	*	· •		AMENDED RET	CURN-SECTI AMENDED	ON RET	512(A)(7) I	REP EAT 3 9 3	23	55006 8
	Form	990-T	l F	xempt Organi				Tax Return	1	OMB No 1545-0687
14º	roiiii	330-1	•		proxy tax und	ler se	ction 6033(e))		α	0040
			For cal	endar year 2018 or other tax year b						2018
	D	t of the Transcript					ons and the latest infor		_	
	Interna	ment of the Treasury I Revenue Service	>	Do not enter SSN numbers o	•				L	Open to Public Inspection for 50 1(c)(3) Organizations Only
	AL	Check box if		Name of organization (Check box if name of	hanged	and see instructions.)			yer identification number byees' trust, see
		address changed							instru	ctions)
	B Ex	empt under section	Print	SUPPORTIVE HO	OUSING COM	MUN	ITIES, INC		_5	8-2067479
	X	501(c)(3)	10	Number, street, and room or		x, see ır	structions.			ited business activity code istructions)
		408(e)220(e)	Туре	601 E. FIFTH	STREET				•	•
		408A 530(a)		City or town, state or provinc	e, country, and ZIP o	r foreig	n postal code			
		529(a)		CHARLOTTE, NO					<u>812</u>	930
	C Boo	k value of all assets nd of year		F Group exemption number	<u> </u>	<u> </u>				
		4,769,7		G Check organization type			501(c) trust	401(a)	trust	Other trust
			-	tion's unrelated trades or busi	nesses.	0		e the only (or first) unr		
				APPLICABLE			·	e, complete Parts I-V. I		
				ce at the end of the previous s	entence, complete Pa	arts I ar	id II, complete a Schedu	ile M for each additiona	al trade	or
		iness, then complete							- T	
				oration a subsidiary in an affil		nt-subs	idiary controlled group?	' ▶ ∟	Ye	s X No
	$\overline{}$			ifying number of the parent co	orporation.		Tolon	hone number ▶ 7	<u> </u>	225 0200
	_			ONYA BRUCE de or Business Incor	<u></u>		(A) Income	(B) Expenses		(C) Net
		Gross receipts or sale		e or business incor		_	(A) IIICOIIIC	- (D) Expenses		(0) 1101
		Less returns and allov			Balance >	1c		, ,	l	}
		Cost of goods sold (S			Dalatice	2				
		Gross profit. Subtract			()	3		 		
		Capital gain net incom			S	4a		 		
		. •	•	art II, line 17) (attach Form 47	97)	4b		 		
		Capital loss deduction		, ,	,	4c				
		,		hip or an S corporation (attac	h statement)	5	<u></u> .			
	6	Rent income (Schedu	le C)		·	6				
	7	Unrelated debt-finance	ed incor	ne (Schedule E)		7				
				nd rents from a controlled org						
	9	Investment income of	a sectio	n 501(c)(7), (9), or (17) orga	nization (Schedule 🕼	GE	IVED			
		Exploited exempt activ	•	•		10				
		Advertising income (S		′	E AP	11	a 2020 S			
		Other income (See ins		The state of the s	C Ar	-	9 2020			
		Total, Combine lines	3 throu	gh 12	<u> </u>	13_	<u> </u>	•		
	Par	TII Deduction	ns No	t Taken Elsewhere autions, deductions must be	See instructions (fo		thorus of deductions)		
	-					C-44+(14)		SS INCOME)	44 1	
	14 15	Compensation of offi	icers, dii	ectors, and trustees (Schedul	en)			}	14 15	
	16	Repairs and mainten	2000						16	
	17	Bad debts	alice						17	
	18	Interest (attach sche	dula) (ea	a instructions)					18	
	19	Taxes and licenses	uuic) (st	se manuchona)				ŀ	19	
	20		ons (See	instructions for limitation rule	oc)				20	
	21	Depreciation (attach	•		,		21	ł		
	22	•		Schedule A and elsewhere or	n return		22a		22b	•
	23	Depletion					[·	23	
	24	Contributions to defe	rred cor	npensation plans				ŀ	24	
	25	Employee benefit pro		· France					25	
	26	Excess exempt exper	•	hedule I)				Ì	26	
	27	Excess readership co						1	27	
	28	Other deductions (att						~	28	
	29	Total deductions. Ac		·				ľ	29	0.
	30	Unrelated business ta	axable in	come before net operating los	s deduction. Subtrac	t line 2	9 from line 13	ļ	30	0.
	31	Deduction for net ope	erating l	oss arısıng ın tax years beginn	ing on or after Janua	ry 1, 20) 18 (see instructions)	[31	•
_	32	Unrelated business to	axable in	come. Subtract line 31 from li	ne 30		·		32	0.
•	823701	01-09-19 LHA Fo	r Paper	work Reduction Act Notice, s	ee instructions.					Form 990-T (2018)

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

AS AMENDED

Form 990-1		067479	Page 2
Part I	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)	SB 37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36.	- 11	1,000
90	enter the smaller of zero or line 36	38	0.
Dort I	V Tax Computation	1 38 1	
			0.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from	-	
	Tax rate schedule or Schedule D (Form 1041)	► 40 <u> </u>	
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 V	/ Tax and Payments		
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
	Other credits (see instructions) 45b		
	General business credit. Attach Form 3800		
	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d		
	Total credits Add lines 45a through 45d	45e	
	Subtract line 45e from line 44	46	0.
		\ \ \	
		48	0.
	Total tax. Add lines 46 and 47 (see instructions)		0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments 50b	l	
	Tax deposited with Form 8868		
đ	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
е	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments: Form 2439		
	☐ Form 4136	5.	
51	Total payments. Add lines 50a through 50g SEE STATEMENT 1	51	2,525.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	-
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	► 53	
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	2,525.
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	2,525.
Part V			275251
	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		165 140
			1 1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here >		_ <u> X</u>
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		1 1 .1
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
0:	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	knowledge and beli	ef, it is true,
Sign	1. 1. Bu. 1.	May the IRS disci	uss this return with
Here	John Dur 324 00 BOARD CHAIR	the preparer show	
	Signature of officer Date Title	instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
Do: 4	celf- employ	li i	
Paid	WAYNE M BACED CLASSE M. Eage 101/21/20		706592
Prepa	Terris come > PLATE PONIE & WINTERSTORM DIJC		2210577
Use O	10815 SIKES PLACE, SUITE 100		
		704-841	_9800
002711 01			
823711 01-	U3- 13	101	m 990-T (2018)

