Form 990-T	Exempt Organization Bu			x Return	OMB No 1545-0687
	(and proxy tax ur		, ,,		2017
•	For calendar year 2017 or other tax year beginning Go to www.irs.gov/Form990T for		, and ending ns and the latest informat	ion	2017
Department of the Treasury nternal Revenue Service	Do not enter SSN numbers on this form as it m				Open to Public Inspection for 50 1(c)(3) Organizations Only
Check box if address changed	Name of organization (Check box if name	e changed a	and see instructions.)	[(Er	nployer identification number mployees' trust, see structions)
Exempt under section	Print CROWN COURT PROPERTIE	S, LI	D.		31-1663821
X 501(c)(3() 5	Number, street, and room or suite no. If a P.O.				nrelated business activity codes
408(e)220(e)	Type 2233 W MEQUON RD				,
408A530(a)		_	postal code		4440
529(a) Book value of all assets	MEQUON, WI 53092-313			53	1110
at end of year	F Group exemption number (See instructions.) G Check organization type X 501(c) c		501(c) trust	401(a) trus	other trust
	on's primary unrelated business activity. RENTAL				otilei uust
	the corporation a subsidiary in an affiliated group or a pa		•		Yes X No
	and identifying number of the parent corporation.		,		
	► MENACHEM RAPOPORT		Telephon	e number 🕨 262	-242-7705
Part I Unrelate	d Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sale					
b Less returns and allo		1c			
Cost of goods sold (Gross profit. Subtrac	•	3			
 Gross profit. Subtrac Capital gain net incor 		4a			 -
· -	n 4797, Part II, line 17) (attach Form 4797)	4a 4b			
c Capital loss deductio	• •	4c			
•	partnerships and S corporations (attach statement)	5			
6 Rent income (Schedi	•	6			-
· · · · · · · · · · · · · · · · · · ·	ced income (Schedule E)	7	42,116.	51,497	-9,381
8 Interest, annuities, ro	oyalties, and rents from controlled organizations (Sch. F)	8			
9 Investment income o	of a section 501(c)(7), (9), or (17) organization (Schedule	G) 9			
 Exploited exempt act 	ovity income (Schedule I)	10			
1 Advertising income (•	11			
*	structions; attach schedule)	12	40 115	- 54 405	
3 Total Combine lines Part II Deduction	s 3 through 12 ons Not Taken Elsewhere (See instructions	13	42,116.	51,497	-9,381
(Except for	contributions, deductions must be directly connec	ted with the	tions on deductions.) he unrelated business i	ncome)	
-	ficers, directors, and trustees (Schedule K)			14	4
15 Salaries and wages	•			15	-
16 Repairs and mainter				16	
17 Bad debts				17	7
8 Interest (attach scho	edule)			18	В
9 Taxes and licenses	DECEMEN			19	9
Charitable contribut	nons (See instructions for limitation rules); STATEM	IENT 2	SEE STATE	$\mathbf{MENT} \ 1 \ 20$	0
1 Depreciation (attach	n Form 4562) laimed on Schedule Alan Beise Where on return		21		
	laimed on Schedule A <u>a</u> ndjelsewhete on return		22a	22	
23 Depletion				23	
Contributions to del	ferred compensation plans, UT			24	
26 Excess exempt expe	The last the property of the p			26	
7 Excess readership of	•			27	
28 Other deductions (a	•			28	8
29 Total deductions. A	Add lines 14 through 28			25	
Net operating loss of Unrelated business Unrelated business Specific deduction (Unrelated business	taxable income before net operating loss deduction. Subt	ract line 29	from line 13	30	-9,381
Net operating loss o	deduction (limited to the amount on line 30)			3	
32 Unrelated business	taxable income before specific deduction. Subtract line 3		30	32	
33 Specific deduction ((Generally \$1,000, but see line 33 instructions for exception			33	3 1,000
34 Unrelated business line 32	s taxable income. Subtract line 33 from line 32. If line 33	is greater t	nan line 32, enter the smal		0 301
11116 34				34	
	or Paperwork Reduction Act Notice, see instructions.			. 01	Form 990-T (2017

