V 17-7 10

0197477-00005

7X2740 2,000 8NP 700J

Par	t III 🔍	Tax Computation				
35	Organi	izations Taxable as Corporations. See instructions for tax computation. Controlled group				
	`membe	ers (sections 1561 and 1563) check here See instructions and				
а		your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)				
_	(2) \$	(2)(\$ (3)\\$				
b		organization's share of: (1) Additional 5% tax (not more than \$11,750) \$				
_		sitional 3% tax (not more than \$100,000)				
c			35c			
36	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax on				
	the amo	ount on line 34 from Tax rate schedule or Schedule D (Form 1041).	36			
37		ax. See instructions	36			
38	-		38			
39		Non-Compliant Facility Income. See instructions				
40			40			
Par		Tax and Payments	4			
		n tax credit (corporations attach Form 1118; trusts attach Form 1116)	,			
		credits (see instructions)				
	Conora	Il business credit. Attach Form 3800 (see instructions)				
٦	Crodit	for prior year minimum tay (attach Form 9901 or 9927)				
•	Tetal	for prior year minimum tax (attach Form 8801 or 8827),	41e			
42		ct line 41e from line 40	42/			
43			48			
			44			0.
44		ax. Add lines 42 and 43	77			
45 a	Paymer	1. A 2016 overpayment credited to 2017	İ			
		posited with Form 8868				
		organizations Tax paid or withheld at source (see instructions)				
		withholding (see instructions)				
		for small employer health insurance premiums (Attach Form 8941)				
g		606 (16)				
46	Total a		46		5,6	596
46			46			,,,,
47		· · · · · · · · · · · · · · · · · · ·	40			
48 49		e. If line 46 is less than the total of lines 44 and 47, enter amount owed	49		5,6	396
_ :		e amount of line 49 you want Credited to 2018 estimated tax	-+		5,6	
50 Par		Statements Regarding Certain Activities and Other Information (see instructions				
51		time during the 2017 calendar year, did the organization have an interest in or a signature or		nority	Yes	No
٥.	•	financial account (bank, securities, or other) in a foreign country? If YES, the organization may		· ' ト		1
		Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the f				
	here ▶	· · · · · · · · · · · · · · · · · · ·	oroigir oo	```		$\overline{\mathbf{x}}$
52	_	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	n truct?	— <u> </u>	\dashv	X
32	-		n wust	}	\dashv	
53		see instructions for other forms the organization may have to file				1
33		ne amount of tax-exempt interest received or accrued during the tax year \$ shear penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	st of my kno	wledge a	nd belr	ef, it is
Sign	l tn	ue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Her			the IRS			
1161			the preparent			No
		Print/Type prenarer's name Prenarer's signature Date		A Tes	<u>'</u>	1 140
Paid		07b St	ן זי ע	P0074	11/0	Λ
Prep	arer	, , , , , , , , , , , , , , , , , , , ,	nployed EIN ▶36-			
	Only	- 353 MUTDE AUDIUM ADD DI COD NEW YORK NY 10013 2013	210	-599-		0
		Firm's address > 757 THIRD AVENUE, 3RD FLOOR, NEW YORK, NY 10017-2013 Phone	70 CIZ	333	010	-

Form **990-T** (2017)

Form 990-T (2017)

Enter here and on page 1,

Part I, line 7, column (B)

(1)

(2)

(3)

(4)

Total dividends-received deductions included in column 8

% %

%

%

Enter here and on page 1,

Part I, line 7, column (A)

Schedule F - Interest, Anni	uities, Royalties	, and Ren	ts Fro	om Contro	lled Or	ganizati	ons (see	e instructio	ns)		
		Exer	npt Co	ontrolled Or	ganızatı	ons	_				
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 income		6. Deductions directly connected with income in column 5		
(1)								-			
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income	8. Net unrelated in (loss) (see instruc	I .		Total of specific payments made		includ	rt of column ed in the co ation's gros	ontrolling		Deductions directly nnected with income in column 10	
(1)										_	
(2)											
(3)				·							
(4)											
Totals		tion 501	c)(7),	 (9), or (17	►) Orga	Enter Part I	columns 5 a here and on , line 8, colu (see ins	page 1, mn (A)		ter here and on page 1, art I, line 8, column (B)	
1. Description of income	2. Amount of income			Deductions directly connected (attach schedule)			4. Se (attach			 Total deductions and set-asides (col 3 plus col 4) 	
(1)											
(2)											
(3)										···	
(4)											
	Enter here and on page 1, Part I, line 9, column (A)								Enter here and on page 1, Part I, line 9, column (B)		
Totals ▶											
Schedule I - Exploited Exc	empt Activity Inc	come, Oth	er Th	an Adverti	ising In	come (s	see instru	ictions)			
2 Gross unrelated business income from trade or business in business in come business in come from trade or business in		or business (col 2 minus columi in of lf a gain, comp		ne (loss) ted trade (column lumn 3) ompute	5. Gross incom from activity the is not unrelate		6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)											
(2)											
(3)											
(4)											
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, co	arti,							Enter here and on page 1, Part II, line 26	
Schedule J - Advertising Ir	come (see instri	uctions)									
Part I Income From Per	iodicals Report	ed on a C	onsol	idated Bas	sis						
1. Name of periodical	2. Gross advertising income	3. Direct advertising co		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)				1							
(3)					1						
(4)				<u>l</u>							
Totals (carry to Part II, line (5))											

Form **990-T** (2017)

Enter here and on

page 1, Part I,

line 11, col (B)

Enter here and on

page 1, Part I,

line 11, col (A)

Totals, Part II (lines 1-5) ▶

10 000 1 (2011)		•				-3	
Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in column 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)					l		
(4)							
Totals from Part I	>						

Schedule K - Compensation of Officers, 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			

Form 990-T (2017)

Enter here and

on page 1,

Part II, line 27

13-3958797 ATTACHMENT 1

FORM 990T - LINE 45G - OTHER CREDITS AND PAYMENTS

SECTION 512(A)(7) UNRELATED BUSINESS INCOME TAX 696. 696. TOTAL LINE 45G - OTHER CREDITS AND PAYMENTS

HOMES FOR THE HOMELESS INSTITUTE, INC. FORM 990-T 6/30/2018

FORM 990-T - LINE 45G - OTHER CREDITS AND PAYMENTS

WITH THE PASSAGE OF THE TAX CUTS AND JOBS ACT OF 2017, CONGRESS IMPLEMENTED SECTION 512(A)(7) OF THE INTERNAL REVENUE CODE WHICH SUBJECTS CERTAIN EMPLOYER PROVIDED TRANSPORTATION BENEFITS TO UNRELATED BUSINESS INCOME TAX. FOR THE YEAR ENDING JUNE 30, 2018, HOMES FOR THE HOMELESS INSTITUTE, INC. FILED A FORM 990-T TO BE COMPLIANT WITH THE NEWLY IMPLEMENTED SECTION 512(A)(7). ON DECEMBER 20TH, 2019, THE PRESIDENT SIGNED A GOVERNMENT FUNDING BILL THAT REPEALS SECTION 512(A)(7). THE ORGANIZATION IS AMENDING ITS FORM 990-T FOR THE YEAR ENDING JUNE 30, 2018 TO RECOVER UNRELATED BUSINESS INCOME TAX PAID ON TRANSPORTATION FRINGE BENEFITS.