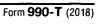
-4		EXTENDED TO M	TAY	15 2020						
Form <b>990-T</b>	l E	Exempt Organization Bus			ax Retur	n l	OMB No 1545-0687			
10mm 000 .	1 -	(and proxy tax und	ler se	ction 6033(e))	10	آ مها	0040			
ر	For ca	For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019 20								
Department of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.								
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).  Open to Public Inspection 501(c)(3).								
A X Check box if address changed		Name of organization ( Check box if name of	hanged	and see instructions.)		(Emplo	yer identification number yees' trust, see			
	<b>↓</b>	RCAP SOLUTIONS, INC.					04-2454675			
B Exempt under section  X 501(c) 3 )	Print	FORMERLY RURAL HOUSING IMPROVEMENT, INC.  Number, street, and room or suite no. If a P.O. box, see instructions.					E Unrelated business activity code			
408(e) 220(e)	Туре	191 MAY STREET	x, 566 II	istructions.		(See in:	structions)			
408A 530(a)		City or town, state or province, country, and ZIP o	r foreia	n nostal code		┥				
529(a)		WORCESTER, MA 01602								
C Book value of all assets at end of year	L	<del></del>	<b></b>	<del></del>	<u> </u>					
at end of year		G Check organization type ► X 501(c) corp	a) trust	Other trust						
H Enter the number of the	G Check organization type ► X   501(c) corporation									
trade or business here					complete Parts I-V		•			
	•	ce at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schedule	M for each addition	nal trade	or			
business, then complete				<del></del>		1 1				
• • •	•	poration a subsidiary in an affiliated group or a parei	nt-subs	diary controlled group?	•	Yes	No No			
		tifying number of the parent corporation.		Tolopho	one number 🕨	(978)	630-6630			
		de or Business Income	I	(A) Income	(B) Expense	<u> </u>	(C) Net			
1a Gross receipts or sale		1		(-,,		-				
<b>b</b> Less returns and allow		c Balance	1c			· [	. 1			
2 Cost of goods sold (S	Cost of goods sold (Schedule A, line 7)						1			
3 Gross profit. Subtract	line 2 fr	om line 1c	3							
4a Capital gain net incom	ne (attac	h Schedule D)	4a							
<b>b</b> Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b							
c Capital loss deduction			4c							
· · ·					_ <del>_</del>		<del></del>			
· ·	6 Rent income (Schedule C)									
7 Unrelated debt-financed income (Schedule E)					<del></del>		<del></del>			
<ul> <li>8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)</li> <li>9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)</li> </ul>										
<ul> <li>Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)</li> <li>Exploited exempt activity income (Schedule I)</li> </ul>				<del>-</del> -	·		· <del></del> .			
11 Advertising income (Schedule J)				<u></u>						
12 Other income (See instructions; attach schedule)					<del></del>					
12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 13 0										
Part II Deductio	ns No	ot Taken Elsewhere (See instructions for	or limita	tions on deductions)						
		utions, deductions must be directly connected	d with	the unrelated business	s income )					
	icers, dir	rectors, and trustees (Schedule K)	(**********	•		14				
15 Salaries and wages		KECEIVED		1		15				
16 Repairs and mainten	ance	C ADD O C CCC	18			16	<del></del>			
<ul><li>17 Bad debts</li><li>18 Interest (attach sche</li></ul>	dula) (co	1634 19 18 16 18 16 16 16	ابرا			17				
19 Taxes and licenses	uule) (56	se ilisu uctions)	أتهزأ			19				
20 Charitable contribution	ons (See	e instructions for (Imitation rules) DEN 117	ì			20				
21 Depreciation (attach			]	21		1.				
•	Less depreciation claimed on Schedule A and elsewhere on return  22a									
23 Depletion	· · · · · · · · · · · · · · · · · · ·									
24 Contributions to defe	·									
25 Employee benefit pro	ograms					25 26				
• • •										
27 Excess readership costs (Schedule J)						27	<del></del>			
28 Other deductions (attach schedule)										
Total deductions. Add lines 14 through 28  Use leted hydrogen total his recommendation and experience less deduction. Subtract line 30 from line 13						29	0.			
<ul> <li>Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13</li> <li>Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)</li> </ul>						30	<u> </u>			
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  32 Unrelated business taxable income. Subtract line 31 from line 30						32	0.			
		work Reduction Act Notice, see instructions.		<del></del>		1 02	Form <b>990-T</b> (2018)			



RCAP SOLUTIONS, INC.

Farm 990-1	(2018) FORMERLY RURAL HOUSING IMPROVEMENT, INC.	04-24	54675	Page 2
Part	I Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes		34	
35			35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		, 37	1,000.
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36		38	0.
Part I	/ Tax Computation		<del></del>	
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:			
	Tax rate schedule or Schedule D (Form 1041)		·   do	
41	Proxy tax. See instructions	_	41	<del></del>
42	Alternative minimum tax (trusts only)			
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	Tax and Payments			
45a	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
	Other credits (see instructions)		7	
c	General business credit. Attach Form 3800		7	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		7	
е	Total credits. Add lines 45a through 45d		45e	
	manager and the contract of th		46	0.
47	Subtract line 45e from line 44  Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (	mach schedule)	47	
48	Fotal tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018 2018 estimated tax payments 5bb 5bb		<b>」</b> ゛▎	
b :	2018 estimated tax payments 5bb 5bb	640		
C	Tax deposited with Form 8868	4,830	<u>.</u> ] [	
đ	oreign organizations: Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions)		]	
† ·	Credit for small employer health insurance premiums (attach Form 8941)		]	
g	Other credits, adjustments, and payments: Form 2439		1 1	
Ĺ	Form 4136 Other Total <b>&gt;</b> 5pg		_	
51	Total payments. Add lines 50a through 50g		51	5,470.
	stimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖		52	
	ax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	ے د	53	
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	5,470.
		unded 7	\$5	5,470.
Part V	-L			19.15
	It any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	iver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file InCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			1 1
	ere			
		nian truot?		-
	Ouring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign uustr		<del></del>
	f Yes,* see instructions for other forms the organization may have to file.  Inter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
	Under penalties of portion I declare than I have examined this return including accompanying screedules and statements and to the	e best of my kn	owiedge and belief.	it is true.
Sign	correct, and complete. Declaration of prepare (other than toxpayer) is based on all information of which preparer has any knowled-	çe Çe		
Here	GILLE WIN THIN PRESIDENT/CEO	3	May the iRS discuss he preparer shown I	
	Signature of officer Late Intle		ustructions), X	
	Print/Type preparer's name Preparer's signature Date C	<del> </del> _	il PTIN	
Do:-I	The state of the s	self- emptoyed		
Paid	TOTANTA TICK CDA TOTANTA TICK CDA 04/08/20		P0134	10068
Prepar	Finds are A VEUTN D MADETN C ACCOCTATED D C	Firm's EIN		97400
Use O	10 FORBES WEST			
		Phone no.	(781)380	3-3520
823711 01-0				990-T (2018)