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	OGO T		Exempt Organization Busin	ess	Income Tax	Retur	n	ON	//B No 1545-06	87
Form	990-T									
		For cale	ndar year 2018 or other tax year beginning	AN.,	2018, and ending	DEC., 20	18 .	1	201 <b>,8</b>	,
Departn	nent of the Treasury	€° \	► Go to www.irs.gov/Form990T for instru	uction	s and the latest info	ormation.		Open to	o Public Jospeci	ion for
	Revenue Service	<b>▶</b> Do	not enter SSN numbers on this form as it may be	501(c)(	o Public Inspect (3) Organization	s Only.				
<u>a</u> 🗆	Check box if address changed		Name of organization ( Check box if name cha		lentification nu trust see instruc					
	npt under section	Print	BLACK UNITED FUND OF ILLINOIS, INC.	•	/	,				
	01( C )(C3)	or	Nurviper, street, and room or suite no. If a P O. box	, see ın	structions		F Unrei		3397908	code
□ 4 □ 4		Туре		formar	nostal code		1	instruct	-	
∐ 4 □ 5			City or town, state or province, country, and ZIP or CHICAGO, ILLINOIS	loreigi	postar code		l.	5	31120	
	र yalue of all assets nd of year	F G	roup exemption number (See instructions.	) <b>&gt;</b>			L			
at er	io or year		neck organization type ► ✓ 501(c) corp		on 501(c) t	rust 🏄	401(a)	trust	Other	trust
H Er	nter the number		organization's untelated trades or business						first) unrelat	ed
tra	ade or business	here ▶	RENTAL INCOME NONRESIDENTIAL	. If o	nly one, complete					
			at the end of the previous sentence, com	plete	Parts I and II, ڏُo	mplete a S	chedule	e M fo	or each addi	tional
			omplete Parts III-V.							
			e corporation a subsidiary in an affiliated gro			controlled g	roup? .	. ▶	☐ Yes 🗹	] No
			and identifying number of the parent corp	oratio						
			► BLACK UNITED FUND OF ILLINOIS			one numbe			773.324.0494	
			e or Business Income	_	(A) Income	(B) E:	penses		(C) Net	
1a	•		<del></del>		404 400	<b> </b>		'	·	
р	Less returns and			1c	194,429			-+		-
2 3	_		Schedule A, line 7)	3	194,429					<del></del>
3 4a	•		me (attach Schedule D)	4a	5, 0	<del></del>		-		
b			4797, Part II, line 17) (attach Form 4797)	4b	0		· .	-		
c			n for trusts	4c	0	- F				
5	•		tnership or an S corporation (attach statement)	5	0					
6		•	lle C)	6	0	<u> </u>				
7			ced income (Schedule E)	7	0					
8	Interest, annuities,	royalties,	and rents from a controlled organization (Schedule F)	8	0					
9	Investment incom	e of a sec	ction 501(c)(7), (9), or (17) organization (Schedule G)	9	0					
10			ıvıty ıncome (Schedule I)	10	0					
11	_	•	Schedule J)	11	0	<u> </u>		_   _		
12	•		ructions, attach schédule)	12	0	<u> </u>	<u> </u>			ļ
13			3 through 12 /	13	194,429	\ /=			194,429	L
Part			<b>Taken Elsewhere</b> (See instructions for be directly connected with the unrelated to the connected with the connected					contri	ibutions,	
14	Componention	of off	cers, directors, and trustees (Schedule K)	։ս քս	siness income.)			14	84,416	
15	Salaries and w	iaues					· . -	15	07,710	
16	Repairs and m	vages naintena	ance,				\ \ \	16	0	
17								17	0	
18			dule) (see instructions)					18	12,264	
19	Taxes and lice	enses.					. 1	9	50,026	
20			ons (See instructions for limitation rules) .				. [2	20	0	
21	Depreciation (	attach l	Form 4562)		. 21					
22			med on Schedule A and elsewhere on re					2b		
23								23		
24	C-		rred compensation plans				_	24	•	
<b>25</b>			grams					25		
26			nses (Schedule I)					26		
27 28			ests (Schedule J)					27 28		
28 29	₹.	-	ach schedule)					28	64,940 211,646	
30			xable income before net operating loss de					30	-17,217	
30, 31	-		ating loss arising in tax years beginning on o				_	31	-11,211	لو د ر
32			exable income. Subtract line 31 from line 3					32	-17,217	<u></u>
	7 -		Notice, see instructions.		Cat. No 11291J			<u>- 1 _</u>	Form <b>990-T</b>	

Part	II Total Unrelated Business Taxable Income				
33,,	Total of unrelated business taxable income computed from all unrelated tra	ades or businesses (see			
	instructions)		33	-17,217	
34	Amounts paid for disallowed fringes		34	0	
35	Deduction for net operating loss arising in tax years beginning before				
