2018
JUL 20
_
SCANNED

_	990-T		Exempt Organiz	ation Busin	ess	Income 1	Tax R	eturn		OMB No 1545-0)687
Form	(Japu-I		(and pro	xy tax under:	secti	on 6033(e)))				_
(Ch	(35)	For cale	ndar year 2017 or other tax y			-		20		2017	7
Depa	ortment of the Treasury		► Go to www.irs.gov/i						ŀ		
	nal Revenue Service	▶ Do i	not enter SSN numbers on t						(3), Ope	n to Public Inspe (c)(3) Organizatio	ction for
$\overline{\Lambda}$	Check box if address changed		Name of organization (r identification r	
	empt under section	/.	YOUTH TRANSFORMAT					-	(Employee	s' trust, see instri	uctions.)
	501(C)(3)	Print-	Number, street, and room or			tructions			4	7-3444478	
	408(e) ¹ 220(e)	Type	1313 MAYFIELD AVE		•			E		business activit	y codes
_	408A 🔲 530(a)	.,,,,	City or town, state or provin	ce, country, and ZIP or	foreign i	postal code			(See instri	uctions.)	
	529(a)		CHICAGO, IL 60435	•		•					
C Bo	ook value of all assets end of year		oup exemption number								
		G Ch	neck organization type	► 🗹 501(c) corp	oratio	n 501	(c) trust	□ 4	01(a) tru	st 🗌 Othe	r trust
			n's primary unrelated bu								
ı	During the tax year	, was th	e corporation a subsidiary	in an affiliated groi	up or a	parent-subsidi	ary contr	olled grou	p?	Yes [☑ No
	If "Yes," enter the	name a	and identifying number	of the parent corp	oration	ո. ▶	-	_			
			CHARISSE BEACH	<u></u>		Tel	ephone r	number	·	708-308-867	5
Pa			e or Business Incon	ne		(A) Income		(B) Expe	nses	(C) Net	
1	a Gross receipts							~			
	b Less returns and a			c Balance ►	1c				uni Biline		
<u>තු</u> 2			Schedule A, line 7)		2			,	^ + ₄		
2 2 2 1 3			t line 2 from line 1c		3			, .*	1- 2-		
• 4;			ne (attach Schedule D)		4a			~ (S 25 1		
8			4797, Part II, line 17) (att		4b						
' د			n for trusts		4c						
5			erships and S corporations		5						
_ 0			le C)		6				_		
្សី 7			ced income (Schedule E		7				<u>.</u>		
2 8	,,		and rents from controlled orga		8						
7 8 9 10 11			ction 501(c)(7), (9), or (17) orga		9						↓
§ 10			ivity income (Schedule I		10						\bot
			Schedule J)		11		$oxed{oxed}$				\bot
12			ructions; attach schedule		12						
13	Total, Combin	e lines	3 through 12	<u> </u>	13	0.	<u> </u>	\	0.	C	<u>'- </u>
Га			Taken Elsewhere (Se) (Except	for con	itributions,	
14			be directly connected cers, directors, and trus			iness income) .)		44		$\overline{}$
15			· · · · · · · · · ·						14 15		+
16	Renairs and m	rayes Isintens	ance		• •				16		+-
17									17		+
18			lule)						18		+-
19			· · · · · · · · ·						19		+-
20			ns (See instructions for						20		+
21			Form 4562)						1		+-
22			imed on Schedule A and					+	22b		
23							-d-	orres	23		+-
24	Contributions	to defe	rred compensation plan	s			- OSC	ΩA.	24		+-
25			grams				2 000	. .	25		+-
26							. n.7.7	n18. \	26		+
27	Excess reader	ship co	nses (Schedule I) VE)		7 100		010	27	· · · · · · · · · · · · · · · · · · ·	+
28	Other deduction	ons (atta	ach sched			1			28	· - .	\top
29	Total deduction	ons. Ad	ld lines 14 through 28			, \ Q	jden, U		29		\top
30	Unrelated busi	ness ta	xable income before het	operating loss de	duction	n. Subtract <u> lin</u>	e 29 fror	n line 13	30		\top
31	Net operating	loşşıde	duction (limited to the a	mount on line 30)					31		
32	Unrelated busi	iness ta	duction (limited to the a	eqific deduction.	Subtra	ct line 31 fron	n line 30		32	C	
33	Specific deduc	ction (G	enerally \$1,000, but sec	aline 33 instructio	ns for e	exceptions)			33		
34	Unrelated bus	siness t	taxable income. Subtra	act line 33 from lin	ıe 32. I	lf line 33 is gr	eater tha	ın line 32	, [
	enter the small	ler of ze	ero or line 32			<u> </u>	<u> </u>	<u> </u>	34	0	
For I	Paperwork Reduct	ion Act	Notice, see instructions.			Cat, No. 1129	 1J	<u> </u>		Form 990-	T (2017)

