | | |
| 8 | Multiply Line 5, Column A, by 90% (.9). | 8 <u>43,804.00</u> | | | |
| 9 | If Line 7 is \$400 or less, enter zero and go to Step 3. Otherwise, enter the lesser of Line 8, or Line 5, Column B. (If Line 7 is more than \$400 and you entered "N/A" in Line 5, Column B, enter the amount from Line 8.) | 9 <u>29,688.00</u> | | | |
| 10 | Divide the amount on Line 9 by four. This is the amount of each required installment. <i>(If you used the annualized income installment method, see instructions for Line 12.)</i> | 10 <u>7,422.00</u> | | | |
| 11 | Enter in Quarters 1 through 4, the installment date that corresponds with the 15th day of the 4th, 6th, 9th, and 12th month of your tax year. | Quarter 1 <u>01/15/20</u> | Quarter 2 <u>03/16/20</u> | Quarter 3 <u>06/15/20</u> | Quarter 4 <u>09/15/20</u> |
| 12 | Enter the required installment. See instructions. | 12 <u>7,422.00</u> | | 7,422.00 | 7,422.00 |
| 13 | Enter the amount of any pass-through and gambling withholding. See instructions. | 13 <u>.00</u> | | .00 | .00 |
| 14 | Subtract Line 13 from Line 12. If the amount is negative, use brackets. | 14 <u>7,422.00</u> | | 7,422.00 | 7,422.00 |
| 15 | If the amount on Line 16 of the previous quarter is negative, enter that amount as a positive here. Otherwise, enter zero. | 15 <u>Skip this line for Quarter 1.</u> | | .00 | .00 |
| 16 | Subtract Line 15 from Line 14. If the amount is negative, use brackets. | 16 <u>7,422.00</u> | | 7,422.00 | 7,422.00 |



Step 3: Figure your unpaid tax - all taxpayers

17 Enter your total net income and replacement tax, surcharge, and pass-through withholding you owed and reported on behalf of your members. See instructions. 17 48,671.00

18 a Enter the total amount of all payments made on or before the original due date of your tax return. Include credit(s) carried forward from a prior year (see instructions); total estimated payments, prepayments, extension payments or annual payments made with your tax return; pass-through withholding reported on your behalf; and withholding shown on your W-2G or 1099 forms. 18a 59,052.00
b Form IL-1120 filers only: Enter the total of all Columns, Line 12. All others, enter zero. 18b 29,688.00
Enter the **greater** of Line 18a or Line 18b here. 18 59,052.00

19 Subtract Line 18 from Line 17. If this amount is
-positive, enter that amount here. Continue to Step 4 and enter this amount in
Penalty Worksheet 2, Line 23, Column C.
-zero or negative, enter that amount here and, if negative, use brackets. 19 <10,381>00

Step 4: Figure your late-payment penalty

Use Penalty Worksheet 1 to figure your late-payment penalty for underpayment of estimated tax.

Use Penalty Worksheet 2 to figure your late-payment penalty for unpaid tax.

You must follow the instructions in order to properly complete the penalty worksheets.

20 Enter the amount and the date of each payment you made. Include any credit(s) carried forward from a prior year. See instructions.

| Amount | Date paid | Amount | Date paid | Amount | Date paid |
|-----------------|-----------------|-----------------------------|---------------------------|-----------------------------|---------------------------|
| a <u>1,022</u> | <u>01/15/20</u> | e <u> </u> | <u> </u> | i <u> </u> | <u> </u> |
| b <u>28,190</u> | <u>03/15/20</u> | f <u> </u> | <u> </u> | j <u> </u> | <u> </u> |
| c <u>3,110</u> | <u>06/15/20</u> | g <u> </u> | <u> </u> | k <u> </u> | <u> </u> |
| d <u>14,730</u> | <u>09/15/20</u> | h <u> </u> | <u> </u> | l <u> </u> | <u> </u> |

| Penalty rates | Number of days late | Penalty rate |
|---------------|---------------------|--------------|
| | 1 - 30 | .02 |
| | 31 or more | .10 |



