	, ar							•
		1	Exempt Organization Busi	ness inc	ome Tax F	Return	0	MB No. 1545-0047
For	.990 <u>-</u> T		(and proxy tax unde			•		ചെ ച
	" (C&E)	For cale	endar year 2019 or other tax year beginning 0	7/01 , 2019 , a	nd ending 06/3	20 20		2019
	artment of the Treasury		► Go to www.irs.gov/Form990T for ins				Open	to Public Inspection for
	nal Revenue Service	▶ Do i	not enter SSN numbers on this form as it may			1-1-1-		to Public Inspection for)(3) Organizations Only
<u> </u>			Name of organization (changed and see	instructions)			dentification number trust, see instructions.)
	empt under section 501(C) (3)	Print-	Number, street, and room or suite no. If a P O. b	au sas isats istis				2-3903993
	408(e) 220(e)	or	200 WEST MADISON STREET, FL 3	ox, see insudctio	115.	E Unr		susiness activity code
_	408A 530(a)	Туре	City or town, state or province, country, and ZIP	or foreign postal	code	(Se	nstruc	ctions)
Ē	529(a)		CHICAGO, IL 60606	J .				
CB	ook value of all assets end of year	F Gr	roup exemption number (See instruction	ns.) >				
	41,911,763		neck organization type 🕨 📝 501(c) co		☐ 501(c) trus	<u></u>	a) trusi	
			organization's unrelated trades or busine					r first) unrelated
			NO UNRELATED BUSINESS INCOME					
			at the end of the previous sentence, complete Parts III-V.	implete Parts	i and II, comp	iete a Schedu	ie M t	or each additional
			e corporation a subsidiary in an affiliated gi	roup or a parer	nt-subsidiary con	trolled group?		Ves VINO
			and identifying number of the parent co		it subsidially con	troiled group		res 💽 No
			MANNA HARRIS	· · · · · · · · · · · · · · · · · · ·	Telephone	number 🕨	-	(312) 470-6325
P	art I Unrelate	d Trad	le or Business Income		(A) Income	(B) Expen	ses	(C) Net
1	a Gross receipts							
	Less returns a					0		[
2	_	-	Schedule A, line 7)	2		0		/
3			t line 2 from line 1c			CEIVED		0
	· · · · · · · · · · · · · · · · · · ·		me (attach Schedule D) 4797, Part II, line 17) (attach Form 4797		- RE	ULIVIII -	78 	0
	b Net gain (loss)c Capital loss de	•		·		Q 0 4 2021	lö lö	/ 0
5			a partnership or an S corporation (a		101	W 11 4 2021	18	 / ^
	statement)			5	19	0		0
6	Rent income (Schedu	ıle C)	6	00	DEN, U		0
7	Unrelated deb	t-financ	ced income (Schedule E)	7		0	0	0
8		-	s, and rents from a controlled organization (Scheo	· ·		0	9	
9			ection 501(c)(7), (9), or (17) organization (Sched			0	/0	
10			ivity income (Schedule I)	1		0	0	
11		-	·			0	0	
12 13	,	-	structions; attach schedule)			0	0	0
			Taken Elsewhere (See instructions to		on deduction	s) (Deduction		
			the unrelated business income.)		on designan	o., (Deadolloi	,5 ma.	or be directly
14	Compensation	of office	cers, directors, and trustees (Schedule	K)/.			14	0
15							15	0
16			ance				16	0
17			.;,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				17	0
18			dule) (see instructions)				18	0
19 20			. :				19	0
21			umed on Schedule A and elsewhere on		21a		21b	0
22	•	lion dia	· · · · · · · · · · · · · · · · · · ·	return .	<u> 21a </u>		22	0
23	•	to defe	rred compensation plans		· · · · ·		23	0
24			grama				24	0
25		-	oses (Schedule I)				25	0
26			osts (Schedule J)		. .		26	0
27			ach schedule)				2,7	0
28			dd lines 14 through 27				28	0
29			exable income before net operating loss				29	0
30	<i>y</i>		perating loss arising in tax years beg				30	
							1 30	1 0

