	<u>.</u>		AMENDED RETURN SECT						
Form	990-T	₽	Exempt Organization B				ax Retu	ırn	OMB No 1545-0687
٠.	, .		(and proxy tax u	ınder	sec	tion 6033(e))	1	an	2040
•		For ca	lendar year 2018 or other tax year beginning			, and ending		8/2	ZU 18
	ment of the Treasury		Go to www.irs.gov/Form990T fo					V2)	Open to Public Inspection for
Interna	Revenue Service		Do not enter SSN numbers on this form as it	- _			anon is a su ic		501(c)(3) Organizations Only loyer identification number
A L_	Check box if address changed		Name of organization (Check box if nar	me cnar	ngeo a	nd see instructions.)		(Em)	ployees' trust, see uctions)
B Ex	empt under section	Print	THE URBAN ALLIANCE FO	OUNT	ייי בר	TON. TNC.			2-1938443
	501(c)(3)	10	Number, street, and room or suite no. If a P.O					E Unre	lated business activity code
	408(e) 220(e)	Туре	2030 Q STREET, NW					(266	instructions.)
	408A 530(a)		City or town, state or province, country, and Z	ZIP or fo	oreign	postal code			
	529(a)		WASHINGTON, DC 20009	9				900	0099
C Boo	k value of all assets nd of year		F Group exemption number (See instructions.		<u> </u>	·			
	10,181,6		G Check organization type ► X 501(c)		ration	501(c) trust		01(a) trust	Other trust
H Ent	er the number of the	organiza	ation's unrelated trades or businesses. 🕨	1			the only (or firs	•	
	le or business here					····	complete Parts		
			ace at the end of the previous sentence, complet	te Parts	s I and	II, complete a Schedule	M for each add	litional trad	e or
	iness, then complete		I-V. poration a subsidiary in an affiliated group or a p	noront o	ouboid:	one controlled group?	· · · - · · · ·		es X No
	• • •	•	tifying number of the parent corporation.	parent-s	SubSidi	lary controlled group?	'	· — '	C5 [21] NO
			ESHAUNA SMITH			Teleph	one number	(202	2) 459-4300
Par			de or Business Income			(A) Income	(B) Expe		(C) Net
1a	Gross receipts or sale	es							
	Less returns and allow		c Balance		1c				
2	Cost of goods sold (S	Schedule	A, line 7)		2]
	Gross profit, Subtract	line 2 fi	rom line 1c	_	3				
	Capital gain net incon	ne (attac	ch Schedule D)	<u> </u>	4a				<u> </u>
29	Net gaın (loss) (Form	4797, P	Part II, line 17) (attach Form 4797)	<u> </u>	4b				
~€	Capital loss deduction				4c				
			ship or an S corporation (attach statement)		5				<u> </u>
	Rent income (Schedu		(Cabadula E)	<u> </u>	7				
44	Unrelated debt-financ		nie (Schedule E.) Ind rents from a controlled organization (Schedul		8				
_			on 501(c)(7), (9), or (17) organization (Schedule	· -	9				
	Exploited exempt acti				10			•	
3 1	Advertising income (S	•	· ·	<u> </u>	11				
₹ 2	Other income (See in:		·		12				
$\mathbf{C}_{\mathbf{a}}$	Total. Combine lines				13	0.			
Par	t II Deductio		ot Taken Elsewhere (See instruction						
	(Except for a	_	utions, deductions must be directly connec	cted w	rth the	e unrelated business	income.)		T ·
14	· ·	icers, di	rectors, and trustees (Schedule K) REC) E\	/Er	7		14	<u>. </u>
15	Salaries and wages				V L.L	 ()	•	15	
16	Repairs and mainten	ance	2 JUL	ΛΛ.	0000	RS-OS(16 17	
17	Bad debts Interest (attach sche	dula) (c	JUL 1	V 6	ZUZU	l J		18	
18 19	Taxes and licenses	iuuie) (s						19	
20		ons (Se	e instructions for limitation rules) OGD)EŅ	', U	T 1		20	
21	Depreciation (attach	•			<u></u>	21			
22			n Schedule A and elsewhere on return			22a -		22b	
23	Deptetion	_						23	
24	Contributions to defe	erred co	mpensation plans					24	
25	Employee benefit pro	ograms						25	
26	Excess exempt expe	nses (So	chedule I)					26	ļ
27	Excess readership co	•	·					27	
28	Other deductions (at		•					28	
29	Total deductions. A		·		• •			- 29	0.
30			ncome before net operating loss deduction. Sub					30	<u> </u>
31	•	_	loss arising in tax years beginning on or after Ja	anuary '	1, 2018	to (see instructions)		31	0.
32	Unrelated business t	axable II	ncome. Subtract line 31 from line 30					32	Form 990-T (2019)

