Form 990-T	Exempt Organization	Busine	ss Income T	ax Return	OMB No 1545-0047
·		ax under se	ection 6033(e))	_	2019
. •	For calendar year 2019 or other tax year beginning		and ending	-1010	
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form99 Do not enter SSN numbers on this form	as it may be ma	de public if your organiz	ation is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box Neighborhood Housi	_		٦	Employer identification number (Employees' trust, see instructions)
B Exempt under section	Print of Rochester, Inc.				13-2976987
X 501(c)(3)	Or Number, street, and room or suite no. If a	a P.O. box, see II	nstructions.		Unrelated business activity code (See instructions)
408(e) 220(e)	Type 570 South Avenue				
408A 530(a) 529(a)	City or town, state or province, country, a Rochester, NY 146	-	n postal code	5	31120
C Book value of all assets at end of year	F Group exemption number (See instruct				
8,813,9	08. G Check organization type 🕨 🗶 50)1(c) corporatioi	501(c) trust	401(a) tr	ust Other trust
H Enter the number of the	organization's unrelated trades or businesses.	. 1	Describe	the only (or first) unre	ated
trade or business here	► Rental of Industrial	<u>Office</u>	Space If only one,	complete Parts I-V If	more than one,
describe the first in the b	lank space at the end of the previous sentence, cor	mplete Parts I ar	id II, complete a Schedule	e M for each additional	trade or
business, then complete					
•	the corporation a subsidiary in an affiliated group of	•	idiary controlled group?	▶∟	Yes X No
	and identifying number of the parent corporation.	<u> </u>			F 20F 44F0
	<u>► Matthew Hjelmhaug</u> d Trade or Business Income				5-325-4170
			(A) Income	(B) Expenses	(C) Net
 1a Gross receipts or sale b Less returns and allor 		_ ,,			
b Less returns and allow2 Cost of goods sold (S	· · · · · ·	1c 2			
3 Gross profit. Subtract		3			
•	ne (attach Schedule D)	4a	-		
• •	4797, Part II, line 17) (attach Form 4797)	4b			
Capital loss deduction		4c			
[5] Income (loss) from a	partnership or an S corporation (attach statement)	5			
Net gain (loss) (Form Capital loss deduction Income (loss) from a Rent income (Schedu Unrelated debt-financinterest, annuities, rollinvestment income of Exploited exempt activation Advertising income (See incom	lle C)	6			
7 Unrelated debt-finance	ed income (Schedule E)	7	92,321.	103,77	711,456.
Interest, annuities, ro	yalties, and rents from a controlled organization (Sc	hedule F) 8			
9 Investment income of	f a section 501(c)(7), (9), or (17) organization (Sch	nedule G) 9			
Exploited exempt acti	vity income (Schedule I)	10			
Advertising income (S		11			
Q .	structions; attach schedule)	12	00 201	100 55	7 11 456
13 Total. Combine lines		13	92,321.	103,77	711,456.
(Deductions	ns Not Taken Elsewhere (See instructions must be directly connected with the unrelated	ed business in			
14 Compensation of off	icers, directors, and trustees (Schedule K)REC	EIVED	4 (2)		14
15 Salaries and wages			180	_	15
16 Repairs and mainten	nance OCT	2 1 2020	RS-050	<u> </u>	16
17 Bad debts			<u>J</u> ≝	<u> </u>	17
•	dule) (see instructions)	DEN, UT		 	18
19 Taxes and licenses	/	3614		 -	19
20 Depreciation (attach	amed on Schedule A and elsewhere on return		20	 ,	216
21 Less depreciation cla 22 Depletion	amed on Schedule A and eisewhere on return		21a		22
	erred compensation plans			—	23
24 Employee benefit pro				<u> </u>	24
25 Excess exempt expe	-			1-	25
26 Expess readership co				 -	26
27 Other deductions (at	•			<u> </u>	27
<i>'</i>	dd lines 14 through 27				28 0.
/	axable income before net operating loss deduction	. Subtract line 2	8 from line 13		29 -11,456.
30 Deduction for net op	erating loss arising in tax years beginning on or aff	ter January 1, 20)18		
(see instructions)			See Stat		30 0.
	axable income. Subtract line 30 from line 29				31 -11,456.
923701 01-27-20 I HA FO	r Paperwork Reduction Act Notice, see instructio	ns			Form 990-T (2019)

