

2939317704411

EXTENDED TO NOVEMBER 16, 2020

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

For calendar year 2019 or other tax year beginning and ending 1912

2019

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

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 for 501(c)(3) Organizations Only

Part I: Name of organization (NORTH COAST COMMUNITY HOMES, INC.), Employer identification number (34-1455487), Address (14221 BROADWAY AVENUE, CLEVELAND, OH 44125-1953), Unrelated business activity code (541610).

Part II: Book value of all assets at end of year (27,172,859), G Check organization type (501(c) corporation).

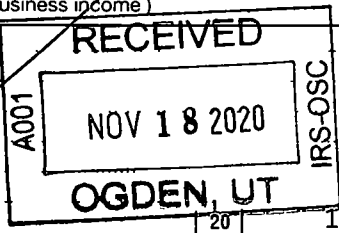
Part III: Enter the number of the organization's unrelated trades or businesses (1), Describe the only (or first) unrelated trade or business here (SEE STATEMENT 1).

Part IV: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No).

Part V: The books are in care of (JAMES A. LASHER), Telephone number (216-365-2621).

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (476,528), Cost of goods sold (284,112), Net gain (loss) (97), Other income (176), Total (192,689).

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers (7,083), Salaries and wages (109,839), Repairs and maintenance (301), Bad debts (10,219), Taxes and licenses (20,089), Depreciation (15,503), Total deductions (369,948), Unrelated business taxable income before net operating loss deduction (-177,259), Unrelated business taxable income (0).



SCANNED SEP 20 2021

Part III Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	-177,259.
33	Amounts paid for disallowed fringes	
34	Charitable contributions (see instructions for limitation rules)	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	-177,259.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 5	0.
37	Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35	-177,259.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	-177,259.

Part IV Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) ...	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	
42	Proxy tax. See instructions	
43	Alternative minimum tax (trusts only)	
44	Tax on Noncompliant Facility Income See instructions	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	0.

Part V Tax and Payments		
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	
b	Other credits (see instructions)	
c	General business credit. Attach Form 3800	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	
e	Total credits. Add lines 46a through 46d	
47	Subtract line 46e from line 45	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	
49	Total tax. Add lines 47 and 48 (see instructions)	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	0.
51a	Payments: A 2018 overpayment credited to 2019	
b	2019 estimated tax payments	
c	Tax deposited with Form 8868	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	
e	Backup withholding (see instructions)	
f	Credit for small employer health insurance premiums (attach Form 8941)	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	
52	Total payments. Add lines 51a through 51g	
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached <input type="checkbox"/>	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority 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	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
58	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
59	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 statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: *[Signature]* Date: *11/13/20* Title: **CFO**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name HERZL GINSBURG, CPA	Preparer's signature <i>Herzl Ginsburg</i>	Date 11/12/20	Check <input type="checkbox"/> if self-employed	PTIN P01351635
	Firm's name CIUNI & PANICHI, INC.	Firm's address 25201 CHAGRIN BLVD. #200 CLEVELAND, OH 44122-5683		Firm's EIN 34-1322309	Phone no (216) 831-7171

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1	0.	6	Inventory at end of year	6	0.
2	Purchases	2	153,556.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	284,112.
3	Cost of labor	3	130,556.			Yes	No
4a	Additional section 263A costs (attach schedule)	4a				-	X
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5	284,112.				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		(b) Total deductions. Enter here and on page 1 Part I, line 6, column (B) ►
0.		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I line 7 column (A)	Enter here and on page 1 Part I line 7 column (B)
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		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 Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10 Enter here and on page 1, Part I line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I line 8 column (B)
			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9 column (A)		Enter here and on page 1, Part I, line 9, column (B)
		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	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 and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 25
		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 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)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A) 0.	Enter here and on page 1, Part I, line 11 col (B) 0.				Enter here and on page 1, Part II, line 26 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) JAMES LASHER	CFO	5.00%	7,083.
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			7,083.

Form 990-T (2019)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
------------	---	-----------	---

NORTH COAST COMMUNITY HOMES DEVELOPS AND MAINTAINS SAFE, COMFORTABLE AND AFFORDABLE HOUSING OF HIGH QUALITY IN NORTHEAST OHIO.

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT	2
------------	--------------	-----------	---

DESCRIPTION	AMOUNT
MANAGEMENT FEE	176.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	176.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
------------	------------------	-----------	---

DESCRIPTION	AMOUNT
OFFICE EXPENSES	33,176.
PROFESSIONAL SERVICES	3,412.
EVENT EXPENSE	5,122.
VEHICLES AND EQUIPMENT	11,013.
CONFERENCES AND SEMINARS	1,317.
OVERHEAD ALLOCATION	96,187.
REIMBURSED EXPENSES	311.
INSURANCE	837.
HARDWARE, TOOLS, SUPPLIES	1,665.
UTILITIES	2,654.
PERMITS	75.
TELECOMMUNICAIONS	28.
MISC FIELD EXPENSE	42.
SUBCONTRACTOR COSTS	748.
TOTAL TO FORM 990-T, PAGE 1, LINE 27	156,587.

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT	4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18	81,953.	0.	81,953.	81,953.	
NOL CARRYOVER AVAILABLE THIS YEAR			81,953.	81,953.	

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT	5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/17	133,008.	0.	133,008.	133,008.	
NOL CARRYOVER AVAILABLE THIS YEAR			133,008.	133,008.	