	Form	990-Ť	E	xempt Orga					ax Re	eturn	,	OMB No	1545-0687
				•	nd proxy tax und				nx 3.0	1970	₩	20	110
		For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 201										20	<i>)</i> 10
		artment of the Treasury nal Revenue Service Go to www irs.gov/Form990T for instructions and the latest information Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)											olic Inspection for ganizations Only
	A \square	Check box if Name of organization (Check box if name changed and see instructions.)											ation number
		address changed										ctions)	
		Exempt under section Print EEDERATION OF NEIGHBORHOOD CENTERS										<u>3-163</u>	
	X	501(c <u>()(3</u>)	or Type	Number, street, and room								ated busines nstructions)	s activity code
		408(e) 220(e)	.,,,,	1901 S. 9TH									
		408A530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) PHILADELPHIA , PA 19148											
	C Boo	k value of all assets nd of year		F Group exemption numb		<u> </u>				7 4044 5		<u> </u>	<u> </u>
		176,5				rporation	5	01(c) trust		401(a)			Other trust
			-	tion's unrelated trades or t	ousinesses -			_	the only (or			than ana	
		de or business here		co at the end of the previou	us contones, somplete D	arto Lano	d II. complete	=	, complete F				
		iness, then complete f		•	us sentence, complete r	arto i ant	u II, compicti	a ochedule	; IVI TOT CACII	i addition	ui (i auc	UI	
				oration a subsidiary in an a	affiliated group or a pare	ent-subsid	diary control	led aroup?		•	Ye	s X	No
		• • •	•	ifying numbor of the paren	* .	JIII 0000II	olary control	ou group				سعیا ۳۰	
	_			RGANIZATION				Teleph	one numbe	r ▶ 2	15-	989-3	566
SCANNED	Pai	til Unrelated	Trac	le or Business Inc	ome		(A) In	come	(B)	Expenses	5	(1	C) Net
\mathcal{L}	1 a	Gross receipts or sale	s										
Ź	b	Less returns and allov	vances		c Balance	1c			金属	38.47.4			4.3577
Z	2	Cost of goods sold (S	chedule	A, line 7)		2					WHIT.		fur bas
Щ		Gross profit. Subtract				3			478240.498-1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ATHE		
		Capital gain net incom	•	•		4a		•		Property and the			
35		. , , ,	loss) (Form 4797, Part II, line 17) (attach Form 4797) ss deduction for trusts oss) from a partnership or an S corporation (attach statement) 5							nithing	海 東海 東海		
E)		•								1 mg 1 mg 1 mg 2 mg 2 mg 2 mg 2 mg 2 mg	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
∾		Rent income (Schedul	•	onip or an 5 corporation (a			mayasira.		£ 2 5495.		often: MAg		
		Unrelated debt-finance		ne (Schedule F)		· 6				856	FI	VED.	
2020				nd rents from a controlled o	organization (Schedule F)	\vdash				1.27			100
Ö	_			n 501(c)(7), (9), or (17) or	=		•		ĝ	MAY	0 1	2020	121
		Exploited exempt activ			•	10			80				781
	11	Advertising income (S	chedule	: J)		11			l '	OG	DEN	LUT	
}	12	Other income (See ins	truction	s; attach schedule)		12			XXXXX	2 7.H.	1-1820-7* (1-1-17-18-7-)		
3		Total. Combine lines				13		0.	<u> </u>				
8	Pai			t Taken Elsewher utions, deductions must					incomo l				
₹		· · · · · · · · · · · · · · · · · · ·				·	ile ullreiale	u Dusiriess	income)				
eceived in	14	•	icers, dir	rectors, and trustees (Sche	aule K)						14 15		
4	15 16	Salaries and wages Repairs and mainten	ance				f				16		
>	17	Bad debts	anco								17		
Ē	18	Interest (attach sche	dule) (se	ee instructions)							18		
ь	19	Taxes and licenses	, (······································							19		
0	20	Charitable contribution	ons (See	instructions for limitation	rules)						20		
2 2 2 3 3 3	21	Depreciation (attach	Form 45	562)				21			7		
_	22	Less depreciation cla	umed on	Schedule A and elsewher	e on return			22a			22b		
	23	Depletion									23		
	24	Contributions to defe		mpensation plans					,		24		
	25	Employee benefit pro	-								25		
	26	Excess exempt exper		•		•				1	26		
	27	Excess readership co	•	•							27		
	28 29	Other deductions (at Total deductions. At									29	· · · · · · · · · · · · · · · · · · ·	0.
	30			ncome before net operating	loss deduction. Subtra	ct line 29) from line 19	3			30		0.
	31			oss arising in tax years be							31		
	32	•	_	ncome Subtract line 31 fro							32		0.
				work Reduction Act Notice								Form 9	990-T (2018)

