Form 990-T	E	Exempt Organization B			ax Return	L	OMB No 1545-0687
- 0	F	(and proxy tax u		ection 6033(e)) , and ending JUN	, 30 2019 9 (املا	2012
	For ca	lendar year 2018 or other tax year beginning JUL 1, Go to www irs gov/Form990T i			, , , , , , , , , , , , , , , , , , , ,	-	2010
Department of the Treasury Internal Revenue Service	•	Do not enter SSN numbers on this form as it					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if na	(Empl	oyer identification number oyees trust, see ctions)			
B Exempt under section	Print	UCAN					36-2167937
X 501(c (13)	Type	Number, street, and room or suite no If a P.C). box, see	instructions			ated business activity code nstructions)
408(e) 220(e)		3605 W Fillmore St	ZID or form	an a satal and a			
408A 530(a) 529(a)		City or town, state or province, country, and Z Chicago, IL 60624	IP or forei	gn postal code		53111	.0
C Book value of all assets at end of year		F Group exemption number (See instructions					
65,469		· · · · · · · · · · · · · · · · · · ·	corporation	<u></u>	401(a)		Other trust
		ation's unrelated trades or businesses _ ee Statement 1			the only (or first) un		then one
trade or business here		ace at the end of the previous sentence, comple	to Parte I a		, complete Parts I-V. M for each additions		
business, then complete			ie raits i a	na n, complete a scriedan	e ivi ioi each addition	ai irauc	OI .
		poration a subsidiary in an affiliated group or a j	parent-sub	sidiary controlled group?	▶ [Ye	x No
• •		tifying number of the parent corporation					
J The books are in care of							8-3230
		de or Business Income		(A) Income	(B) Expenses	1	(C) Net
1a Gross receipts or sale			_				,
b Less returns and allo2 Cost of goods sold (\$\frac{1}{2}\$)		c Balance	1 <u>c</u> 2	 			
3 Gross profit Subtrac			3				
4a Capital gain net incor			4a				
	14797, P	Part II, line 17) (attach Form 4797)	4b		150		
Capital loss deduction Income (loss) from a Rent income (Schedu Unrelated debt-finance			4c	RECE	VED		
Income (loss) from a		ship or an S corporation (attach statement)	5				
Rent income (Schedu		(O-b-1 b-5)	6	lat APR 0	5 5050 PS		
_		TIB (SCREQUIE E) Indirents from a controlled organization (Schedu	le F) 7 8	1 1 1 1 1		lack	
Investment income of	•	on 501(c)(7), (9), or (17) organization (Schedul		ogn	EN, UT	3	
10 Exploited exempt acti			10	1			
Interest, annuities, rolling linestment income of Exploited exempt action. Advertising income (9)	Schedule	e J)	11				
Other income (See in			12				
Total. Combine lines	s 3 throu	gh 12	13	0.			
		ot Taken Elsewhere (See instruction utions, deductions must be directly conne					
		rectors, and trustees (Schedule K)			7	14	
15 Salaries and wages	ncers, ui	rectors, and trustees (ocheonie K)				15	
16 Repairs and mainter	nance					16	
17 Bad debts						17	
18 Interest (attach sche	edule) (s	ee instructions)				18	
19 Taxes and licenses						19	
		e instructions for limitation rules)		ايما		20	
21 Depreciation (attach22 Less depreciation cl		562) n Schedule A and elsewhere on return		21 22a		22b	
23 Depletion	annou UI	Sonsaule A and disconners off fetalli		[224]		23	
24 Contributions to def	erred co	mpensation plans				24	
25 Employee benefit pr		•				25	
26 Excess exempt expe	enses (So	chedule I)				26	
27 Excess readership c	-	·				27	
28 Other deductions (a						28	
29 Total deductions A		_	ntract line (20 from line 13		29 30	0.
		ncome before net operating loss deduction Sulloss arising in tax years beginning on or after J				31	<u></u>
		ncome. Subtract line 31 from line 30	uu.y 1, 2	.5 .5 (555 11511 5550)		32	0.
		work Reduction Act Notice, see instructions					Form 990-T (2018)

