

AMENDED RETURN

EXTENDED TO AUGUST 15, 2019

1809

Form 990-T

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

OMB No 1545-0687

For calendar year 2017 or other tax year beginning OCT 1, 2017, and ending SEP 30, 2018

2017

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

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); Name of organization: CENTER CITY HOUSING CORPORATION; Address: 105 1/2 WEST FIRST STREET, DULUTH, MN 55802-2092; D Employer identification number: 36-3485584; E Unrelated business activity codes: 812930

C Book value of all assets at end of year: 20,726,961; F Group exemption number; G Check organization type: 501(c) corporation

H Describe the organization's primary unrelated business activity: QUALIFIED TAXABLE FRINGE BENEFITS - PARKING

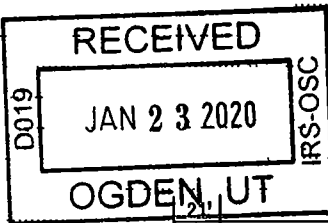
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent subsidiary controlled group? Yes

J The books are in care of: RICK KLUN; Telephone number: 218-722-7161

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total net income is 0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 4 columns: Line number, Description, Amount, Total. Rows 14-34. Total deductions: 1,000. Unrelated business taxable income: 0.



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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.

Controlled group members (sections 1561 and 1563) check here  See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34

35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:

Tax rate schedule or  Schedule D (Form 1041)

36

37 Proxy tax. See instructions

37

38 Alternative minimum tax

38

39 Tax on Non-Compliant Facility Income. See instructions

39

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

40 0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

41a

b Other credits (see instructions)

41b

c General business credit. Attach Form 3800

41c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

41d

e Total credits. Add lines 41a through 41d

41e

42 Subtract line 41e from line 40

42 0.

43 Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule)

43

44 Total tax. Add lines 42 and 43

44 0.

45a Payments: A 2016 overpayment credited to 2017

45a

b 2017 estimated tax payments

45b

c Tax deposited with Form 8868

45c

d Foreign organizations: Tax paid or withheld at source (see instructions)

45d

e Backup withholding (see instructions)

45e

f Credit for small employer health insurance premiums (Attach Form 8941)

45f

g Other credits and payments:  Form 2439

Form 4136  Other 402. Total 402.

46 Total payments. Add lines 45a through 45g

46 402.

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached

47

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed

48

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

49 402.

50 Enter the amount of line 49 you want: Credited to 2018 estimated tax

Refunded 402.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 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 No X

52 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.

X

53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here

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

Signature of officer

Date 1/15/20

EXECUTIVE DIRECTOR

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

Paid Preparer Use Only section containing fields for preparer name (ELIZABETH BARCHENGER), firm name (MAHONEY, ULBRICH, CHRISTIANSEN & RUSS P.A.), and address (10 RIVER PARK PLAZA, SUITE 800 SAINT PAUL, MN 55107).

CENTER CITY HOUSING CORPORATION

36-3485584

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 2

<u>CORPORATION'S NAME</u>	<u>IDENTIFYING NO</u>
CENTER CITY HOUSING CORP	36-3485584

FORM 990-T OTHER CREDITS AND PAYMENTS STATEMENT 3

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DECEMBER 20, 2019 REPEAL OF TAX ON QUALIFIED TRANSPORTATION BENEFITS	402.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 45G	402.