Step 6: Complete the annualization worksheet for Step 2, Line 12

Complete this worksheet if your income was not received evenly throughout the year and you choose to annualize your income. **Beginning with Column A, complete Lines 31 through 51 of each column.** If you fail to complete **all** lines of Step 6, Lines 31 through 51, Columns A through D, we may disregard your election to annualize your income and calculate your late-payment penalty for underpayment of estimated tax based on four equal installments.

| | A | B First 3 months | C First 6 months | D First 9 months |
|----|--|--|-------------------------|----------------------------|
| 31 | Enter your Illinois net income for each period. If negative, enter zero. | 31 For Column A only: Go directly to Line 34 | .00 | .00 |
| 32 | Annualization factors | 32 4 | 4 | 2 |
| 33 | Multiply Line 31 by Line 32. | 33 .00 | .00 | .00 |
| 34 | Enter your Illinois net income for each period. If negative, enter zero. | 34 .00 | .00 | .00 |
| 35 | Annualization factors | 35 4 | 2.4 | 1.5 |
| 36 | Multiply Line 34 by Line 35. | 36 .00 | .00 | .00 |
| 37 | In Column A, enter the amount from Line 36, Column A. In Columns B, C, and D, enter the lesser of Line 33 or 36 for each period. | 37 .00 | .00 | .00 |
| 38 | Net replacement tax for the period. See instructions. | 38 .00 | .00 | .00 |
| 39 | Net income tax for the period. See instructions. | 39 .00 | .00 | .00 |
| 40 | Cannabis surcharge for the period. See instructions. | 40 .00 | .00 | .00 |
| 41 | Sale of Assets by Gaming Licensee surcharge for the period. See instructions. | 41 .00 | .00 | .00 |
| 42 | Add Lines 38, 39, 40, and 41. | 42 .00 | .00 | .00 |
| 43 | Applicable percentage | 43 22.5% (.225) | 45% (.45) | 67.5% (.675) |
| 44 | Multiply Line 42 by Line 43. This is your annualized installment. | 44 .00 | .00 | .00 |
| 45 | Add the amounts on Line 51 of each of the preceding columns and enter the total here. | 45 Do not write on this line. | .00 | .00 |
| 46 | Subtract Line 45 from Line 44. If less than zero, enter zero. | 46 .00 | .00 | .00 |
| 47 | See instructions. | 47 .00 | .00 | .00 |
| 48 | Enter the amount from Line 50 of the preceding column. | 48 Do not write on this line. | .00 | .00 |
| 49 | Add Lines 47 and 48. | 49 .00 | .00 | .00 |
| 50 | If Line 49 is greater than Line 46, subtract Line 46 from Line 49. Otherwise, enter zero. | 50 .00 | .00 | Do not write on this line. |
| 51 | Enter the lesser of Line 46 or 49 here and on Step 2, Line 12. This is your required installment. | 51 .00 | .00 | .00 |
| | Go to Column B, Line 31 | Go to Column C, Line 31 | Go to Column D, Line 31 | |

| FORM IL-2220 | | PENALTY WORKSHEET 1 | | | | | STATEMENT 1 | | |
|---------------------------|------------|---------------------|--------------------|----------------------------|-----------------|--------------|-------------|---------|--|
| A | B | C | D | E | F | G | H | I | |
| PERIOD | DUE DATE | UNPAID AMOUNT | PAYMENT APPLIED | BALANCE DUE (COL C - D) | PAYMENT DATE | DAYS LATE | RATE | PENALTY | |
| QTR. 1 | 01/15/2020 | 7,422 | 1,022 | 6,400 | 01/15/2020 | 0 | | 0 | |
| | | 6,400 | 28,190 | -21,790 | 03/15/2020 | 60 | .10 | 640 | |
| QTR. 2 | 03/15/2020 | 7,422 | 21,790 | -14,368 | 03/15/2020 | 0 | | 0 | |
| QTR. 3 | 06/15/2020 | 7,422 | 14,368 | -6,946 | 03/15/2020 | 0 | | 0 | |
| QTR. 4 | 09/15/2020 | 7,422 | 6,946 | 476 | 03/15/2020 | 0 | | 0 | |
| | | 476 | 3,110 | -2,634 | 06/15/2020 | 0 | | 0 | |
| TOTAL TO IL-2220, LINE 22 | | | | | | | | 640 | |

Form **1120**For calendar year 2019 or tax year beginning OCTOBER 1, 2019, ending SEPTEMBER 30, 2020

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service**2019**► Go to www.irs.gov/Form1120 for instructions and the latest information.