Schedule A - Cost of Good	ls Sold. Enter	method of inver	ntory valuation N/A	<u> </u>	 -				
1 Inventory at beginning of year	1		6 Inventory at end of year			6			
2 Purchases	2		7 Cost of goods sold. Subtract line 6						
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,				
4 a Additional section 263A costs			7						
(attach schedule)	4a		8 Do the rules of section	1 263A (\	with respect to	Yes No			
b Other costs (attach schedule)	4b		property produced or						
5 Total. Add lines 1 through 4b	5		the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leas	ed With Real Pro	perty)			
1. Description of property									
(1)									
(2)									
(3)	_								
(4)									
	2. Rent receive		-		2/0100-1				
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for p	and personal property (if the percent personal property exceeds 50% or if at is based on profit or income)	tage f		connected with the income in d 2(b) (attach schedule)			
(1)									
(2)									
(3)									
(4)									
Total	_ 0.	Total		0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	.		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	.			
Schedule E - Unrelated Del	bt-Financed	Income (see	instructions)						
	-	<u> </u>	2. Gross income from		Deductions directly control to debt-finance	nected with or allocable ed property			
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)			<u>"</u>	1					
(2)									
(3)	-								
(4)									
Amount of average acquisition debt on or allocable to debt-inanced property (attach schedule)	of or all debt-finan	adjusted basis locable to ced property 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)			%						
					nter here and on page 1, art I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)			
Totals			•		0	. 0.			
Total dividends-received deductions in	cluded in column	8	•		<u> </u>	0.			

Schedule F - Interest,	<u>Annuitie</u>	s, Royal	lties, ar	d Rent	s From C	ontroll	ed Organiz	zatior	1S (see ins	struction	ns)	
				Exempt	Controlled O	rganızatı	ons					
Name of controlled organization		ıdentıfic	2. Employer (loss) (see number		nrelated income enstructions) 4. Tot payre		ments made inclu		5. Part of column 4 that is ncluded in the controlling rganization's gross income		6. Deductions directly connected with income in column 5	
(1)						i						
(2)										$\neg +$		
(3)	1									$\neg +$		
(4)		- -						\vdash		-+	-	
Nonexempt Controlled Organ	ızatıons					L		 				
7. Taxable Income	T	related incom	ne (loss)	9 Total	of specified pay	mente	10. Part of colu	mn 9 that	re included	11 0	eductions directly connected	
7. Taxable illeging		ee instructions		3 , 10tai	made	nents	in the controll				h income in column 10	
(1)			-								- 	
(2)			~-		-				-		<u>. </u>	
(3)				_							<u> </u>	
(4)											-	
							Add colun				dd columns 6 and 11 here and on page 1, Part I,	
Totals						•	tine 8, c	column (A	0.		line 8, column (B)	
Schedule G - Investme	ent Incor	ne of a	Section	501(c)(7), (9), or	(17) Or	ganization	1	<u> 1</u>			
	ription of incor	me			2. Amount of	ıncome	3. Deduction directly connective (attach scheduler)	cted	4. Set-	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)	-	_			-					-		
(3)												
(4)												
					Enter here and						Enter here and on page 1,	
					Part I, line 9, co	dumn (A)					Part I, line 9, column (B)	
Totals				>		0.					0.	
Schedule I - Exploited (see instru	-	Activity	Incom	e, Othe	r Than Ac	lvertisi	ng Income	•				
Description of exploited activity	2 Gr unrelated I income trade or b	business from	3 Exp directly co with pro of unre business	onnected duction elated	4. Net incomfrom unrelated business (cominus colum gain, comput through	I trade or Ilumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										_		
(2)												
(3)												
(4)	_											
	Enter here page 1, line 10, c	Part I, col (A)	Enter here page 1, line 10,	Part I, col (B)							Enter here and on page 1, Part II, line 26	
Totals	na Inas-	0.		0.	l						0.	
Schedule J - Advertisi						D:-		_				
Part I Income From	Periodic:	ais Repo	orted or	n a Con	solidated	Basis						
1 Name of periodical		2. Gross advertising income		3. Direct rtising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain, comput	5. Circulat		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)												
(4)					<u></u>							
Totals (carry to Part II, line (5))	•	().	0	•						0.	
											Form 990-T (2018)	

Form 990-T (2018) SUPPORTIVE HOUSING COMMUNITIES, INC. 58-20674 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)			_				h .	
Totals from Part I	▶	0.	0.			e ¹	0.	
		Enter here and on page 1, Part I, line 11 col (A)	Enter here and on page 1, Part I, line 11 col (B)				Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	▶	0.	0.	<u></u>			0.	

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

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

Form 990-T (2018)

FORM 990-T OTHER CRED	ITS AND PAYMENTS	STATEMENT	1
DESCRIPTION		AMOUNT	
PAYMENTS MADE ON ORIGINAL RETURN	2,52	25.	
TOTAL INCLUDED ON FORM 990-T, PAGE	2, PART V, LINE 50G	2,52	25.