Form <b>990-T</b>	E	Exempt Organization Bus			Tax Return	1	OMB No 15	45-0687		
	For ca	lendar year 2018 or other tax year beginning OCT 1,	.9 <b>2018</b>							
	""	Go to www.irs.gov/Form990T for in	<u>-</u>	20	10					
Department of the Treasury Internal Revenue Service	. ▶	Do not enter SSN numbers on this form as it may				.	Open to Public 501(c)(3) Organi	Inspection for zations Only		
A Check box if a address changed		Name of organization ( Check box if name changed and see instructions.)						DEmployer Identification number (Employees' trust, see (nstructions)		
B Exempt under section	Print	Print COOPERATIVE HOUSING FOUNDATION						52-0846183		
X 501(c)(3 (3)	or	Number, street, and room or suite no. If a P.O. box	· · · · · · · · · · · · · · · · · · ·	E Unrelated business activity code (See instructions)						
408(e)220(e)	Туре	8601 GEORGIA AVENUE, N	(366)	isudcaons )						
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of SILVER SPRING, MD 209	480000							
Book value of all agents	O Brok value of all genets									
301,010,3	16.	G Check organization type ► X 501(c) corp	poration	1 501(c) trust	401(a)	trust	OI	her trust		
H Enter the number of the	organiza	ition's unrelated trades or businesses.	1		the only (or first) un	related				
trade or business here	RE	PEAL OF SECTION 512(A)(	7)	<del></del>	complete Parts I-V.		than one,			
describe the first in the b	lank spa	ce at the end of the previous sentence, complete Pa	arts I an							
business, then complete	Parts III	-V.		•						
I During the tax year, was	the corp	poration a subsidiary in an affiliated group or a parei	nt-subs	idiary controlled group?	<b>▶</b> [	Ye	s No	)		
If "Yes," enter the name a	and iden	tifying number of the parent corporation.								
J The books are in care of	<b>&gt;</b> 1	MARIO JABBOUR		Teleph	one number 🕨 3	301-587-4700				
Part I Unrelate	d Trac	de or-Business Income		(A) income	(B) Expenses		(C) I	let		
1a Gross receipts or sale	es									
b Less returns and allo	wances	c Balance	1c							
2 Cost of goods sold (S	Schedule	A, line 7)	2							
3 Gross profit. Subtract			3							
4a Capital gain net incon	ne (attac	h Schedule D)	4a							
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b					<u> </u>		
c Capital loss deduction	n for trus	ets	4c							
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5					<del></del>		
-	Rent income (Schedule C)				KEC	= IV				
7 Unrelated debt-finance	Unrelated debt-financed income (Schedule E)				0					
	8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)				1 JUI 0	G 2	30			
	- (-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(				m 302 0		S S			
•					000		J\(\frac{\times}{2}\)			
11 Advertising income (S			11		L_OGDE	N.				
	Other income (See instructions; attach schedule)									
13 Total. Combine lines		<del></del>	13	0.			<u> </u>			
		ot Taken Elsewhere (See instructions fourtions, deductions must be directly connected								
	• • • • • • • • • • • • • • • • • • • •	<del></del>	u with	ute urrelated busines	s income.)					
	icers, di	rectors, and trustees (Schedule K)		-		14				
15 Salaries and wages					•	15	<del></del>			
16 Repairs and mainten					•	16				
Bad debts		on instructional			-	17				
18 Interest (attach sche	anie) (se	ee instructions)				18				
19 Taxes and licenses			· · ·			19	<del></del>			
		s instructions for limitation rules)	•	 ایما	•	20				
Depreciation (attach				. 21		201				
	aiiiieu of	Schedule A and elsewhere on return	•	22a	<del></del>	22b				
23 Depletion 24 Contributions to defe	arrad ac-	manastan alans		•		23		<del></del>		
25 Employee benefit are		mpensation plans		•		24	<del></del>			
25 Employee benefit pro 26 Excess exempt expe		shadula I\			•	25	<del> </del>			
\$27 Evenes readership expe		chedule I)				26				
Excess readership co 28 Other deductions (at		-		• •	,	27				
•		-		•	•	28 29		0.		
29 Total deductions. A			the of	) from line 12	-			0.		
		ncome before net operating loss deduction. Subtrac				30		<u> </u>		
		oss arising in tax years beginning on or after Janua				31 32		0.		
					·		Farm 000			
823701 01-09-19 LHA FO	n raper	work Reduction Act Notice, see instructions.	2			ρ	Form <b>990</b>	F ■ (2018)		

