Fori	[ູ] 990-T	E	empt Organization) and proxy tax)					rn	OMB N	o. 1545-0687	
		For cale	For calendar year 2018 or other tax year beginning $01/01$, 2018, and ending $12/31$, 20 18 .								
Depa	artment of the Treasury		► Go to www.irs.gov/Form990						اک	910	
Inter	nal Revenue Service	▶ Do	not enter SSN numbers on this form	as it m	ay be made public i	f your org	anization is a 501(c)(3).	Open to Pu 501(c)(3) C	blic Inspection for rganizations Only	
Α [Check box if address changed		Name of organization (Check b	ox if na	ame changed and see	instruction	is.)		loyer identific oyees' trust, see	ation number instructions.)	
B E	empt under section		CHRISTEL HOUSE INTE	RNAT	CIONAL, INC.						
Х	501(C <u>)(</u> 3)	Print	Number, street, and room or suite no.	If a P.C), box, see instruction	s.		35-2	35-2051932		
	408(e) 220(e)	or Type								s activity code	
	408A 530(a)	.,,,,	10 WEST MARKET STRE	ET			1990	(See i	nstructions.)		
	529(a)		City or town, state or province, countr		ZIP or foreign postal o	code					
	ook value of all assets end of year		INDIANAPOLIS, IN 46204 900000								
			up exemption number (See instruct					<u> </u>			
			ck organization type ► X 501			501(c		∫ 401(a)		Other trust	
	rade or business here		nization's unrelated trades or busine	esses.	***************************************			-	(or first) un		
			end of the previous sentence, cor	malata			complete Parts I			describe the	
	ade or business, the			mpiete	e Parts Fand II, Con	ipiete a S	chedule ivi for ea	ch additio	nai		
			corporation a subsidiary in an affili	iated o	roup or a parent su	ibeidiany c	controlled group?			Yes X No	
			dentifying number of the parent co			ibsidial y C	ontrolled group?		–) res [22] NO	
			SEPH P. SCHNEIDER	porati		Telephon	e number ▶ 31	7-464	-2010		
			r Business Income		(A) Incom		(B) Expen			C) Net	
1a	Gross receipts or s			T T					·		
b	Less returns and allowar		c Balance ▶	1c							
2	Cost of goods sold	d (Schedu	ule A, line 7)	2							
3			2 from line 1c	3							
4 a			tach Schedule D)	4a	3,	,669.				3,669.	
b			Part II, line 17) (attach Form 4797)	4b				.5			
С	Capital loss deduc	tion for tr	usts	4c				***************************************		***************************************	
5			an S corporation (attach statement)	5	-10,	,831.	ATCH 1			-10,831.	
6	Rent income (Sche	dule C).		6							
7	Unrelated debt-fina	anced inc	come (Schedule E)	7							
8	Interest, annuities, royall	ties, and ren	ts from a controlled organization (Schedule F)	8							
9	Investment income of a	section 501	(c)(7), (9), or (17) organization (Schedule G)	9	· · · · · · · · · · · · · · · · · · ·		·				
10			come (Schedule I)	10	***************************************						
11			ıle J)	11						and worth the same of the same	
12			ions; attach schedule)	12		1.50		***************************************			
13			ugh 12	13		162.				-7,162.	
La			aken Elsewhere (See instr				, ,	xcept f	or contribi	utions,	
			be directly connected with the	************	·····				1		
14			irectors, and trustees (Schedule K).						-		
15											
16 17										***************************************	
17 18			on instructions)						 		
19			ee instructions)							20,845.	
20			ee instructions for limitation rules) .							20,010.	
21			562)		1	1		. 20			
22	Less depreciation of	laimed c	on Schedule A and elsewhere on ref	turn	222	,		22b			
23					-						
			empensation plans								
			chedule I)								
			nedule J)								
			nedule)							12,784.	
			14 through 28							33,629.	
			income before net operating							-40,791.	
			loss arising in tax years beginning								
32	Unrelated business	taxable	income. Subtract line 31 from line 3	30	<u> </u>	<u> </u>	<u> </u>	. 32		-40,791.	
For P	aperwork Reductio	n Act No	tice, see instructions.						Form	990-T (2018)	
8X2/40	105060v B310									PAGE 75	