Form 990-1	CHOIL COOK! THOU DIVINE DE LE		31-1	663	821	Page 2
Part I	I Tax Computation					
35	Organizations Taxable as Corporations. See instructions for tax computation.					
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and	i:				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order	·):				
	(1) \$ (2) \$ (3) \$	•		i		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		<u> </u>		1	
	(2) Additional 3% tax (not more than \$100,000) \$		<u> </u>			
c	Income tax on the amount on line 34		. <u></u>	▶ [35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	on line 3	34 from:	Γ		
	Tax rate schedule or Schedule D (Form 1041)		1	▶│	36	
37	Proxy tax. See instructions			▶「	37	
38	Alternative minimum tax				38	
39	Tax on Non-Compliant Facility Income. See instructions				39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies				40	0.
Part I	/ Tax and Payments					
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a				
b	Other credits (see instructions)	41b			l	
C	General business credit. Attach Form 3800	41c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			1	
е	Total credits. Add lines 41a through 41d			L	41e	
42	Subtract line 41e from line 40				42	0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	66 🗀	Other (attach schedu	ile)	43	
44	Total tax. Add lines 42 and 43				44	0.
45 a	Payments: A 2016 overpayment credited to 2017	45a				
b	2017 estimated tax payments	45b				
C	Tax deposited with Form 8868	45c				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d				
е	Backup withholding (see instructions)	45e				
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f				
9	Other credits and payments: Form 2439					
_	Form 4136 Other Total	45g				
46	Total payments. Add lines 45a through 45g				46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached				47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		1	▶□	48	0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		΄, Ι	▶□	49	0.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax		Refunded	▶ [50	
Part V	Statements Regarding Certain Activities and Other Information	on (se	e instructions)			
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature	or othe	r authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	may ha	ve to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the f	oreign (country			
	here >					X_
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ınsfero	r to, a foreign trust?			X
	If YES, see instructions for other forms the organization may have to file.					
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$					
C:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s correct, and complete Declaration of prepares (other than taxpayer) is based on all information of which prepare	tatement er has an	s, and to the best of my by knowledge	knowl	edge and beli	ef, it is true,
Sign Here	VICE			May	the IRS disci	uss this return with
nere	//%//% PRESIDE	NT/	<u>SECRETARY</u>			n below (see
	Signature of officer Date / Title			ınstr	uctions)?	Yes No
	Print/Type preparer's name Preparer's signature Dat	е	Check	_j t	PTIN	
Paid	JENNY TARKOWSKI,	1, 1,	self- employ	yed		
Prepa	rer CPA (Lennula (Mux La CA) II	191	0			34290
Use O	nly Firm's name ► WEGNER CPAS (LLR)	1	Firm's EIN	<u> </u>	39-0	974031
	2921 LANDMARK PL STE 300					
	Firm's address ► MADISON, WI 53713-4236		Phone no.	60		1-4020
					For	m 990-T (2017)

Schedule A - Cost of Goods	Soid. Enter method of inven	tory valuation N/A		
1 Inventory at beginning of year	1	6 Inventory at end of yea	r	6
2 Purchases	2	7 Cost of goods sold. Su	btract line 6	
3 Cost of labor	3	from line 5. Enter here	and in Part I,	
4a Additional section 263A costs		line 2		7
(attach schedule)	4a	8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b	property produced or a	equired for resale) apply to	
5 Total. Add lines 1 through 4b	5	the organization?		
Schedule C - Rent Income ((see instructions)	From Real Property and	d Personal Property	Leased With Real Pro	pperty)
Description of property			·	
(1)				
(2)				
(3)				
(4)				
	2. Rent received or accrued			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than 'of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)		y connected with the income in ind 2(b) (attach schedule)
(1)		-		
(2)				
(3)		· - "		
(4)				
Total	O . Total		0.	
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A) •		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	.
Schedule E - Unrelated Deb	t-Financed Income (see	instructions)		
		2. Gross income from	3. Deductions directly co to debt-finan	
1. Description of debt-fin	anced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
			STATEMENT 3	STATEMENT 4
(1) RESIDENTIAL BUILI	DING	50,079.	8,578	52,655.
(2)				
(3)				
(4)				
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 5	5. Average adjusted basis of or allocable to debt-financed property cattacts shedule STATEMENT 6	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 468,776.	557,416.	84.10%	42,116	51,497.
(2)		%		
(3)		%	** *	
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals		.	42,116	51,497.
Total dividends-received deductions inc	cluded in column 8			0.
				Form 990-T (2017)

