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	•.							00020	70	0420 0	
~ F	₃₅ 990-T	E	Exempt Orgai						า	OMB No 1545-0687	
•			(and proxy tax under section 6033(e)) 1903							0040	
	12-	For calendar year 2018 or other tax year beginning APR 1, 2018 and ending MAR							<u> 19</u>	2018	
	partment of the Treasury			ırs gov/Form990T for ın					.	Open to Public Inspection for	
Int	ternal Revenue Service		Do not enter SSN number					ition is a builci(s)		501(c)(3) Organizations Only loyer identification number	
Α	Check box if address changed		Name of organization (Check box if name cl	hanged	and see	e instructions)		Emp	oloyees' trust, see uctions)	
_		0	HOMES FOR A	MERTCA INC					1	2-1901220	
, B	Exempt under section X 501(C \$23)	Or	Print HOMES FOR AMERICA, INC.						E Unrelated business activity code		
ļ	408(e) 220(e)	Туре	I Mallingly Street, and room of Suite no it a rife box, see mistractions						(See	instructions)	
[408A 530(a)		City or town, state or prov			n oostal	code		1		
Ì	529(a)		ANNAPOLIS, I								
C	Book value of all assets at end of year	•	F Group exemption numb		>						
_	at one or your		G Check organization type	E ➤ X 501(c) corp	oration		501(c) trust	401(a	a) trust	Other trust	
Н			tion's unrelated trades or b					the only (or first) u	nrelated		
			C 512(A)(7) I					complete Parts I-V			
			ce at the end of the previou	is sentence, complete Pa	rts I and	d II, cor	nplete a Schedule	M for each additio	nal trade	e or	
_	business, then complete					4			<u> </u>	N-	
ı	•		oration a subsidiary in an a difying number of the paren		เร-รขอรเ	diary co	ontrolled group?	•	Y	es No	
	The books are in care of			t corporation >			Telepho	one number 🕨	410-	269-1222	
	Part I Unrelate	d Trac	de or Business Inc	ome		(A) Income	(B) Expense		(C) Net	
	la Gross receipts or sale	es									
	b Less returns and allo			c Balance	1c						
:	Cost of goods sold (S	Schedule	A, line 7)		2						
;	Gross profit Subtrac	t line 2 fi	om line 1c		3				- `		
4	a Capital gain net incor	•	•		4a						
			art II, line 17) (attach Form	4797)	4b						
	c Capital loss deduction				4c					· · · · · · · · · · · · · · · · · · ·	
	, ,		ship or an S corporation (at	tach statement)	5						
	•		no (Cabadula E)		<u>6</u> 7						
; {			ne (Schedule E) nd rents from a controlled c	organization (Schedule F)	8					· 	
9			on 501(c)(7), (9), or (17) or	-	9	-					
10				gamzanon (conoccio a)	10				-		
1		-	•		11						
12	2 Other income (See in	struction	is; attach schedule)		12						
<u>1:</u>	3 Total. Combine lines	3 throu	gh 12		13		0.				
	Part II Deduction	ns No	t Taken Elsewher	e (See instructions fo	r limita	tions o	on deductions)				
_			utions, deductions must		With t	ne unite	elated business	income)	T	 	
14		ficers, di	rectors, and trustees (Sche	dule K)		ŀ	RECEIV	ED	14	·	
1:		20000				1		— ၂၇၂	15		
16	*	lance				C348	AUG 06 2	2020 050-52	17	_	
18		edule) (s	ee instructions)			ပြ	nou v v		18		
a '`	•	,au10) (5	oo maa aanana)			-	CODEN		19	-	
20		ions (Se	e instructions for limitation	rules)		Ĺ	OGDEN	, 01	20		
2				·			21			_	
e 2	Less depreciation cl	aımed oı	Schedule A and elsewhere	e on return			22a		22b		
2:	B Depletion								23		
24 Z 21	Contributions to def	erred co	mpensation plans						24		
		_							25		
) 2I			·						26		
ر اد	•								27	-	
21	•		•						28 29	0.	
29 30			14 through 28 ncome before net operating	loss deduction. Subtract	t line 20	from li	ine 13		30	0.	
3			loss arising in tax years beg						31		
3:	•	-	ncome Subtract line 31 fro	-	, .,	_ (300			32	0.	
_			work Reduction Act Notice			-		11 3		Form 990-T (2018)	

Form 990-		INC.		<u> 52-190</u>	11220	P	age 2
Part	III Total Unrelated Business Taxal	ble Income					
33	Total of unrelated business taxable income comput	ed from all unrelated trades or businesses (s	see instruct	ions)	33		0.
