Form **990-PF** Departifient of the Treasury Internal Revenue Service

SCANNED FEB 1 2 2020

EXTENDED TO NOVEMBER 15, 29
Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

FUI	calendar year 2018 or tax year beginning		, and ending		
Na	me of foundation			A Employer identification	number
T	HE <u>HELE</u> N HUDSON FOUNDATION	N FOR			
E	OMELESS AMERICA			46-4009160	
Nu	nber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
1	1 SOUTH ANGELL STREET		#312	401-529-70	85
_	y or town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is pe	
	ROVIDENCE, RI 02906				
	Check all that apply: Initial return	X Initial return of a for	rmer nublic charity	D 1. Foreign organizations	check here
	Final return	Amended return	pasiis ona.i.;	Transfer organizations	,
	Address change	Name change		Foreign organizations mer check here and attach cor	eting the 85% test,
	Check type of organization: X Section 501(c)(3) ex			1	
<u>"-</u> "	_ ·· · · · · · · · · · · · · · · · · ·		\ <i>V</i>	E If private foundation stat	
<u> </u>		Other taxable private foundate		under section 507(b)(1)	· ·
	air market value of all assets at end of year J Accounti		X Accrual	F If the foundation is in a 6	
-		ther (specify)	<u> </u>	under section 507(b)(1)	(B), cneck nere
			-		/d) = .
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes
\curvearrowright	necessarily equal the amounts in column (a))	ļ	income	illoulle	(cash basis only)
J	1 Contributions, gifts, grants, etc., received	526,581.	•		
	2 Check I if the foundation is not required to attach Sch. 8				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	8,266.	8,266.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
en.	6a Net gain or (loss) from sale of assets not on line 10	19,075.			
Revenue	b Gross sales price for all 102,002.				
š	7 Capital gain net income (from Part IV, line 2)		19,075.		
ď	8 Net short-term capital gain		•		
	9 Income modifications	_			
	Gross sales less returns and allowances				
	b Less Cost of goods sold				 -
	c Gross profit or (loss)				
	11 Other income	610.	0.	610.	STATEMENT 2
	12 Total. Add lines 1 through 11	554,532.	27,341.	610.	<u> </u>
	13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14 Other employee salaries and wages		•	<u> </u>	
	15 Pension plans, employee benefits				
ses	16a Legal fees STMT 3	573.	0.	0.	573.
JS.	_	3,601.	0.	0.	3,601.
Expens	b Accounting fees STMT 4 c Other professional fees STMT 5	9,748.	4,24,8	0.	5,500.
Ü		3,740.	4,240~		3,300.
Administrative	17 Interest			RECEIVED	
stra	18 Taxes			-IVED	7
Ξ̈́	19 Depreciation and depletion		341	NOV 1000	10/
Ę	20 Occupancy	1 014		NOV 1 9 2019 0 ,	0 1,014.
٧	21 Travel, conferences, and meetings	1,014.	/ 0.	101504	<u>0</u> 1,014.
and	22 Printing and publications			DGDEN, UTO.	<u> </u>
Operating	23 Other expenses STMT 6	5,086.		JEN, UTO:	5,086.
rat	24 Total operating and administrative				J
ğ	expenses Add lines 13 through 23	20,022.	4,248.		<u> 15,774.</u>
O	25 Contributions, gifts, grants paid	26,429.			26,429.
	26 Total expenses and disbursements.				
	Add lines 24 and 25	46,451.	4,248.	0.	42,203.
	27 Subtract line 26 from line 12:				
•	Excess of revenue over expenses and disbursements	508,081.			
クー	b Net investment income (if negative, enter -0-)		23,093.		
50	c Adjusted net income (if negative, enter -0-)			610.	
8235	of 12-11-18 LHA For Paperwork Reduction Act Notice	e, see instructions	. Σ		Form 990-PF (3018)
0200	or in the many that is a position it denoted that it is the many	-,	1 \ 0.0	\mathcal{U}	(0)
41	1028 710287 07666	2018.04030 Т	HE HELEN HIII	SON FOUNDATI	ON 07666 \ 1
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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HOMELESS AMERICA