Schedule F - Interest, A	Annuities, Roya	ERTIES , Li Ities, and Ren	ts From Co	ntroll	ed Organiz	atio	ns (see ins	6382 struction	Page s)
-		Exempt	Controlled O	ganızatı	ons				
Name of controlled organization	on 2. Em identifi num	cation (loss) (se	nrelated income se instructions)	4. Tot payr	al of specified ments made	Includ	rt of column 4 led in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
						-			 .
(1)								- +-	
(3)						_			
(4)				_		-			
Nonexempt Controlled Organiz	zations					·			
7. Taxable Income	8. Net unrelated incor	ne (loss) Q Tota	al of specified payr	nents	10. Part of colu	mn 9 th:	nt is included	11 Da	ductions directly connected
7. Tudase mount	(see instruction		made	iena .	in the controlli		nization's		i income in column 10
(1)			_						
(2)						_			
(3)						_			
(4)									
					Add colum Enter here and line 8, c		e 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals				•			0.	1	0
Schedule G - Investmer		Section 501(c)	(7), (9), or	17) Or	ganization)		<u> </u>	
1. Descri	iption of income		2. Amount of	income	3. Deduction directly connected (attach schedu	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)									
(2)									
(3)					_				
(4)									
			Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Totals			<u> </u>	0.					0
Schedule I - Exploited E (see instruc		Income, Oth	er Than Ad	vertisi	ng Income)			
	2 0	3. Expenses	4. Net incom	e (loss)	5 0				7. Excess exempt
Description of exploited activity	2. Gross unrelated business income from trade or business	directly connected with production of unrelated business income	from unrelated business (co minus columi gain, compute through	umn 2 n 3) If a cols 5	 Gross inconfrom activity to is not unrelated business inconfrom 	that ted	attribut	oenses table to mn 5	expenses (column 6 minus column 5, but not more than column 4)
(1)		 							
(2)			 				 		
(3)			 		<u> </u>	_	 	·	<u> </u>
(4)			+	_					
	Enter here and on page 1, Part I, Irne 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				-			Enter here and on page 1, Part II, line 26
Totals >	0.	0							0
Schedule J - Advertisin									
Part I Income From P	Periodicals Rep	orted on a Co	nsolidated	Basis					
1. Name of periodical	2. Gross advertising income	3. Direct advertising cost	4. Advert or (loss) (co col 3) If a ga cols 5 th	d 2 minus iin, comput	5. Circulate income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						_			
(2)									
(3)									
(4)									
						_			
Totals (carry to Part II, line (5))	>	0.	0.				<u></u>		0

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

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

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

1. Name	2. Title	3. Percent of time devoted to business		sation attributable ated business
(1)		%		
(2)		%		
(3)		%		
(4)		%	ļ	
Total. Enter here and on page 1, Part II, line 14	<u> </u>	>	,	0

Form 990-T (2017)

FORM 990-T	ORM 990-T CONTRIBUTIONS		1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
CONGREGATION AGUDAS ACHIM CHABAD, INC.	N/A	147,2	60.
LUBAVITCH CHABAD OF NILES	N/A	15,0	00.
LUBAVITCH MESIVTA OF CHICAGO MEQUON JEWISH PRESCHOOL, INC.	N/A N/A	10,0 39,0	
PELTZ CENTER FOR JEWISH LIFE,	N/A N/A	39,0	00.
INC.	21, 22	400,9	70.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	612,2	30.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	2
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT			
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2012 YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016			
TOTAL CARI	RYOVER RENT YEAR 10% CONTRIBUTIONS	612,230		
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS ADJUSTED	612,230		
EXCESS 100	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	612,230 0 612,230		
ALLOWABLE	CONTRIBUTIONS DEDUCTION			0
TOTAL CONT	TRIBUTION DEDUCTION	,		0

FORM 990-T SCHEDULE E - DEPRECIA	ATION DEDUCT	ION	STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION - SUBTOTAL -	- 1	8,578.	8,5	78.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(A)		8,5	78.
FORM 990-T SCHEDULE E - OTHER	R DEDUCTIONS		STATEMENT	4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
PROPERTY TAXES INTEREST OCCUPANCY	•	16,596. 32,124. 0.		
PERSONNEL COSTS - SUBTOTAL -	- 1	3,935.	52,6	55.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(B)		52,6	55.
FORM 990-T AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN		RTY	STATEMENT	5
DESCRIPTION .	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ACQUISITION DEBT - SUBTOTAL -	<u> </u>	468,776.	468,7	76.

468,776.

TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4

FORM 990-T AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI			STATEMENT
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS - SUBTOTAL -		557,416.	557,416
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	5		557,416