٧.

(83	9						29393	32	107637
. Fo	orm 9,00-T'	Exempt		Bu:	sine	ess Income	Tax Retu	rn	OMB No 1545-0687
•	مخت	For calendar year 2017 or	(and proxy ta	ax uno	der s	ection 6033(e))			2017
	partment of the Treasury	▶ G	o to www.irs.gov/Form9	90T for i	nstruct	, and ending ions and the latest infor	mation.		Open to Sublic Inspection to
Inte	ernal Revenue Service		N numbers on this form				ization is a 501(c)(Open to Public Inspection fo 501(c)(3) Organizations Only
A _	Check box if address changed	Name of organi	zation (Check box	if name i	change	d and see instructions.)		(En	ployer identification number iployees' trust, see tructions)
	Exempt under section 501(c)(3)		HOME FOR AG					_	13-1663975
Č	408(e) 220(e)	Tuna Mullibel, Street,	and room or suite no. If a	a P.O. bo	ox, see	nstructions.			related business activity codes a instructions)
	408A 530(a)	City or town, sta	ite or province, country, a			n postal code	·	Ţ.,	
<u></u> _	529(a) Book value of all assets		HELLE, NY)5			54	<u> 1200 532000</u>
C	at end of year	<u>_</u>	tion number (See instruct	<u>_</u>	noration	501(a) truct	[] 401	a\ *rua*	Other truet
н г	Describe the organization		ration type X 50			STATEMENT 1		a) trust	Other trust
_	During the tax year, was the								es X No
	f "Yes," enter the name an				III 3003	idiary controlled group?			es (A) No
	The books are in care of					Teleph	ione number	914	-632-2804
		Trade or Busine				(A) Income	(B) Expens		(C) Net
18	a Gross receipts or sales								
t	Less returns and allow	ances	c Balance		10				<u> </u>
2	Cost of goods sold (Sc	hedule A, line 7)			2				
3	Gross profit. Subtract li	ine 2 from line 1c			3				
	Capital gain net income	•			4a				
b	Net gain (loss) (Form 4		ich Form 4797)		4b				
C	Capital loss deduction f				4c	1 766			1,766.
5 £		tnerships and S corpora	ions (attach statement)		5 6	1,766.			1,700.
6 7	Rent income (Schedule Unrelated debt-financed			}	7	4,075.	8	336.	-4,261.
8			trolled organizations (Sch	, F\	8	=,013.	0,	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	3,201.
9			r (17) organization (Sche	' '					
10	Exploited exempt activit		() o. gamzanon (oono	/ /	10				
11	Advertising income (Sci	•		ľ	11				
12	- ,	•	STATEMENT	2	12	383,054.			383,054.
13	Total. Combine lines 3	through 12			13	388,895.	8,3	<u>336.</u>	380,559.
Pa	rt II Deduction	s Not Taken Else	where (See instruct	tions for	r limita	tions on deductions)			
	(Except for co	ntributions, deduction	s must be directly con	nected	WILL		income)	,	
14	•	ers, directors, and truster	es (Schedule K)	1	REC	15 2018		14	220 501
15	Salaries and wages			lol		1 5 2018		15	330,501.
16	Repairs and maintenan	ce		8020 8020	MOA	10,5010		16	
17 18	Bad debts	lo)		III L		SEN UT		18	
19	Interest (attach schedu Taxes and licenses	ie <i>)</i>		†	OG	DEN, UT		19	250.
20		s (See instructions for lir	nitation rules)	سسيا				20	
21	Depreciation (attach For	•	,			21	_		
22	Less depreciation claim	·	sewhere on return			22a		22b	
23	Depletion							23_	
24	Contributions to deferre	ed compensation plans						24	
25	Employee benefit progra							25	
26	Excess exempt expense	•						26	
27	Excess readership costs	•				מקום מחשתי	MENTO 2	27	57,996.
28	Other deductions (attac					SEE STATI	PINTINI 2	28	388,747.
29	Total deductions. Add	_	naratina lace daduation S	Subtract	line 20	from line 13		29 30	-8,188.
30 31	Net operating loss dedu		perating loss deduction. S ount on line 30)	JUUII AUL	11110 29		EMENT 4	31	0,100.
32	· -	•	fic deduction. Subtract lin	ne 31 fro	m line 3		ho-drida to _dr	32	-8,188.
33		="	ne 33 instructions for exc					33	1,000.
34	Unrelated business tax		ine 33 from line 32. If line			nan line 32, enter the sm	aller of zero or		
	line 32							34	-8,188.