	instructions)		35	0	
36	Total of unrelated business taxable income before specific deduction. Subtra	act line 35 from the sum			
	of lines 33 and 34		36	-17,217	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for excepti	ons)	37	1,000	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 3	7 is greater than line 36,			
	enter the smaller of zero or line 36		38	-16,217	
Part I	V Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) .		39		
40	Trusts Taxable at Trust Rates. See instructions for tax compute				
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1	041)	40		
41	Proxy tax. See instructions		41		
42	Alternative minimum tax (trusts only)		42		
43	Tax on Noncompliant Facility Income. See instructions		43		
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<u> </u>	44		
Part	V Tax and Payments				
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) .	45a	]		
	Other credits (see instructions)	45b	-	ļ	
	General business credit. Attach Form 3800 (see instructions)	45c	<b> </b>		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	<u>_</u> _		
	Total credits. Add lines 45a through 45d		45e		
46	Subtract line 45e from line 44		46		
	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866		47		
	Total tax. Add lines 46 and 47 (see instructions)		48		
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, colum	i i i i i i i i i i i i i i i i i i i	49		
	Payments: A 2017 overpayment credited to 2018	50a	4		
	2018 estimated tax payments	50b	-		
	Tax deposited with Form 8868	50c	1 ]		
	Foreign organizations Tax paid or withheld at source (see instructions) . Backup withholding (see instructions)	50d	- 1		
	Credit for small employer health insurance premiums (attach Form 8941)	50e	-		
	Other credits, adjustments, and payments.   Form 2439	301	- 1		
	☐ Form 4136 ☐ Other Total ►	-   50g			
	Total payments. Add lines 50a through 50g	<u> </u>	51		
	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52		
	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount		53		
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter a		54		
	Enter the amount of line 54 you want	Refunded ▶	55		
Part \	Statements Regarding Certain Activities and Other Informati	on (see instructions)			
56	At any time during the 2018 calendar year, did the organization have an inter		ther authorit	V Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Y				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes,"	enter the name of the fo	reign countr	y  ]	
	here				
	During the tax year, did the organization receive a distribution from, or was it the gran	tor of, or transferor to, a fore	eign trust? .		
	if "Yes," see instructions for other forms the organization may have to file.				Ī
_58	Enter the amount of tax-exempt interest received or accrued during the tax y				
Sign	Under penalties of penjury, I declare that I have examined this return, including accompanying schedu true, correct, and complete [feclaration of preparer (other than taxpayer) is based on all information of v	ies and statements, and to the beathich preparer the any knowledge	st of my knowled	ige and belie	er, it is
_		_ ()	May the IRS d with the prepa		
Here	Signature of officer Date Title	win pure	(see instruction		
	Print/Type preparer's name Preparer's signature	Date		PTIN	
Paid	LOCATIANTA OCCUR COM	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	eck  if   f-employed	1- 1 IIN	
Prepa	Carro to Associate C			·	
Use C	Only Firm's name > Com & Hagarate  Firm's address > 1809 & 519 & 200 Chyo ZL	60649 Dh	n's EIN ► one no		

	3 . (23.4)								
		otal Unrelated Business Taxabl							
33 1	Total o	f unrelated business taxable income	computed from all unrelated trac	des or	businesses (se	e			
		tions)					33	-17,217	1
34	Δmoun	ts paid for disallowed fringes					34	0	
35	Deduct	ion for net operating loss arising	in tax years beginning before	Januar	v 1. 2018 (se	e			<del> </del>
00		tions)					35	0	
36		f unrelated business taxable income					-		<del>                                     </del>
