Form 990-T	E	Exempt Organization Bus	sine	ss Income Ta	ax Return	OMB No 1545-0687
e ²		(and proxy tax und	er se	ction 6033(e))		0040
. 5,	For ca			, and ending		2018
Department of the Treasury Internal Revenue Service	•	▶ Go to www.irs gov/Form990T for in ▶ Do not enter SSN numbers on this form as it may			tion is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name of	hanged	and see instructions.)	اع	Employer identification number (Employees' trust, see instructions)
B Exempt under section	Print	UNITED HOME FOR AGED H	EBRI	ews		13-1663975
X 501(c <u>003</u>)	Type	Number, street, and room or suite no. If a P.O. box	x, see ır	structions.		Unrelated business activity code See instructions)
408(e) 220(e)	',,,,	391 PELHAM ROAD	•			
408A530(a) 529(a)		City or town, state or province, country, and ZIP of NEW ROCHELLE, NY 1080		n postal code 	5	31110
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<u> </u>			
54,654,9		G Check organization type ► X 501(c) cor	_	501(c) trust	401(a) tru	ust Other trust
	_		<u> 1</u>		he only (or first) unrel	
		EE STATEMENT 1		•	complete Parts I-V. If r	
	•	ace at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schedule i	vi for each additional t	rade or
business, then complete		-v. poration a subsidiary in an affiliated group or a parei	nt-eube	diary controlled group?	N	Yes X No
•		tifying number of the parent corporation.	n subs	ulary controlled group		103 [22] 100
		RITA C. MABLI		Telepho	ne number > 91	4-632-2804
Part Unrelated	Trac	de or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sale	s					
b Less returns and allow	wances	c Balance	1c			
2 Cost of goods sold (S			2			
3 Gross profit. Subtract			3			
4a Capital gain net incon	•	•	4a		 -	
		lart II, line 17) (attach Form 4797)	4b			
c Capital loss deduction 5 Income (loss) from a		ship or an S corporation (attach statement)	4c			
6 Rent income (Schedu		silp of all 3 corporation (attach statement)	6			
7 Unrelated debt-finance	•	ne (Schedule E)	7	2,383.	3,97	41,591.
		nd rents from a controlled organization (Schedule F)	8			
9 Investment income of	a sectio	on 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activ	vity inco	me (Schedule I)	10			
11 Advertising income (S	Schedule	e J)	11_			
12 Other income (See ins			12	0 202	2 00	1.501
13 Total Combine lines Part II Deductio			13	2,383.	3,97	41,591.
(Except for c	contribu	ot Taken Elsewhere (See instructions fourtions, deductions must be directly connected	or limita I with t	ations on deductions) he unrelated business ii	ncome)	
		rectors, and trustees (Schedule K)				14
15 Salaries and wages		, , , , , , , , , , , , , , , , , , , ,				15
16 Repairs and mainten	ance					16
17 Bad debts					<u> </u>	17
18 Interest (attach sche	dule) (s	ee instructions)				18
19 Taxes and licenses					-	19 250.
D		e instructions for limitation rules)			<u> -</u>	20
21 Depreciation (attach		n Schedule A and elsewhere on return	ED	21 22a		<u> </u>
22 Less depreciation cla 23 Depletion	iiiilea oi					2b
24 Contributions to defe	erred co	mpensation plans 8 NOV 232	019	ŏ		24
25 Employee benefit pro		mponouno piano		RS S		25
26 Excess exempt exper		hedule I) OGDEN,	LIT	3=	_	26
27 Excess readership co	•	nedule J)	<u> </u>		 	27
28 Other deductions (at						28
29 Total deductions. A						250.
		ncome before net operating loss deduction. Subtrac				-1,841.
		oss arising in tax years beginning on or after Januar	ry 1, 20	18 (see instructions)		31
		ncome. Subtract line 31 from line 30				$\frac{-1,841}{000}$
823701 01-09-19 LHA FO	r Paper	work Reduction Act Notice, see instructions				Form 990-T (2018)

