

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning 1912, and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed
B Exempt under section
[X] 501(c)(3)
[] 408(e) [] 220(e)
[] 408A [] 530(a)
[] 529(a)

Name of organization () Check box if name changed and see instructions.
UNITED COMMUNITY CENTER, INC.
Number, street, and room or suite no If a P.O. box, see instructions
1028 S. 9TH STREET
City or town, state or province, country, and ZIP or foreign postal code
MILWAUKEE, WI 53204

D Employer identification number (Employees' trust, see instructions)
39-1146191
E Unrelated business activity code (See instructions)

C Book value of all assets at end of year
48,490,249
F Group exemption number (See instructions)
G Check organization type [X] 501(c) corporation [] 501(c) trust [] 401(a) trust [] Other trust

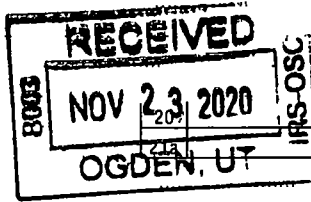
H Enter the number of the organization's unrelated trades or businesses
1 Describe the only (or first) unrelated trade or business here
If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subidiary controlled group?
[] Yes [] No
If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of JUAN RUIZ Telephone number 414-389-5103

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Capital loss deduction for trusts, Income (loss) from a partnership or an S corporation, Rent income, Unrelated debt-financed income, Interest, annuities, royalties and rents from a controlled organization, Investment income of a section 501(c)(7), (9), or (17) organization, Exploited exempt activity income, Advertising income, Other income. Total combine lines 3 through 12: 0.

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, Bad debts, Interest (attach schedule), Taxes and licenses, Depreciation, Less depreciation claimed on Schedule A and elsewhere on return, Depletion, Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses, Excess readership costs, Other deductions, Total deductions, Unrelated business taxable income before net operating loss deduction, Deduction for net operating loss arising in tax years beginning on or after January 1, 2018, Unrelated business taxable income.



SCANNED MAY 17 2021

8088D

G3

Part III Total Unrelated Business Taxable Income

Table with 2 columns: Line number and Amount. Lines 32-39. Total on line 39 is 0.

part 1

8

Part IV Tax Computation

Table with 2 columns: Line number and Amount. Lines 40-45. Total on line 45 is 0.

Part V Tax and Payments

Table with 2 columns: Line number and Amount. Lines 46a-56. Total on line 56 is 3,360.

part III

bb

10

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question, Yes, No. Questions 57-59.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: Juan A. [Signature] Date: 11/12/20 Title: DEPUTY DIRECTOR

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.