					O						-
<b>3</b>	33	Specific deduction (0	Generally	\$1,000, 1	out see lin	e 33 ı	nstru	ction	s for	exce	ptio
X R	34	Unrelated business	taxable	income.	Subtract	line	33 f	rom	line	32	lf
<b>-</b>		enter the smaller of z	ero or line	32	,		. <u></u>				
ယ		Paperwork Reduction									
2020	7X27	<sup>40 2</sup> 6384PB N26K	1/24/	2020	10:59	:09	AM	V	17	-7.	10

<b>\</b>	. 990-Т	Ex	cempt Organization					rn,	OMB No 1545-0687	<b>.</b>		
Form	. 330-1		(and proxy tax	هکرهٔ ا	0047							
. ₹	٤	For cale	ndar year 2017 or other tax year begin	20 1 8	ZU 7 /							
	tment of the Treasury		►Go to www.irs.gov/Form990	}	Open to Public Inspection 501(c)(3) Organizations O	for						
A	Check box if	<b>▶</b> Do	Name of organization ( Check be		ny be made public me changed and se				501(c)(3) Organizations O over identification numb			
^ .∟	address changed		Name of organization (	UX II II QI	nie Glangeu and se	e mstruction	5)		oyees' trust, see instructions)	o, _		
D Eve	empt under section	1	BENET ACADEMY									
	501( C )( 3 )	Print	Number, street, and room or suite no If	аРО	box, see instruction		<del></del> _	36-2	725695			
		OF							E Unrelated business activity codes			
	408(e) 220(e) 408A 530(a)	Туре	2200 MAPLE AVE					(See if	(See instructions )			
$\vdash$	529(a)		City or town, state or province, country	v. and 2	ZIP or foreign postal	code		┪				
C Boo	ok value of all assets	ĺ	LISLE, IL 60532	•				1				
at e	end of year	F Gro	up exemption number (See instruct	ions )	<u> </u>							
5	55,399,490.		ck organization type > X 501			501(c	) trust	401(a)	trust Other	trust		
H D	escribe the organiz		rimary unrelated business activity			1,,(-	,					
_			corporation a subsidiary in an affili		roup or a parent-s	subsidiary o	controlled group	?	Yes X	No		
			identifying number of the parent co	-		•						
J Th	ne books are in care	e of 🕨 N	ICHELLE RENICKER			Telephon	e number ▶ 6	30.719	.2829			
Par	t I Unrelated	Trade o	or Business Income		(A) Inco	me	(B) Expe	nses	(C) Net			
1a	Gross receipts or s	sales										
b	Less returns and allowa	inces	c Balance ▶	1c								
2	Cost of goods sol	d (Sched	ule A, line 7)	2	•							
3	Gross profit Sub	tract line	2 from line 1c	3					ļ. <u></u> .			
4a	Capital gain net ii	ncome (a	ttach Schedule D)	4a								
b	Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach Form 4797)	4b								
C	Capital loss dedu	ction for t	rusts	4c								
5	income (loss) from	partnershij	os and S corporations (attach statement)	_					<u> </u>			
6				6					ļ . <u> </u>			
7	Unrelated debt-fir	nanced in	come (Schedule E)	7								
8			nts from controlled organizations (Schedule F)	8				_	<del></del>			
9			1(c)(7), (9), or (17) organization (Schedule G)						<del></del>			
10		_	ncome (Schedule I)	10		-						
11 12			fule J)	12					<del></del>			
13	•		ough 12			0.						
			Taken Elsewhere (See insti		ns for limitati	ons on d	leductions)	(Except f	for contributions			
			be directly connected with t					(шиоорг				
14			directors, and trustees (Schedule K)					14				
15					L L		1					
16	Repairs and main	tenance				D • 0 • 4 • 2		16				
17	Bad debts,				<del>  -     -     -     -     -     -   -</del>	R. <b>% 4</b> 7	.020 . 1031	17				
18	Interest (attach so	chedule)					]≝ .	18				
19	Taxes and license	s			$\cdots$ $\cdots$ $\odot$ $\odot$	DEN.						
20	Charitable contrib	outions (S	See instructions for limitation rules)		<del>!</del>	<del> : - : -</del>	<del></del> .	20				
21			4562)					_	_{			
22			on Schedule A and elsewhere on re		_				<u> </u>			
23									ļ			
24			compensation plans									
25	· -								7	_		
26			Schedule I)							_		
27			chedule J)									
28			chedule)									
29 20			s 14 through 28						<del></del>			
30 31			• •						<del></del>			
31 32			on (limited to the amount on line 30 e income before specific deduction						<del>                                     </del>			
32			ally \$1,000, but see line 33 instruc			=						
34			ble income. Subtract line 33 fr						1			
						-			·			

