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EXTENDED TO MAY 17, 2021

Form 990-T	E	Exempt Organ		ine	ss Inc	ome T	ax Return	·	OMB No 1545-0047
	Fa. 40	(a) Jendar year 2019 or other tax yea	nd proxy tax und				N 30 202	ا ۱	2010
	⊢or ca		irs.gov/Form990T for in					<u>~</u>	2019
Department of the Treasury Internal Revenue Service	<u> </u>	Do not enter SSN numbe							Open to Public Inspection for 501(c)(3) Organizations Only
A X Check box if address changed		Name of organization (Oneck box it hame changed and see instructions.)						Emp	oyer identification number loyees' trust, see ictions)
B Exempt under section	Print								2-1407566
X 501(c)(3 0)	or Type	Number, street, and room		x, see i	nstructions.				ated business activity code instructions)
408(e) 220(e)	''	1300 WOODLA				_		-	
408A 530(a) 529(a)		City or town, state or pro WEST DES MO		r toreig 0 2 6		e		531	190
C Book value of all assets at end of year		F Group exemption number		>	·	-			
11,629,6		G Check organization typ		ooratio	n 5	01(c) trust	401(a)) trust	Other trust
H Enter the number of the	-		· —	1		_	the only (or first) ur		
		EE STATEMENT				_	complete Parts I-V.		
		ce at the end of the previou	us sentence, complete Pa	ırts I ar	id II, complet	e a Schedule	M for each addition	al trade	or
business, then complete		-v. ioration a subsidiary in an i	offiliated group or a parer	at-cube	idiani control	llad aroun?	<u> </u>	Ye	es X No
		lifying number of the paren		11-2002	iulary control	ileu group?			S A INU
J The books are in care of			it derperation.			Telepho	one number 🕨 5	15-	280-3860
		de or Business Inc	ome		(A) In	come	(B) Expenses		(C) Net
1a Gross receipts or sale	s								
b Less returns and allow	wances		c Balance	16					
2 Cost of goods sold (S	Schedule	A, line 7)		2					
3 Gross profit. Subtract				3			1	•	
4a Capital gain net incom	•	•		4a		 	•		
		art II, line 17) (attach Form	1 4797)	4b					<u>, </u>
c Capital loss deduction			ttach atatamant\	4c					
5 Income (loss) from a 6 Rent income (Schedul		ship or an S corporation (at	uach statement)	5 6			/		
7 Unrelated debt-finance	•	ne (Schedule F)		7	140	716	75,5	45.	65,171.
		nd rents from a controlled o	organization (Schedule F)	8		//			
		ın 501(c)(7), (9), or (17) oı	-	9					
10 Exploited exempt activ	vity inco	me (Schedule I)		10					
11 Advertising income (S	Schedule	: J)		11					
12 Other income (See ins		,		12/					
13 Total. Combine lines				13		716.	75,5	45.	65,171.
		ot Taken Elsewher be directly connected wi				eductions)			
14 Compensation of offi	icers. dir	rectors, and trustees (Sche	dule K)					14	
15 Salaries and wages	, -							15	
16 Repairs and mainten	ance		<i>/</i> .					16	
17 Bad debts								17	
18 Interest (attach sche	dule) (se	ee instructions)	RECE	1\/F	D			18	
19 Taxes and licenses			11200				12 040	19	4,210.
20 Depreciation (attach			Tet MAD A	: an	21 250-5	20	13,248.		•
	aimed or	Schedule A and elsewhere	e on return MAK U	1 20	21 3	21a	13,248.	21b 22	0.
22 Depletion23 Contributions to defe	arrad car	maneation plans]≅			23	<u> </u>
24 Employee benefit pro		riperisation plans	OGDE	11	JT			24	
25 Excess exempt exper	J	:hedule I)	<u> </u>					25	<u> </u>
26 Excess readership co								26	
27 Other deductions (att			(L))	XX	TH			27	
28 Total deductions. Ad			K	~ \^*	` ` }			28	4,210.
/		ncome before net operating				3		29.	60,961.
,	erating l	oss arısıng ın tax years beç	ginning on or after Januai	ry 1, 20)18		· /m		,
(see instructions)		0.4	b 00		•		(1)	30	0.
7	_	ncome. Subtract line 30 fro						1 31	60,961. Form 990-T (2019)
923701 01-27-20 LHA Fo	n raper	WUIK NEUUCTION ACT NOTICE	., see monuchans					•	FULLI 330-1 (2019)

