93932	21031	29 0
12(A)(7	) REPEAL	-

X 501(c)(3)	(and proxy tax unde  For calendar year 2018 or other tax year beginning JUL 1,  ■ Go to www.irs.gov/Form990T for ins ■ Do not enter SSN numbers on this form as it may be not enter SSN numbers on this form as it may be not enter SSN numbers on this form as it may be not enter SSN numbers on this form as it may be not enter SSN numbers on this form as it may be not enter SSN numbers on this form as it may be not enter the notation of the number of	2018 structions an be made pul nanged and s	, and ending JUI d the latest informa olic if your organiza	N 30, 201 ation.	(660 9	2018
Check box if address changed  Exempt under section  X 501(C)(3)  408(e) 220(e)  408A 530(a)  529(a)  Book value of all assets	Print Or	structions an be made pul nanged and s	d the latest informa olic if your organiza	ition.	- L	<b>L</b> 0 10
Check box if address changed  Exempt under section  X 501(C)(3)  408(e) 220(e)  408A 530(a)  529(a)  Book value of all assets	Name of organization ( Check box if name ch.  Print Or Number, street, and room or suite no. If a P.O. box,	be made pul nanged and s	olic if your organiza			
address changed  Exempt under section  X 501(C)(3)  408(e) 220(e)  408A 530(a)  529(a)  Book value of all assets	Print RENTAL ASSISTANCE CORPO or Number, street, and room or suite no. If a P.O. box,	_		11011 15 & 30 1(0)(3).	5	Open to Public Inspection for 01(c)(3) Organizations Only
X 501(C)(3) 408(e) 220(e) 408A 530(a) 529(a)  Book value of all assets	or Number, street, and room or suite no. If a P.O. box,	יחדייה מסר	Name of organization (		(Emplo	•
408(e) 220(e) 408A 530(a) 529(a) Book value of all assets				ALO		5-1337423 ted business activity code
408A 530(a) 529(a) Book value of all assets	77 470 FRANKLIN STREET	, see instruct	ions.			structions )
529(a)  Book value of all assets						
Book value of all assets at end of year	City or town, state or province, country, and ZIP or BUFFALO, NY 14202	foreign post	al code			
	F Group exemption number (See instructions.)	<u> </u>				
	G Check organization type ► X 501(c) corpo	oration	501(c) trust	401(a)		Other trust
	ganization's unrelated trades or businesses.			the only (or first) un		<b>A</b>
trade or business here				complete Parts I-V.		
	nk space at the end of the previous contence, complete Part	rts I and II, co	omplete a Schedule	M for each additions	ai trade i	or
business, then complete Pa				<u> </u>	7 /-	N <sub>a</sub>
	ne corporation a subsidiary in an affiliated group or a parent	t-subsidiary	controllea group?	<b>P</b> L	Yes	s <u></u> Nn
	d identifying number of the parent corporation.		Talanha	one number > 7	16-9	382-0063
	Trade or Business Income		(A) Income			(C) Net
<del> </del>	· · · · · · · · · · · · · · · · · · ·	<del>  </del>	(A) modile	(B) Expenses	2 .	
a Gross receipts or sales		,	ļ		-	
b Less returns and allowa		10			F 4 4	
Cost of goods sold (Sci	, , , , , , , , , , , , , , , , , , ,	2	<del></del>	2 8 - 2		2 2 2 2 -
Gross profit. Subtract I	\	3	-			
a Capital gain net income		4a			÷ 23	<del></del>
	797, Part II, line 17) (attach Form 4797)	4b		~	- 4	
c Capital loss deduction f		4c	<del></del>	<del></del>		
	artnership or an S corporation (attach statement)	6		1 - 3-		
• • •	·	7				
Unrelated debt-financed Interest, annuities, roya	Ities, and rents from a controlled organization (Schedule F)	8				
	i section 501(c)(7), (9), or (17) organization (Schedule G)	9				
Exploited exempt activity		10				
Advertising income (Sc	· · · · · · · · · · · · · · · · · · ·	11				
-	ructions; attach schedule)	12		13 2 6 2 2 2 -	<u></u>	<del></del>
Total. Combine lines 3		13	0.			
	is Not Taken Elsewhere (See instructions for			· · · · · · · · · · · · · · · · · · ·		
	ontributions, deductions must be directly connected			income.)		
Compensation of offic	ers, directors, and trustees (Schedule K)	,			14	
Salaries and wages	REC	A-AI			15	
Repairs and maintena	nce	EIVED			16	<del></del>
Bad debts	ulo) (see instructions)	-	70/		17	
Interest (attach sched	ale) (see ilistractions)	7 2020	181		18	<del></del>
Taxes and licenses	ns (See instructions for limitation rules). OGDE (	- 2020	[8]		19	
	ns (See instructions for limitation rules). UGDE	V II	<i>[</i> ℃]		20	
Depreciation (attach F		v, 0 J	21			
•	med on Schedule A and elsewhere on return				22b	
Depletion Contributions to defer					23	
	red compensation plans				24	
Employee benefit prog					25	
Excess exempt expens	,				26	
Excess readership cos					27	
Other deductions (atta					28	0
Total deductions. Ad		. l 22 *	line 40		29	0
	xable income before net operating loss deduction. Subtract				30	<u> </u>
•	rating loss arising in tax years beginning on or after January	ry 1, 2018 (s	ee instructions)		31	0.
	xable income. Subtract line 31 from line 30  Paperwork Reduction Act Notice, see instructions.		<del></del>	41	32	Form <b>990-T</b> (201