30						···	36	-17,217	
07		c deduction (Generally \$1,000, but se					37	1,000	
37		ted business taxable income. Subt					31	1,000	
38							00	-16,217	
		ne smaller of zero or line 36	· · · · · · · · · · · · · · · · · · ·	· ·	· · · · ·		38	-10,217	l
Part		ax Computation				_			
39		zations Taxable as Corporations.					39		<b>_</b>
40		Taxable at Trust Rates. See							
		ount on line 38 from: 🔲 Tax rate sch	<del></del>			<b>&gt;</b>	40		
41	•	tax. See instructions					41		<u> </u>
42		tive minimum tax (trusts only)					42		
43		Noncompliant Facility Income. See					43		
44	Total. /	Add lines 41, 42, and 43 to line 39 or	40, whichever applies				44		
Part		ax and Payments							-
45a	Foreign	tax credit (corporations attach Form 11	18, trusts attach Form 1116) .	45a					
b		redits (see instructions)		45b		$\angle$			
C		ll business credit. Attach Form 3800 (		45c	/				
d		for prior year minimum tax (attach Fo		45d					
е		redits. Add lines 45a through 45d			,		45e		<u> </u>
46		ct line 45e from line 44					46		
47		xes Check if from 🔲 Form 4255 🔲 Form			,		47		
48		ax. Add lines 46 and 47 (see instructi			,		48		-
49		et 965 tax liability paid from Form 969			ie 2		49		
50a		nts. A 2017 overpayment credited to		50a					
b		stimated tax payments	,	50b					
C		posited with Form 8868	<i>-</i>	50c					
d		organizations: Tax paid or withheld		50d					
е		withholding (see instructions)		50e					
f		for small employer health insurance p		50f					
g		redits, adjustments, and payments.							
	Forn			<b>50</b> g					
51		ayments. Add lines 50a through 50g				_	51	<del></del>	ļ
52		ted tax penalty (see instructions). Che					52		
53		e. If line 51 is less than the total of lin					53 54		<del> </del>
54		ayment. If line 51 is larger than the to amount of line 54 you want		mount 	Refunded		55		_
55 Part		tatements Regarding Certain A		n (coo			33		
							har authai	utv Yes	No
56		time during the 2018 calendar year, of financial account (bank, securities, of						"'y	
		Form 114, Report of Foreign Bank							
	here ▶		and inhancial Accounts. If Tes, t	CITICI LI	ic name or me	. 101	cigii couii	"	اا
<b>-7</b>		he tax year, did the organization receive	Austribution from or was it the grant	or of o	r transforor to a	fore	uan truet?		_
57	-	ne tax year, aid the organization receive a " see instructions for other forms the	,	or 01, 01	nansieror to, a	1016	agn nust:	·	<del>                                     </del>
EO	,	ne amount of tax-exempt interest rec	•	ar 🕨	<b>\$</b>				١.
_58		penalties of penury, I declare that I have examined				e bes	t of my know	ledge and be	lief, it is
Sign	1 .	orrect, and complete Declaration of preparer (other						discuss this	
Here	1 1	/	; <b>•</b>				with the pre	parer shown	below
11616		ure of officer	Date Title		· · · · · · · · · · · · · · · · · · ·		(see instruct	ons)? <b>Yes</b>	□No
<del></del>	T - 3	Print/Type preparer's name	Preparer's signature	-	Date			PTIN	
Paid							eck LJ if -employed		
Prep		Firm's name					n's EIN ▶		
Use (	Only	Firm's name ▶ Firm's address ▶					one no	, ,	

Sche	dule A—Cost of Goods Sol	d. Ent	er method of i	nvent	ory va	aluation ▶				
1	Inventory at beginning of year		1	·	6	Inventory a	at end of year	6		
2	Purchases		2		7	Cost of goods sold. Subtract				
3	Cost of labor	- [;	3			line 6 from line 5. Enter here and				
4a	Additional section 263A cos	its 🗀				ın Part I, Iır	ne 2	7		
	(attach schedule)	4	a		8	Do the rul	les of section 263A (with	h respect to	Yes No	
b	Other costs (attach schedule)	_	b				roduced or acquired for			
5	Total. Add lines 1 through 4b		5			to the orga	anization?	• • • •		
	dule C—Rent Income (Fron instructions)	n Rea	I Property and	d Per	sonal	Property I	Leased With Real Pro	perty)		
1. Desc	ription of property								,	
(1)										
(2)										
(3)					****					
(4)			٦							
	2. Rent	t receive	d or accrued							
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)  (b) From real are percentage of rent 50% or if the rent				for pers	onal pro	perty exceeds	3(a) Deductions directly in columns 2(a) and			