34	Amounts paid for disallowed fringes				34		
35	Deduction for net operating loss arising in tax years	s beginning before January 1, 2018 (see inst	ructions)		35		
36	Total of unrelated business taxable income before s	specific deduction. Subtract line 35 from the	sum of				
	lines 33 and 34				36		
37	Specific deduction (Generally \$1,000, but see line 3	37 instructions for exceptions)		38	37	1,00	0.
38	Unrelated business taxable income. Subtract line		e 36.				
	enter the smaller of zero or line 36		•		38		0.
Part	IV Tax Computation						
39	Organizations Taxable as Corporations Multiply	line 38 by 21% (0 21)		<u> </u>	39		0.
40	Trusts Taxable at Trust Rates See instructions for		it on line 38	I from:			
	Tax rate schedule or Schedule D (Fo	· ·		•	40		
41	Proxy tax See instructions	,		•	41		
42	Alternative minimum tax (trusts only)				42		
43	Tax on Noncompliant Facility Income See instruc	etions			43		
44	Total Add lines 41, 42, and 43 to line 39 or 40, wh				44		0.
Part		полочи арриоо			1		<u> </u>
	Foreign tax credit (corporations attach Form 1118,	trusts attach Form 1116\	45a				
	011	a colo didon i orini i i ioj	45b		1		
b	O		45c		╡ ┃		
C	0 - 11 (000	01 or 8927)	45d		╡		
d	, ,	71 01 0027)	450 1		45e		
	Total credits Add lines 45a through 45d Subtract line 45e from line 44				46		0.
46		Form 8611 Form 8697 Form 8	2066	Other (attach schedule)	47		<u>.</u>
47		FULL 6097 FULL 6097 FULL 6	0000	Office (attach schedule)	i i		0.
48	Total tax Add lines 46 and 47 (see instructions)	Farm OCS B. Dart II. askirma (li), kma O			48		0.
49	2018 net 965 tax liability paid from Form 965-A or	Form 965-B, Part II, column (k), line 2	اجمعا		49		•
	Payments A 2017 overpayment credited to 2018		50a		╡		
	2018 estimated tax payments	610	50b	1,037.	-		
	: Tax deposited with Form 8868	-		1,037.	-		
	Foreign organizations: Tax paid or withheld at source	ce (see instructions)	50d		⊣		
	Backup withholding (see instructions)	4 11 1 5 1044)	50e		-		
	Credit for small employer health insurance premiur		_50f		-		
ç	•	orm 2439					
		ther Total >	50g		- -	1 02	7
51	Total payments Add lines 50a through 50g				51	1,03	<u> </u>
52	Estimated tax penalty (see instructions) Check if Fo			_	52		
53	Tax due If line 51 is less than the total of lines 48,			GG.	53	1 02	
54	Overpayment If line 51 is larger than the total of li			55	5A	1,03	
55	Enter the amount of line 54 you want: Credited to 2		on /	Refunded >	<i>(</i> 55	1,03	<u>/•</u>
Part							
56	At any time during the 2018 calendar year, did the					Yes	No
	over a financial account (bank, securities, or other)						
	FinCEN Form 114, Report of Foreign Bank and Fina	ncial Accounts If "Yes," enter the name of th	ie foreign co	ountry			
	here					_	
57	During the tax year, did the organization receive a c	distribution from, or was it the grantor of, or	transferor t	to, a foreign trust?			
	If "Yes," see instructions for other forms the organiz						
58	Enter the amount of tax-exempt interest received or						
C:	Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer (other than	this return, including accompanying schedules and s n taxpayer) is based on all information of which prepar	statements, ar rer has any kr	nd to the best of my knowle nowledge	dge and belief, it i	is true,	
Sign				N	May the IRS discus	s this return with	ih
Here		PRESID	ENT A		ne preparer shown		
	Signature of officer	Date Title		· r	nstructions)? X	Yes	No
	Print/Type preparer's name	Prenarer's sinnature	Date	Check	if PTIN		
Paid		_ <i> </i>	2/2/202	self- employed			
Prep	arer DAMIEN NICKLE, CPA	57-14	2/3/202	20		02786	
Use	Only Firm's name COHNREZNICK	LLP		Firm's EIN ▶	22-1	<u>478099</u>	
300	500 EAST P	RATT STREET, 4TH FLO	OOR				
	Firm's address ► BALTIMORE,	MD 21202		Phone no 4	<u>110-783</u>		
823711 0	1-09-19				Forr	n 990-T (2	2018