Form 990-T		<u>23-163</u>	<u> 30073</u>	Page 2
Part I				
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	0.0	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<i>"</i> 4	37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,			
•••	enter the smaller of zero or line 36		38	0.
Part I			1 00 1	
			1 80 1	0.
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)		39	<u> </u>
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from	i:	3 1	
	Tax rate schedule or Schedule D (Form 1041)	>	40	
41	Proxy tax. See instructions	>	4 1	
42	Alternative minimum tax (trusts only)		42	
	Tax on Noncompliant Facility Income See instructions		43	
43			44	0.
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		1 4# 1_	
Pänti			- Diameteria	·
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions)			
C	General business credit Attach Form 3800			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits. Add lines 45a through 45d	<u> </u>	45e	
	Subtract line 45e from line 44		46	0.
46			47	
47		l' (attach schedule)		
48	Total tax Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments A 2017 overpayment credited to 2018 50a 50a	2.22.0		
b	2018 estimated tax payments 50b			
	Tax deposited with Form 8868 50c			
	,			
	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 X Other 1,748. Total ► 50g	1,748		
51	Total payments Add lines 50a through 50g SEE STATEMENT	1	51	1,748.
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	SS	54	1,748.
54			55	1,748.
55 Partiv		iefunded 🔊 🕒	1 25 1	1,7201
<u> </u>				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other autho			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to f			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	у		
	here			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a f	oreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.			3.72 33.73
58	Enter the amount of tax-exempt interest received or accrued during the tax year			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	ne best of my knowl	edge and bel	ief, it is true,
Sign	correct, and approfilete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled			
Here	₩ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ECTIOD !	-	discuss this return with
	Signature of officer Date I'm Title		he preparer : nstructions)?	shown below (see
	Age V			X Yes No
	Print/Type preparer's name Preparer's signature Date		If PTIN	
Paid	WILLIAM J WILLIAM J	self- employed		
Prepa	rer STACKHOUSE, CPA STACKHOUSE, CPA			0628378
Use C		Firm's EIN	<u>22</u>	-3008776
J36 C	1000 S. LENOLA ROAD			
	Firm's address ► MAPLE SHADE, NJ 08052	Phone no	(856)	722-5300
823711 01	•			Form 990-T (2018)

Page 3

Schedule A - Cost of Goods Sold. Enter	method of invento	ry valuation N/A			
1 Inventory at beginning of year 1		6 Inventory at end of yea	r		6
2 Purchases 2		ine 6			
3 Cost of labor 3		from line 5 Enter here	Part I,		
4 a Additional section 263A costs		line 2		7	
(attach schedule) 4a		8 Do the rules of section	with respect to	Yes No	
b Other costs (attach schedule) 4b		property produced or a	cquired	for resale) apply to	
5 Total. Add lines 1 through 4b 5		the organization?			
Schedule C - Rent Income (From Real F (see instructions)	Property and F	Personal Property L	ease	d With Real Prope	rty)
					_
1. Description of property					
(1)					
(2)					
(3)					·
2 Rent receive	d or accrued				
(a) From personal property (if the percentage of		personal property (if the percentage	ne .	3(a) Deductions directly co	onnected with the income in
rent for personal property is more than 10% but not more than 50%)	of rent for per	sonal property exceeds 50% or if s based on profit or income)		columns 2(a) and	2(b) (attach schedule)
(1)					
(2)					
(3)					
(4)					
Total 0.	Total		0.	(b) Total deductions	
(c) Total income Add totals of columns 2(a) and 2(b). Ent here and on page 1, Part I, line 6, column (A)	>		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Debt-Financed	Income (see in	structions)			<u></u>
		2 Gross income from		Deductions directly conne- to debt-financed	
Description of debt-financed property		or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other deductions
· Description of cost manager property		intaliced property		(attach schedule)	` (attach schedule)
		··-		_ _	
(1)					-
(2)					
(3)					
(4)		0 0 1 4 double de d		7.0	8 Allocable deductions
debt on or allocable to debt-financed of or all property (attach schedule) debt-financed	adjusted basis flocable to iced property schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x total of columns 3(a) and 3(b))
(1)		%			
(2)		%			
(3)		%			
(4)		%			
	_			nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals	`	>		0.	0.
Total dividends-received deductions included in column	8			>	0.
		-			Form 990-T (2018)