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Part I	∐ Ta	ax Computation					
		zations Taxable as Corporations. See instructions for tax computations	on. Controlled gro	oup			
		ers (sections 1561 and 1563) check here Graph					
а	Enter yo	our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brack	cets (in that order):	:			
	(1) \$	(2) \$ (3) \$					
			\$				
			\$				
		e tax on the amount on line 34		ightharpoons	35c).
		Taxable at Trust Rates. See instructions for tax computation		on			
		ount on line 34 from: Tax rate schedule or Schedule D (Form 104)			36		
		tax. See instructions			37		
		tive minimum tax			38		
39	Tax on		39				
40	Total. A	40	9	o.			
Part I		ax and Payments			,		
		tax credit (corporations attach Form 1118; trusts attach Form 1116) .	41a]		
b	Other c	credits (see instructions)	41b]		
		,, , , , , , , , , , , , , , , , , , , ,	41c				ļ
		· · · · · · · · · · · · · · · · · · ·	41d				
е		credits. Add lines 41a through 41d			41e		0.
42		ct line 41e from line 40			42		0.
43		xes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 C	,		43		
44		ax. Add lines 42 and 43	1		44	(0
		· · · · · · · · · · · · · · · · · · ·	45a]		
b			45b		1		-
C		posited with Form 8868	45c		1		
d	_	n organizations: Tax paid or withheld at source (see instructions)	45d		1		
е	-	o withholding (see instructions)	45e		4		
		for small employer health insurance premiums (Attach Form 8941).	45f				
g		credits and payments: Form 2439					
40	Form		45g		40		
46	•	payments. Add lines 45a through 45g			46		0.
47		ted tax penalty (see instructions). Check if Form 2220 is attached			47		+
48		ue. If line 46 is less than the total of lines 44 and 47, enter amount owed			48		+
49 50	-	ayment. If line 46 is larger than the total of lines 44 and 47, enter amount	1		50		
50 Part		e amount of line 49 you want Credited to 2018 estimated tax ► Statements Regarding Certain Activities and Other Information	Refunded		50		
		time during the 2017 calendar year, did the organization have an interes	· ·		thar author	Ye	s No
51		financial account (bank, securities, or other) in a foreign country? If YE				···', ├─	+
		N Form 114, Report of Foreign Bank and Financial Accounts. If YES, en					
	here ▶	· · · · · · · · · · · · · · · · · · ·		10 10	roigir ooui	``''	
52		the tax year, did the organization receive a distribution from, or was it the granto	r of or transferor to	a for	eian triist?		+-
UZ.	•	see instructions for other forms the organization may have to file.	01, 01 (1411010101 10,	u ioi	oigir trabt.	.	+
53	•	he amount of tax-exempt interest received or accrued during the tax year	nr ▶ \$			1	
	Under	penalties of perjury, I declare that I have examined this return, including accompanying schedules	and statements, and to	the be	st of my knov	vledge and	belief, it is
Sign	true	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which	ch preparer has any know	vledge.	May the IR	S discuss th	nis return
Here		hauste Deach 15-14-15 TRUSTEE			with the pr	eparer shov	vn below
		ture of officer Date Title			(see instruc	tions)? 🔲 Y e	s 🗆 No
Paid		Print/Type preparer's name Preparer's signature	Date		neck If	PTIN	
					lf-employed		
Prepa		Firm's name	·		m's EIN ▶		
Use (JIIIY	Firm's address ▶			one no.		