Part I	II Total Unrelated Business Taxable Income			••		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	-1	. , 84	41.
	Amounts paid for disallowed fringes		34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of					
	lines 33 and 34		36	-1	. , 84	41.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37			
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,		*			
00	enter the smaller of zero or line 36	ŀ	38	-1	. , 84	41.
Part I			<u> </u>			
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	ightharpoonup	39			0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:	Í				
	Tax rate schedule or Schedule D (Form 1041)	▶	40			
41	Proxy tax. See instructions		41			
42	Alternative minimum tax (trusts only)	-	42			
43	Tax on Noncompliant Facility Income See instructions		43		-	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	-	44			0.
Part V			77			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	\Box		_		
	Other credits (see instructions) 45b	$\neg \neg$				
C	General business credit. Attach Form 3800		-			
•	Credit for prior year minimum tax (attach Form 8801 or 8827)					
	Total credits Add lines 45a through 45d		45e			
	Subtract line 45e from line 44	†	46			0.
46 47	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schi	- 4.45	47			
47	Total tax. Add lines 46 and 47 (see instructions)	,dale,	48		"	0.
48 49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49			0.
	Payments: A 2017 overpayment credited to 2018	r	73			
	2018 estimated tax payments 50b					
	Tax deposited with Form 8868 50c		1			
		\dashv	1			
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	-				
	Backup withholding (see instructions) 50e	\dashv				
	Credit for small employer health insurance premiums (attach Form 8941) Other could be advisable and assumption [1] Form 8420					
9	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total 50g	ļ	- 1			
E 4	Form 4136 Other Total ► 50g Total payments. Add lines 50a through 50g		51			
51 52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	-	52			
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	•		
53 54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	· -		
-	Enter the amount of line 54 you want: Credited to 2019 estimated tax		55			
Part V			-00	_		
	At any time during the 2018 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			F		
	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 foreign trus	t?				<u>x</u>
	If "Yes," see instructions for other forms the organization may have to file.					
	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	knowledg	ge and be	elief, it is true,		
Sign	correct, and complete Seclaration of prepare (other than taxpayer) is based on all information of which preparer has any knowledge	Mai	the IDC	discuss this r	eture ···	uth
Here	CFO IL 14/19			shown below		iui
	Signature of officer Date . Title	ınstr	ructions)	? X Yes	<u> </u>	No
	Print/Type preparer's name Preparer's signature CPA Date Check	ıf	PTIN			
Paid	self- emp	oloyed				
Prepa	rer GARRETT M. HIGGINS MITM 1141-113-18			05432		
Use O	E DEL O'COMICO MANTEG LITE	IN 🕨	27	7-1728	94	5
	500 MAMARONECK AVENUE					_
	Firm's address ► HARRISON, NY 10528-1633 Phone r	10. 91	<u> 14-3</u>	<u> 81-89</u>		
823711 01-0	09-19			Form 99	0-T	2018)

Schedule A - Cost of Goods	Sold. Enter method of invent	ory valuation N/A			
1 Inventory at beginning of year	1	6 Inventory at end of year	Г	6	
2 Purchases	2	7 Cost of goods sold St	ubtract line 6		
3 Cost of labor	3	from line 5. Enter here	and in Part I,		
4 a Additional section 263A costs		line 2		7	
(attach schedule)	4a	8 Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b	property produced or a	cquired for resale) apply to)	
5 Total Add lines 1 through 4b	5	the organization?			
Schedule C - Rent Income (la (see instructions)	From Real Property and	Personal Property L	eased With Real P	roperty)	
Description of property					
(1)					
(2)					
(3)					
(4)				<u></u>	
	2 Rent received or accrued	<u> </u>	2/a) Deductions d	firectly connected	with the income in
(a) From personal property (if the percorent for personal property is more to 10% but not more than 50%)	inan or rent for pe	d personal property (if the percental ersonal property exceeds 50% or if is based on profit or income)	ge columns	2(a) and 2(b) (atta	ch schedule)
(1)					
(2)					·
(3)					
(4)					
Total	O . Total		0.		
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)		(b) Total deduction Enter here and on page Part I, line 6, column (je 1,	0.
Schedule E - Unrelated Deb	t-Financed Income (see in	nstructions)			
		2 Gross income from		-financed propert	
1 Description of debt-fina	anced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	'	Other deductions (attach schedule)
			STATEMENT		TEMENT 5
(1) 52 WILLOW DRIVE		55,800.	15,2	79.	<u>77,78</u> 0.
(2)					
(3)					
(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)	Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)		Allocable deductions umn 6 x total of columns 3(a) and 3(b))
(1) 29,889.	700,140.	4.27%	2,3	83.	3,974.
(2)		%			
(3)		%			
(4)		%			
STATEMENT 2	STATEMENT 3		Enter here and on page 1 Part I, line 7, column (A)		er here and on page 1, t I, line 7, column (B)
Totals		>	2,3	83.	3,974.
Total dividends-received deductions inc	ciuded in column 8	<u> </u>			0.
			-		Form 990-T (2018)