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Cat. No 11291J

Form 99	ю-т (2019)			Page 2
Part	R	otal Unrelated Business Taxable Income		
32 /	Total o	f unrelated business taxable income computed from all unrelated trades or businesses (see		
Ç	instruct	ions)	32	0
33	Amoun	ts paid for disallowed fringes	33	
34		ble contributions (see instructions for limitation rules)	34	0
35		nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
		the sum of lines 32 and 33	35	0
36	Deduct	ion for net operating loss arising in tax years beginning before January 1, 2018 (see		
		ions)	36	0
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35.	37	0
38		deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	0
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	33	
00		e smaller of zero or line 37	39	0
Part		ax Computation	35	
40 /		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0
41/		Taxable at Trust Rates. See instructions for tax computation. Income tax on	40	
71/				
40		_	41	
42	_	ax. See instructions	42	· · · · · ·
43	_	tive minimum tax (trusts only)	43	
44		Noncompliant Facility Income. See instructions	44	
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0
Part	V 1 1	ax and Payments		
46a	/Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) . 46a		
ь/		redits (see instructions)		
C		business credit. Attach Form 3800 (see instructions) . j j 46c		
d		or pnor year minimum tax (attach Form 880 or 8827)		
e	Total c	redits. Add lines 46a through 46d	46e	0
47	Subtrac	et line 46e from line 45	47	0
48	Other ta:	ces. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	0
49	Total ta	ax. Add lines 47 and 48 (see instructions)	49	- 0
50	2019 no	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), Jine 3	50	
51a	Payme	nts: A 2018 overpayment credited to 2019		
b	2019 es	stimated tax payments		
С	Tax de	posited with Form 8868		
đ	-	organizations: Tax paid or withheld at source (see instructions) 51d		
e	-	withholding (see instructions)		
f		or small employer health insurance premiums (attach Form 8941)		
g		redits, adjustments, and payments: Form 2439		
	☐ Forr			
52		ayments. Add lines 51a through 51g	52	2,200
53		ed tax penalty (see instructions). Check if Form 2220 is attached	\$3	
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	0
55		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	2,200
58	-	a amount of line 55 you want: Credited to 2020 estimated tax ► 0 Refunded ►	56	2,200
Part		externents Regarding Certain Activities and Other Information (see instructions)	T T	
		time during the 2019 calendar year, did the organization have an interest in or a signature or other		vrity Yes No
57		time during the 2019 calendar year, did the organization have an interest in or a signature or othe inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may be a country.		"ILY
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign		
	here ▶	Total 114, report of Foleigh bank and Financial Accounts. If Fes, effect the fiathe of the folei	gii coui	
58	_	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	n trust?	•
		" 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 ▶ \$		
C:		penalties of beylury, I declare that I have examined this return, including accompanying schedules and statements, and to the best ourrect, and downplete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	it my knov	viedge and belief, it is
Sign	k	No.		S discuss this return
Here		THIS PRESIDENT AND CEO		reparer shown below tions)? 7 Yes No
	Signati	Te of office Utake Title		, ,,,,,,
Paid		Print/Type preparer's name Preparer's signature // Date Check	k 🗆 if	PTIN
Prepa	arer	ROBERT WILLIAMS 11/9/202 Bell-e	mployed	P01345960
•		Firm's name ▶ CROWE LLP Firm's	EIN >	35-0921680
Use (Only	Firm's address > 1455 PENNSYLVANIA AVENUE, NW. SUITE 700, WASHINGTON, DC 20004-1008 Phone	_	202) 624-5555

