Form 990-T xempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning Department of the Treasury Go to www.irs.gov/Form990T for instructions and the latest information. Open to Public Inspection for Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only. Check box if address changed X Check box if name changed and see instructions) D Employer identification number (Employees' trust, see instructions) Exempt under section 501(C (3) Print IUE-CWA HOUSING CORPORATION OF Number, street, and room or suite no. If a P.O. box, see instructions 14-1510984 408(e) 220(e) 900 THIRD AVE, SUITE 2100 408A 530(a) Type E Unrelated business activity codes (See instructions) 529(a) City or town, state or province, country, and ZIP or foreign postal code **NEW YORK** NY 10022-4869 900099 900099 C Book value of all assets Group exemption number (See instructions) ▶ at end of year 10,162,687 G Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other trust Describe the organization's primary unrelated business activity During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If "Yes." enter the name and identifying number of the parent corporation The books are in care of ▶ PETER MITCHELL 937-298-9984 Telephone number ▶ **Unrelated Trade or Business Income** Part I .' (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c SEE STMT 1 Income (loss) from partnerships and S corporations (attach statement) 5 11,647 11,647 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12 Total. Combine lines 3 through 12 13 11,647 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, Part II deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) Salaries and wages 15 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation reles) 20 20 21 Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on 22 22a 22b 23 NOV 26 2018 Depletion 23 Contributions to deferred compensation plans 24 24 25 Employee benefit programs 25 OGDEN 26 Excess exempt expenses (Schedule 1) 26 27 Excess readership costs (Schedule J) 27 28 Other deductions (attach schedule) 28 29 Total deductions. Add lines 14 through 28 29 30 11,647 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 31 Net operating loss deduction (limited to the amount on line 30) 31 11,647 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 1,000 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, 34 enter the smaller of zero or line 32 10,647

For Paperwork Reduction Act Notice, see instructions.

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Form	990-T (2017) IUE-CWA HOUSING CORPORATION	<u> </u>	<u> 10984 </u>			Page 2
Pa	rt III Tax Computation	<u> </u>				
35	Organizations Taxable as Corporations. See instructions for tax computation	Controlled group	· ·	1		
	members (sections 1561 and 1563) check here ▶ ☐ See instructions and			,		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income bracket	ts (in that order)		1 1		
	(1) \[\bigs\ \			, l		
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)				į	
	(2) Additional 3% tax (not more than \$100,000)	\$				
С	Income tax on the amount on line 34		•	35c		1,597
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax	on		, –	_	
	the amount on line 34 from Tax rate schedule or Schedule D (Fo	orm 1041)	•	36	L	
37	Proxy tax. See instructions		•	37		
38	Alternative minimum tax			38		
39	Tax on Non-Compliant Facility Income. See instructions			39		
<u>40</u>	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40		1,597
Pa	rt IV Tax and Payments					
41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a				
b	Other credits (see instructions)	41b		,		
С	General business credit. Attach Form 3800 (see instructions)	41c		7 . 1		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		7 1		
е	Total credits. Add lines 41a through 41d			41e		
42	Subtract line 41e from line 40			42		1,597
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other	r (att sch)		43		
44	Total tax. Add lines 42 and 43			44		1,597
45a	Payments: A 2016 overpayment credited to 2017	45a				
b	2017 estimated tax payments	45b		7 1		
С	Tax deposited with Form 8868	45c		7		
d	Foreign organizations Tax paid or withheld at source (see instructions)	45d		7 J		
е	Backup withholding (see instructions)	45e		-		
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f		71 I		
g	Other credits and payments Form 2439			∏.		
Ū	Form 4136 Other Total	I▶ 45g				
46	Total payments. Add lines 45a through 45g	<u> </u>		46		
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached		► X	47		49
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		<u> </u>	48		1,646
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount of	verpaid	>	49		
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax		Refunded >	50		
Pa	rt V Statements Regarding Certain Activities and Other Inf	ormation (see i	nstructions)			
51	At any time during the 2017 calendar year, did the organization have an interest in	or a signature or o	ther authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, th	e organization may	have to file			'` -
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter	the name of the fore	eign country			
	here ▶					X
52	During the tax year, did the organization receive a distribution from, or was it the g	rantor of, or transfe	ror to, a foreign	trust?		X
	If YES, see instructions for other forms the organization may have to file.					,
<u>53</u>	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 st virue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which pr		f my knowledge and be	elief, it is		
Sig			May the with the	IRS discuss this return preparer shown below		
Her	e Very \M\lambda \text{\lambda \tex}\lambda \text{\lambda \text{\lambda \text{\lambda \text{\t	DIRECTOR	IRECTOR			preparer shown below tructions)?
	Signature of officer Date Title				<u> </u>	Yes No
	Print/Type preparer's name Preparer's signature		Date	Check	lt b.	TIN
Paid	DONALD E. STEWART, CPA DONALD E. STEWART,		11/06/1	8 self-em		00256435
Prep		MPANY, IN	C. Firm	n's EIN	<u>31</u>	<u>-1183837</u>
	Only 4486 INDIAN RIPPLE ROAD					
	Firm's address DAYTON, OH 45440-3203		Pho	ne no	937-	320-1262