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Paue	•

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Sche	dule A-Cost of Goods Sold.	Enter	method of ir	rvent	ory va	aluation >				_	
1	Inventory at beginning of year	1			6	Inventory a	at end of year	6	T		<u> </u>
2	Purchases	2			7	Cost of	Cost of goods sold. Subtract				
3	Cost of labor	3				line 6 from	from line 5. Enter here and				
4a	Additional section 263A costs			1	1	in Part I, lir	ne 2				
	(attach schedule)	4a			8	Do the rul	les of section 263A (wi	Yes	No		
b	Other costs (attach schedule)	4b			1	property p	roduced or acquired for				
5	Total. Add lines 1 through 4b	5				to the orga	nization?			~	
	dule C—Rent Income (From Finistructions)	Real F	Property and	Per	sonal	Property I	Leased With Real Pro	pert	y)		
1. Desc	ription of property	_									
(1)											
(2)											
(3)											
(4)					_	<u> </u>					
	2. Rent rec	eived o	r accrued								
_ (a) Fro	om personal property (if-the percentage of rer personal property is more than 10% but not more than 50%)	р	(b) From real ar ercentage of rent 50% or if the rent	for pers	onal pr	operty exceeds	3(a) Deductions directly in columns 2(a) an				ю
(1)											
(2)					-						
(3)											
(4)											
Total	<u> </u>	То	tal				4.5				
	ral income. Add totals of columns 2(a) and on page 1, Part I, line 6, column (A)						(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶				
	dule E—Unrelated Debt-Finar			instru	ctions	s)					
	Description of debt-financed p	roperty				come from or debt-financed	3. Deductions directly co	ced pro	perty		
					pro	perty	(a) Straight line depreciation (b) Other ded (attach schedule) (attach schedule)				.S
(1)				<u> </u>				\top	•		
(2)											
(3)											
(4)											
a	acquisition debt on or of debt-financed debt-	or alloc	justed basis cable to d property chedule)		4 dı	olumn vided olumn 5	7. Gross income reportable (column 2 × column 6)		, Allocable d umn 6 × tota 3(a) and	of colu	
(1)						%					
(2)						%					
(3)						%					
(4)						%					
	-						Enter here and on page 1, Part I, line 7, column (A).	Ente Par	er here and t I, line 7, o	on pa	ge 1, 1 (B).
Totals	dividends-received deductions includ	 ed in c				.)	<u></u>		

Sche	dule F-Interest, Ann	uities,	Royalties,	and Ren	ts From	Controlled Org	anizations (se	e instru	ctions)	
				Exempt	Controlled	Organizations				
	Name of controlled organization		Employer cation number		i. Net unrelated income closs) (see instructions) 4. To pa		Included in the c	5. Part of column 4 that is included in the controlling organization's gross income		eductions directly ected with income in column 5
(1)	···-						 		1 -	
(2)		<u> </u>								
(3)										
(4)		-					 			_
	xempt Controlled Organia	zations	-							
	XOTTIPE CONTROLLE COS	Γ					10. Part of colum		44.5	and untions directly
	7 Tayable Income		Net unrelated income oss) (see instructions)			otal of specified yments made	included in the o	controlling	conne	eductions directly cted with income in column 10
(1)										
(2)										
(3)							<u> </u>			
(4)										
Totals	s					1	Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter f	columns 6 and 11 nere and on page 1, line 8, column (B).
Sche	edule G-Investment	Income	e of a Sect	ion 501(c)(7), (9),	or (17) Organi	zation (see inst	truction	s)	
	1. Description of income		2. Amount of income		3. dire	Deductions ctly connected ach schedule)	4. Set-asides (attach schedule)		5. Total deductions and set-asides (col 3 plus col 4)	
(1)										
(2)						<u> </u>				
(3)				_					_	
(4)										
Totals	s		nter here and Part I, line 9, c							re and on page 1, ine 9, column (B).
Sche	edule I-Exploited Exc	empt A	ctivity Inc	ome, Ot	her Than	Advertising In	come (see inst	truction	s)	
	1. Description of exploited activ		2. Gross unrelated business inco from trade of business	me conr	Expenses directly nected with duction of nrelated ness 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. Ex	spenses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								<u> </u>		
(2)								<u> </u>		
(3)										
(4)						<u> </u>		T		
Totals	s	▶	Enter here and page 1, Part line 10, col. (a	I, pag	here and on le 1, Part I, 10, col (B).					Enter here and on page 1, Part II, line 26.
Sche	edule J-Advertising	Income	e (see instru	ctions)						
Par					Consoli	dated Basis				
	1. Name of periodical		2. Gross advertising income		3. Direct rtising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						 		<u> </u>		
(2)						1		1		1
(3)						1				1
(4)			 	-† $-$		1				1
	s (carry to Part II, line (5))	•								
										-