-=-

Form 990-T (2019)									Page 3	
Schedule A-Cost of Goods Sol	d. Er	ter method of in	ver	itory va	luation ▶					
1 Inventory at beginning of year		1	0			at e	nd of year	6	0	
2 Purchases		2	0	7	•		ds sold. Subtract line			
3 Cost of labor		3	0		_		Enter here and in Part			
4a Additional section 263A cos	ts 🗀				1, line 2		7			
(attach schedule)		4a	0	8	Do the rul	les of section 263A (with respect to Yes			Yes No	
b Other costs (attach schedule)	T.	4b	0				roduced or acquired for resale) apply			
5 Total. Add lines 1 through 4b		5	0			organization?				
Schedule C-Rent Income (From	n Re	al Property and	l Pe	rsonal	Property	Lea	ased With Real Pro	perty)	<u></u>	
(see instructions)										
1. Description of property										
(1)										
(2)										
(3)										
(4)		·								
2. Rent	receiv	ed or accrued								
for personal property is more than 10% but not percentage of re				and personal property (if the t for personal property exceeds t is based on profit or income)			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)						1				
(2)										
(3)		. 1001001								
(4)						_				
Total				0	(b) Total deductions.					
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column (Enter here and on page 1, 0 Part I, line 6, column (B) ▶					
Schedule E-Unrelated Debt-Fir			ınstı	ructions	;)		, , , , , , , , , , , , , , , , , , , ,			
Description of debt-finance	2	Gross income from or allocable to debt-financed			Deductions directly connected with or allocable to debt-financed property					
T. Description of deat-intailded property				property		(a) Straight line depreciation (attach schedule)	(b) Other d (attach s		
(1)			_							
(2)			<u> </u>							
(3)										
(4)			<u> </u>							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)				4 dì	olumn vided slumn 5	7.	. Gross income reportable (column 2 × column 6)	8. Allocable (column 6 × to 3(a) an	tal of columns	
(1)					%					
(2)					%					

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0

0

Enter here and on page 1, Part I, line 7, column (B)

(3)

(4)

Total dividends-received deductions included in column 8

%

%

Enter here and on page 1, Part I, line 7, column (A).

3

Schedule F-Interest, Ann	uities, Royalties,	and Ren	ts From	Controlled Org	anizations (se	e instruc	ctions)		
				Organizations	<u></u> ,				
` 1. Name of controlled organization	2. Employer identification number		lated income instructions)	Total of specified payments made	included in the	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)							1		
(2)						-			
(3)									
(4)								·	
Nonexempt Controlled Organiz	zations				•		_4		
7. Taxable Income		Net unrelated income oss) (see instructions)		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		connected with income in	
(1)	- · · · · ·								
(2)				<u> </u>					
(3)									
(4)		Ì				<u></u>			
					Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 here and on page 1, line 8, column (B)	
Totals			· · · ·			(0	
Schedule G-Investment I	ncome of a Sect	ion 501(or (17) Organi	,				
1. Description of income	2. Amount of	fincome	dire	Deductions ctly connected ach schedule)	4. Set-aside (attach sched		and s	otal deductions et-asides (col. 3 plus col. 4)	
(1)									
(2)									
(3)									
(4)									
	Enter here and Part I, line 9, c	on page 1 column (A).	, nen n	* * * * *	· · · · · ·	B 61		re and on page 1, ne 9, column (B)	
Totals	>		0					0	
Schedule I—Exploited Exe	empt Activity Inc	ome, Oti	ner Than	Advertising In	come (see inst	tructions	<u>) </u>		
Description of exploited activity	2. Gross unrelated business inco from trade o business	me conr	Expenses directly sected with duction of nrelated 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	om activity that s not unrelated attribut		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)					· · · · · · · · · · · · · · · · · · ·				
(2)				·		1			
(3)			••						
(4)									
Totals	Enter here and page 1, Part line 10, col (/	I, pag	here and on e 1, Part I, 10, col (B) 0					Enter here and on page 1, Part II, line 25	
Schedule J-Advertising I	ncome (see instruc		<u>`</u>						
	eriodicals Repor		Consoli	dated Basis					
1. Name of periodical	2. Gross advertising income	- 1	. Direct tising costs	4. Advertising gain or (loss) (col 2 minus col. 3). If a gain, compute	5. Circulation income		dership sts	7. Excess readership costs (column 6 minus column 5, but not more than	
(1)				cols 5 through 7				column 4)	
(2)			<u></u>			<u> </u>			
(3)				-		<u> </u>			
(4)	<u> </u>	<u> </u>							
Totals (carry to Part II, line (5)) .	>	0	0	0				0 990-T (2019)	

Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership gain or (loss) (col. 2 minus col 3) If 2. Gross costs (column 6 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising minus column 5, but advertising costs income costs a gain, compute cols. 5 through 7 not more than column 4). Income (1) (2) (3) (4) 0 0 **Totals from Part I** Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 26 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) 0 Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 1. Name 2. Title unrelated business (1) % 96 (2) (3) % (4) %

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0

Form 990T Part V, Line 51b	Estimated Tax Payments		
,			
	Date	Amount	
10/15/2019		·	2,200
	Totals		2,200