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		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
Pa	art	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
$\neg \gamma$	1	Cash - non-interest-bearing	125,875.	58,352.	58,352.
- 1		Savings and temporary cash investments		10,409.	10,409.
		Accounts receivable ▶			
Į	•	Less; allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
ļ	6	Receivables due from officers, directors, trustees, and other			
	-	disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts ▶			
2	8	Inventories for sale or use			
A33613		Prepaid expenses and deferred charges			
2		Investments - U.S. and state government obligations			
		Investments - corporate stock			
-		Investments - corporate bonds			
Ì	_	Investments - land, buildings, and equipment basis			***
- 1	•	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 7	45,301.	610,496.	602,623.
ı	-	Land, buildings, and equipment: basis			
J	•	Less accumulated depreciation]		
1	15	Other assets (describe >			
		Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	171,176.	679,257.	671,384.
7	17	Accounts payable and accrued expenses			
ļ	18	Grants payable			
- 1	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
: 1	21	Mortgages and other notes payable			
		Other liabilities (describe			
T.	-~-				······································
[23	Total liabilities (add lines 17 through 22)	0.	0.	
Ť	<u> </u>	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.			
3	24	Unrestricted			
		Temporarily restricted			
		Permanently restricted			
		Foundations that do not follow SFAS 117, check here			
		and complete lines 27 through 31.			
٠,	27	Capital stock, trust principal, or current funds	0.	0.	
		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
		Retained earnings, accumulated income, endowment, or other funds	171,176.	679,257.	
: I		Total net assets or fund balances	171,176.	679,257.	
1	,,,	Total fiet assets of full buildings			
١,	11	Total liabilities and net assets/fund balances	171,176.	679,257.	
				01772511	
² a	<u>rt l</u>	Analysis of Changes in Net Assets or Fund Ba	nances		
Т,		net assets or fund balances at beginning of year - Part II, column (a), line 3			
		t agree with end-of-year figure reported on prior year's return)	-	1	171,176.
		amount from Part I, line 27a		2	508,081.
		increases not included in line 2 (itemize)		3	0.
		nes 1, 2, and 3		4	679,257.
		ases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II. colu	ımn (b), line 30	6	679.257.

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	ELESS AMERICA and Losses for Tax on In	vestment Income			46-4	009160	Page 3
(a) List and describe the	ne kind(s) of property sold (for examehouse; or common stock, 200 shs	nple, real estate,	(b)	How acquired - Purchase	(c) Date acquire (mo., day, yr.)	d (ø) Dat (mo., d	
1a MORGAN STANLEY	enduse, or common stock, 200 sns	. INICO GO.)	1 0	- Donation P	05/04/1		
b MORGAN STANLEY			+	<u>_</u>	03/04/1	12/0	<u> </u>
c CAPITAL GAINS D	TVTDENDS						
d							
e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			(h) Gain or (l ((e) plus (f) mir		
a 45,751.		45,4	99.				252
b 46,572.		37,4	28.				,144.
9,679.					*	9	<u>,679</u> .
d							
e							
Complete only for assets showing	gain in column (h) and owned by t				(I) Gains (Col. (h) (
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			ol. (k), but not less Losses (from c		
a							252.
b		· · · · · · · · · · · · · · · · · · ·		·		9	,144. ,679.
С						9	<u>,679.</u>
d							
e							
2 Capital gain net income or (net capi	If gain, also enter $\{f(loss), enter -0-\}$	ın Part I, line 7 ın Part I, line 7	}	2		19	,075.
3 Net short-term capital gain or (loss)) as defined in sections 1222(5) and	1 (6):	١ , ١				
If gain, also enter in Part I, line 8, co	olumn (c).		 		.~	/ -	
Part V Qualification Un	dor Section 4940(a) for	Poduced Tay on No	t Inv	3 estment in	N/	'A	
		·			Come		
(For optional use by domestic private f	oundations subject to the section 4:	340(a) tax on het investment i	IIICOME	i.)			
lf section 4940(d)(2) applies, leave this	s part blank.						
Was the foundation liable for the section	on 4042 tay on the distributable amo	ount of any year in the hace of	chora			Yes	X No
If "Yes," the foundation doesn't qualify		* *	J1104			,	L22_] 110
	ch column for each year; see the in		entries				
(a)	(b)		(c)		Die	(d)	
Base period years Calendar year (or tax year beginning	مقومات أعالي مناها	ibutions Net value of n	onchar	itable-use asset	(col. (b)	divided by col.	(c))
2017							
2016							
2015							
2014							
2013							
2 Total of line 1, column (d)					2		
Average distribution ratio for the 5-y		line 2 by 5.0, or by the numb	er of y	ears			
the foundation has been in existence	e if less than 5 years				3		
Enter the net value of noncharitable-use assets for 2018 from Part X, line 5							
i Multiply line 4 by line 3				5			
is Enter 1% of net investment income (1% of Part I, line 27b)					6		
	(1.70 OI 1 WICE, MIO 21 O/					-	
Add lines 5 and 6					7		
Enter qualifying distributions from P	•	h and ago-1-4-46-4	o c 401	tov roto	8	<u> </u>	
If line 8 is equal to or greater than lingsee the Part VI instructions.	ne 7, check the box in Part VI, line 1	o, and complete that part usin	ıg a 1%	atax rate.			