Schedule F—Interest, Ann	uities, Royal				Controlled Org	janizations (se	e instruc	tions)	
Name of controlled organization	2. Employer Identification number		Net unrela	nrelated income ee instructions) 4. Total of specified payments made		5. Part of column included in the organization's grant at the control of the column included in the control of the column included in the column i	controlling	6. Deductions directly connected with income in column 5	
(1)									
(2)	ļ				 	<u> </u>		_	·
(3)					<u> </u>			<u> </u>	
(4) Nonexempt Controlled Organiz	l				<u> </u>			<u> </u>	
Monexempt Controlled Organia	Lations							·	
7. Taxable Income	8. Net unrei (loss) (see	ated incom			otal of specified yments made	included in the organization's gr	controlling	conne	Peductions directly cted with income in column 10
(1)									
(2)									
(3)									
(4)									
Totals						Add columns to Enter here and of Part I, line 8, co	on page 1,	Enter	columns 6 and 11. nere and on page 1, line 8, column (B).
Schedule G-Investment I	ncome of a	Section	501(c)(7), (9),	or (17) Organi	zation (see ins	tructions)	
1. Description of income		ount of inc		3, direc	Deductions ctly connected ach schedule)	4. Set-aside (attach sched	s	5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)					 				· · · · · · · · · · · · · · · · · · ·
(2)									
(3)									
(4)									
Totala		re and on ne 9, colur							re and on page 1, ne 9, column (B).
Totals Schedule I—Exploited Exe	mpt Activity	Incom	o Oth	等为其理 <i>则</i> 数	Advertising	"我们没是一个	等杂类的		<u> </u>
Schedule I—Exploited Exe	mpt Activity	incom				come (see inst	ructions)	,
1. Description of exploited activi	ty busines from	Gross elated ss income trade or siness	ome connected production		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. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)							 		
(2)							 		
(3)							 		
(4)							 		
Totals	Enter he page line 10	re and on 1, Part I, , col. (A).	d on Enter here a page 1, Pa (A). Inne 10, col						Enter here and on page 1, Part II, line 26.
Schedule J-Advertising I	ncome (see i	nstruction	ns)	,, ,	17 (19 (19 (19 (19 (19 (19 (19 (19 (19 (19	an over the street disk	77 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	THE STATE OF THE S	
Part I Income From Po	eriodicals R	eported	on a	Consolic	dated Basis				
1. Name of periodical	adve	Aross ertising come		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Read cos	-	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							<u> </u>		
(2)									
(3)									
(4)									in the second
Totals (carry to Part II, line (5)) .	. ▶			<u> </u>	}			F	orm 990-T (2017)

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	<u> </u>					
	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)			15.44	in it is with the service.		
Schedule K—Compensation of	Officers, Direc	tors, and Tru	stees (see instri			
1. Name			2. Title	3. Percent of time devoted to business		ion attributable to d business
(1)				%	,	
(2)				%	,	
(3)				%	,	
(4)		_		%	,	
Total. Enter here and on page 1, Part II, I	ine 14				•	

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