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	DI KO19) UNITED COMMUNITY SERVICES, INC.		42-140	7566 Page 2
\ Part	III Total Unrelated Business Taxable Income		1,	
\ 32	fotal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 🐧	. ↓ L	32	60,961.
33	Amounts paid for disallowed fringes	, r	38	
34	Charitable contributions (see instructions for limitation rules)	ياسبر	3/4	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtact line 34 from the sum of lines 32 a	and 33	35	60,961.
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	60,961.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	% [38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	, ~ [T i	
	enter the smaller of zero or line 37	1/1	39	59,961.
Part	IV Tax Computation		1	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		40	12,592.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from	Γ		
	Tax rate schedule or Schedule D (Form 1041)	▶ [141	
42	Proxy tax. See instructions	▶	42	
43	Alternative minimum tax (trusts only)		4B	
44	Tax on Noncompliant Facility Income See instructions	<u>.</u> [44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	7	45	12,592.
	V/ Tax and Payments			<u> </u>
) 46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		T)	
/	Other credits (see instructions) 46b	\neg	'	
C	General business credit. Attach Form 3800	\neg		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		<i>n</i>	
	Total credits Add lines 46a through 46d		46e	
47	Subtract line 46e from line 45	<u> </u>		12,592.
48	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach so	:hedule).	48	,
49	Total tax. Add lines 47 and 48 (see instructions)	4		12,592.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	۱,	50	0.
	Payments: A 2018 overpayment credited to 2019	<u> </u>	"	
	2019 estimated tax payments \ 516	540.	11	
	Tax deposited with Form 8868		1	
	Foreign organizations Tax paid or withheld at source (see instructions)			
	Backup withholding (see instructions) 51e	$\overline{}$		
	Credit for small employer health insurance premiums (attach Form 8941)	$\overline{}$		
	Other credits, adjustments, and payments. Form 2439			
y	Form 4136 Other Total 50g			
52	Total payments. Add lines 51a through 51g		52	14,540.
52 53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	-	53	28.
	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		54	
54 55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	5 .	55	1,920.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	いこし	56	1,920.
Part		7/2	34 1	1,320.
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		 	Yes No
3/	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		•	1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
				X
	here			$\frac{\mathbf{x}}{\mathbf{x}}$
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust	•		
	If "Yes," see instructions for other forms the organization may have to file.			1 1 1
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 m	v knowled-	e and belief it in t	7118
Sign	under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the dest of incorrect and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		o and bolist, it is t	
Here	11/2/2021 000		the IRS discuss t	
	The factor of th		preparer shown be	· — I
		_	uctions)? X	Yes No
	Print/Type preparer's name Preparer's signature Date Check	L if	PTIN	
Paid	Self- en	ıployed	D0140	E 2 E 1
•	parer BRIAN ARONSON, CPA BRIAN ARONSON, CPA 12/21/20	b	P0142	
Use		EIN -	41-14	21013
	P.O. BOX 2100	~ 4	0 004	C00F
		по. 31	<u> 19-234-</u>	
923711	01-27-20		Form	990-T (2019)

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory va	luation N/A					
1 Inventory at beginning of year	1			Inventory at end of year	r		6		
2 Purchases	2		7	Cost of goods sold Su	ıbtract l	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in l	Part I,			
4a Additional section 263A costs				line 2		L	7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
 Other costs (attach schedule) 	4b			property produced or a	cquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income ((see instructions)	From Real	Property and	Pers	onal Property L	ease	d With Real Prope	erty) 		
1. Description of property									
(1)		,				****			
(2)									
(3)									
(4)									
	2. Rent receive	ed or accrued				0(0) 5-4			
(a) From personal property (if the pero rent for personal property is more 10% but not more than 50%)	entage of than	of rent for pe	rsonal p	nal property (if the percentag property exceeds 50% or if d on profit or income)	ge .	3(a) Deductions directly c columns 2(a) and	2(b) (attach sched	income in lule)	•
(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	(A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	t-Financed	Income (see I	nstruc	ctions)					
				. Gross income from or allocable to debt-		3. Deductions directly conne to debt-finance	d property		
Description of debt-fin	anced property			financed property	(a)	Straight line depreciation (attach schedule)	(b) Other (attach s	deduction: chedule)	S
					S	TATEMENT 2	STATEM	ENT	3
(1) OFFICE BUILDING				177,716.		13,248.	8	32,1	61.
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis illocable to nced property	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocab (column 6 x t 3(a) a		
STATEMENT 4	STA ^{HE}								
(1) 1,579,308.	1,	994,700.		79.18%		140,716.	7	75,5	<u>45.</u>
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)	Enter here an Part I, line 7,		
Totals				▶		140,716.		75,5	<u>45.</u>
Total dividends-received deductions in	cluded in column	18							0.