A Check if:

- 1a Consolidated return (attach Form 851)
- b Life/nonlife consolidated return
- 2 Personal holding co. (attach Sch. PH)
- 3 Personal service corp. (see instructions)
- 4 Schedule M-3 attached

| | | |
|------------------------------|--|--|
| TYPE OR PRINT | Name CHICAGO ASSOCIATION OF REALTORS BUSINESS INFORMATION SERVICES INC & SUBSIDIARIES | B Employer identification number 47-4639535 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 430 N MICHIGAN AVE, STE 800 | C Date incorporated 06/30/2015 |
| | City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60611 | D Total assets (see instructions) \$ 5,477,441. |

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

| | | | |
|---|---|----------------------|---|
| Income | 1a Gross receipts or sales | 1a 5,030,550. | ► |
| | b Returns and allowances | 1b | |
| | c Balance. Subtract line 1b from line 1a | 1c 5,030,550. | |
| | 2 Cost of goods sold (attach Form 1125-A) | 2 4,144,822. | |
| | 3 Gross profit. Subtract line 2 from line 1c | 3 885,728. | |
| | 4 Dividends and inclusions (Schedule C, line 23) | 4 | |
| | 5 Interest | 5 46,292. | |
| | 6 Gross rents | 6 | |
| | 7 Gross royalties | 7 | |
| | 8 Capital gain net income (attach Schedule D (Form 1120)) | 8 | |
| | 9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) | 9 | |
| 10 Other income (attach statement) SEE CONSOLIDATED INCOME AND DEDUCTIONS | 10 642,189. | | |
| 11 Total income. Add lines 3 through 10 | 11 1,574,209. | | |
| Deductions (See instructions for limitations on deductions.) | 12 Compensation of officers (attach Form 1125-E) | 12 | |
| | 13 Salaries and wages (less employment credits) | 13 560,538. | |
| | 14 Repairs and maintenance | 14 6,425. | |
| | 15 Bad debts | 15 | |
| | 16 Rents | 16 56,278. | |
| | 17 Taxes and licenses | 17 49,677. | |
| | 18 Interest (see instructions) | 18 5,635. | |
| | 19 Charitable contributions | 19 40,000. | |
| | 20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) | 20 | |
| | 21 Depletion | 21 | |
| | 22 Advertising | 22 | |
| | 23 Pension, profit-sharing, etc., plans | 23 | |
| | 24 Employee benefit programs | 24 | |
| | 25 Reserved for future use | 25 | |
| | 26 Other deductions (attach statement) SEE CONSOLIDATED INCOME AND DEDUCTIONS | 26 391,997. | |
| | 27 Total deductions. Add lines 12 through 26 | 27 1,110,550. | |
| | 28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11 | 28 463,659. | |
| 29a Net operating loss deduction (see instructions) | 29a | | |
| b Special deductions (Schedule C, line 24) | 29b | | |
| c Add lines 29a and 29b | 29c | | |
| 30 Taxable income. Subtract line 29c from line 28. See instructions | 30 463,659. | | |
| 31 Total tax (Schedule J, Part I, line 11) | 31 97,368. | | |
| 32 2019 net 965 tax liability paid (Schedule J, Part II, line 12) | 32 | | |
| 33 Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23) | 33 119,128. | | |
| 34 Estimated tax penalty. See instructions. Check if Form 2220 is attached | 34 105. | | |
| 35 Amount owed. If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed | 35 0. | | |
| 36 Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid | 36 21,655. | | |
| 37 Enter amount from line 36 you want: Credited to 2020 estimated tax ► 21,655. Refunded ► 37 | | | |

