		. , " 000 T	1 E	EXT Exempt Organ				17, 202		Tax	v Doturn		OMB No 1545-0047
F	orm	990-T	[ection 603		ıa	1 00 (0		
			For cal	endar year 2019 or other tax yea	-	-				JUN	30, 2020) l	2019
				► Go to www.					_			" L	
		nent of the Treasury Revenue Service		Do not enter SSN number	-								Open to Public Inspection for 501(c)(3) Organizations Only
Ā		Check box if		Name of organization (Check	box if name o	hanged	and see instri	uctions.)			oyer identification number oyees' trust, see
		address changed		HAMDARD CEN'	rer f	OR HEA	LTH	& HUMA	N			instru	ctions)
В	Exe	empt under section	Print	SERVICES	·								6-3917885
	X	501(c<u>t</u>)(3)	or Type	Number, street, and room			x, see I	nstructions.			ľ		ated business activity code instructions)
	=	408(e) 220(e)	Type	228 E. LAKE									
	=	408A530(a)		City or town, state or prov			r foreig	ın postal code					000
-	_	529(a) value of all assets	<u> </u>	ADDISON, IL						_	I	532	000
C	aten	d of year	0.0	F Group exemption numb G Check organization type			paratio		1(c) tru	ct	401(a)	truct	Other trust
-	I Ente			tion's unrelated trades or b			1	11 30	• •	•	only (or first) unr		Other trust
			-	TAL OF OFFIC		-					nplete Parts I-V. I		than one
)				ce at the end of the previou			arts I ar		-		•		
		ness, then complete				o, cop.c		,					
ī				oration a subsidiary in an a	iffiliated gr	oup or a pare	nt-subs	idiary controlle	ed group)?	▶ [Ye	s X No
				ifying number of the paren		_		_					
J	The	books are in care of	▶ I	LANCE WICKS					Tel	ephone	number ► 6:	30.	860.7091
	Par	t I Unrelated	d Trac	le or Business Inc	ome			(A) Inc	ome		(B) Expenses		(C) Net
	1a (Gross receipts or sale	es										,
	b L	ess returns and allow	wances		c Balanc	e 🕨	1c_						
		Cost of goods sold (S					2	<u> </u>		-			/
		Gross profit. Subtract					3						
		Capital gain net incon	•	•	4707)		4a_						
				art II, line 17) (attach Form	4/9/)		4b			_	_/		
		Capital loss deduction		its thip or an S corporation (at	tach etator	mont)	4c	 			<i></i>		,
		ricome (ioss) iroin a Rent income (Schedu		silly or all 5 corporation (at	lacii sialei	nem)	6						
		Jnrelated debt-financ		ne (Schedule F)			7	18	,207	, 	12,18	35.	6,022.
				nd rents from a controlled o	rganizatioi	n (Schedule F)							· ·
				on 501(c)(7), (9), or (17) or							-		
		exploited exempt acti				` ,	10						
1		Advertising income (S				/	11						
1	2 (Other income (See in:	struction	s; attach schedule)			12				-		
		Total. Combine lines					13	18			12,18	35.	6,022.
L	Par	t II Deductio	ns No	ot Taken Elsewher be directly connected wi	e (See in	istructions for	or limit	ations on dec	duction	s)			
-								IVED	=		Т	1	
			ficers, di	rectors, and trustees (Sche	đúle K)		_OL	IVLU	ان		}	14	
		Salaries and wages				<u>اوا</u>		4 0004	l <u>X</u> l		-	15	
	6	Repairs and mainter Bad debts	idiice			MA (2306)	Y 1	4 2021	S-0S(}	16 17	
	7 .8	Interest (attach sche	dula) (c	ea instructions)		L			_≅		ŀ	18	
	9	Taxes and licenses	ouic) (s	se instructions)		00	SDE	EN, UT_	1		ļ ļ	19	478.
		Depreciation (attach	Form 4	5622		<u> </u>			20		ľ		
				Schedule A and elsewhere	e on return)			21a			21b	
	2	Depletion						•		•		22	
		Contributions to defe	erred co	mpensation plans								23	
		Employee benefit pr	/	•								24	
		Excess exempt expe	-	chedule I)								25	
		Excess readership co										26	
		Other deductions (at										27	
2		Total deductions. A	dd lines	14 through 27								28	478.
2	9			ncome before net operating							<u> </u>	29	5,544.
3	10	Deduction for net op	erating	loss arısıng ın tax years beç	inning on	or after Janua	ary 1, 20	018					
	/	(see instructions)										30	0.
_	<u> </u>			ncome Subtract line 30 fro								31	5,544.
9	23701	01-27-20 LHA F	or Papei	work Reduction Act Notice	. see insti	ructions							Form 990-T (2019)