THE HELEN HUDSON FOUNDATION FOR

		4009			Page 4	
	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see II	nstru	ictio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here 🔛 🔛 and enter "N/A" on line 1.	1				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	İ				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔛 and enter 1%			4	<u>62.</u>	
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				0.	
3	Add lines 1 and 2			4	62.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<u> </u>		4	62.	
6	Credits/Payments:					
a	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 0.	ļ				
b	Exempt foreign organizations - tax withheld at source 6b 0.					
C	Tax paid with application for extension of time to file (Form 8868) 6c 0.					
d	Backup withholding erroneously withheld 6d 0.					
	Total credits and payments. Add lines 6a through 6d				0.	
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				0.	
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 8 > 9		_	4	62.	
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					
	Enter the amount of line 10 to be: Credited to 2019 estimated tax					
	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No	
	any political campaign?	-	1a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or					
	distributed by the foundation in connection with the activities.					
С	Did the foundation file Form 1120-POL for this year?	ĺ	10		Х	
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	Ì				
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ▶ \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X	
	If "Yes," attach a detailed description of the activities.	Ī				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	1	- 1			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	- 1	3		<u>X</u>	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	Ī	4a		X	
		/A	4b			
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	· [5		X	
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law					
	remain in the governing instrument?		6	Х		
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	Ī	7	Х		
	·	Γ		\Box		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.					
	RI					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	- 1		- 1		
	of each state as required by General Instruction G? If "No," attach explanation		8b	Х		\wedge
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				i	′
	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV		9	Х		0
10_	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT		10	X		_
		Form	990	-PF (2018)	

	n 990-PF (2018) HOMELESS AMERICA 46-400	9160	I	Page !
Pi	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A	_		
14	The books are in care of ► THOMAS LANE Telephone no. ► 401-5	33-9	046	
	Located at ▶180 MEDWAY ST, PROVIDENCE, RI ZIP+4 ▶0	2906		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	Securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country.			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	+		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	1 1	· [
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1 1	ł	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	16		
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2018?	1c		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1 1		
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2018? Yes X No		- }	
	If "Yes," list the years,,,,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	Statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	[[- 1	
)			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		<u>X</u>
	Fo	m 990	-PF (2	2018)

