.,			AMENDED I	RETU	JRN- SEÇTI	ON !	512(A)(7) R				
Form ,990-T	l t	Exempt Orgai	NIZATION BUS nd proxy tax und			ı a		-	OMB No 1545-0687			
	For ca	a ا Jendar year 2018 or other tax yea		CI 3C	, and ending		1812		2018			
V	1 4 6		.irs.gov/Form990T for ir	istructio		ormatic		- L				
Department of the Treasury Internal Revenue Service	>	Do not enter SSN numbe							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	.)		(Empl	oyer identification number loyees' trust, see ictions)			
B Exempt under section	Print	CORPORATION	TIVI	E HOUSING		<u>-</u>		3-3600232				
X 501(c)(3)	Type	Tues 140 moet, Street, and room of Saite no. If a 1 . O. box, See instructions.							ated business activity code instructions)			
408(e) 220(e)	1,750	61 BROADWAY										
408A 530(a) 529(a)		City or town, state or pro										
C Book value of all assets at end of year	of year								Other trust			
H Enter the number of the	G Check organization type ► X 501(c) corporation 501(c) trust 401(c)											
H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here IRC 512(A)(7) DISSALLOWED FRINGE. If only one, complete Parts I-V. If more than one,												
		ace at the end of the previou										
business, then complete			. ,									
		poration a subsidiary in an a		nt-subs	idiary controlled grou	b ₂	▶ [Ye	es No			
		tifying number of the paren						1.0	206 2066			
		EILEEN HAWES de or Business Inc			(A) Income	lephone	e number ► 2 (B) Expenses		986-2966 (C) Net			
		ue or business inc	Offic	Т	(A) ilicolite		(B) Expenses	· 	(O) NET			
1 a Gross receipts or sale b Less returns and allow			c Balance ►	10					1			
		A line 7)	C Dalatice	2								
	t of goods sold (Schedule A, line 7) ss profit, Subtract line 2 from line 1c											
4a Capital gain net incon			•	4a								
. •	•	Part II, line 17) (attach Form	ı 4797)	4b								
c Capital loss deduction	n for tru	sts		4c								
5 Income (loss) from a	5 Income (loss) from a partnership or an S corporation (attach statement)						<u></u>					
6 Rent income (Schedu		6										
7 Unrelated debt-finance	·	7		-								
	and rents from a controlled	8		-								
	on 501(c)(7), (9), or (17) or	10		\dashv								
· · · · · · · · · · · · · · · · · · ·	10 Exploited exempt activity income (Schedule I)					-						
11 Advertising income (Schedule J)12 Other income (See instructions; attach schedule)												
13 Total. Combine lines				12 13		0.						
Part II Deduction	ns N	ot Taken Elsewher	e (See instructions for	or limit	ations on deduction	ns.)						
(Except for	contrib	utions, deductions must	be directly connected		he unrelated busin	essino	come)					
14 Compensation of off	ficers, d	rectors, and trustees (Sche			A STATE OF THE PARTY OF THE PAR	8		14				
15 Salaries and wages			3045	SE	P 1 5 2020	띴		15				
16 Repairs and mainter	nance		8	₩ (C	A CONTRACTOR OF THE PARTY OF TH	IRS-OSC		16				
17 Bad debts	م دهایام	ann	1 '	<u> </u>	SDEN, UT			17 18				
18 Interest (attach sche 19 Taxes and licenses	saule) (s	see instructions)		<u></u>	20-13			19				
	ions (Se	e instructions for limitation	rules)					20				
21 Depreciation (attach	-		1000)		21							
· · · · · · · · · · · · · · · · · · ·	·							22b				
23 Depletion					[22a]			23				
24 Contributions to def	erred co	ompensation plans						24				
25 Employee benefit pr	•							25				
26 Excess exempt expe								26 27				
27 Excess readership costs (Schedule J)												
28 Other deductions (attach schedule)									0.			
 Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 								29 30	0.			
	31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)								<u> </u>			
·									0.			
		rwork Reduction Act Notice						32	Form 990-T (2018)			

Form 990-1			13-30	00232	rage Z					
Part I	-1									
, 33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	33	0.							
34	Amounts paid for disallowed fringes	34								
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	35								
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su									
	lines 33 and 34			36						
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.							
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	36,			_					
	enter the smaller of zero or line 36			38	0.					
Part I										
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			39	0.					
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of									
	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 \				1 1						
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		.						
b	Other credits (see instructions)	45b		- ∤						
C	General business credit. Attach Form 3800	45c		-i						
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		 						
	Total credits. Add lines 45a through 45d			45e						
46	Subtract line 45e from line 44	,, <u> </u>] 04	46	0.					
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	bb [J Other (attach schedule)	 						
48	Total 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	ا ده. ا		49	<u> </u>					
	Payments: A 2017 overpayment credited to 2018	50a		-						
	2018 estimated tax payments	50b	6,422							
	Tax deposited with Form 8868	50c 50d	0,422	-						
	Foreign organizations: Tax paid or withheld at source (see instructions)	-								
	Backup withholding (see instructions)	50e 50f		\dashv \mid						
	Credit for small employer health insurance premiums (attach Form 8941)	\dashv \mid								
9	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total	1								
F.4		50g			6,422.					
51	Total payments. Add lines 50a through 50g			51 52	0,422.					
52 52	Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		_	53						
53 54		54	6,422.							
5 4 55	54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax									
Part \		n (se	Refunded >	- 55	6,422.					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of				Yes No					
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				105 110					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country									
	here	ioi cigii i	country							
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	neferor	to a foreign trust?							
01	If "Yes," see instructions for other forms the organization may have to file.	211010101	to, a foreign troot							
58	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 state	tements, a	and to the best of my know	ledge and belief	, it is true,					
Sign	correct, and complete Declaration of preglarer (other than taxpayer) is based on all information of which preparer	has any l								
Here	► faille Il Haver 9/11/2020 L CFO		May the IRS discuss this return with the preparer shown below (see							
	Signature of officer Date Title	instructions)?								
	Print/Type preparer's name Preparer's signature // Dat	ee	Check	if PTIN						
Dai d			colf- omplove							
Paid	rer DAMIEN NICKLE, CPA 9/	4/20	20 3 3		802786					
Prepa	COUNDERNION LID		Firm's EIN		1478099					
Use C	500 EAST PRATT STREET, 4TH FLOO	OR.	7							
	Firm's address ► BALTIMORE, MD 21202		Phone no.	410-78	3-4900					
823711 01			•		orm 990-T (2018)					

Statement for 2018 Amended Return - Form 990-T

The change is in the form 990-T, Part III, line 34 was reported as \$25,440 in the original filed 2018 tax return and now we have amended line 34 to \$0. The reason for the change is the repeal of Section 512(a)(7).