,,,,		
	T (2016) HAMDARD CENTER FOR HEALTH & HUMAN SERVICES	36-3917885 Page 2
Part		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 5,544.
	Amounts paid for disallowed fringes	38
	Charitable contributions (see instructions for limitation rules)	34 0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35 5,544.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37 5,544.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	
	enter the smaller of zero or line 37	39 4,544.
	\text{Tax Computation}	1
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	954.
41	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:	 -
	Tax rate schedule or Schedule D (Form 1041)	41
42	Proxy tax. See instructions	42
	Alternative minimum tax (trusts only)	43
	Tax on Noncompliant Facility Income. See instructions	44
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 954.
	V \\Tax and Payments	
,	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	-
	Other credits (see instructions) 46b	-
	General business credit. Attach Form 3800	4
	Credit for prior year minimum tax (attach Form 8801 or 8827)	
	Total credits. Add lines 46a through 46d	46e
	Subtract line 46e from line 45	954.
	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48 954.
	Total tax Add lines 47 and 48 (see instructions)	
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 Payments A 2018 overpayment credited to 2019 2, 240.	
	· · · · · · · · · · · · · · · · · · ·	4
	2019 estimated tax payments Tax deposited with Form 8868 \$\frac{\\$1b}{\\$51c} = \frac{1,800}{\\$1,800}\$	-
	•	4
		-
	Backup withholding (see instructions) Scott for small amplicust health insurance promiums (attach Form 9041)	┥
	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439	┥
y	Form 4136 Other Total 51g	
52	Total payments. Add lines 51a through 51g	$\frac{1}{52}$ 4,040.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53
	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54
	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55 3,086.
	Enter the amount of line 55 you want: Credited to 2020 estimated tax 3,086. Refunded	56 0.
Part		33
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	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 > ,	X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X
	If "Yes," see instructions for other forms the organization may have to file	
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	edge and belief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	May the IRS discuss this return with
Here		he preparer shown below (see
	Signature of officer Date Title	nstructions)? X Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN
Paid	HEATHER BONIFAS, HEATHER BONIFAS, self-employed	•
Prep	Parer CPA	P01711657
Use	Only Firm's name ► SIKICH LLP Firm's EIN ►	36-3168081
	1415 W. DIEHL RD. SUITE 400	
	Firm's address ► NAPERVILLE, IL 60563-2349 Phone no.	(630)566-8400
923711 0	11-27-20	Form 990-T (2019)

Form 990-T (2019) SERVICES		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u 1101224		36-3917	885 Page 3
Schedule A - Cost of Good	Sold. Enter	method of invent	ory valuation N/	A		
1 Inventory at beginning of year	1		6 Inventory at end of y		-	6
2 Purchases	2		7 Cost of goods sold.		ine 6	*
3 Cost of labor	3		from line 5. Enter he			
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of secti	on 263A (v	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced of	•	•	1
5 Total Add lines 1 through 4b	5		the organization?		,,	
Schedule C - Rent Income		Property and		Lease	d With Real Prope	rty)
(see instructions)	•		• •		•	•
1 Description of property						
(1)						·
(2)					 	
(3)						
(4)	2. Rent receiv	ed or accrued			<u> </u>	
(a) From personal property (if the per rent for personal property is more	centage of than	(b) From real an	nd personal property (if the percentersonal property exceeds 50% or us based on profit or income)	ntage if	3(a) Deductions directly co columns 2(a) and	onnected with the income in 2(b) (attach schedule)
10% but not more than 50%)		uie rent	is based on profit of income)			
(1)						
(3)						
(4)			 			
Total	0.	Total		0.		
(c) Total income. Add totals of columns	2(a) and 2(b). En	L			(b) Total deductions. Enter here and on page 1,	_
here and on page 1, Part I, line 6, column				0.	Part I, line 6, column (B)	<u> </u>
Schedule E - Unrelated Deb	t-Financed	Income (see	nstructions)			
			2. Gross income from		 Deductions directly conne to debt-financed 	cted with or allocable I property
1. Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
					(attach schedule)	STATEMENT 3
(1) RENTAL OF OFFICE	SPACES	 	46,650	+		31,219.
(2)	DIACED		40,030	+		31,213.
(3)						
(4)				+		-
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property n schedule)	6. Column 4 divided by column 5	- 1	7. Gross income reportable (column 2 x column 6)	8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 345,246.		884,493.	39.03%		18,207.	12,185.
(2)			%			
(3)			%			
(4)			0/_			

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12,185.