SCANNED SEP 0'8 2020

Form 990-1		1337423	Page 2
(Part)	III 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	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	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37 37	1,000.
38	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		0.
Parti	VI Tax Computation	1 40 1	
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 on line 38 from:		
70	Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	•	42	
	Alternative minimum tax (trusts only)	48	
43 44	Tax on Noncompliant Facility Income. See instructions	44	0.
Parti\	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  Tax and Payments	1 4# ]	
			<del></del>
_	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  Other credits (see instructions)  45a  45b		
b		<del></del>	
C	General business credit. Attach Form 3800		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	——  <del></del>	
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46 dule) 47	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sche		
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	49	0.
	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments		
	Tax deposited with Form 8868	——  <b>                                   </b>	
	Foreign organizations: Tax paid or withheld at source (see instructions)	<b></b> ¦∎∎∤	
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941)	—— III II	
9	Other credits, adjustments, and payments: Form 2439	,, <b>       </b>	
		71.	4 664
51	Total payments. Add lines 50a through 50g SEE STATEMENT 1	51	1,771.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	<b>▶</b> 52   53	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	1 771
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	$\frac{1,771}{1}$
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	1,771.
Parti			
56	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		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		_
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust	?	
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year	regulades and hallof it	is true
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	mowledge and beller, it	15 0 00,
Here	Viene Tomoski 14/13/2020 Controller	May the IRS discu	1
	Sighature of officer Date Title	the preparer shown instructions)?	
<del></del>			Yes No
	Print/Type preparer's name Preparer's signature Date Check	If PTIN	
Paid	JILL M. JOHNSON, W Joll 02/29/20 self-empl		01478
Prepa	TINGDEN C MOCODATON TITE		765486
Use C	Inly Firm's name ► LUMSDEN & MCCORMICK, LLP Firm's El 369 FRANKLIN STREET	N = 10-0	103400
		. (716\95	6-3300
	Firm's address ► BUFFALO, NY 14202 Phone n	· (\TO\02	090-T (0018)

## RENTAL ASSISTANCE CORPORATION OF BUFFALO

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 1
DESCRIPTION	•	AMOUNT
PAYMENT WITH ORIGINAL	1,771.	
TOTAL INCLUDED ON FORM	990-T, PAGE 2, PART V, LINE 50G	1,771.