Schedule F - Interest,	Annuitie	s, Royal	ties, and	Rents	From Co	ntrolle	d Organiza	itions	see ins	struction	ns)
				Exempt	Controlled O	rganızatı	ons				
Name of controlled organiza	tion	2. Em identifi num	cation		related income e instructions)	4. Tot pays	tal of specified ments made	includ	t of column 4 ed in the contration's gross	rolling	6. Deductions directly connected with income in column 5
(1)						 		\vdash		\rightarrow	
(1)							•				
(3)											.=
(4)											
Nonexempt Controlled Organi	ızatıons					L	·	L			· · · · · · · · · · · · · · · · · · ·
7. Taxable Income		nrelated incon	e (loss)	Q Total	of specified pay	ments	10. Part of colu	mn 9 tha	t is included	11 D	leductions directly connected
,.		ee instruction		0.	made		in the controlli	ng organ s income	nization's	wil	th income in column 10
(1)											
(2)											
(3)							-				
(4)											
							Add colun Enter here and line 8, c		1, Part I,		Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals									0.		0.
Schedule G - Investme	nt Incon	ne of a S	Section	501(c)(7	7). (9). or (17) Ord	nanization		<u> </u>		,
	ructions)	iic oi a c	COLIOII	001(0)(1	,,, (5), 61 (, 0.	jainzation				
	<u> </u>				I		3. Deduction	ns	4		5. Total deductions
1. Desc	ription of incol	me			2. Amount of	income	directly conne (attach sched	cted	4. Set- (attach s	asides chedule)	and set-asides (col 3 plus col 4)
(1)					<u> </u>		(andomosiis	,			(30, 3),33 30, 1,
(2)					 				-		
(3)	-				<u> </u>						
(4)					<u> </u>						
					Enter here and	on page 1,	 				Enter here and on page 1,
					Part I, line 9, co	lumn (A)	•				Part I, line 9, column (B)
Totals				•		0.					0.
Schedule I - Exploited	Exempt	Activity	Income	, Other	Than Adv		g Income				
(see instru	uctions)										
Description of exploited activity	2. G unrelated income trade or b	business e from	3. Exp directly co with pro of unre business	onnected duction elated	4. Net incon from unrelated business (co minus colum gain, comput- through	trade or lumn 2 n 3) If a a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(4)	 				0,,00g	<u> </u>					+
(1)	 										
(2)	-				1						+
	-										
(4)	Enter her page 1, line 10,	Parti,	Enter here page 1, line 10,	Part I,		•					Enter here and on page 1, Part II, line 25
Totals -	<u> </u>	0.]		0.							0.
Schedule J - Advertision	ng Incon	ne (see ii	nstruction	s)			·		_		
Part I Income From	Periodic	als Repo	orted on	a Con	solidated	Basis		_			
1 Name of periodical		2. Gross advertising income		. Direct rtising costs	or (loss) (c		5. Circulat		6. Reade cost		Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											l
Totals (carry to Part II, line (5))	•	()	0							0.

Page 5

Part II	ncome 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)	

	00.0	5		,				
	1. Name of period	dical	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 fro	m 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)	·		, 3	Enter here and on page 1, Part II, line 26
Totals, Pa	art 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	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED	STATEMENT 1
	BUSINESS ACTIVITY	

RENTAL OF OFFICE BUILDING IN WEST DES MOINES, IA

TO FORM 990-T, PAGE 1

FORM 990-T SCH	HEDULE E - DEPRECIA	ATION DEDUCT:	ION	STATEMENT 2
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAL -	- 1	13,248.	13,248.
TOTAL OF FORM 990-T, S	SCHEDULE E, COLUMN	3(A)		13,248.
FORM 990-T	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT 3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST PROPERTY TAXES UTILITIES JANITORIAL SERVICES REPAIRS AND MAINTENANCE	יםי		37,001. 12,880. 4,561. 16,194. 11,525.	
WELVING WAD WEINIENWING	- SUBTOTAL -	- 1	11,323.	82,161.
TOTAL OF FORM 990-T, S	CHEDULE E, COLUMN	3(B)		82,161.

FORM 990-T	AVERAGE ACC ALLOCABLE TO	-		, 	STATEMENT 4
DESCRIPTION			ACTIVI NUMBE	 AMOUNT	TOTAL
AVERAGE ACQUISI	rion indebtednes: - st	S UBTOTAL -	1	1,579,308.	1,579,308
TOTAL OF FORM 9	90-T, SCHEDULE E	, COLUMN 4	1		1,579,308

FORM 990-T	ORM 990-T AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY						
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL			
AVERAGE ADJUSTE	D BASIS - SUBTOTAL -	1	1,994,700.	1,994,700.			
TOTAL OF FORM 9	90-T, SCHEDULE E, COLUMN	5		1,994,700.			