(1) (2) (3) (4) 4 Amount of average 5. Average adjusted basis 6. Column 8 Allocable deductions acquisition debt on or 7 Gross income reportable 4 divided (column 6 x total of columns allocable to debt-financed debt-financed property (column 2 x column 6) by column 5 3(a) and 3(b)) property (attach schedule) (attach schedule) % (1) % (2) % (3) (4) Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) **Totals**

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Total dividends-received deductions included in column 8

Schedule F - Interest, Annu	iities, Royal	ties, and Rei	nts Fro	m Controll	ed Org	ganiza	ations	(see instruc	tions)		
,	T		Exem	pt Controlled	l Orgar	nizatio	ns				
1. Name of controlled organization		2 Employer identification number		3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross incom		6 Deductions directly connected with income in column 5	
(1) N/A					-						
(2)			<u> </u>			_					
(3)			1								
(4)			1								
Nonexempt Controlled Organiza	tions									· · · · · · · · · · · · · · · · · · ·	
8.		. Net unrelated income loss) (see instructions)		9. Total of specified payments made		10. Part of column 9 included in the conti		e controlling		Deductions directly nected with income in column 10	
(1)		·	_ _								
(2)											
(3)						1					
(4)											
Totals				,		Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)		d on page 1, column (A)	Add columns 6 and 11 Enter here and on page 1 Part I, line 8, column (B)		
Schedule G - Investment In	come of a S	ection 501(c	;)(7), (9)	, or (17) O	rganiz	ation	(see ır	structions)			
Description of income		2 Amount of income		3 Deductions directly connected (attach schedule)			4. Set-asides (attach schedule)			5 Total deductions and set-asides (col 3 plus col 4)	
N / D		 		 					-		
(1) N/A		 									
(2)		 		 							
(3)		 									
(4)		 		12.071221870-07	2042 D	Mark Straight	A STANCE		Visit 1		
Totals		Enter here and o Part I, line 9, co	olumn (A)							er here and on page 1, at I, line 9, column (B)	
Schedule I - Exploited Exer	npt Activity	Income, Oth	er Thai	<u>n Advertisi</u>	<u>ng Inc</u>	<u>come</u>	(see in	structions)			
Description of exploited activity	2 Gross unrelated business incom from trade or business	3 Exper direct e connecte producti unrelat business i	tly d with on of ted	4. Net income (I from unrelated to business (cot 2 minus column If a gain, comp cots 5 through	rade umn 3) ute	from a	ss income ctivity that unrelated ass income	ettribu	enses able to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A		- 								 	
(2)							,				
(3)		- 		· · · · ·							
(4)		 		····						 	
Totals	Enter here and o page 1, Part I, line 10, col (A)	page 1, F	Part I,							Enter here and on page 1, Part II, line 26	
Schedule J – Advertising In	come (see in	estructions)			Crossicina (155	(# 25L131 K., Aut 284)	- Contract of the	EAST OF TRANSCRIPTION	Care and Target to		
Rantil Income From P			Cons	olidated Ba	sis						
Name of periodical	2. Gross advertising income	3. Dire advertising	ect	4. Advertising gain or (loss) (constant of the second of t	g col lf te		rculation icome		dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) N/A					7.00						
(2)											
(3)											
(4)								<u> </u>			
Totals (carry to Part II, line (5))										Farm 990 T (2017)	

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.) 4. Advertising 7. Excess readership 2 Gross gain or (loss) (col costs (column 6 3 Direct 5. Circulation 6 Readership advertising 1. Name of periodical 2 minus col 3) If minus column 5, but advertising costs income costs ıncome a gain, compute not more than cols 5 through 7 column 4) (1) N/A 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, line 11, col (A) line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4. Compensation attributable to 2 Title time devoted to unrelated business business (1) N/A % (2)

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%

▶

(3) (4)

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

14-1510984

Federal Statements

Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

Name of Partnership or S-Corp	 Gross Income	Direct Deductions (P	-	Net Income
HAMILTON LANE 2017 FUND HAMILTON LANE 2016 FUND	\$ 5,624 6,023	\$	\$	5,624 6,023
TOTAL	\$ 11,647	\$	0 \$	11,647