				TENDED TO M					,		
Form 99	90-T	E	xempt Organ					ax Returr	y	OMB No 1545-0687	
	ه د		•	nd proxy tax und				190	0	2010	
A.		For cal	endar year 2018 or other tax ye						<u>.9</u>	ZU 10	
	of the Treasury			irs gov/Form990T for in					F	Open to Public Inspection for 50 1(c)(3) Organizations Only	
	enue Service		Do not enter SSN number					ation is a 50 i(c)(3)		501(c)(3) Organizations Only over identification number	
	heck box if ddress changed		Name of organization (Check box if name c	nanged	and see instri	uctions.)		(Empl	oyees' trust, see ctions)	
R Eyemn	t under section	Print	ASSOCIATION	HOUSE OF C	ттс	'AGO			36-2166961		
	1(c <u>)(3</u> _)	or	Number, street, and room						E Unrela	ited business activity code	
	3(e) 220(e)	Type	1116 N. KED		,,				(See in	structions)	
408			City or town, state or prov		r foreig	n postal code					
529			CHICAGO, IL						211	110	
at end of	ue of all assets year		F Group exemption numb		<u> </u>						
			G Check organization type		oratio	n 50	1(c) trust	401(a)		Other trust	
			tion's unrelated trades or b		1	 .		the only (or first) un			
			E STATEMENT					complete Parts I-V.			
			ce at the end of the previou	is sentence, complete Pa	arts I ar	nd II, complete	a Schedule	M for each addition	ial trade	or	
	s, then complete P		oration a subsidiary in an a	affiliated group or a paren	at cube	udiani controlli	nd aroun?		Yes	s X No	
			oration a subsidiary in an a ifying number of the paren		เเรียมธ	iulaly controlle	ես ցւսսբ •			5 <u>[A]</u> 190	
			NTHONY LOPE				Telepho	one number > 7	73-	772-7170	
Part I			le or Business Inc			(A) Inco		(B) Expenses		(C) Net	
1a Gross	s receipts or sales	 -							-		
b Less	returns and allow	ances		c Balance	1c					ļ	
2 Cost	of goods sold (So	hedule	A, line 7)		2						
3 Gross	s profit. Subtract I	ine 2 fr	om line 1c		3						
34a Capit	tal gain net income pain (loss) (Form 4	e (attacl	n Schedule D)		4a		1				
	ga (1000) (1 01111 1	,.	211 11, 11110 11) (41142011 1 01111	4797)	4b						
oupit	tal loss deduction			b	4c	7	262	· · · · · ·		7 262	
Ze Pont	me (ioss) from a p income (Schedule		hip or an S corporation (at	iach statement)	5 6	- /	,262.			-7,262.	
	lated debt-finance	-	ne (Schedule E)		7					·	
			nd rents from a controlled	organization (Schedule F)	8						
1	•		n 501(c)(7), (9), or (17) or	` '							
•	oited exempt activi			3 (11,	10		•				
C11 Adve	rtising income (Sc	chedule	J)		11						
2 Other	r income (See inst	ruction	s; attach schedule)		12						
	1. Combine lines 3				13		,262.			-7,262.	
Part II			t Taken Elsewher								
			tions, deductions must	······	ı witn	the unrelated	Dusiness	income)			
	•	ers, dir	ectors, and trustees (Sche	REC	ΈIV	/ED			14		
	aries and wages airs and maintena	nco		. [SC	ł		15		
	debts	1166		JAN	09	RS-0S(1		16 17		
	rest (attach sched	ule) (se	e instructions)	0	•	RS	Ì		18		
	es and licenses	, (,	OGE	\EN		1		19		
	ritable contribution	ns (See	instructions for limitation	rules)	/LIN	, 01	j		20		
	reciation (attach F		•	•		L	21				
22 Less	s depreciation clair	med on	Schedule A and elsewhere	on return			22a		22b	•	
23 Dep	letion		•						23		
	tributions to defer		npensation plans						24		
	ployee benefit prog								25		
	ess exempt expens	-	•						26		
	ess readership cos	•	·						27 28		
	er deductions (atta al deductions Add							246	29	0.	
			come before net operating	loss deduction. Subtract	t line 2	9 from line 13		-10	30	-7,262.	
			oss arising in tax years beg				ctions)	30	31	1,202.	
			come. Subtract line 31 from	=	, .,	,	,	ゴ 」	32	-7,262.	
			vork Reduction Act Notice						7	Form 990-T (2018)	

Form **990-T** (2018)