Pa	rt III Total Unrelated Business Taxable Income			-	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	33	_	40,7	91
34	Amounts paid for disallowed fringes	34		37,4	50
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	00			
•	of lines 33 and 34	36		-3,3	41
37		-	 	1,0	
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	 	1,0	00
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.			2 2	4.1
F. V.		38		-3,3	41
-	rt IV Tax Computation	Τ	Τ		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39			
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on				
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	40			
41	Proxy tax. See instructions	41			
42	Alternative minimum tax (trusts only)	42			
43	Tax on Noncompliant Facility Income. See instructions	43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
Par	t V Tax and Payments	·	I	***************************************	
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a				
	Other credits (see instructions)				
	General business credit. Attach Form 3800 (see instructions)				
	Credit for prior year minimum tax (attach Form 8801 or 8827)				
	Total credits. Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44	46	 		
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		<u> </u>		
		47			0.
48	Total tax. Add lines 46 and 47 (see instructions)	48			
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
	Payments: A 2017 overpayment credited to 2018				
	2018 estimated tax payments				
	Tax deposited with Form 8868. 50c 3,000.				
	Foreign organizations: Tax paid or withheld at source (see instructions)				
е	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941)	ĺ			
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total ▶ 50g				
51	Total payments. Add lines 50a through 50g	51	1	4,28	31.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	1	4,28	31.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax ▶14,281. Refunded ▶	55			
Par		.)			***************************************
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	4	authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma		· }		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	•	1		
	here ▶	G/ G/ G/		1	Χ
				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to the control of the control o	ın trusi		-+-	,
	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	st of m	v knowledge on	d helief	j+ i=
0:	true, correct and complete. Declaration of preparer (other than taxoaver) is based on all information of which preparer has any knowledge	St Of III	y knowledge and	u bellet,	11 15
Sign		the	IRS discuss t	his ret	urn
Here			preparer show	vn bel	low
		ınstructio	ons)? X Yes		No
Daid	Print/Type preparer's name Preparer's signature Check	if	PTIN		
Paid		nployed			
Preparent	Firm's name PDRD, LLE Firm's		44-01602		
OSE (Firm's address > 201 N. ILLINOIS STREET, INDIANAPOLIS, IN 46204 Phone	no 31	L7.383.40	000	

	Form	990-T	(2018)
	-		1/

p	20	3

Schedule A - Cost of C	oods Sold. E	nter metho	d of invento	ory valuation	>		***************************************		***************************************	
1 Inventory at beginning of	year . 1			6 Inventory	at end of ye	ar	6			
2 Purchases	2					old. Subtract line				
3 Cost of labor	3			6 from	line 5. Er	nter here and in				
4a Additional section 263A	costs			Part I, line	2		7			
(attach schedule)	4a					section 263A (w	th re	espect to	Yes	No
b Other costs (attach sched	ule) . 4b			property	produced	or acquired for	resa	le) apply		
5 Total. Add lines 1 through				to the org	anization? .					Х
Schedule C - Rent Incom (see instructions)	e (From Real I	Property a	ind Persor	nal Property	Leased V	With Real Proper	ty)			
Description of property								11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
(1)		· · · · · · · · · · · · · · · · · · ·								
(2)										
(3)			***************************************							
(4)							***************************************			
**************************************	2. Rent rece	ived or accru	ied	***		T	-	***************************************		
(a) From personal property (if the		T		noroonal proporti	/if the	2/2) Dadications dis	41		de a Salaia	
for personal property is more than 10% but not percentag			age of rent for	personal property personal property based on profit or	exceeds	3(a) Deductions dir in columns 2(a				me
1)							*************			
2)										
3)										
4)			**************************************		***************************************		***************************************			
Total		Total			***************************************					
c) Total income. Add totals of chere and on page 1, Part I, line 6						(b) Total deduction Enter here and on p Part I, line 6, colum	page 1,			
Schedule E - Unrelated D			ee instructio	ns)		T are i, into o, obtain	. (2)			
1. Description of de		\ <u>\</u>	2. Gross in	ncome from or debt-financed	3. [Deductions directly conr debt-finance			le to	
•	,		1	perty	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
1)					(-11-1-			(41146) 501164		

3)							************			
4)							***************************************			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	acquisition debt on or of or allocable to debt-financed debt-financed property		4 d	olumn ivided olumn 5		ncome reportable 1 2 x column 6)		Allocable ded nn 6 x total o 3(a) and 3(b	f columr	ns
1)				%	***************************************			***************************************		**********
2)				%						
3)				%	· · · · · · · · · · · · · · · · · · ·			***************************************		-
1)				%						
			***************************************			e and on page 1, e 7, column (A).		here and or I, line 7, colu		
otals						` '		,,	, (0)	