			ng Services of Roche	ester, inc	·	<u> </u>	<u>3-29/69</u>	98/	Page 2
Part	-	Total Unrelated Business Ta				+	T 4.		
32		٦	ited from all unrelated trades or businesses	(see instructions)	1	32		1,4	<u>56.</u>
35	Ambu	nts paid for disallowed fringes		1 .1		83			
34		able contributions (see instructions for limit		-1/	<u>ب</u>	34			<u>0.</u>
35	Total	inrelated business taxable income before p	re-2018 NOLs and specific deduction subra	ot line 34 from the sum of	of lines 32 and 33	35		1,4	<u>56.</u>
36			rs beginning before January 1, 2018 (See In		_	36			
37	Total o	of unrelated business taxable income before	specific deduction. Subtract line 36 from lin	ne 35		37	-1:	1,4	56.
38		ic deduction (Generally \$1,000, but see line	•		\$	38	T :	1,0	00.
39		• • • • • • • • • • • • • • • • • • • •	e 38 from line 37. If line 38 is greater than li	ne 37.					
		he smaller of zero or line 37			11	39	-1:	1.4	56.
Part	IV	Tax Computation		•		Ť			
40		izations Taxable as Corporations Multiply	line 39 by 21% (0.21)	-	•	40	T		0.
41	_		or tax computation. Income tax on the amou	int on line 39 from:	•		·		
71	$\overline{}$	Tax rate schedule or Schedule D (Fe		ink on mic oo hom.	_	41			
49		 '	5/11/1041/			42	1		
42	-	tax See instructions					1		
43		ative minimum tax (trusts only)	at a sa			43	1		
44		Noncompliant Facility Income. See instru				44	1		
45		Add lines 42, 43, and 44 to line 40 or 41, w	nicnever applies	····		45			0.
Part		Tax and Payments			 		- T		
	-	n tax credit (corporations attach Form 1118	; trusts attach Form 1116)	46a		4			
		credits (see instructions)		46b		4			
C	Genera	al business credit. Attach Form 3800		46c		4			
đ	Credit	for prior year minimum tax (attach Form 88	01 or 8827)	46d		- ↓			
е	Total	credits Add lines 46a through 46d				46e			
47	Subtra	ct line 46e from line 45				47			0.
48	Other	taxes Check if from: Form 4255	Form 8611 Form 8697 For	m 8866 🔲 Other	(attach schedule)	48			
49	Total t	ax Add lines 47 and 48 (see instructions)				49			0.
50	2019	net 965 tax liability paid from Form 965-A oi	Form 965-B, Part II, column (k), line 3			50			0.
51 a	Payme	ents: A 2018 overpayment credited to 2019		51a					
		estimated tax payments		51b		7			
		posited with Form 8868		51c		1			
		n organizations: Tax paid or withheld at sou	rce (see instructions)	51d		1			
		p withholding (see instructions)	, , , , , , , , , , , , , , , , , , , ,	51e		1			
		for small employer health insurance premiu	ms (attach Form 8941)	51f		1	İ		
		credits, adjustments, and payments:	Form 2439	311		1			
¥	$\overline{}$	Form 4136	Other Total	▶ 51g		ŀ			
50			Total	1 218		٠,	-		
		payments. Add lines 51a through 51g	Torm 2000 is attached			52			
53		ited tax penalty (see instructions). Check if f			_	53			
54		e. If line 52 is less than the total of lines 49				54			
55	•	•	ines 49, 50, and 53, enter amount overpaid	_		55	+		
56		he amount of line 55 you want: Credited to			funded -	56			
Part			in Activities and Other Inform				Т	., 1	
57			organization have an interest in or a signatu				}	Yes	No
) in a foreign country? If "Yes," the organiza	· ·					
	FinCE	I Form 114, Report of Foreign Bank and Fin	ancial Accounts. If "Yes," enter the name of t	the foreign country					
	here								X
58	-		distribution from, or was it the grantor of, or	r transferor to, a fore	ıgn trust?		-		X
		" see instructions for other forms the organ							
59		he amount of tax-exempt interest received o							
٥.		Inder penalties of perjury, I declare that I have examorrect, and complete. Declaration discreparer (other	ined this return, including accompanying schedules than taxpayer) is based on all information of which	and statements, and to preparer has any knowle	the best of my kno	wledge	and belief, it is t	rue,	
Sign		I Samuel Contract	Chief	Financia			IRS discuss this		with
Here				cer		•	arer shown below		
		Signature of officer	Date' Title		ın	structio	ons)? X Yes	3	No
		Print/Type preparer's name	Preparer's signature	Date	Check	ıf P1	TIN		
Paid		Stephanie	Stephanie		self- employed				
		h	Annunziata	10/02/20	, ., .	1	P001954	172	
-	oarer	C D II C /		<u></u>	Firm's EIN ▶		27-1895		
USE	Only		outh Avenue South		1				
		Firm's address Rochester			Phone no. 5	85	-232-29	956	
923711	01-27-2				·		Form 99		
									,