Tax, Refundable Credits, and Payments

| | | | |
|--------------------------|--|--------------------------------|---|
| 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 | ► SENIOR VICE PRESIDENT - TITLE |
| Paid Preparer | Print/Type preparer's name NICOLE BENCIK | Preparer's signature | Date |
| | Firm's name ► CROWE LLP | | Check if self-employed |
| | Firm's address ► 225 WEST WACKER DRIVE, SUITE 2600 CHICAGO, IL 60606-1224 | | PTIN P00756195 |
| Use Only | Firm's EIN ► 35-0921680 | Firm's EIN ► 35-0921680 | |
| | Phone no. 312-899-7000 | | |

911601
12-30-19 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 1120 (2019)

| Schedule C | Dividends, Inclusions, and Special Deductions (see instructions) | (a) Dividends and inclusions | (b) % | (c) Special deductions (a) x (b) |
|-------------------|--|------------------------------|------------------|-------------------------------------|
| 1 | Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock) | | 50 | |
| 2 | Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock) | | 65 | |
| 3 | Dividends on certain debt-financed stock of domestic and foreign corporations | | see instructions | |
| 4 | Dividends on certain preferred stock of less-than-20%-owned public utilities | | 23.3 | |
| 5 | Dividends on certain preferred stock of 20%-or-more-owned public utilities | | 26.7 | |
| 6 | Dividends from less-than-20%-owned foreign corporations and certain FSCs | | 50 | |
| 7 | Dividends from 20%-or-more-owned foreign corporations and certain FSCs | | 65 | |
| 8 | Dividends from wholly owned foreign subsidiaries | | 100 | |
| 9 | Subtotal. Add lines 1 through 8 | | see instructions | |
| 10 | Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958 | | 100 | |
| 11 | Dividends from affiliated group members | | 100 | |
| 12 | Dividends from certain FSCs | | 100 | |
| 13 | Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions) | | 100 | |
| 14 | Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends) | | | |
| 15 | Section 965(a) inclusion | | see instructions | |
| 16a | Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions) | | 100 | |
| b | Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions) | | | |
| c | Other inclusions from CFCs under subpart F not included on line 15, 16a, 16b, or 17 (attach Form(s) 5471) (see instructions) | | | |
| 17 | Global intangible Low-Taxed income (GILTI) (attach Form(s) 5471 and Form 8992) | | | |
| 18 | Gross-up for foreign taxes deemed paid | | | |
| 19 | IC -DISC and former DISC dividends not included on line 1, 2, or 3 | | | |
| 20 | Other dividends | | | |
| 21 | Deduction for dividends paid on certain preferred stock of public utilities | | | |
| 22 | Section 250 deduction (attach Form 8993) | | | |
| 23 | Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4 | | | |
| 24 | Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b | | | |

Schedule J Tax Computation and Payment (see instructions)**Part I - Tax Computation**

| | | | | | |
|----|--|---|----|---------|---------|
| 1 | Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)) | ► <input checked="" type="checkbox"/> X | | 2 | 97,368. |
| 2 | Income tax. See instructions | | | 3 | |
| 3 | Base erosion minimum tax amount (attach Form 8991) | | | 4 | 97,368. |
| 4 | Add lines 2 and 3 | | | | |
| 5a | Foreign tax credit (attach Form 1118) | 5a | | | |
| b | Credit from Form 8834 (see instructions) | 5b | | | |
| c | General business credit (attach Form 3800) | 5c | | | |
| d | Credit for prior year minimum tax (attach Form 8827) | 5d | | | |
| e | Bond credits from Form 8912 | 5e | | | |
| 6 | Total credits. Add lines 5a through 5e | | 6 | | |
| 7 | Subtract line 6 from line 4 | | 7 | 97,368. | |
| 8 | Personal holding company tax (attach Schedule PH (Form 1120)) | | 8 | | |
| 9a | Recapture of investment credit (attach Form 4255) | 9a | | | |
| b | Recapture of low-income housing credit (attach Form 8611) | 9b | | | |
| c | Interest due under the look-back method-completed long-term contracts (attach Form 8697) | 9c | | | |
| d | Interest due under the look-back method-income forecast method (attach Form 8866) | 9d | | | |
| e | Alternative tax on qualifying shipping activities (attach Form 8902) | 9e | | | |
| f | Other (see instructions - attach statement) | 9f | | | |
| 10 | Total. Add lines 9a through 9f | | 10 | | |
| 11 | Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31 | | 11 | 97,368. | |