Comparison Description of expolited active Description of expolited Description of expolited active Description of expolited Description Description of expolited Description Description of expolited Description	Schedule F-Interest, Ann	uities, Royaltie						ons (se	e instruction	ons)	raye
organization dendification number (0.4) Net unrelated income (0.4) (we naturalized income income ground of spots more in a column 6 (0.4) (we naturalized income ground of spots more in a column 6 (0.4) (we naturalized income ground of spots more in a column 6 (0.4) (we naturalized in the controlling ground of spots more in column 6 (0.4) (which is the controlling ground of spots in a column 6 (0.4) (which is the controlling ground			E	xempt (Controlled Or	ganizat	ions	1			
1. Description of exploited Exempt Activity Income, Other Than Advertising Income (exemptions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (exemptions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Ones (surface in the income (see instructions) 3. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Nel income (see instructions) 5. Gross income (see instructions) 7. Excess exemption	1		nber	3. Net unrelated income 4. Total of specified included in the control		olling	6. Deductions directly connected with income in column 5				
Nonexempt Controlled Organizations S. Net unrelated norme (loss) (see instructions) Add columns 5 and 10. Enter here and on page 1. Part 1 in e.g. column 6. Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) S. Total decisions of income (loss) Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) S. Total decisions of income (loss) S. Total de	(1)				***************************************						
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2) 30 4 Add columns 5 and 10. Enter here and on page 1. Part 1, ime 9, column (A). Enter here and on page 1. Part 1, ime 9, column (A). Part 1, ime 9, column (A). Part 1, ime 9, column (A). Part 1, ime 9, column (B). Part 1	7. Taxable Income			9	•		include	ed in the c	ontrolling		nnected with income in
Add columns 5 and 10. Enter here and on page 1. Part I, line 8, column (8). Add columns 8 and 11. Enter here and on page 1. Part I, line 8, column (9). Totals Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Description of income 2. Amount of income 3. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Formation of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Enter here and on page 1. Part I, line 9, column (all of the page 1), and income of business income 2. Enter here and on page 1. Part I, line 9, column (all of the page 1), and income of business income 3. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (see) 5. Circuit Income (see instructions) 7. Excess everypting income (see) 8. Expenses from activity that income activities activities activities activities activ	(1)		***************************************								\$ 1 1,0 1,0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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(2) (3) (4) Enter here and on page 1, Part I, line 9, column (A). Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross unrelated business income from trade or business income from activity that a pain, compute cols. 5 through 7. Enter here and on page 1, Part I, line 10, col. (A). 1) 2) 3) 4. Alvertising gain or flows (business income from page 1, Part I, line 10, col. (A). Enter here and on page 1. Enter here an				1(0)(7)	 Deduction 	tions nected	IIIZALIOII	4. Se	et-asides		and set-asides (col. 3
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(2) (3) (4) Enter here and on page 1, Part I, line 10, col. (A). Totals	Description of exploited activity	unrelated business income from trade or	dire connec produ unre	ectly ted with ction of elated	from unrelate or business (2 minus colu If a gain, co	ed trade column imn 3). mpute	from acti	vity that related	attributal	ble to	expenses (column 6 minus column 5, but not more than
20 33 34 35 36 37 38 38 38 38 38 38 38	(1)										
3) 4) Enter here and on page 1, Part 1, line 10, col. (A). Cotals									 		
Enter here and on page 1, Part I, line 10, col. (A). Schedule J – Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs 3. Direct advertising costs 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 1) 2) 3) 4) 4) 4) 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 4. Advertising spain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.									 		
Enter here and on page 1, Part I, line 10, col. (A). Fotals											
Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical advertising income 2. Gross advertising income 3. Direct advertising costs income 3. Direct advertising costs of a gain, compute cols. 5 through 7. 1) 2) 3) 4)		page 1, Part I,	page 1	, Part I,				Andrew Marie Andrew Const.			on page 1,
1. Name of periodical 2. Gross advertising income 3. Direct advertising costs	Schedule J– Advertising In			Conco	lidated Basi	ic					
1. Name of periodical 2. Gross advertising income 2. Gross advertising costs 3. Direct advertising costs 3. Direct advertising costs 4. Direct advertising costs 5. Circulation income 6. Readership costs 6. Readership costs 6. Readership costs 6. Readership costs 7. Direct advertising costs 8. Direct advertising costs 9. Direct advertising costs 1. Direct advertising costs 1. Direct advertising costs 2. Direct advertising costs 3. Direct advertising costs 4. Direct advertising costs 5. Circulation income 6. Readership costs 6. Readership costs 9. Direct advertising costs 1. Direct advertising costs 1. Direct advertising costs 1. Direct advertising costs 2. Direct advertising costs 3. Direct advertising costs 4. Direct advertising costs 5. Circulation income 6. Readership costs 9. Direct advertising costs 1. Direct advertising costs 1. Direct advertising costs 1. Direct advertising costs 2. Direct advertising costs 3. Direct advertising costs 4. Direct advertising costs 5. Circulation income 6. Readership costs 9. Direct advertising costs 1. Direct advertising costs 2. Direct advertising costs 3. Direct advertising costs 4. Direct advertising costs 4. Direct advertising costs 5. Direct advertising costs 6. Readership costs 6. Readership costs 6. Readership costs 8. Direct advertising costs 9. Direct advertisi	moome Fon Fen	calcula Report	ou on a	201130	nauteu Dasi		e tambén de la completa del la completa de la completa del la completa de la completa del la completa de la completa del l				
2) 3) 4)	1. Name of periodical	advertising			gain or (loss) (col. 2 minus col. 3). If a gain, compute				1		minus column 5, but not more than
2) 3) 4)	1)										
3) 4)			A			ľ					
4)					1	Ī					7
otals (carry to Part II. line (5))					1					***************************************	
otals (carry to Part II. line (5))			na sahari 11000, katan makasai ino makasai								
1	otals (carry to Part II, line (5))										