THE HELEN HUDSON FOUNDAT	TON FOR				
Form 990-PF (2018) HOMELESS AMERICA Part VII-B Statements Regarding Activities for Which I	Form 4700 May Po I	Dogwirod (t	<u>46-40091</u>	<u>60</u>	Page 6
	Form 4720 Iviay Be i	sequirea (contin	ued)	V	es No
5a During the year, did the foundation pay or incur any amount to.	10.454.330		es 🗶 No		ES 110
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			S LAL NO		
(2) Influence the outcome of any specific public election (see section 4955), o	or to carry on, directly or indire		es X No		
any voter registration drive?	0		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	NO لکما s:		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section		. .		
4945(d)(4)(A)? See instructions			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i		s X No		
the prevention of cruelty to children or animals?	l		s LAL NO		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit		n Regulations	BT / 7		· -
section 53.4945 or in a current notice regarding disaster assistance? See instr			N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check in the product of "Yes" to greater 50(4), does the foundation claim eventual for					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for					
expenditure responsibility for the grant?	IX	I/A	s No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d)					į
6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?	pay premiums on		s X No		
• • • • • • • • • • • • • • • • • • • •		Y6			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b	X
If "Yes" to 6b, file Form 8870.	haltan transcation O		s X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		T 6		7b	-
b If "Yes," did the foundation receive any proceeds or have any net income attribute.			N/A	70	-
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	s 1,000,000 in remuneration of		s X No		
excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Trust	ees Foundation Ma				
Paid Employees, and Contractors	ees, Foundation Ma	mayers, migniy	•		
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense ount, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	acco	ount, other owances
THOMAS LANE	PRESIDENT	Cinci 0)	oompanadani		
11 SO. ANGELL ST, #312					
PROVIDENCE, RI 02906	15.00	0.	0.		0.
	TREASURER				
11 SO. ANGELL ST, #312					
PROVIDENCE, RI 02906	1.00	0.	0.		0.
	BOARD MEMBER		•		
11 SO. ANGELL ST, #312					
PROVIDENCE, RI 02906	1.00	0.	0.		0.
		-	•		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee had more than \$50,000	(b) Title, and average hours per week	(a) Componention	(d) Contributions to employee benefit plans	(e)	Expense ount, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	allo	owances
NONE					
Total number of other employees paid over \$50,000			<u> </u>		0
			_	000 1	DE (0040)

0.

Total, Add lines 1 through 3

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: <u>318,221.</u> a Average monthly fair market value of securities 1a 146,689. b Average of monthly cash balances 1b c Fair market value of all other assets 1c 464,910. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 464.910. 3 Subtract line 2 from line 1d 3 6,974. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 <u>457,936.</u> 22,897 Minimum investment return Enter 5% of line 5 6 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here \ X and do not complete this part.) Minimum investment return from Part X, line 6 2a Tax on investment income for 2018 from Part VI, line 5 2b b Income tax for 2018. (This does not include the tax from Part VI.) c Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1b b Program-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3b 42,203. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2018)

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income	see instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2017	2017	2018
1 Distributable amount for 2018 from Part XI,				
line 7				
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only				
b Total for prior years:				
,				
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014	-		_	
c From 2015				
d From 2016				
e From 2017				
f Total of lines 3a through e			+	
4 Qualifying distributions for 2018 from		 		
• •				
Part XII, line 4: \$				
a Applied to 2017, but not more than line 2a		-		
b Applied to undistributed income of prior				
years (Election required - see instructions)			 	
c Treated as distributions out of corpus				
(Election required - see instructions)		 		
d Applied to 2018 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount		 		ļ <u>-</u>
must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 31, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract	·	-	 	
line 4b from line 2b				
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		<u>-</u>		
e Undistributed income for 2017. Subtract line				
4a from line 2a. Taxable amount - see instr	· - · · - · · · · · · · · · · · · · · · · 	 	·	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019		 		
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)				
8 Excess distributions carryover from 2013				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2019.				
Subtract lines 7 and 8 from line 6a				
O Analysis of line 9:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017			{	}
e Excess from 2018		<u> </u>		

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year RHODE ISLAND STATE COUNCIL OF PC EDUCATE PUBLIC ABOUT CHURCHES HOMELESSNESS IN 100 NIANTIC AVE STE 101 AMERICA PROVIDENCE, RI 02907 23,929. ---RHODE ISLAND COALITION FOR THE PC EDUCATE PUBLIC ABOUT HOMELESS INC. HOMELESSNESS IN AMERICA 1070 MAIN STREET PAWTUCKET, RI 02860 1,700. CROSSROADS PC EDUCATE PUBLIC ABOUT 160 BOARD STREET HOMELESSNESS IN PROVIDENCE RI 02903 AMERICA 100. AMOS HOUSE PC EDUCATE PUBLIC ABOUT 460 PINE STREET HOMELESSNESS IN AMERICA 100. PROVIDENCE, RI 02907 HOUSING NETWORK OF RI PC EDUCATE PUBLIC ABOUT 100 NIANTIC AVE STE 101 HOMELESSNESS IN AMERICA PAWTUCKET RI 02860 200. SEE CONTINUATION SHEET(S) Total ➤ 3a 26,329. b Approved for future payment NONE Total

Form **990-PF** (2018)