Part II - Section 965 Payments (see instructions)

| | | | |
|----|---|----|--|
| 12 | 2019 net 965 tax liability paid from Form 965-B, Part II, column (k), line 3. Enter here and on page 1, line 32 | 12 | |
|----|---|----|--|

Part III - Payments, Refundable Credits, and Section 965 Net Tax Liability

| | | | |
|----|--|-----|----------|
| 13 | 2018 overpayment credited to 2019 | 13 | 2,018. |
| 14 | 2019 estimated tax payments | 14 | 92,110. |
| 15 | 2019 refund applied for on Form 4466 | 15 | () |
| 16 | Combine lines 13, 14, and 15 | 16 | 94,128. |
| 17 | Tax deposited with Form 7004 | 17 | 25,000. |
| 18 | Withholding (see instructions) | 18 | |
| 19 | Total payments. Add lines 16, 17, and 18 | 19 | 119,128. |
| 20 | Refundable credits from: | | |
| a | Form 2439 | 20a | |
| b | Form 4136 | 20b | |
| c | Form 8827, line 5c | 20c | |
| d | Other (attach statement - see instructions) | 20d | |
| 21 | Total credits. Add lines 20a through 20d | 21 | |
| 22 | 2019 net 965 tax liability from Form 965-B, Part I, column (d), line 3. See instructions | 22 | |
| 23 | Total payments, credits, and section 965 net tax liability. Add lines 19, 21, and 22. Enter here and on page 1, line 33 | 23 | 119,128. |

Form 1120 (2019)

Schedule K Other Information (see instructions)

| | Yes | No | |
|---|--|--------------------------------|---|
| 1 Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c Other (specify) ► _____ | X | X | |
| 2 See the instructions and enter the: a Business activity code no. ► 531390 b Business activity ► SERVICE c Product or service ► REAL ESTATE INFORMATION | X | X | |
| 3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? _____ If "Yes," enter name and EIN of the parent corporation ► CHICAGO ASSOCIATION OF REALTORS 36-0904580 | X | X | |
| 4 At the end of the tax year: a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) | X | X | |
| 5 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions If "Yes," complete (i) through (iv) below. | X | X | |
| (i) Name of Corporation | (ii) Employer Identification Number (if any) | (iii) Country of Incorporation | (iv) Percentage Owned in Voting Stock |
| | | | |
| | | | |
| | | | |
| | | | |
| b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions If "Yes," complete (i) through (iv) below. | X | X | X |
| (i) Name of Entity | (ii) Employer Identification Number (if any) | (iii) Country of Organization | (iv) Maximum Percentage Owned in Profit, Loss, or Capital |
| | | | |
| | | | |
| | | | |
| | | | |
| 6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 If "Yes," file Form 5452 , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary. | X | X | X |
| 7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? For rules of attribution, see section 318. If "Yes," enter: (a) Percentage owned ► _____ and (b) Owner's country ► _____ (c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ► _____ | X | X | X |
| 8 Check this box if the corporation issued publicly offered debt instruments with original issue discount If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments. | X | X | X |
| 9 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ _____ | X | X | X |
| 10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ► _____ 1 | X | X | X |
| 11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid. | X | X | X |
| 12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) ► \$ 561,610. | X | X | X |

Schedule K Other Information (continued from page 4)

| | Yes | No |
|---|-----|----|
| 13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000? | | X |
| If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ► \$ | | |
| 14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions | X | |
| If "Yes," complete and attach Schedule UTP. | | |
| 15a Did the corporation make any payments in 2019 that would require it to file Form(s) 1099? | X | |
| b If "Yes," did or will the corporation file required Form(s) 1099? | X | |
| 16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock? | X | |
| 17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction? | X | |
| 18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million? | X | |
| 19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code? | X | |
| 20 Is the corporation operating on a cooperative basis? | X | |
| 21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions | X | |
| If "Yes," enter the total amount of the disallowed deductions ► \$ | | |
| 22 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3)) | X | |
| If "Yes," complete and attach Form 8991. | | |
| 23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions | | X |
| 24 Does the corporation satisfy one or more of the following? See instructions | | X |
| a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense. | | |
| b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense. | | |
| c The corporation is a tax shelter and the corporation has business interest expense. | | |
| If "Yes," to any, complete and attach Form 8990. | | |
| 25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? | | X |
| If "Yes," enter amount from Form 8996, line 14 ► \$ | | |