	I TANK I DO THE TOWN	32 00	740-						
Part									
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		3	3	0.				
34	Amounts paid for disallowed fringes	. 3	4						
35	Deduction for net operating loss ansing in tax years beginning before January 1, 2018 (see instructions)		3	5					
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of								
	lines 33 and 34		. 3	6					
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	2	9 T		1,000.				
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	٠ سي	Ψ,	<del>'</del>					
30	enter the smaller of zero or line 36				0.				
Dord		<del></del>		0 1	<u> </u>				
Part			т.	_					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		<b>▶</b>  _3	9	0.				
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:			<b>!</b> ]					
	Tax rate schedule or Schedule D (Form 1041)	, )	<b>▶</b> <u> </u>	D					
41	Proxy tax. See instructions		▶ 4	<b>5</b>					
42	Alternative minimum tax (trusts only)		4	2					
43	Tax on Noncompliant Facility Income. See instructions		4	3					
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			4	0.				
Part \	/ Tax and Payments				•				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			1					
432 b	Other credits (see instructions)  45b	·	$\dashv$ $I$	1					
U				i					
G									
a	Credit for prior year minimum tax (attach Form 8801 or 8827)		[	_					
e	Total credits. Add lines 45a through 45d			5e	<del></del>				
46	Subtract line 45e from line 44		4		0.				
47	Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other	(attach schedul		7					
48	Total tax. Add lines 46 and 47 (see instructions)			8	0.				
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		4	9	0.				
50 a	Payments: A 2017 overpayment credited to 2018		П						
b	2018 estimated tax payments	9,774	1.						
c	Tax deposited with Form 8868	<del></del>	7						
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		┨						
	Backup withholding (see instructions) 50e		<b>-</b>						
	Credit for small employer health insurance premiums (attach Form 8941)  501		-						
	Other credits, adjustments, and payments: Form 2439	<del></del>							
y									
			إ إ	.	0 774				
51	Total payments. Add lines 50a through 50g		5		9,774.				
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		5						
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<b>ا</b> ر	5 5						
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	🤰	<u>ک اح</u>		9,774.				
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax	funded 5	<b>b</b> 5	5	9,774.				
Part \	Statements Regarding Certain Activities and Other Information (see instru	ctions)		)					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authors	ty			Yes No				
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	е							
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				1 1				
	here > SEE STATEMENT 1				x				
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foi	reian trust?			_ <u> </u>				
0,	If "Yes," see instructions for other forms the organization may have to file.	olgii Laat.							
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				<u> </u>				
	Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statements, and to	the best of my k	nowled	ne and belie	f it is true				
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled								
Here	1 hour 23 2020 & magazana 2 20	<u>, l</u>			ss this return with				
11616	Jun 23, 2020 PRESIDENT & CE	<u>.u</u>			below (see				
				tions)?	Yes No				
	Print/Type preparer's name Preparer's signature Date	Check	ıf I	PTIN					
Paid	RICHARD J. LOCASTRO,	self- employe	ed						
Prepa	CPA Keeland & hocastro 06/22/2020		- 1	P002	88314				
Use C	CELMAN POCEMBERC C PREEDMAN	Firm's EIN	<u> </u>	52-1	392008				
USE	4550 MONTGOMERY AVE SUITE 800N								
	Firm's address ▶ BETHESDA, MD 20814-2930	Phone no.	(30	1) 9	51-9090				
823711 01			· · · ·		n <b>990-T</b> (2018)				
				1 0/1	., (2010)				

FORM 990-T

En s

NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT

1

## NAME OF COUNTRY

BRAZIL

COLOMBIA

**EGYPT** 

**GHANA** 

HAITI

HONDURAS

IRAQ

**JORDAN** 

**KENYA** 

LIBERIA

MALAWI

MONGOLIA

NICARAGUA

OTHER COUNTRY

RWANDA

**SERBIA** 

SRI LANKA

SYRIA

TANZANIA

TURKEY

UKRAINE

YEMEN (ADEN)