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).		ekilikan ka Sirada karana ana an ka ka saman dijihasir kayabahar dili sama		Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶						

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

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

Form **990-T** (2018)

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

NTPEF (QP) IV, L.P EIN: 26-4050044 NTPEF (QP) V, L.P EIN: 45-3860302 NTPEF (QP) VI, L.P EIN: 38-3937975 EAGLE INCOME APPRECIATION II, L.PEIN: 20-5188120 PESOF, LP - EIN: 46-1307260 ABERDEEN ENERGY & RES. PTNRS III - EIN: 35-2449112	3,315. 3,283. 1,029. -5,591. 1,071.
INCOME (LOSS) FROM PARTNERSHIPS	-10,831.

ATTACHM	IENT	2	

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

INVESTMENT FEES
TAX PREP FEES

10,975. 1,809.

PART II - LINE 28 - OTHER DEDUCTIONS

12,784.

SCHEDULE D (Form 1120)

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

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

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Employer identification number

	ISTEL HOUSE INTERNATIONAL, INC. Short-Term Capital Gains and Losses	(Saa instructions	. \			35-2051932
Part	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Forr 8949, Part I, line column (g)	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g
1a	a 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			Column (g)		the result with column (g
1b	o Totals for all transactions reported on Form(s) 8949 with Box A checked					5(
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				т	
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind exchar	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	(
	Net short-term capital gain or (loss). Combine lines 1			· · · · · · · · · · · · · · · · · · ·	7	5.6
art		(See instructions.)		-		
8a	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. Totals for all long-term transactions reported on Form	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to or loss from Form 8949, Part II, line column (g)	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g
	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					
	Totals for all transactions reported on Form(s) 8949					1,28
	with Box D checked				i i	1,20
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					1,20
9	Totals for all transactions reported on Form(s) 8949					1,20
9	Totals for all transactions reported on Form(s) 8949 with Box E checked				11	
9	Totals for all transactions reported on Form(s) 8949 with Box E checked				11 12	
9 0 1	Totals for all transactions reported on Form(s) 8949 with Box E checked	orm 6252, line 26 or 37				
9 0 1 2 1 3 1	Totals for all transactions reported on Form(s) 8949 with Box E checked	orm 6252, line 26 or 37			12	1,82
9 0 1 1 2 1 3 1 4 (6 5 1	Totals for all transactions reported on Form(s) 8949 with Box E checked	orm 6252, line 26 or 37			12	1,82
9 0 11 2 13 14 (6.55 15.5	Totals for all transactions reported on Form(s) 8949 with Box E checked	orm 6252, line 26 or 37			13	1,82
9 0 1 1 2 3 1 4 6 5 1 1 1	Totals for all transactions reported on Form(s) 8949 with Box E checked	orm 6252, line 26 or 37 ges from Form 8824 through 14 in column	h		13	3,10
9 0 1 1 1 2 1 3 3 1 4 0 6 E E F 7 N	Totals for all transactions reported on Form(s) 8949 with Box E checked	ges from Form 8824 through 14 in column er net long-term capital	h	s (line 7)	12 13 14 15	