Form 990-	-1 (2018)	UCAN				30-21	0/93	1		, ago
Part	iii i	otal Unrelated Business Taxat	ole Income							
33	Total	of unrelated business taxable income compute	ed from all unrelated trades o	or businesses (see instructions	5)		33		0 .
34	Amou	nts paid for disallowed fringes					[[34		
35		tion for net operating loss arising in tax years	beginning before January 1	, 2018 (see ins	structions)	Stmt 2	[:	35		0.
36		of unrelated business taxable income before s								
		33 and 34				_	A 3	36		
37		fic deduction (Generally \$1,000, but see line 3	7 instructions for exceptions	;)		ß	\mathcal{A}	3 7	1,	,000
38		ated business taxable income. Subtract line			ne 36,					
		the smaller of zero or line 36		J	,		1	38		0.
Part	IV 1	ax Computation		<u>-</u>						
39		izations Taxable as Corporations Multiply I	ine 38 by 21% (0.21)			<u> </u>	▶	39		0 .
40	_	Taxable at Trust Rates See instructions for		x on the amou	nt on line 38 fro	m:				
		Tax rate schedule or Schedule D (Foi					▶ - 1	40		
41		tax See instructions	13 ,			í		41		_
42		ative minimum tax (trusts only)				•		42	-	
43		n Noncompliant Facility Income See instruc	tions					43		
44		Add lines 41, 42, and 43 to line 39 or 40, wh						44		0 .
Part		ax and Payments			· · · · · ·					
-		in tax credit (corporations attach Form 1118,	trusts attach Form 1116)		45a					
to a		credits (see instructions)	a do a dada a da a da a da a da a da a		45b					
-		al business credit Attach Form 3800			45c		\neg			
C.		for prior year minimum tax (attach Form 880	11 or 8827)		45d		\neg			
		credits Add lines 45a through 45d	11 01 0021)		1400		⊣ ₄	- 5e		
		act line 45e from line 44						46		0.
46 47		taxes Check if from Form 4255	Form 8611 Form 869	7 Form	8866 🔲 0#	IEF (attach schedule		47		
47		tax Add lines 46 and 47 (see instructions)	101111 0011 101111 003	7 (101111	0000 011	ior (attach schodal	. –	48		0.
48		net 965 tax liability paid from Form 965-A or l	Form 065-B. Part II. column	(k) line 2			_	49		0.
49			roim 905-6, Fait II, coluiiii	(K), IIIIE Z	50a			13	-	
	_	ents: A 2017 overpayment credited to 2018			50a		\dashv			
		estimated tax payments			50c		\dashv	İ		
		eposited with Form 8868	no (con instructions)		50d			İ		
		n organizations. Tax paid or withheld at source	ce (see instructions)				\dashv			
		ip withholding (see instructions)	ne (attach Carm 0041)		50e		\dashv			
		for small employer health insurance premium			50f		\dashv			
,	• —		orm 2439	Total D	E0-					
			ther	Total	► 50g		┥;	e 4		
51		payments. Add lines 50a through 50g	0000 .	_				51		
52		ated tax penalty (see instructions) Check if Fo						52		
53		ue If line 51 is less than the total of lines 48,	•				· -	53		
54	•	ayment If line 51 is larger than the total of li		ount overpaid	1	0-64-4	_	54		
55		the amount of line 54 you want: Credited to a Statements Regarding Certain		r Informat	tion /	Refunded	<u> </u>	55		
Part				 ,						Ι
56		y time during the 2018 calendar year, did the	· ·						Yes	No
		a financial account (bank, securities, or other)								
	FinCE	N Form 114, Report of Foreign Bank and Fina	ncial Accounts If "Yes," ente	r the name of t	the foreign coun	try				
	here								\vdash	X
57	Durin	g the tax year, did the organization receive a c	distribution from, or was it th	e grantor of, o	r transferor to, a	foreign trust?				X
		s," see instructions for other forms the organi	=							
58		the amount of tax-exempt interest received or								
0:		der penalties of perjury, I declare that I have examined rrect, and complete Declaration of preparer (other than					wiedge	and belief, it is tr	ue,	
Sign		Dan-	1 3/27/20 ▶				May t	he IRS discuss th	nis return v	with
Here)		/	nancial Of	ficer	1	eparer shown be		_
		Signature of officer	Date	Title		· ·	instru	ctions)? X	Yes	No
		Print/Type preparer's name	Preparer's signature		Date	Check] If	PTIN		
Paid			lebetur Cleu		0.05.0000	self- employ	ed			
Prep		Rebekuh Eley	Last Court		3/25/2020	<u> </u>		P0124767		
Use		Firm's name ► RSM US LLP				Firm's EIN	<u> </u>	42-071	4325	
	,	1 S. Wacker Dri	ive, Ste 800							
		Firm's address > Chicago, IL 606	506			Phone no	312	-634-3400		

