

Form 990-T

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

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning 07/01/19, and ending 06/30/20

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

Open to Public Inspection for 501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

A Check box if address changed
B Exempt under section 501(c)(3)
501(c) 3
408(e) 220(e)
408A 530(a)
529(a)

Name of organization () Check box if name changed and see instructions
CAPE AREA COMMUNITY HOUSING DEVELOPMENT CORPORATION INC
Number, street, and room or suite no. If a P O box, see instructions
937 BROADWAY STE 306
City or town, state or province, country, and ZIP or foreign postal code
CAPE GIRARDEAU MO 63701

D Employer identification number (Employees' trust, see instructions)
82-4742964
E Unrelated business activity code (See instructions)

C Book value of all assets at end of year
6,453

F Group exemption number (See instructions)
G Check organization type
[X] 501(c) corporation
501(c) trust
401(a) trust
Other trust

H Enter the number of the organization's unrelated trades or businesses
Describe the only (or first) unrelated trade or business here
If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?
If "Yes," enter the name and identifying number of the parent corporation
Yes No

J The books are in care of MELISSA STICKEL Telephone number 573-651-3747

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Includes handwritten '12220' and a 'RECEIVED' stamp dated Dec 23 2020 from OGDEN, UT.

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Includes lines 14-31 for Deductions Not Taken Elsewhere.

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Part III Total Unrelated Business Taxable income

Table with 3 columns: Line number, Description, Amount. Includes lines 32-39 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, Amount. Includes lines 46a-56 for tax and payments.

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

Table with 3 columns: Line number, Description, Yes/No. Includes lines 57-59 regarding foreign activities and tax-exempt interest.

Sign Here: Under penalties of perjury, I declare that I have examined this return... Signature of officer: Malena Stitel, Date: 12/19/20, Title: President.

Paid Preparer Use Only: Print/Type preparer's name: DAVID PRASANPHANICH, Preparer's signature: DAVID PRASANPHANICH, Date: 12/01/20, Firm's name: BEUSSINK, HEY & ROE, P.C., Firm's address: 16 SOUTH SILVER SPRINGS ROAD, CAPE GIRARDEAU, MO 63703.

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶

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 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional sec. 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property		
(1)	N/A	
(2)		
(3)		
(4)		
2 Rent received or accrued		
(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		

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)	N/A			
(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 ▶				

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) N/A					
(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)				
			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)

Totals

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) N/A				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)	

Totals

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) N/A						
(2)						
(3)						
(4)						
		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

Totals

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) N/A						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5))

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) N/A						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	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 26

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) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14 ▶			

Form **990T****Two Year Comparison Report****2018 & 2019**For calendar year 2019, or tax year beginning 07/01/19, ending 06/30/20

Name

Taxpayer Identification Number

CAPE AREA COMMUNITY HOUSING
DEVELOPMENT CORPORATION INC

82-4742964

		2018	2019	Differences
Revenue	1. Gross profit/loss on business activities	1.		
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rent income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Income from controlled organizations (net of expense)	6.		
	7. Section 501(c)(7)(9)(17) organization income (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.		
	11. Total trade or business income. Combine lines 1 through 10	11.		
Expenses	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13.		
	14. Repairs and maintenance	14.		
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17.		
	18. Charitable contributions	18.		
	19. Depreciation and Depletion	19.		
	20. Contributions to deferred compensation plans	20.		
	21. Employee benefit programs	21.		
	22. Other deductions	22.		
	23. Total deductions. Add lines 12 through 22	23.		
	24. Net income (990T/first activity), Subtract line 23 from 11	24.		
	25. Number of unrelated business activities for this return	25.	1	- 1
26. Unrelated business taxable income from all trades	26.			
27. Disallowed employee fringe benefits	27.			
28. Charitable contributions	28.			
29. Taxable income before NOL loss	29.			
30. Net operating loss (pre-2018)	30.			
31. Specific deduction	31.	1,000	1,000	
32. Unrelated business taxable income	32.			
Tax & Credits	33. Income tax (corporate or trust)	33.		
	34. Proxy tax	34.		
	35. Other taxes	35.		
	36. Total taxes	36.		
	37. Other credits	37.		
	38. General business credit	38.		
	39. Credit for prior year minimum tax	39.		
	40. Total credits	40.		
	41. Net tax after credits	41.		
	42. Recapture taxes and 965 tax	42.		
	43. Total Taxes	43.		
Due/Refund	44. Prior year overpayment and estimated tax payments	44.		
	45. Payment made with extension	45.		
	46. Backup withholding and foreign withholding	46.		
	47. Other payments	47.		
	48. Total payments	48.		
	49. Balance due/(Overpayment)	49.		
	50. Overpayment applied to next year	50.		
	51. Penalties	51.		
	52. Total due/(Refund)	52.		

Form **990T**

Tax Return History

2019

Name **CAPE AREA COMMUNITY HOUSING DEVELOPMENT CORPORATION INC**

Employer Identification Number **82-4742964**

* Income shown net of expenses

	2015	2016	2017	2018	2019	2020
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Contributions

\$30			
\$20			
\$10			
\$0			

2018 2019

Exempt Revenue (Loss)

\$30		
\$20		
\$10		
\$0		

2018 2019

Expenses_Deductions

\$30		
\$20		
\$10		
\$0		

2018 2019

Net Exempt Revenue

\$30		
\$20		
\$10		
\$0		

2018 2019

Form **990T**

Tax Return History

2019

Name **CAPE AREA COMMUNITY HOUSING DEVELOPMENT CORPORATION INC** Employer Identification Number **82-4742964**

	2015	2016	2017	2018	2019	2020
Other deductions						
Net income (990T/first activity)						
UBTI from all trades	0	0	0	0	0	0
Taxable employee fringe benefits						
Charitable contributions						
Net operating loss deduction						
Specific deduction				1,000	1,000	
Income after expense and deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

Total Assets

	2018	2019
\$30		
\$20		
\$10		
\$0		

Total Liabilities

	2018	2019
\$30		
\$20		
\$10		
\$0		

Business Income (990T)

	2018	2019
\$30		
\$20		
\$10		
\$0		

Tax Due (990T)

	2018	2019
\$30		
\$20		
\$10		
\$0		