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

Schedule D (Form 1120) 2018

Form 8949

Sales and Other Dispositions of Capital Assets

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

Department of the Treasury Internal Revenue Service

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return	I A CO T () N I A T	TNC		Social		or taxpayer identifica	ition number
CHRISTEL HOUSE INTERN				1 (1)		-2051932	
Before you check Box A, B, or C below statement will have the same informa broker and may even tell you which b	ation as Form 10 ox to check.	099-B. Either w	rill show whether yo	our basis (usua	ly your cost) was	reported to the IRS	S by your
Part I Short-Term. Transa instructions). For lor	ctions involvi ig-term trans	ing capital a sactions, see	ssets you held e page 2.	1 year or le	ss are genera	ally short-term (see
Note: You may agg reported to the IRS Schedule D, line 1a	and for which a; you aren't	ch no adjust required to	ments or code report these tra	s are require ansactions c	ed. Enter the n Form 8949	totals directly of (see instruction	n ns).
You <i>must</i> check Box A, B, <i>or</i> C b complete a separate Form 8949 for one or more of the boxes, con	, page 1, for e	each applicat	ole box. If you ha	ave more sho	rt-term transac	t-term transaction ctions than will fit o	ns, on this page
X (A) Short-term transactions (B) Short-term transactions (C) Short-term transactions	reported on f	Form(s) 1099	-B showing basis	s was reporte s wasn't repo	d to the IRS (se rted to the IRS	ee Note above)	
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other bas See the Note bel	See the separate instructions.		(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column in the separate instructions		(g) Amount of adjustment	from column (d) and combine the result with column (g)
PASSTHROUGH FROM PESOF	VARIOUS	VARIOUS					596.
PASSTHROUGH FROM NTPEF V	VARIOUS	VARIOUS					-38.
PASSTHROUGH FROM NTPEF VI	VARIOUS	VARIOUS					3.
water and a second a second and							

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

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

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

561.

Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side Social security number or taxpayer identification number CHRISTEL HOUSE INTERNATIONAL, INC. 35-2051932

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.

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.

Χ	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
	(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
(Example: 100 sti. X12 Co.)	(Mo., day, yr.)	(Mo., day, yr.)		(f) Code(s) from instructions	(g) Amount of adjustment		
PASSTHROUGH FROM EAGLE	VARIOUS	VARIOUS					-1.
PASSTHROUGH FROM PESOF	VARIOUS	VARIOUS					1,269.
PASSTHROUGH FROM NTPEF V	VARIOUS	VARIOUS					-64.
PASSTHROUGH FROM NTPEF VI	VARIOUS	VARIOUS					83.

Totals. Add the amounts in columns (congative amounts). Enter each total schedule D, line 8b (if Box D above is above is checked), or line 10 (if Box).	here and includ checked), line	le on your 9 (if Box E					1,287.

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.

Form 8949 (2018)

JSA 8X2616 1.000

Form **4797**

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service

Name(s) shown on return

► Attach to your tax return. ► Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment 27 Sequence No.

	ame(s) shown on return						ldentif	fying number
CI	HRISTEL HOUSE INTERNAT	IONAL, INC.					35-	2051932
1	Enter the gross proceeds from s substitute statement) that you are	sales or exchange including on line 2	es reported to y 2, 10, or 20. See	ou for 2018 on For instructions	orm(s) 1099-B or	1099-S (or	1	
P	art I Sales or Exchanges o	of Property Use	ed in a Trade	or Business and	d Involuntary C	onversio	ns Fr	om Other
	Than Casualty or The	eft - Most Prop	perty Held Me	ore Than 1 Year	(see instruction	s)		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost of basis, proveme expense of	lus nts and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
7	ATTACHMENT 1					,		1,821.
3	Gain, if any, from Form 4684, line	39					3	
4	Section 1231 gain from installmen						4	
5	Section 1231 gain or (loss) from li						5	
6	Gain, if any, from line 32, from oth						6	
7	Combine lines 2 through 6. Enter	the gain or (loss)	here and on the	appropriate line as foll	lows		7	1,821.
	Partnerships and S corporations. line 10, or Form 1120S, Schedule H	Report the gain	or (loss) follow	ing the instructions				
8	Individuals, partners, S corporation of the partners, S corporation of the partners, S corporation of the partners of the part	lines 8 and 9. If Ii n an earlier year, nd skip lines 8, 9,	ine 7 is a gain a enter the gain 11, and 12 below	and you didn't have from line 7 as a lo w.	any prior year sec ng-term capital ga	tion 1231 in on the		ı
							8	
9	Subtract line 8 from line 7. If zero of 9 is more than zero, enter the am capital gain on the Schedule D filed	ount from line 8	on line 12 belov	w and enter the gair	n from line 9 as a	long-term		
7.	art II Ordinary Gains and Lo						9	
10	Ordinary gains and losses not incli			ide property held 1 ve	ar or loss):	***************************************		
	Training game and locate first first		mough to (mea	de property ricia i yer	ai oi iess).			