<u></u>	Circle the difficulty of this 40 year want. Of Carlos to 20 to Countains and	iterandes   Oo	10	J 1 .
Pai	t V Statements Regarding Certain Activities and Oth	er Information (see instructions)		
51	At any time during the 2017 calendar year, did the organization has	e an interest in or a signature or other authority	y Yes	No
	over a financial account (bank, securities, or other) in a foreign co	untry? If YES, the organization may have to file	e 🗌	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts	If YES, enter the name of the foreign country	y   .	
	here >			Х
52	During the tax year, did the organization receive a distribution from, or was if	the grantor of, or transferor to, a foreign trust?		Х
	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	r <b>▶</b> \$		

Under penalties of penury, 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 Sign May the IRS discuss this return MICHELLE RENICKER Here 01/31/2020 DIRECTOR OF FINANCE with the preparer shown below Signature of officer Date Title (see instructions)? X Yes No

Print/Type preparer's name eparer's signature **Paid** SCOTT C TERMINE Preparer ▶ BKD, LLP Firm's name **Use Only** Firm's address > 1901 S. MEYERS ROAD, SUITE 500, OAKBROOK TERRACE, IL 60181-5209

PΠN Check L 01/31/2020 P00137961 self-employed Firm's EIN ▶44-0160260

Phone no

Form 990-T (2017)

630-282-9500

Date

Form 990-T (2017)						Page 3				
Schedule A - Cost of Go	oods Sold. Er	nter metho	d of inventory valuation	<b>&gt;</b>						
1 Inventory at beginning of y					ar	. 6				
2 Purchases										
3 Cost of labor			6 from	line 5 Er	iter here and in	,				
4a Additional section 263A co	osts									
(attach schedule)	4a		8 Do the	rules of	section 263A (	with respect to Yes No				
<b>b</b> Other costs (attach schedu			<del></del>			or resale) apply				
5 Total. Add lines 1 through										
Schedule C - Rent Income		roperty a	nd Personal Property	Leased V	Vith Real Prope	ertv)				
(see instructions)	•		. ,		•	,				
Description of property	· ·-									
(1)										
(2)										
(3)										
(4)										
	2. Rent recei	ved or accru	ed	<del></del>						
(a) From personal property (if the	percentage of rent	(b) F	rom real and personal property	ty (if the 3(a) Deductions directly connected with the						
for personal property is more th	an 10% but not	percent	age of rent for personal propert	y exceeds		2(a) and 2(b) (attach schedule)				
more than 50%)		50% 0	of the rent is based on profit or	r income)						
(1)										
(2)			<u> </u>							
(3)										
(4)										
Total		Total			-					
(c) Total income. Add totals of co	olumns 2(a) and 2(	b) Enter			(b) Total deducti Enter here and o					
here and on page 1, Part I, line 6,	, column (A)	▶			Part I, line 6, colu					
Schedule E - Unrelated De	ebt-Financed I	ncome (se	e instructions)							
4 Deservation of deb	t formed amount.		2 Gross income from or	3 (		onnected with or allocable to aced property				
1 Description of deb	t-initiaticed property		allocable to debt-financed property		nt line depreciation ch schedule)	(b) Other deductions				
(1)				(atta		(attach schedule)				
(2)										
(3)		·		-						
(4)										
4 Amount of average	5 Average adju	eted hasis	<u> </u>	-		<del></del>				
acquisition debt on or	of or alloca	ble to	6. Column 4 divided	7 Gross	income reportable	8 Allocable deductions				
allocable to debt-financed property (attach schedule)	debt-financed (attach sche		by column 5	(columi	2 x column 6)	(column 6 x total of columns 3(a) and 3(b))				
	(altau) sun	odie)	%							
(1)	<del></del>		%	<del>                                     </del>						
(3)		<del></del>	%	t						
(4)			%	<del>                                     </del>						
(4)			1 %	Enter has	e and on page 1,	Enter here and an page 4				
				Part I, lin	e and on page 1, e 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)				
<b>*</b> - • - • -			_			, ,				
Totals				L						
· oras assingstancessed aganca	iona moidaea in co	<i>.</i>	<u> </u>	<del></del>	<u></u> . ► !					