Part	III 🗀	Total Unrelated Business Taxable Income							
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (se	ee instru	ctions)		33		7,2	62.
34	Amo	Amounts paid for disallowed fringes 34							
35	Dedu	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 2 35							0.
36		Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of							
	lines	33 and 34				36	_	7,2	62.
37	Spec	ific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			24	37		1.0	00.
38		lated business taxable income Subtract line 37 from line 36. If line 37 is greater than line	36,		- 11	1 T			
		the smaller of zero or line 36	•		ערי	38	_	7.2	62.
Part	V	Tax Computation							
39	Orga	nizations Taxable as Corporations Multiply line 38 by 21% (0.21)			>	39			0.
40		is Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 3	8 from:					
		Tax rate schedule or Schedule D (Form 1041)			•	40			
41	Prox	y tax See instructions			•	- 41	· · · · · ·		
42		native minimum tax (trusts only)			·	42			
43		on Noncompliant Facility Income. See instructions				43			
44		. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44			0.
Part \	7 .	Tax and Payments	_						
45a	Forei	gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a				-		
b	Other	credits (see instructions)	45b			7 [
c	Gene	ral business credit. Attach Form 3800	45c			7			
ď	Credi	t for prior year minimum tax (attach Form 8801 or 8827)	45d			7			
е	Total	credits. Add lines 45a through 45d				45e			
46	Subti	ract line 45e from line 44				46			0.
47	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 880	66 🔲	Other (a	attach schedule	47			
48	Total	tax Add lines 46 and 47 (see instructions)				48			0.
49	2018	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				49			0.
50 a	Paym	nents: A 2017 overpayment credited to 2018	50a						
b	2018	estimated tax payments	50ь						
c	Tax d	leposited with Form 8868	50c	-					
d	Fore	gn organizations: Tax paid or withheld at source (see instructions)	50d						
е	Back	up withholding (see instructions)	50e						
f	Credi	t for small employer health insurance premiums (attach Form 8941)	50f						
g	Other	credits, adjustments, and payments: Form 2439							
		Form 4136 Other Total ▶	50g			_ ₋			
51	Total	payments. Add lines 50a through 50g				51			
52	Estim	ated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲				52			
53	Tax d	ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			•	53			
54		payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		1	>	54			
55		the amount of line 54 you want: Credited to 2019 estimated tax			unded 🕨	55			
Part \	/ :	Statements Regarding Certain Activities and Other Information	on (see	ınstruc	tions)				
56		y time during the 2018 calendar year, did the organization have an interest in or a signature						Yes	No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	-						
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign o	country					` ـ ـ ـ ـ
	here							\longrightarrow	<u> </u>
57		g the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor	to, a fore	eign trust?			\longrightarrow	<u> X</u>
		s," see instructions for other forms the organization may have to file.						!	
58		the amount of tax-exempt interest received or accrued during the tax year > \$							
Sian		ider penalties of perjury, I declare that I have examined this return, including accompanying schedules and s rrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepar				nowledge and	belief, it is t	true,	
Sign Here		Maria Andrew Company			Г	May the IRS	discuss this	return v	with
пеге		Sumul Danus Mas 17-16-19 PRESIDE	NT			the preparer s		v (see	, I
		Signature of officer Date Fittle				instructions)?	Yes	S	No
		Print/Type preparer's name Preparer's signature Dat	e		Check	If PTIN			
Paid					self- employe	I			
Prepa	rer		/12/				0095!		
Use C	nly	Firm's name ► CLIFTONLARSONALLEN LLP			Firm's EIN	<u>41</u>	<u>-074</u>	<u> 574</u>	9
	-	1301 W. 22ND ST, STE 1100							
		Firm's address ► OAK BROOK, IL 60523			Phone no.	(630)	573-	-86	00

823711 01-09-19

Schedule A - Cost of Goods	Sold. Enter	method of invei	ntory v	aluation N/A					
1 Inventory at beginning of year 1				Inventory at end of year		6			
2 Purchases	2		7 Cost of goods sold Subtract 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		Ye	s No
b Other costs (attach schedule)	4b			property produced or	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income ((see instructions)	From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	perl	ty)	
1 Description of property									
(1)								_	
(2)									
(3)								_	
(4)						·			
		ed or accrued				3(a) Deductions directly	conne	ected with the incom	9 10
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for	personal	onal property (if the percent property exceeds 50% or if ed on profit or income)	age	columns 2(a) ar	nd 2(b)	(attach schedule)	
(1)		_							
(2)		-							
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		ter •			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	t-Financed	I Income (see	ınstru	ctions)					
			2	Gross income from or allocable to debt-	(1)	3 Deductions directly con to debt-finance		perty	
1 Description of debt-fin	anced property			financed property	(a)	Straight line depreciation (attach schedule)		(D) Other deducti (attach schedule	ons e)
(1)			†			· · · · · · · · · · · · · · · · · · ·			
(2)									
(3)									
(4)			1			•			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average of or all debt-financed		adjusted basis illocable to nced property ischedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)			8. Allocable dedu (column 6 x total of 6 3(a) and 3(b)	columns
(1)			1	%	<u> </u>				
(2)				%					
(3)				%					
(4)				%					
· · · · · · · · · · · · · · · · · · ·			· · · · · · ·		1	nter here and on page 1, lart I, line 7, column (A)		Enter here and on pa Part I, line 7, colum	-
Totals				.		0			0.
Total dividends-received deductions inc	luded in column	8							0.