Form 990-T	1 212 01312 112212100 1 0 0 1 1 1 1 1 1 1 1 1 1 1	52-19	38443	Page 2
Part II	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	_	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	39	3)7	1,000.
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36		38	0.
Part IV	Tax Computation			
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	•	39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:			
	Tax rate schedule or Schedule D (Form 1041)	•	40	
41	Proxy tax. See instructions	•	41	
	Alternative minimum tax (trusts only)		42	
	Tax on Noncompliant Facility Income. See instructions		43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part V	Tax and Payments			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		_	
b	Other credits (see instructions)		」 │	
c	General business credit. Attach Form 3800		」 │	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		<u> </u>	
е	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from: 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🛄 Other 🤃	ittach schedule)	47	
48	Total tax Add lines 46 and 47 (see instructions)		48	. 0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018		」	
b	2018 estimated tax payments 50b 50b	2,500		
C	Tax deposited with Form 8868 SVC 50c	396	-	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		」 │	
е	Backup withholding (see instructions) 50e		_	
f	Credit for small employer health insurance premiums (attach Form 8941)		」 │	
g	Other credits, adjustments, and payments: Form 2439		1 1	
	Form 4136 Other Total ▶		_	
51	Total payments. Add lines 50a through 50g		51	<u>2,896.</u>
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	< ب	53 \	
	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	?.▶	54	2,896.
		unded 🗸 🕨	55	2,896.
Part V				<u> </u>
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	<i>!</i>		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			$- \frac{x}{x}$
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign trust?		A
	If "Yes," see instructions for other forms the organization may have to file.			_
58	Enter the amount of tax-exempt interest received or accrued during the tax year	and of my knowl	adaa and baliaf i	t is true
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the I correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		च्यप्रच बात्त घ्रवावा, ।	
Here	CAL CHIEF EXECUTIVE	1	•	iss this return with
	Signature of officer Date Title		he preparer shownstructions)?	1
				Yes No
_	The type property of the type of type of the type of t	Check	if PTIN	
Paid	TENANTE II CALTERIA 11 12 12 12 12 12 12 1	self- employed		39053
Prepa	- NARCURA LLD	Funda CIN .		1986323
Use O	nly Firm's name ► MARCUM LLP	Firm's EIN	11-7	1300343
	1899 L STREET, NW, SUITE 850	Dhone no	(202) 2	227-4000
000711 01	Firm's address ► WASHINGTON, DC 20036	Phone no.		m 990-T (2018)
823711 01-0	15 ⁻ 15		70	···· ••• • (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation ► N/A					
1 Inventory at beginning of year	1	-	6	Inventory at end of year	ır		6		
2 Purchases	2] 7	Cost of goods sold. S	ubtract I	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			1	line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5	-		the organization?					
Schedule C - Rent Income (see instructions)	(From Real F	Property and	l Per	sonal Property L	.ease	d With Real Prop	erty)		
1. Description of property									
(1)		•	•					•	
(2)		· · · · · · ·						-	•
(3)									
(4)					•				
	2. Rent receive	d or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than than	` of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connecte nd 2(b) (at	ed with the income in trach schedule)	n
(1)									
(2)								· · · · · · · · · · · · · · · · · · ·	
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er •			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	instru	ctions)					
			2	. Gross income from		 Deductions directly conto debt-finance 	nected w	rth or allocable orty	
1. Description of debt-fi		or allocable to debt- financed property (a) s		(a) Straight line depreciation (attach schedule)		(attach schedule)	ns		
(1)			1						
(2)			T					·	
(3)			1						
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis llocable to iced property schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(0	8. Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)	· ·			%			1		
(4)				%				····	
						nter here and on page 1, Part I, line 7, column (A)		nter here and on pag Part I, line 7, column	
Totals				. •	L	0	•		0.
Total dividends-received deductions u	ncluded in column	8					·I		0.
		···						Form 990-T	(2018)

3. Direct 5. Circulation advertising 1. Name of periodical col 3) If a gain, compute cols. 5 through 7 advertising costs income costs column 5, but not more (1) (2) (3) (4) 0. 0. 0. Totals (carry to Part II, line (5))

Form 990-T (2018)

Form 990-T (2018) THE URBAN ALLIANCE FOUNDATION, INC. 52-19384 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-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	>	0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, Ime 11, col (B)				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	Compensation attributable to unrelated business
(1)		%	
(2)		%	
3)		%	
4)		%	·
otal. Enter here and on page 1, Part II, line 14	-	>	

Form 990-T (2018)

FOOTNOTES

STATEMENT 1

LINE 12, 19, AND 28 WERE ELIMINATED ON THE AMENDED RETURN DUE TO THE REPEAL OF 512(A)(7).