(1)										
(2)										
(3)										
(4)			<u>-</u>							
Total			Total				(b) Total deductions.	•		
(c) Tot	al income. Add totals of columns 2	2(a) and	2(b). Enter				Enter here and on page	1,		
	nd on page 1, Part I, line 6, column (						Part I, line 6, column (B)	<u> </u>		
<u>Sche</u>	dule E—Unrelated Debt-Fir	nance	d Income (see	ınstru	ctions	<u>)                                    </u>				
	Description of debt-finance	nd prope	arts.		2. Gross income from or allocable to debt-financed					
	i. Description of debt-finance	su prope	a ty	property			(a) Straight line depreciation (attach schedule)	eductions hedule)		
(1)				+		<del></del>		(2002000		
(2)				1						
(3)										
(4)										
a	acquisition debt on or	of or a lebt-fina	adjusted basis illocable to nced property i schedule)		4 dr	olumn vided lumn 5	7. Gross income reportable (column 2 × column 6)	8. Allocable d (column 6 × tota 3(a) and	al of columns	
(1)						%				
(2)						%				
(3)						%				
(4)			(			%				
							Enter here and on page 1, Part I, line 7, column (A).	Enter here and Part I, line 7, c		
Totals	lividends-received deductions inc					▶				
rotard	ininering-receiven aganctious IUC	iuueu I	i Columni o	•		· <u>:</u>	<u> </u>	L		

Schedule F—Interest, Ann	uilles, noyaities			Organizations	jainzauviis (Se	e ilistruct	10113)		
1. Name of controlled organization	2. Employer identification number	2. Employer  affication number  3. Net unrelated income  4 Total of spe			5. Part of column included in the organization's gr	controlling	g connected with income		
(1)									
(2)									
(3)									
(4)	L			L			_	<del></del>	
Nonexempt Controlled Organi	zations								
7. Taxable Income	8. Net unrelated (loss) (see instru			otal of specified yments made	10. Part of colunt included in the organization's gr	controlling		eductions directly cted with income in column 10	
(1)									
(2)									
(3)								<u>.</u>	
(4)									
					Add columns 5 Enter here and 6 Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 nere and on page 1, line 8, column (B)	
Totals					<u> </u>				
Schedule G-Investment	Income of a Sec	ction 501(c					- E T.	atal daduations	
1. Description of income	2. Amount	of income	dire	Deductions ctly connected ach schedule)	4. Set-aside (attach sched		5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)			ļ. <u> </u>						
(2)			1						
(3)			ļ		-				
(4)								re and on page 1,	
Totals	Enter here ar Part I, line 9	column (A)					Part I, Ii	ne 9, column (B)	
Schedule I—Exploited Exc	empt Activity In	come, Oth	er Than	Advertising In	come (see inst	tructions)			
Description of exploited activ	2. Gross unrelate business ind from trade busines	d conne come proc	expenses lirectly ected with duction of irelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)									
(2)									
(3)									
(4)						L			
Totals	Enter here a page 1, Pa line 10, col	ıntl, page	nere and on a 1, Part I, 0, col (B)					Fnter here and on page 1, Part II, line 26	
Schedule J-Advertising I	ncome (see instr	uctions)		1				· · · · · · · · · · · · · · · · · · ·	
Part I Income From P			Consoli	dated Basis					
1. Name of periodical	2. Gros: advertisii income	3.	Direct	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	<u> </u>	-							
(2)									
(3)									
(4)								1	
Totals (carry to Part II, line (5))	▶								
							F	orm <b>990-T</b> (2018)	

Part II. > Income From Periodi	cals Reported	on a Separat	<b>e Basis</b> (For ea	ich periodical li	sted in Part II,	fill in columns
. 2 through 7 on a line-b	y-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					and the second s	
	Foter 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) ▶					<u>.</u>	
Schedule K—Compensation of	Officers, Direc	tors, and Trus	<b>stees</b> (see instru	ictions)		
1. Name	2	2. Title	3. Percent of time devoted to business		on attributable to d business	
(1)				%	5	
(2)				%	5	
(3)				9/	5	
(4)				%	5	
Total. Enter here and on page 1, Part II, lin	ie 14				•	

Form **990-T** (2018)