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory va	luation N/A					
Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2		7	Cost of goods sold Su	ubtract I	ine 6			
3 Cost of labor	3			from line 5 Enter here	and in F	Part I,		_[
4 a Additional section 263A costs		,	1	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	cquired	I for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (From Real	Property and	Pers	onal Property L	ease	d With Real Prop	erty)	
(see instructions)									
1 Description of property									
(1)	· · · · · · · · · · · · · · · · · · ·								
(2)									
(3)								·-··	
(4)									
	2 Rent receiv	ed or accrued				0/->0-4			_
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	or rent for p	personai p	nal property (if the percentag property exceeds 50% or if d on profit or income)	ge 	3(a) Deductions directly columns 2(a) a	nd 2(b) (cted with the income in (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	Income (see	instruc	tions)					
				Gross income from		3 Deductions directly con to debt-finan			
1 Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ıs
(1)									
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of cc 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)	-			%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	_
Totals				•		(o.		0.
Total dividends-received deductions in	cluded in columi	n 8			-		>		0.
									(00.10)

Schedule F - Interest, A	nnuities,	Royaltie	s, and Ren	its I	From Co	ntrollec	l Organiza	itions	see in:	structio	ns)	
			Exem	pt C	ontrolled O	rganizatio	ons					
1 Name of controlled organization		2 Emplo identificat number	ion (loss)		lated income nstructions)		tal of specified ments made 5 Part of column included in the coorganization's grow		ed in the cont	ntrolling connected		Deductions directly onnected with income in column 5
(1)			-								-	
(2)											_	
(3)												
(4)							-					
Nonexempt Controlled Organiz	zations							L				
7 Taxable Income		lated income (toss) Q T	otal o	f specified payr	nents	10 Part of colu	nn 9 tha	t is included	11 D	educ	tions directly connected
, ibase mosmo		instructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.0.0	made		in the controlli	ng orgar s income	nzation's			ome in column 10
(1)							_					
(2)												
(3)												
(4)												
							Add colun Enter here and line 8, c		: 1, Part I, 4)		here	olumns 6 and 11 and on page 1, Part I, e 8, column (B)
Totals				` (=)	(0)	<u>▶</u>			0.	<u> </u>		0.
Schedule G - Investmen		e of a Se	ection 501(c	;)(7)	, (9), or (17) Org	anization					
(see instr	uctions)		<u> </u>		2 Amount of	ıncome	3 Deductio	cted	4 Set	-asides		5 Total deductions and set-asides
				-			(attach sched	lule)	(attach)	scriedatej		(col 3 plus col 4)
(1)				_							+	
(2)				_							-+	
(3)				_							+	
(4)				_	<u></u>						.	
					Enter here and o Part I, line 9, co							Enter here and on page 1, Part I, line 9, column (B)
Totals				▶		0.						0.
Schedule I - Exploited I (see instru	•	ctivity Ir	ncome, Oth	er T	Than Adv	ertisin	g Income					
			3 Expenses		4 Net incom							7 Excess exempt
1 Description of exploited activity	2 Gro unrelated bu income fi trade or bus	rom	directly connected with production of unrelated business income	1	from unrelated business (co minus colum gain, computi through	nlumn 2 n 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	hat ed	attribu	penses table to mn 5		expenses (column 6 minus column 5, but not more than column 4)
(1)												
(2)												
(2)				\Box								
(4)				\Box								
	Enter here a page 1, P line 10 co	art I,	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 - Advertisir												
Part I Income From F	Periodica	ls Repor	ted on a Co	ons	olidated	Basis						
1 Name of periodical		2 Gross dvertising income	3 Direct advertising co			tising gain ol 2 minus ain compute arough 7	5 Circulai income		6 Read		(7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						-						
(2)		· <u>·</u>			7						1	
(3)	-				7						1	
(4)			 								1	
V 7		<u> </u>			 		 				T	
Totals (carry to Part II line (5))		0		0	.				}			0.

	I Branch Francisco Branch Control	Description of the Community Description	
Part II	Income From Periodicals	Reported on a Separate Basis	(For each periodical listed in Part II, fill in
			•

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, fine 11, cof (A)	Enter here and on page 1, Part I, line 11, col (B)		•	i.	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	4 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)

	<u> </u>			
Form 990-T	Description of	Organization's Primar	y Unrelated	Statement 1
		usiness Activity	3	
	ь	usiness Accivicy		

No UBI Activity - Rental of vacant apartments to non-clients ceased

To Form 990-T, Page 1

Form 990-T	Net	Statement 2		
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/13	52,456.	0.	52,456.	52,456.
06/30/14	11,562.	0.	11,562.	11,562.
06/30/15	69,746.	0.	69,746.	69,746.
06/30/16	25,354.	0.	25,354.	25,354.
NOL Carryo	ver Available This	Year	159,118.	159,118.