11	Loss, if any, from line 7	<u> </u>			L		11	(
	Gain, if any, from line 7 or amount						12	
	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684,						14	
15	Ordinary gain from installment sale						15	
	Ordinary gain or (loss) from like-kin						16	
17	Combine lines 10 through 16						17	
18	For all except individual returns, enand b below. For individual returns,	ter the amount fro	om line 17 on th					
a	If the loss on line 11 includes a loss	•		(h)(ii) enter that no	rt of the loss hero	Enter the		
a	loss from income-producing proper							
	an employee.) Identify as from "Form	•		•		· 1	18a	
b	Redetermine the gain or (loss) on line 17						18b	
	Panerwork Poduction Act Notice s				1, 0 1041	. ,,	.00	T 4707 (2012)

Form **4797** (2018)

19 (a) Description of section 1245, 1250, 1252, 1254	, or 12	55 property:) Date acquired (mo., day, yr.)	(c) Date sold (mo day, yr.)
A						
В			~~~			
С			-			
D			 			
These columns relate to the properties on lines 19A through 1	eD. ▶	Property A	Property B	. .	Property C	Property D
20 Gross sales price (Note: See line 1 before completing.) 20					
21 Cost or other basis plus expense of sale						
22 Depreciation (or depletion) allowed or allowable	- T					
23 Adjusted basis. Subtract line 22 from line 21	. 23					
24 Total gain. Subtract line 23 from line 20	. 24					
25 If section 1245 property:						
a Depreciation allowed or allowable from line 22	. 25a					
b Enter the smaller of line 24 or 25a	25b					
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
a Additional depreciation after 1975. See instructions	. 26a					
b Applicable percentage multiplied by the smaller of						
line 24 or line 26a. See instructions	26b					
c Subtract line 26a from line 24. If residential rental property						
or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
d Additional depreciation after 1969 and before 1976.	26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	-					
g Add lines 26b, 26e, and 26f	26g					
17 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
a Soil, water, and land clearing expenses	27a					
b Line 27a multiplied by applicable percentage. See instructions .	27b					
c Enter the smaller of line 24 or 27b	27c					
8 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
b Enter the smaller of line 24 or 28a	28b	W **** *** ***************************				
9 If section 1255 property:						
a Applicable percentage of payments excluded from						
	29a					
b Enter the smaller of line 24 or 29a. See instructions.						
ummary of Part III Gains. Complete propert	v coli	ımns A through	D through line :	9h hefor	re going to lin	e 30
						C 00.
Total gains for all properties. Add property columns A						
1 Add property columns A through D, lines 25b, 26g, 2						
Subtract line 31 from line 30. Enter the portion from						
other than casualty or theft on Form 4797, line 6				· · · · ·	32	
art IV Recapture Amounts Under Section (see instructions)	s 179	and 280F(b)(2)	When Busines	s Use D	rops to 50% o	or Less
				(a	1) Section 179	(b) Section 280F(b)(2)
3 Section 179 expense deduction or depreciation allow	able in	orior years		33		
Recomputed depreciation. See instructions				34		
Recapture amount. Subtract line 34 from line 33. Se				35		
						Form 4797 (201

Supplement to Form 4797 Part I Detail

ATTACHMENT 1

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss)
PASSTHROIIGH FROM DES) + (1 k1)					o citico year
DASSTHROTTCH FDOM ADE	VARIOUS	VARIOUS	22.			22.
DASCHUDOITOUR NITT	VARIOUS	VARIOUS	1,795.			1.795
DASSETTINGUED FROM N. 1.	VARIOUS	VARIOUS			4 .	D-
FASSIAROUGH FROM N V	VARIOUS	VARIOUS	o		•	
FASSTHROUGH FROM NVI	VARIOUS	VARIOUS				
					• 4-	- 1
			The state of the s			
	The state of the s					
Totals						
						1 2 1

ATTACHMENT 1

Department of the Treasury Internal Revenue Service

Part I U.S. Transferor Information (see instructions)

Return by a U.S. Transferor of Property to a Foreign Corporation • Go to www.irs.gov/Form926 for instructions and the latest information.