THE HELEN HUDSON FOUNDATION FOR

HOMELESS AMERICA 46-4009160

	Year (Continuation)	 _		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
ENVIRONMENT RI		PC	EDUCATE PUBLIC ABOUT	
11 S ANGELL STREET			HOMELESSNESS IN	
PROVIDENCE, RI 02906			AMERICA	5
		70		
DOCTORS WITHOUT BORDERS		PC	EDUCATE PUBLIC ABOUT	
40 RECTOR STREET 16TH FLOOR		1	HOMELESSNESS IN	_
NEW YORK, RI 10006			AMERICA	5
34 COLLABORATIVE		PC	EDUCATE PUBLIC ABOUT	
34 MATHEWSON STREET			HOMELESSNESS IN	
PROVIDENCE, RI 02903			AMERICA	20
				
		, , , , , , , , , , , , , , , , , , , ,		
				·
		····		

HOMELESS AMERICA Part XVI-A Analysis of Income-Producing Activities

Enter grand amounts upless atherwise indicated	Unrelated b	ousiness income	Exclude	ed by section 512, 513, or 514	(a)
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	741104111	code	Amount	Tanenon income
a	_		+-+		
b	_ _		++		
C	1 1		-		
d	_		-		
e	_		- -	~	
	_		-		
g Fees and contracts from government agencies			 		
2 Membership dues and assessments			-		
3 Interest on savings and temporary cash			i i		
investments			 		
4 Dividends and interest from securities			14	8,266.	
5 Net rental income or (loss) from real estate:			1		
a Debt-financed property			 		
b Not debt-financed property		<u></u>			
6 Net rental income or (loss) from personal			1 1		
property			 		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	19,075.	
9 Net income or (loss) from special events					610.
10 Gross profit or (loss) from sales of inventory			1		
11 Other revenue:					
a	_		ļ		
b	_	 	-		
C	_		 		
d	-		<u> </u>		
e	_				
12 Subtotal. Add columns (b), (d), and (e)		0.		27,341.	610.
13 Total Add line 12, columns (b), (d), and (e)				13	27,951.
(See worksheet in line 13 instructions to verify calculations))				
Part XVI-B Relationship of Activities	to the Accom	plishment of Ex	empt	Purposes	
Line No. Explain below how each activity for which in the foundation's exempt purposes (other that			contribut	ted importantly to the accomp	olishment of
9 SALE OF BOOKS PROVIDE			THT '	PURPOSE OF E	DIICATING THE
PUBLIC ABOUT HOMELESSI				TOKTODE OF E	DOCHIING IIII
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823621 12-11-18

Form 990-F		LESS AME					<u>46-400</u>			age 13
Part XV		•	ansfers to a	and Transactions	and Rel	ationships \	Vith Noncha	ritable		
	Exempt Organ									
	e organization directly or indi					ed in section 501	(c)		Yes	No
'-'	than section 501(c)(3) orga				8.7					
	fers from the reporting found	ation to a noncha	ritable exempt o	rganization of:						
(1) C								1a(1)		X
	ther assets							1a(2)		X
	transactions: ales of assets to a noncharita	able evenut organ	ization					1b(1)		v
	urchases of assets from a no							1b(2)		X
	ental of facilities, equipment,		or gamzanon					1b(3)		X
٠,	eimbursement arrangements							1b(4)		X
• • •	oans or loan guarantees							1b(5)		Х
(6) P	erformance of services or me	embership or fund	Iraising solicitati	ons				1b(6)		Х
c Sharır	ig of facilities, equipment, ma	ailing lists, other a	ssets, or paid en	nployees				1c		X
d If the	answer to any of the above is	"Yes," complete th	he following sch	edule. Column (b) should	always show	v the fair market v	alue of the goods,	other ass	ets,	
	vices given by the reporting f				alue in any t	ransaction or shai	ing arrangement, s	show in		
	n (d) the value of the goods,	<del></del>			<del></del>					
(a) Line no	(b) Amount involved	(c) Name		le exempt organization	(d)	Description of transf	ers, transactions, and	sharing arr	angeme	nts
		<del> </del>	N/A						_	
	<del></del>	<del> </del>			<del>-  </del>					
		<del> </del>								
	<del></del>	<del> </del>	<del></del>			<del></del>				
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		<del> </del>							-	
0- 10450	form data and data at larger and an and	the efficiency with a		a a a a a a a a a a a a a a a a a a a						
	foundation directly or indirection 501(c) (other than section	•	•	e or more tax-exempt orga	mzauons de	scribed	Г	Yes	X	] No
	" complete the following sch		Section 321 !				<u> </u>	1 162	LA	טאו נ
<u>u</u> 11_163,	(a) Name of org			(b) Type of organization	1	(c) Desc	ription of relationsh			
	N/A				7		<del>·</del>	<del></del>		
	1									
				<u> </u>		<u>.</u>	· <u>-</u>			
Un	der penalties of perjury, I declare to	that I have examined	this eturn, includir	ng accompanying schedules ar n taxpayer) is based on all info	id statements,	and to the best of m	/ knowledge May	the IRS di	scuss th	ııs
Sign   " Here	d belief, it is true, confect, and com		propara (onto ma	1.1.			shor	rn with the wn below?	See inst	r tr
F					_ ,	RECTOR	🚨	<b>∐</b> Yes	لـــا	No
	Signature of officer of trustee		I Dranararia a	Date	Title	Check	if PTIN			
	Print/Type preparer's na	IIIE	Preparer's s	ignature	Date	self- em				
Paid	KEVIN PAPA		1	Sill.	8/18	5/19  "" ""		3102	010	
Prepare			CTT.CTP	IN & CO., L		Firm'e	<u> </u>			
Use Onl	, o	CENEUDT,	GITOID	114 & CO., III	-1	1 5 11 11 18	LIV = 03-03	, J J I C	. 4	
	Firm's address ▶ 14.	4 WESTMI	NSTER S	TREET					-	
						1				