Schedule F - Interest,	Annuilles,	noyaitie		Controlled O			zatior	is (see ins	struction	ns)
1. Name of controlled organiza	ition	2 Employe identification number	r 3. Net un	related income e instructions)			5. Part of column 4 that i included in the controlling organization's gross incom		rolling	6 Deductions directly connected with income in column 5
(1)						*				
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income		ated income (los nstructions)	ss) 9 Total	of specified payer made	ments	10 Part of coluin the controllingross	mn 9 that ing organ s income	is included ization's	11. De with	eductions directly connected h income in column 10
(1)										
(2)										
(3)						_			_	
_(4)										
-						Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals					<u>▶</u>			0.		0.
Schedule G - Investme		of a Sec	ction 501(c)((7), (9), or	(17) Or	ganization	1			
1 Desc	ructions)			2. Amount of	ıncome	3 Deduction	cted	4. Set-		5. Total deductions and set-asides
(1)						(attach sched	uie)	`		(col 3 plus col 4)
		· · -								
(2)										
(4)			-							
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals			>		0.					0.
Schedule I - Exploited (see instru	-	ctivity Ind	come, Othe	r Than Ad	vertisii	ng Income)			
1 Description of exploited activity	2. Gross unrelated busi income froi trade or busir	m di	3. Expenses rectly connected with production of unrelated usiness income	4 Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)	Enter here and page 1, Part line 10, col (tl,	nter here and on page 1, Part I, ine 10, col (B)							Enter here and on page 1, Part II, line 26
Totals		0.	0.							0.
Schedule J - Advertisi	ng Income		uctions)		,,,,,,					
Part I Income From I	Periodicals	Reporte	ed on a Con	solidated	Basis					
1 Name of periodical	adv	Gross rertising icome	3. Direct advertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5 Circulati income	ion	6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					•					
(2)										Í
(3)										İ
(4)										
Totals (carry to Part II, line (5))	<u> </u>	0.	0							0.
										Form 990-T (2018)

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	•	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		Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
· (4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED	STATEMENT	1			
" BUSINESS ACTIVITY						

INVESTMENT IN PARTNERSHIPS THAT GENERATE UNRELATED BUSINESS INCOME

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/14	36,136.	0.	36,136.	36,136.
06/30/15	19,620.	0.	19,620.	19,620.
06/30/16	34,148.	0.	34,148.	34,148.
06/30/17	11,386.	0.	11,386.	11,386.
06/30/18	10,143.	0.	10,143.	10,143.
NOL CARRYO	VER AVAILABLE THIS	YEAR	111,433.	111,433.

Association House of Chicago 2018 990-T

Partnership Losses - Form 990-T, Part I, Line 5

Partnership Name	<u>Ticker</u>	<u>FEIN</u>	Amount
Enterprise Products Partners, L.P.	EPD	76-0568219	(5,637)
Energy Transfer Equity, L.P.	ETE	30-0108820	(1,869)
The Blackstone Group L.P.	ВХ	20-8875684	244
Net Partnership UBIT Losses			(7,262)

Form **8868**

(Rev January 2019)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-1709

File a separate application for each return.

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

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 submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number Name of exempt organization or other filer, see instructions Type or Employer identification number (EIN) or print ASSOCIATION HOUSE OF CHICAGO 36-2166961 File by the Number, street, and room or suite no. If a PO box, see instructions Social security number (SSN) due date for filing your return See 1116 N. KEDZIE AVENUE City, town or post office, state, and ZIP code For a foreign address, see instructions instructions CHICAGO, IL 60651 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 04 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 ANTHONY LOPEZ The books are in the care of > 1116 N. KEDZIE AVENUE - CHICAGO, IL 60651 Telephone No ▶ 773-772-7170 Fax No > If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this and attach a list with the names and EINs of all members the extension is for MAY 15, 2020 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 2018 , and ending JUN 30, 2019 ► X tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason Initial return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit **3b** Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by Λ. using EFTPS (Electronic Federal Tax Payment System) See instructions Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

Form 8868 (Rev 1-2019)