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. 128

Name of transferor CHRISTEL HOUSE INTERNATIONAL,	INC.	Identifying number (see instructions)	
		35-2051932	т
 1 Is the transferee a specified 10%-owned foreign corporation that 2 If the transferor was a corporation, complete questions 2a through a lf the transfer was a section 361(a) or (b) transfer, was the transfer was a section 361(a) or (b) transfer, was the transfer was a section 361(a) or (b) transfer. 	gh 2d.		No
five or fewer domestic corporations?	steror controlled (under secti	on 368(c)) by	1
five or fewer domestic corporations?	• • • • • • • • • • • • • • • • • • • •	Yes Yes	No
If not, list the controlling shareholder(s) and their identifying num		Yes	No
Controlling shareholder	lden	tifying number	
			· · · · · · · · · · · · · · · · · · ·
			·····
c If the transferor was a member of an affiliated group filing	a consolidated return was	it the parent	
corporation?			No
Name of parent corporation		arent corporation	
d Have basis adjustments under section 367(a)(4) been made?		Yes	No
3 If the transferor was a partner in a partnership that was the a complete questions 3a through 3d.	ctual transferor (but is not	treated as such under section	367),
a List the name and EIN of the transferor's partnership.			
Name of partnership	EIN o	of partnership	
b Did the partner pick up its pro rata share of gain on the transfer o	f partnership assets?	Yes	No
c Is the partner disposing of its entire interest in the partnership? .		Yes	No
d is the partner disposing of an interest in a limited partnership t			
securities market?			No
Part II Transferee Foreign Corporation Information (see ins	tructions)		***************************************
4 Name of transferee (foreign corporation)		5a Identifying number, if any	
MONARCH CAPITAL PARTNERS OFFSHORE IV	, LP	FOREIGNUS	
6 Address (including country)	,	5b Reference ID number (see instructions)	
535 MADISON AVENUE, 26TH FLOOR NEW YO	RK, NY 10022	MCPOIVLP	
7 Country code of country of incorporation or organization (see inst CJ	ructions)		
8 Foreign law characterization (see instructions)			
LIMITED PARTNERSHIP			
9 Is the transferee foreign corporation a controlled foreign corporati	on?	Yes X I	No
'an Damanusak Badustian Ast Nation and account instance		5 03C (7	

Type of Date of Description of Property transfer Description of Description Description of Description of Description of Description D	Form 926 (Rev. 11-		En T				Page
Type of properly Date of properly Date of properly Description of property of date of transfer Description of property of date of transfer Description of date of transfer Dasis of Das	***************************************		ing Transfer of Property	y (see insti	ructions)		
properly properly properly properly properly properly properly date of transfer properly date of transfer basis 10 Was cash the only properly transferred?			(b)		(c)	(4)	/A)
Cash Was cash the only property transferred?		Date of	Description of		market value on		
10 Was cash the only property transferred? If "Yes," skip the remainder of Part III and go to Part IV. Section B - Other Property (other than intangible property subject to section 367(d)) Type of Date of Description of Description of Transfer Description Description of Transfer Description Descriptio	C		property	da		basis	transfer
Section B - Other Property (other than intangible property subject to section 367(d)) Type of property Pale of property subject to section 367(d)) Type of property Date of property Pale of Pescaphion of Part III and Securities Stock and securities Other property and listed under monther category) Other property with multi-in loss Otals 11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? 12 Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? If "Yes," go to line 12b. Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? If "Yes," continue to line 12c. If "No," skip line 12c. and 12d, and go to line 13. d Enter the transferred loss amount included in gross income as required under section 91 Section C - Intangible Property Subject to Section 367(d)(4)? If "No," skip Section C and questions 144 through 15. ection C - Intangible Property Subject to Section 367(d) If "Type of Property Property Subject to Section 367(d) Property III de Arms length price of or other basis for year of transfer transfer property described for year of transfer transfer property of transfer property III on or added transfer for other basis for year of transfer transfer transfer transfer transfer property of transfer property III on or added transfer for other basis for year of transfer transfer transfer of transfer transfer transfer property and transfer	Casn	VAK			1,100,000.		
Type of property Date of prope	If "Yes,"	skip the remainder	of Part III and go to Part IV.				XYes No
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Form **926** (Rev. 11-2018)