PROVIDENCE, RI 02903-2282

Phone no. (401)831-0200

Form **990-PF** (2018)

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Name of the organization Employer identification number THE HELEN HUDSON FOUNDATION FOR 46-4009160 HOMELESS AMERICA Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII. line 1h. or (ii) Form 990-EZ, line 1 Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

THE HELEN HUDSON FOUNDATION FOR

HOMELESS AMERICA

Employer identification number

46-4009160

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT LANE ESTATE C/O KATHY K PRIEST, EXECUTRIC  129 CHURCH ST, STE 503  NEW HAVEN, CT 06510	\$ <u>526,581.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions )

Name of organization

Employer identification number

THE HELEN HUDSON FOUNDATION FOR HOMELESS AMERICA

46-4009160

Part II	Noncash Property	(see instructions)	Use duplicate copies of P	art II if additional space is needed.
---------	------------------	--------------------	---------------------------	---------------------------------------

<del></del>			<del></del>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
a) lo. om art i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om ort l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
a) o. om rt I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		   \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Employer identification number Name of organization THE HELEN HUDSON FOUNDATION FOR HOMELESS AMERICA 46-4009160 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF DIV	IDENDS	AND INTER	REST	FROM SECUE	RITIES	S'.	TATEMENT	1
	OSS OUNT	CAPITAL GAINS DIVIDENDS		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME			
DIVIDENDS 1'	7,741.	9,67	79.	8,062. 204.		3,062.		0 .
TO PART I, LINE 4 1	7,945.	9,67	79.	8,266.	8	,266.		0.
FORM 990-PF		OTHER I	NCOM	E	8	S	TATEMENT	2
DESCRIPTION			REV		(B) IET INVE IENT INC		(C) ADJUSTE NET INCO	
GROSS INCOME FROM SPECIAI FUNDRAISING EVENTS	<b>ւ</b>			610.		0.	6	10.
TOTAL TO FORM 990-PF, PAI	RT I, L	INE 11		610.		0.	6	10.
· · · · · · · · · · · · · · · · · · ·	RT I, I	LEGAL	, FEES				6 FATEMENT	
FORM 990-PF	E		NET		(C) ADJUS NET IN	ST TED		3 BLE
FORM 990-PF DESCRIPTION	E	LEGAL (A) EXPENSES	NET	(B) INVEST-	ADJUS	ST TED	(D) CHARITA PURPOS	
FORM 990-PF DESCRIPTION LEGAL	E P	LEGAL (A) EXPENSES ER BOOKS	NET	(B) INVEST- I INCOME	ADJUS	ST TED COME	(D) CHARITA PURPOS	3 BLE ES
FORM 990-PF  DESCRIPTION  LEGAL  TO FM 990-PF, PG 1, LN 16	E P	LEGAL  (A) EXPENSES ER BOOKS  573.	NET MENT	(B) INVEST- F INCOME  0.	ADJUS	TED COME	(D) CHARITA PURPOS	BLE ES
TOTAL TO FORM 990-PF, PARFORM 990-PF  DESCRIPTION  LEGAL  TO FM 990-PF, PG 1, LN 16  FORM 990-PF	5A	LEGAL  (A) EXPENSES ER BOOKS  573.	NET MENT	(B) INVEST- F INCOME  0.	ADJUS	TED O. ST	(D) CHARITA PURPOS 5	3 BLE ES 73.
FORM 990-PF  DESCRIPTION  LEGAL  TO FM 990-PF, PG 1, LN 16	5A	LEGAL  (A) EXPENSES ER BOOKS  573.  ACCOUNTING  (A) XPENSES	NET MENT	(B) INVEST- INCOME  0.  0.  INCOME	ADJUS  NET IN  (C)  ADJUS	TED O. ST	CHARITA  CATEMENT  CATEMENT  (D)  CHARITA  (D)  CHARITA	BLE FS 73. 4