Form 990-T (2017)	BENET A	CADEMY						3	36-2	725695	Page 4
Schedule R - Interest, Ann	uities, Royalties	s, and R	ents Fro	m Contro	lled O	rganizat	i <b>ons</b> (se	e instructio	ns)		
1 Name of controlled organization	2. Employer					of specified included		rt of column 4 that is ded in the controlling ization's gross income		6. Deductions di connected with ir in column 5	ncome
.(1)		<u> </u>			İ						
(2)					ļ						
(3)											
(4)							<u> </u>				
Nonexempt Controlled Organi	zations										
7 Taxable Income	8. Net unrelated in (loss) (see instruc		1	Total of specifical ayments made		10. Part of column 9 that is included in the controlling organization's gross income			11. Deductions directly connected with income i column 10		
(1)				<u>-</u>		<b>_</b>					
(2)	<del></del>		<u> </u>			<u> </u>		-			
(3)			<b> </b>								
Table						Enter	columns 5 a here and on , line 8, colu	page 1,	En	dd columns 6 and 1 ter here and on pag rt I, line 8, column (	e 1,
Schedule G - Investment la					') Orga	nization	(see ins	tructions)			
1 Description of income	2 Amount of		, 1(0)(1),	3. Deduction directly cor	3. Deductions directly connected (attach schedule)		4. Se (attach			5 Total deduction and set-asides (consplus col. 4)	
(1)	<b>†</b>	• • • • • • • • • • • • • • • • • • • •								pios co: 4)	
(2)	· • · · · · · · · · · · · · · · · · · ·							***************************************			
(3)	-		******								•••••
(4)				-							
	Enter here and on pag Part I, line 9, column										page 1 nn (B)
Totals			) }	<b>A</b>	- • •						
Schedule I - Exploited Ex	2. Gross	3. Ex	penses ectly	4 Net income from unrelated or business	ne (loss) led trade	5 Gros	s income	6 Expe	 neac	7. Excess exe expenses	•
Description of exploited activity	business income from trade or business	produ unre	cted with ction of elated is income	of If a gain, con		Is not u	livity that inrelated s income	attributable to column 5		(column 6 mi column 5, but more than column 4)	t not
(1)						· · · · · · · · · · · · · · · · · · ·					
(2)									_	-	
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	page 1	ere and on I, Part I, , col (B)					•		Enter here and on page 1, Part II, line 2	
Totals ▶ Schedule J - Advertising Ir		uotor=\		<u> </u>							
Part I Income From Per			Concoli	dated Par	ie						
income From Per	Toulcais Report	eu on a	CONSOIL	ualtu Das	012						_
1. Name of periodical	2. Gross advertising income		urect gain or (los 2 minus co a gain, co		s) (col ol 3) If mpute		culation 6. Read come cos		•	7 Excess reade costs (column finus column finus column force the column 4)	n 6 5, but an
	ļi			cols 5 thro							
(1)				-				ļ <u> </u>		4	
(2)						ļ				$\dashv$	
(3)											
(4)	<del> </del>	<del>-</del>						ļ			
Totals (carry to Part II, line (5))										5 000 7	
										Form 990-T (	(2017)

BENET ACADEMY

(2)

(3)

(4)

Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7 Excess readership gain or (loss) (col 2. Gross costs (column 6 3. Direct 5 Circulation 6 Readership 1. Name of periodical advertising 2 minus col 3) If minus column 5, but advertising costs ıncome costs ıncome a gain, compute not more than cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, line 11, col (A) page 1, Part I, on page 1, line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5) . . . . ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4. Compensation attributable to 1. Name 2. Title time devoted to unrelated business business (1) %

Form 990-T (2017)

%

%

%

 $\triangleright$ 

36-2725695 ATTACHMENT 1

F	DRM	990-	T:	FISCAL	YEAR	CORPOR	RATION	TAX	COMPU	TATION	APPLYIN	IG E	BLENDED	TAX	RATE
											•				
1	UNI	RELAT	CED	BUSINE	SS TAX	KABLE	INCOME	(PA	GE1, P	ARŢ II	, LINE 3	34).			_
2	TAX	( ON	LIN	JE 1 FI	GURED	USING	THE T	AX R	ATE SC	HEDULE	OR TAX				
	CO	APUT!	TIC	N WORK	SHEET	FOR MI	EMBERS	OF 2	A CONT	ROLLED	GROUP				
3	TAX	ON	LIN	JE 1 FI	GURED	USING	THE 2	1% R	ATE						
4	MUI	TIPI	Y I	INE 2	BY THE	E NUMBI	ER OF	DAYS	184						
	IN	THE	COF	RPORATI	ON'S	TAX YE	AR BEF	ORE	01/01/	2018					
5	MUI	TIPI	ΥI	INE 3	BY THE	E NUMBI	ER OF	DAYS	181						
	IN	THE	COF	RPORATI	ON'S	TAX YE	AR AFT	ER 1:	2/31/2	017					
6	DIV	/IDE	LIN	IE 4 BY	THE T	I JATOT	<b>JUMBER</b>	OF I	DAYS :	365					
	IN	THE	COF	RPORATI	ON'S	CAX YE	AR								
7	DIV	/IDE	LIN	IE 5 BY	THE T	1 LATO	UMBER	OF I	DAYS :	365					
	IN	THE	COF	RPORATI	ON'S	CAX YE	AR								
8	ADI	) LIN	IES	6 AND	7: THE	E TOTAI	TAX I	FOR 5	THE FI	SCAL Y	EAR				