0.

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

Totals

STATEMENT 2

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

18,207.

STATEMENT 1

Total dividends-received deductions included in column 8

			Exempt	Controlled O	rganızatı	ons				
Name of controlled organizat	Name of controlled organization		yer 3. Net u (loss) (s	nrelated income se instructions)	4. Tot payr	al of specified nents made	includ	nt of column 4 to led in the contration's gross i	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
lonexempt Controlled Organi	zations									
7 Taxable Income		related income (i e instructions)	loss) 9 . Tota	al of specified payr made	nents	10. Part of column the controllingross	mn 9 tha ng orgar s income	t is included nization's		luctions directly connected income in column 10
(1)										
(2)										
(3)						-				
(4)							•			
						Add colum Enter here and line 8, c		1, Part I, 4)	Enter he	d columns 6 and 11 re and on page 1, Part I, ine 8, column (B)
otals Schedule G - Investme	nt Incom	o of a Sa	otion E01/o	7) (0) or (17) Ora	onization		0.		0
scnedule G - investme) (see instr		e oi a 5e	CHOH 30 I (C)(<i>i)</i> , (3), or (i <i>r j</i> Org	janization				
· · · · · · · · · · · · · · · · · · ·	ription of incom	е		2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)						,				(100 1)
(2)										
(3)										
(4)										
				Enter here and o Part I, line 9, co		,		-	ب	Enter here and on page Part I, line 9, column (B)
otals			•	•	0.		3	;		0
Schedule I - Exploited (see instru	-	Activity In	come, Othe	r Than Adv	ertisin	g Income				•
1 Description of exploited activity	2. Gro unrelated b income trade or bu	usiness from	3 Expenses directly connected with production of unrelated business income	4 Net incom from unrelated business (co minus column gain, compute through	trade or tumn 2 n 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributs colun	ible to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				1						
(2)										
(3)										
(4)										
	Enter here page 1, F line 10, co	Parti, ol(A)	Enter here and on page 1, Part I, line 10, col (B)	,	•				e	Enter here and on page 1, Part II, line 25
otals ► Schedule J - Advertisir	la Incom	0.	tructions)	-						0
Part I Income From I				solidated	Basis			_		
1. Name of periodical		2 Gross advertising income	3. Direct advertising cost	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulat		6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			<u> </u>							
(2)									$\overline{}$	
(3)										
(4)										
										
otals (carry to Part II, line (5))	>	0.	. ().						0
, , , , , , , , , , , , , , , , , ,										Form 990-T (201

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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, line 11, col (B)		Þ		Enter here and on page 1, Part II, line 26
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)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ACQUISITION DEBT	INCOME	STATEMENT 1
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING
RENTAL OF OFFICE SPACES	1	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH		359,594. 357,067. 354,529. 351,980. 349,420. 346,849. 344,267. 341,673. 339,068. 336,451. 333,823. 328,227.
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		4,142,948.
AVERAGE AQUISITION DEBT		345,246.
AVERAGE AQUISITION DEBT COTALS TO FORM 990-T, SCHEDULE E, COLUMN 4 CORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ADJUSTED BASIS DESCRIPTION OF DEBT-FINANCED PROPERTY	INCOME ACTIVITY NUMBER	STATEMENT 2
COTALS TO FORM 990-T, SCHEDULE E, COLUMN 4 CORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ADJUSTED BASIS	ACTIVITY	
COTALS TO FORM 990-T, SCHEDULE E, COLUMN 4 CORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ADJUSTED BASIS DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER 1	STATEMENT 2

FORM 990-T	SCHEDULE	Е -	- C	THER	DEDUCTIONS		STATEMENT 3
DESCRIPTION					ACTIVITY NUMBER	AMOUNT	TOTAL
REPAIRS & MAINTENANCE						31,219.	
	- 5	UBI	гот	TAL -	1		31,219.
TOTAL OF FORM 990-T, S	SCHEDULE E	:, c	COI	LUMN 3	3(B)		31,219.