FORM 990-PF	OTHER PROFES		STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM			(D) CHARITA PURPOS	
INVESTMENT MANAGEMENT	4,248.	4,24	8.	0.		0.
PHOTOGRAPHY/VIDEOGRAPHY FEES	5,500.	(	0.	0.	5,5	00.
TO FORM 990-PF, PG 1, LN 16C	9,748.	4,24	8.	0.	5,5	00.
FORM 990-PF	OTHER E	XPENSES		STA	TEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOM			(D) CHARITA PURPOS	
INSURANCE BANK FEES WEBSITE	595. 432. 144.	(	0.	0.	4: 1:	95. 32. 44.
OFFICE EXP PROMO OUTSIDE SERVICE	73. 582. 260.	(	). ). ).	0. 0. 0.	5	73. 82. 60.
STORAGE OUTREACH	1,026. 1,974.		). ).	0. 0.	1,0: 1,9	
TO FORM 990-PF, PG 1, LN 23	5,086.	(	).	0.	5,0	B6.
FORM 990-PF	OTHER INV	ESTMENTS		STA	TEMENT	7
DESCRIPTION		LUATION ETHOD E	BOOK VALUE		R MARKET	
MORGAN STANLEY		COST	610,496.		602,62	
TOTAL TO FORM 990-PF, PART I	I, LINE 13		610,496.		602,62	<u> </u>

	INTERI	EST AND PE	NALTIES			STA	PEMENT	
TAX DUE FROM FORM 99 LATE PAYMENT INTER LATE PAYMENT PENAL	REST	VI					4	162 8 9
TOTAL AMOUNT DUE							4	179.
	- <u>-</u>		~ -			-		,
FORM 990-PF	LIST OF SU	BSTANTIAL VII-A, L		UTORS		STAT	PEMENT	9
NAME OF CONTRIBUTOR		ADDRE	SS					
PRIEST, EXECUTRIC		NEW H	AVEN, CT	06510				
FORM 990-PF	LA	TE PAYMEN	r PENALT	Y	<del> </del>	STAT	TEMENT	10
FORM 990-PF DESCRIPTION	LA		T PENALT		CE M		PENAL	
<del>7.</del>	DAT	PE AMO		BALAN	CE M 462.	ONTHS		
DESCRIPTION TAX DUE	DAT 	PE AMO	OUNT -	BALAN	462.	ONTHS		тY
DESCRIPTION TAX DUE DATE FILED	DAT 05/15 08/30 NALTY	PE AMO	OUNT 462.	BALAN	462.	ONTHS 4		тY 9.
DESCRIPTION TAX DUE DATE FILED TOTAL LATE PAYMENT PE FORM 990-PF	DAT 05/15 08/30 NALTY	PE AMO 1/19 1/19	OUNT 462.	BALAN	462.	ONTHS 4	PENAI	9. 9.
DESCRIPTION TAX DUE DATE FILED TOTAL LATE PAYMENT PE	DAT 05/15 08/30 NALTY	TE PAYMENT AMOUNT	OUNT 462. TINTERES	BALANG	462. 462.	STAT  DAYS  46	PENAI	9. 9.