-8.188. Form **990-T** (2017)

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990	TOTAL	13-16	63975		Page 2
Part					
35	Organizations Taxable as Corporations. See instructions for tax computation.				
	Controlled group members (sections 1561 and 1563) check here ▶		1 1		
8	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
	(1) [\$ (3) [\$		1 1		
	(1)				
L.	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		1 1		
	(2) Additional 3% tax (not more than \$100,000)				_
C	Income tax on the amount on line 34		35c		0.
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 (Form 1041)	•	36		_
37	Proxy tax. See instructions	>	37		
38	Alternative minimum tax	•	38		
39	Tax on Non-Compliant Facility Income. See instructions		39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40		0.
Part	V Tax and Payments		1 40 1		<u> </u>
					
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		-		
b	Other credits (see instructions)		4		
C	General business credit. Attach Form 3800		4 1		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		J j		
е	Total credits. Add lines 41a through 41d		41e		
42	Subtract line 41e from line 40		42		0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (att	ach schedule)	43		
44	Total tax Add lines 42 and 43	20., 20.1022.0,	44		0.
	Payments: A 2016 overpayment credited to 2017				
			┦ 1		
	2017 estimated tax payments 45b		⊣ [
	Tax deposited with Form 8868		- 1		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 45d		-		
е	Backup withholding (see instructions)]		
1	Credit for small employer health insurance premiums (Attach Form 8941) 45f]]		
	Other credits and payments: Form 2439		1		
•	☐ Form 4136 ☐ Other Total ▶ 45g		i l		
46	Total payments. Add lines 45a through 45g		46		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached		47		
			48		0.
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed				<u> </u>
	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49		<u>v.</u>
	Enter the amount of line 49 you want: Credited to 2018 estimated tax		50		
Part V	<u></u>	ons)			
51	At any time during the 2017 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			-	1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country				
	here >				X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	n trust?			X
	If YES, see instructions for other forms the organization may have to file.				
	·				l
53_	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 tax year.	nest of my know	viedge and belief i		
ign	correct, and complete. Declaration of preparer other than taxpayer) is based on all information of which preparer has any knowledge				
	1 13/18	Ma	ay the IRS discuss		with
lere	Cross 130 - Cro	the	preparer shown b		¬
	Signature of officer Date Title	ıns	structions)?	Yes	No
	Print/Type preparer's name Preparer's signature Date Che		PTIN		
Paid	self	f- employed			
Prepai	PARON SHAPIRO		P0133		
Use O	TOTAL C MACONED 111	rm's EIN 🕨	13-15	<u>1756</u>	3
J3 8 U	655 THIRD AVENUE, 12TH FLOOR				
		none no. 2	12-867-	4000	
	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON OF THE PE			990-T	
				,	. ,

723711 01-22-18

Schedule A - Cost of Good	is Sold. Enter method	of inven	itory valuation N/2	Δ				
1 Inventory at beginning of year	1		6 Inventory at end of ye			6		
2 Purchases	2		7 Cost of goods sold. S					
3 Cost of labor	3		from line 5. Enter here and in Part I,					
4a Additional section 263A costs			line 2	7				
(attach schedule)	4a		8 Do the rules of section	n 263A	(with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or		•			1
5 Total. Add lines 1 through 4b	5		the organization?					1
Schedule C - Rent Income (see instructions)	(From Real Proper	ty and	Personal Property	Leas	ed With Real Pro	pert	y)	
1. Description of property								
(1)								 -
(2)								
(3)								
(4)								
	2. Rent received or accrued	3						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than 'of	rent for pe	nd personal property (if the percent arsonal property exceeds 50% or if is based on profit or income)	age	3(a) Deductions directly columns 2(a) ar	connected 2(b) (a	ted with the income attach schedule)	ın
(1)								
(2)								
(3)								
(4)								
Total	0 . Total			0.				
c) Total income Add totals of columns there and on page 1, Part I, line 6, column				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb		(see in	nstructions)		1, 21, 11, 11, 11, 11, 11, 11, 11, 11, 1			
			2. Gross income from		3. Deductions directly conr to debt-finance			
1. Description of debt-fin	anced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(attach schedule)		S
				<u> </u>	PATEMENT 6		TEMENT_	<u>7_</u>
(1) 52 WILLOW DRIVE			28,200.		14,454.	·	43,2	<u> 38.</u>
(2)						↓		
(3)						<u> </u>		
(4)						↓		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 8	5. Average adjusted base of or allocable to debt-financed property STATEMENT 9		6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction of x total of colourn 6 x total of colourn 3(a) and 3(b))	
(1) 83,487.	577,6		14.45%		4,075.	1	8,3	36.
(2)		23.	<u> </u>			T		
(3)			%					
(4)		+						
		-,			ter here and on page 1, art I, line 7, column (A)		ter here and on page art I, line 7, column (E	
Totals					4,075.	1	8,3	36.
rotals Fotal dividends-received deductions inc	luded in column 8				=,0,5.			0.
The state of the s						·	Form 990-T (

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 (carry to Part II, line (5))	0.	0.				0.
						Farm 900-T (0017)

Form **990-T** (2017)

Form 990-T (2017) UNITED HOME FOR AGED HEBREWS 13-16639

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)							1
(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)			,	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)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2017)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 1
MANAGEMENT S	ERVICES AND RENTAL INCOME FROM DEBT FINANCED PROF	PERTY
FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION	、	AMOUNT
MANAGEMENT FEI	SS .	383,054.
TOTAL TO FORM	990-T, PAGE 1, LINE 12	383,054.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
PAYROLL TAXES EMPLOYEE BENEF	TITS	25,283. 32,713.
TOTAL TO FORM	990-T, PAGE 1, LINE 28	57,996.

FORM 990-T INCOME (LOSS) FROM PARTNERS	SHIPS	STATEMENT
PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
CINERGY IPA LLC	1,766.	0.	1,766
TOTAL TO FORM 990-T, PAGE 1, LINE 5	1,766.	0.	1,766