Form 1120 (2019)

| Schedule L Balance Sheets per Books | | Beginning of tax year | | End of tax year | |
|---|--|-----------------------|------------|-----------------|------------|
| | | (a) | (b) | (c) | (d) |
| 1 Cash | | | 4,137,198. | | 3,999,303. |
| 2a Trade notes and accounts receivable | | 7,985. | | 7,808. | |
| b Less allowance for bad debts | | () | 7,985. | () | 7,808. |
| 3 Inventories | | | | | |
| 4 U.S. government obligations | | | | | |
| 5 Tax-exempt securities | | | | | |
| 6 Other current assets (att. stmt.) | | | | | |
| 7 Loans to shareholders | | | | | |
| 8 Mortgage and real estate loans | | | | | |
| 9 Other investments (att. stmt.) | | | | | |
| 10a Buildings and other depreciable assets | | | | | |
| b Less accumulated depreciation | | () | | () | |
| 11a Depletable assets | | | | | |
| b Less accumulated depletion | | () | | () | |
| 12 Land (net of any amortization) | | | | | |
| 13a Intangible assets (amortizable only) | | | | | |
| b Less accumulated amortization | | () | | () | |
| 14 Other assets (att. stmt.) | | | | | |
| 15 Total assets | | | 5,557,735. | | 5,477,441. |
| Liabilities and Shareholders' Equity | | | | | |
| 16 Accounts payable | | | 1,293. | | 1,692. |
| 17 Mortgages, notes, bonds payable in less than 1 year | | | | | |
| 18 Other current liabilities (att. stmt.) | | | 3,537,810. | | 3,069,246. |
| 19 Loans from shareholders | | | | | |
| 20 Mortgages, notes, bonds payable in 1 year or more | | | | | |
| 21 Other liabilities (att. stmt.) | | | | | |
| 22 Capital stock: a Preferred stock | | | | | |
| b Common stock | | 70,000. | 70,000. | 70,000. | 70,000. |
| 23 Additional paid-in capital | | | 453,743. | | 453,743. |
| 24 Retained earnings - Appropriated (attach statement) | | | | | |
| 25 Retained earnings - Unappropriated | | | 1,494,889. | | 1,882,760. |
| 26 Adjustments to shareholders' equity (attach statement) | | | | | |
| 27 Less cost of treasury stock | | | () | | () |
| 28 Total liabilities and shareholders' equity | | | 5,557,735. | | 5,477,441. |

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

| | | | |
|---|----------|--|----------|
| 1 Net income (loss) per books | 387,871. | 7 Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ 63,200. | |
| 2 Federal income tax per books | 97,561. | | 63,200. |
| 3 Excess of capital losses over capital gains | 40,384. | | |
| 4 Income subject to tax not recorded on books this year (itemize): | | | |
| 5 Expenses recorded on books this year not deducted on this return (itemize): | | 8 Deductions on this return not charged against book income this year (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____ c Travel and entertainment \$ 946. | |
| a Depreciation \$ _____ | | | |
| b Charitable contributions \$ _____ | | | |
| c Travel and entertainment \$ 946. | 97. | | |
| 6 Add lines 1 through 5 | 1,043. | 9 Add lines 7 and 8 | 63,200. |
| | 526,859. | 10 Income (page 1, line 28) - line 6 less line 9 | 463,659. |

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

| | | | |
|--------------------------------------|------------|---|------------|
| 1 Balance at beginning of year | 1,494,889. | 5 Distributions: a Cash | |
| 2 Net income (loss) per books | 387,871. | b Stock | |
| 3 Other increases (itemize): | | c Property | |
| | | 6 Other decreases (itemize): | |
| 4 Add lines 1, 2, and 3 | 1,882,760. | 7 Add lines 5 and 6 | |
| | | 8 Balance at end of year (line 4 less line 7) | 1,882,760. |