Schedule A - Cost of Goods	Sold. Enter method of inv	entory valuation N/A				
1 Inventory at beginning of year	1	6 Inventory at end of year	r	6		
2 Purchases	2	7 Cost of goods sold St	ubtract line 6			
3 Cost of labor	3	from line 5 Enter here	and in Part I,			
4 a Additional section 263A costs		line 2		7_		
(attach schedule)	4a	8 Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b	property produced or a	acquired for resale) apply to			
5 Total Add lines 1 through 4b	5	the organization?				
Schedule C - Rent Income	(From Real Property a	nd Personal Property	Leased With Real F	Proper	ty)	
(see instructions)						
1 Description of property						
(1)				_		
(2)		<u>.</u>				
(3)						
(4)	4		···			
	2 Rent received or accrued		2/a) Dadustions di	roothy sonny	ected with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than of rent for	al and personal property (if the percent or personal property exceeds 50% or if rent is based on profit or income)	age ' columns 2	?(a) and 2(b)	(attach schedule)	
(1)						
(2)						
(3)						
(4)						
Total	O . Total		0.			
(c) Total income Add totals of columns there and on page 1, Part I, line 6, column			(b) Total deduction Enter here and on page Part I, line 6, column (E	e 1,		0.
Schedule E - Unrelated Deb	t-Financed Income (se	ee instructions)				
		2. Gross income from	3 Deductions directly to debt-1	y connected financed pro		
1 Description of debt-fir	nanced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	חח	(b) Other deductions (attach schedule)	
			,	St	tatement 2	2
(1) Industrial Works	pace at 590					
(2) South Ave.	•	100,997.			113,52	29.
(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	6. Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)		8 Altocable deduction (column 6 x total of column 3(a) and 3(b))	
Statement 3	Statement 4					
(1)		%				
(2) 594,402.	<u>6</u> 50,231		92,3	21.	103,77	<u>7.</u>
(3)		%				
(4)		%			···	
			Enter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (B)	
Totals		▶.	92,3	21.	103,77	<u> 17.</u>
Total dividends-received deductions in	cluded in column 8					0.
				· <u> </u>	Form 990-T (2	2019)

(1) (2)					than column 4)
]		
		•			
(3)					
(4)				 	<u> </u>
					_
Totals (carry to Part II, line (5))	0.	0.	<u> </u>	 	

Form 990-T (2019)

Form 990-T (2019) of Rochester, Inc.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in column's 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)						
Totals from Part I	0.	0.		<u> </u>		0.
_	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, cot (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.				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		•	0.

Form 990-T (2019)

Form 990-T	Net	Operating L	oss Deduc	ction	Statement	1
Tax Year	Loss Sustained	Loss Previousl Applied		Loss Remaining	Available This Year	
12/31/18	8,588.		0.	8,588.	8,58	8.
NOL Carryov	er Available This	Year		8,588.	8,58	8.
Form 990-T	Schedu	le E - Other	Deduction	ons	Statement	2
Description	·		Activity Number	Amount	Total	
Depreciation Building and Professiona Mortgage In Property Ta Allocated A Service Fee	d Grounds I Services Iterest Exes Idministrative Cos	ts		18,208. 11,302. 1,101. 33,033. 33,266. 12,741. 3,878.		
pervice ree		- Subtotal -	1	3,670.	113,5	29.
Total of Fo	erm 990-T, Schedul	e E, Column	3(b)		113,5	29.
Form 990-T		Acquisition to Debt-Fin			Statement	3
Description	,		Activity Number	Amount	Total	
Average Acq	uistion Debt	- Subtotal -	1	594,402.	594,4	02.
Total of Fo	rm 990-T, Schedul	e E, Column	4		594,4	02.

Form 990-T Average Adjuste Allocable to Debt-			Statement	4
Description	Activity Number	Amount	Total	
Average Adjusted Basis of Property - Subtotal		650,231.	650,23	31.
Total of Form 990-T, Schedule E, Colum	nn 5		650,23	31.