Totals

Property described in sec. 367(d)(4)

Form 9	926 (Rev. 11-2018)	Page 3
14a b c	reasonably anticipated to exceed 20 years?	No No
15	Regulations section 1.367(d)-1(c)(3)(ii) ► \$ Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes	□ No
Supp	plemental Part III Information Required To Be Reported (see instructions)	

Part	Additional Information Regarding Transfer of Property (see instructions)	
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $NONE$ % (b) After 0.47 %	
17	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351	
18	Indicate whether any transfer reported in Part III is subject to any of the following.	
а	Gain recognition under section 904(f)(3)	X No
b	Gain recognition under section 904(f)(5)(F)	X No
С	Recapture under section 1503(d) Yes	X No
ď	Exchange gain under section 987 Yes	X No

Did this transfer result from a change in entity classification?

Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)
 c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? . . .

Form **926** (Rev. 11-2018)

Yes X No

Yes

No

19

21

If "Yes," complete lines 20b and 20c.

FORM 926, PAGE 2, PART III DETAIL

ATTACHMENT 1

CASH

VAR

DATE OF TRANSFER FAIR MARKET VALUE ON DATE OF TRANSFER 1,100,000.

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-1709

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

Automatic	: 6-Month Extension of Time. Only subn	nit original	(no conies needed)			
All corporat	ions required to file an income tax return oth	er than For	m 990-T (including 1120-C	filers) partnershins	DEMIC	and trusts
must use F	orm 7004 to request an extension of time to	file income	tax returns	mers), parmersmps	s, REMICS	s, and trusts
				Enter filer's identifyi	na number	see instruction
T	Name of exempt organization or other filer, see i	nstructions.	Emi	oloyer identification n		
Type or			,		ambor (En	1) 01
print	CHRISTEL HOUSE INTERNATIONAL,			35-205193	32	
File by the due date for	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions. Soc	ial security number (S	SSN)	
filing your	10 WEST MARKET STREET 1990			iai oodani, nambar (e	, O. 1,	
return, See instructions,	City, town or post office, state, and ZIP code. Fo	r a foreign ac	dress, see instructions.		***************************************	
matructions.	INDIANAPOLIS, IN 46204					
Enter the R	eturn Code for the return that this application	is for (file	a separate application for ea	ch return)		07
Application		Return	Application			
Is For		Code	Is For			Return
***************************************	Form 990-EZ	01	Form 990-T (corporation)			Code
Form 990-B		+				07
Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual)				08		
Form 990-PF 04 Form 5227				09		
54 TOTAL 5227				10		
Form 990-1 (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870				11		
	JOSEPH P. SCHNE		11 01111 007 0	· · · · · · · · · · · · · · · · · · ·		12
 If the orga If this is for the whole a list with the 	nization does not have an office or place of large and a Group Return, enter the organization's for a Group, check this box	business in ur digit Gro f it is for pa on is for.	up Exemption Number (GEN) rt of the group, check this bo)x▶	If	this is ttach
for the	organization named above. The extension is	for the org	anization's return for:	ı	3	
▶ X	calendar year 20 <u>18</u> or ax year beginning			, ,	20	
CI	x year entered in line 1 is for less than 12 mo lange in accounting period			Final return	l	
	pplication is for Forms 990-BL, 990-PF, 99	90-T, 4720	or 6069, enter the tentat	ive tax, less any		
	ndable credits. See instructions.				3a \$	3,000.
	application is for Forms 990-PF, 990-T,			ble credits and		
estimate	ed tax payments made. Include any prior year	overpaym	ent allowed as a credit.		3b \$	0.
	due. Subtract line 3b from line 3a. Include y		nt with this form, if required	, by using EFTPS		
	nic Federal Tax Payment System). See instruc				3c \$	3,000.
aution: If you	are going to make an electronic funds withdrawal	(direct debit	with this Form 8868, see Form	8453-EO and Form	8879-EO f	or payment
nstructions.						
or Privacy Ac	t and Paperwork Reduction Act Notice, see instru	ictions.		I	orm 8868	(Rev. 1-2019)

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