F	₀, №90-T	E	Exempt Orga	nization Bu	sine	ss Income		9 393 Returr		OMB No 15		
		(and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning and ending								2019		
5.		Go to www irs gov/Form990T for instructions and the latest information						_ [
	epartment of the Treasury ternal Revenue Service		▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(is a 501(c)(3)		Open to Public 501(c)(3) Organi	Inspection for zations Only	
A	Check box if address changed	Check box if Name of organization (Check box if name changed and see instructions.)									on number e	
В	Exempt under section Print ALL_CHICAGO MAKING HOMELESSNESS HISTORY									6-4272	272	
	X 501(c (13)	_ or	Number, street, and room						E Unrelated business activity code (See instructions)			
[408(e) 220(e) Type 651 W. WASHINGTON BLVD., NO. 504								(366)	nsudctions)		
[408A530(a)	408A 530(a) City or town, state or province, country, and ZIP or foreign postal code										
_[529(a) CHICAGO, IL 60661								480	30000		
C	Book value of all assets at end of year		F Group exemption number (See instructions)									
_	3,843,461. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust									0	ther trust	
	H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trades or businesses.											
	trade or business here TRANSPORTATION FRINGE BENEFIT . If only one, complete Parts I-V If mo											
			ace at the end of the previo	us sentence, complete F	arts I an	nd II, complete a Sche	dule M fo	or each additior	nal trade	e or		
_	business, then complete											
	During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?									es LN	0	
-			tifying number of the parei						10	252 22		
			STEVE GAYDOS				phone r	number > 3		•		
_, ட			de or Business Inc	ome	, `-	(A) Income		(B) Expense:		(C)	Net	
- -	la Gross receipts or sale											
	b Less returns and allow			c Balance	1c						-	
_ _ 2	,				2		+					
_ •					3 4a		_					
T 4		 a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) 						<u> </u>			1	
								REC	EIV	ED 		
3 .	•							ſ		- 7 8	}	
5 3			snip or an 5 corporation (a	ttach statement)	5		15		062	1 ~	1	
90	Rent income (Schedu		ma (Sahadula E)		7		 å	3 305	002	8	 	
,		Unrelated debt-financed income (Schedule E)					+			117	1	
3	Investment income of	Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)					-L	OGD		<u> </u>	} 	
PA THOOPY	Exploited exempt acti			rgamzanom (Concounc C) 9							
<u> </u>	Advertising income (§	•	` ,		11							
₹ i2	2 Other income (See in:		•		12						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	•		•		13	().					
	Part II Deductio	ns No	ot Taken Elsewhe		or limita	ations on deduction						
} = 14	(Deductions		be directly connected warrectors, and trustees (Sch		iness in	ncome)			14	Γ		
۰۱ ر 15 و۔		icers, ui	ilectors, and trustees (Sch	suule K)					15			
⊃ 16		ance							16			
3 17 3 18	7 - Bad debts	unoc							17			
¥ ;;	Interest (attach sche	dule) (si	ee instructions)						18			
19	•	00.07 (0.	inou double,						19			
20		Form 45	562)			20			· · ·			
2			n Schedule A and elsewhe	re on return		21a			21b			
22								···	22			
23		erred co	mpensation plans						23			
24			•						24			
25		-	chedule I)						25			
26									26			
27									27			
28									28		(
29	9 Unrelated business t	axable ii	ncome before net operatin	g loss deduction. Subtra	ct line 2	8 from line 13			29_		(
30												
	(see instructions)								30		0	
		axable ii							31	1	0	

Form 99		ALL CHICAGO MAKING HOMELESSNESS HISTORY	<u> 36-</u>	-4272272 Page 2
Par		Total Unrelated Business Taxable Income		
32 🍾	小otal of	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amount	s paid for disallowed fringes	33	
34	Charitat	ple contributions (see instructions for limitation rules)	34	0.
35	Total ur	irelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38		deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39			30	1,000.
39		ed business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37, e smaller of zero or line 37		0.
Dow		Tax Computation	39	
40	_	rations Taxable as Corporations Multiply line 39 by 21% (0 21)	40	0.
41		Faxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:		
		ex rate schedule or Schedule D (Form 1041)	41	
42	Proxy ta	ax See instructions	42	
43	Alternat	ive minimum tax (trusts only)	43	
44	Tax on	Noncompliant Facility Income See instructions	44	
45	Total. A	dd lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part	t V 1	Tax and Payments		
46 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other cr	redits (see instructions) 46b		
C	General	business credit. Attach Form 3800 46c		
d		or prior year minimum tax (attach Form 8801 or 8827)		
e		edits Add lines 46a through 46d	46e	
47		t line 46e from line 45	47	0.
48		xes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49		x Add lines 47 and 48 (see instructions)	49	0.
				0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	<u>U•</u>
		its: A 2018 overpayment credited to 2019	1	
		stimated tax payments 51b 3,990.	1	
		osited with Form 8868		
		organizations: Tax paid or withheld at source (see instructions) 51d		
	-	withholding (see instructions) 51e		
f	Credit fo	or small employer health insurance premiums (attach Form 8941) 51f] [
g	Other cr	redits, adjustments, and payments Form 2439		
	Fc	orm 4136 Other Total ▶ 51g]	
52	Total pa	ayments. Add lines 51a through 51g	52	3,990.
53	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached.	53	
54	Tax due	e If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpa	yment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	3,990.
56		e amount of line 55 you want. Credited to 2020 estimated tax.	56	3,990.
Part		Statements Regarding Certain Activities and Other Information (see instructions)		
57		imo during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	•	inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		100 110
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here	L		x
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
30	_			- A
E0		see instructions for other forms the organization may have to file		
59		e amount of tax-exempt interest received or accrued during the tax year \$\infty\$ \$	uladas as	d belief it is two
Sign		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know rrect and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	vicuye and	u pener, it is true,
Here		M. Kar	ay the IRS	discuss this return with
				shown below (see
			1	7 X Yes No
		Print/Type preparer's name Preparer's signature Date Check I	f PTIN	I
Paid	t	self- employed		
Preparer Use Only		HUGH ELLIOTT // // // 06/09/20		00723487
		Firm's name ▶ DUGAN & LOPATKA, CPA'S PC Firm's EIN ▶	<u> 3</u> 6	5-2886485
	,	4320 WINFIELD ROAD SUITE 450	· <u></u>	
		Firm's address ► WARRENVILLE, IL 60555-4036 Phone no 6	<u> 30 - 6</u>	565-4440
923711	01-27-20			Form 990-T (2019)
		•		, ,