Schedule F - Interest, A	nnuities	s, Royalt	ies, and	Rents	From Co	ntrolle	d Organiza	tions	s (see in:	struction	s)
				Exempt (Controlled O	rganizati	ons				
1. Name of controlled organizati	on	2 Emp identific numl	ation		elated income instructions)	4. To	tal of specified ments made	includ	rt of column 4 led in the cont zation's gross	rolling	6. Deductions directly connected with income in column 5
				_							
(2)								 		+	
								 			
(3)			+								
(4)	rotiono										
Nonexempt Controlled Organiz							40 0 4 4 4 4			44 5	
7. Taxable income		nrelated incom se instructions		y, lotar	of specified payr made	nents	10 Part of coluing the controlling gross	mn 9 tha ng orgai s income	nization's		ductions directly connected income in column 10
(1)											
(2)	-										
(3)											
(4)											
				-			Add colun Enter here and line 8, c		1, Part I,	Enter h	dd columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals						•			0.	İ	0 .
Schedule G - Investmer (see instri		ne of a S	ection 5	01(c)(7), (9), or (17) Örg	ganization			<u> </u>	
1 Descr	iption of incon	ne			2 Amount of	income	 Deduction directly conne (attach sched) 	cted	4. Set-	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)							_				
(2)											
(3)											
(4)											
					Enter here and o Part I, line 9, col						Enter here and on page Part I, line 9, column (B)
Totals				•		0.					0.
Schedule I - Exploited I (see instru	-	Activity	Income,	Other	Than Adv	ertisin	g Income				
1 Description of exploited activity	2 Grunrelated to income trade or b	ousiness from	3 Expe directly coi with prod of unrel business i	nnected luction ated	4 Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attribut colu		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			<u> </u>				· · · · · · · · · · · · · · · · · · ·				 -
(1)		 +			<u></u>		· · ·		 		
(3)	<u>-</u> -	-+							<u> </u>	_	
							· · ·		_		
(4)	Enter here	and on	Enter here	and on					L.,		Enter here and
	page 1,	Part I,	page 1, f	Part I,							on page 1,
	line 10, c		line 10, c								Part II, line 26
Totals		0.[_	0.							0.
Schedule J - Advertisin			structions						_		
Part I Income From P	eriodica	als Repo	rted on	a Cons	solidated	Basis			_		
1 Name of periodical		2 Gross advertising income		Direct ising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	d 2 minus in, compute	5 Circulat income	ion	6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)					\neg						
(3)					7						
(4)		<u>-</u> -			7						
					<u> </u>		 				
Totals (carry to Part II, line (5))	▶	0		0	•						0.

Part II	Income From	Periodicals	Reported on a	a Separate Basis	(For each perio	dical listed in Part II, fill in
	columne 2 through	7 on a line-by-l	no bacie /			

1 Name of peri	iodical	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)	,	·		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	4 Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total Enter here and on page	e 1. Part II. line 14			0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

RENTAL INCOME FROM DEBT FINANCED PROPERTY

TO FORM 990-T, PAGE 1

		_			
FORM 990-T	SCHEDULE E -	UNRELATED	DEBT-FINANCED	INCOME	STATEMENT 2
	AVE	RAGE ACQUIS	SITION DEBT		

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING SEVENTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH	1	55,180. 50,582. 45,983. 41,385. 36,787. 32,188. 27,590. 22,992. 18,393. 13,795. 9,197. 4,598.
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR AVERAGE AQUISITION DEBT		358,670. 12 29,889.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5

FORM 990-T

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	
52 WILLOW DRIVE	1	AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR	_	698,706. 701,574.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		700,140.

AVERAGE ADJUSTED BASIS

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME STATEMENT 3

FORM 990-T SCHEDULE E - D	DEPRECIATION DE	DUCTION	STATEMENT 4
DESCRIPTION	ACTIVI: NUMBE		TOTAL
DEPRECIATION - SUB	BTOTAL - 1	15,279.	15,279
TOTAL OF FORM 990-T, SCHEDULE E,	COLUMN 3(A)		15,279
FORM 990-T SCHEDULE E	- OTHER DEDUCT:	IONS	STATEMENT 5
DESCRIPTION	ACTIVIT NUMBER	= =	TOTAL
TAXES UTILITIES INTEREST REPAIRS AND MAINTENANCE		60,224. 8,051. 1,146. 8,359.	
- SUB	BTOTAL - 1	,	77,780
TOTAL OF FORM 990-T, SCHEDULE E,	COLUMN 3(B)	-	77,780.