Schedule F - Interest, A	Annuitie	s, Royalt						tion	s (see ins	structions	5)
			Ex	empt	Controlled O	rganızat	ions	1		T	
Name of controlled organizate	ion	2 Emp identific numi	cation (li		related income e instructions)		otal of specified iments made	5 Part of column 4 that is included in the controlling organization's gross income		rolling	6 Deductions directly connected with income in column 5
(1)											
(2)		-						İ			
(3)											
(4)											
Nonexempt Controlled Organia	zations										
7. Taxable Income		nrelated incom		Total	of specified payr made	nents	10 Part of column the controllingross	mn 9 tha ing orgai s income	nization's		uctions directly connected income in column 10
(1)											
(2)											
(3)											
(4)						,					
		`			•		Add colun Enter here and line 8, c		a 1, Part I, A)	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals						<u> </u>	<u> </u>		0.		0.
Schedule G - Investme		ne of a S	section 50 ⁻	1(c)(7	7), (9), or (17) Or	ganization				
(see instr	uctions)				T		9 D-4				5 Total deductions
1 Desc	ription of incor	πe			2. Amount of	income	3 Deductio directly conne	cted	4. Set-	asides schedule)	and set-asides
(4)							(attach sched	lule)	(3,120.7)		(col 3 plus col 4)
(1)									 		+
(2)					-				1	·-	+
(3)					-				<u> </u>		
(4)					Enter here and	on page 1.	2019/2014/2013	Kantora	i Litératássássás		Enter here and on page 1,
Tabele					Part I, line 9, co						Part I, line 9, column (B)
Schedule I - Exploited (see instru	=	Activity	Income, C	ther	Than Adv		ng Income	1 145 215	c.b.lacmet -	irish magil () en ai	<u> </u>
(See matre	10(10113)	1			4. Net incom	(1		T		Τ.
1 Description of exploited activity	2. G unrelated income trade or t	business e from	3 Expense directly conne- with producti- of unrelated business inco	cted ion d	from unrelated business (co minus colum gain, compute through	I trade or llumn 2 n 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	that led	6 Exp attribut colui	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)					Ĭ				<u> </u>		
Totals -	Enter her page 1, line 10,	, Part I,	Enter here and page 1, Part line 10, col (ı,							Enter here and on page 1, Part II, line 26
Schedule J - Advertising	ng Incon		nstructions)		F secondicidants (Trappe	· Politicas, de Very	11 x x x x x x x x x x x x x x x x x x	and an interest		"CA NEW TANKE LONGE LA	
Part I Income From I	Periodic	als Repo	orted on a	Con	solidated	Basis					··
16-11, 14-14-1669											
1 Name of periodical		2. Gross advertising income	3 . Di advertisin		or (loss) (c col 3) If a g cols 5 th	ain, compu rough 7	ite income		6 Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		_					21			i	
(2)									<u> </u>		
(3)			<u> </u>								
(4)											
Totals (carry to Part II, line (5))	•	().	0	•						0.
(our y to r art in, mile (o))											Form 990-T (2018)

Form 990-T (2018) FEDERATION OF NEIGHBORHOOD CENTERS 23-16300

Part III 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)							
Totals from Part I	▶	0.	0.				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.				0.

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)		%	3
(2)		%	
(3)		%	3
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T	OTHER	CREDITS	AND	PAYMENT	S	STATEMENT 1
DESCRIPTION						AMOUNT
FEDERAL TAX WITHHOLDING					•	1,748.
TOTAL INCLUDED ON FORM 99	0-т, і	PAGE 2, I	PART	V, LINE	50G	1,748.