

C&E 960

EXTENDED TO NOVEMBER 15, 2018
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2017

Form 990-T

For calendar year 2017 or other tax year beginning _____, and ending _____

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).

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

Department of the Treasury
Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions)

31-1374154

B Exempt under section
 501(c)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

Print or Type

GOOD NEIGHBOR HOUSE

Number, street, and room or suite no. If a P.O. box, see instructions.

627 E FIRST STREET

City or town, state or province, country, and ZIP or foreign postal code

DAYTON, OH 45402

812930

C Book value of all assets at end of year
2,209,866.

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. **PARKING LOT RENTAL**

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

J The books are in care of **STEPHEN SMITH** Telephone number **937-224-3003**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
1c	Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)	44,632.	30,091.	14,541.
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	Total. Combine lines 3 through 12	44,632.	30,091.	14,541.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions with the unrelated business income.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			
20	Charitable contributions (See instructions for limitation rules)			
21	Depreciation (attach Form 4562)			
22	Less depreciation claimed on Schedule A and elsewhere on return			
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)			
29	Total deductions. Add lines 14 through 28			0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			14,541.
31	Net operating loss deduction (limited to the amount on line 30)			14,541.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			0.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			0.

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Part III: Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____

c Income tax on the amount on line 34 **35c** 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

39 Tax on Non-Compliant Facility Income. See instructions **39**

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies **40** 0.

Part IV: Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **41a**

41b Other credits (see instructions) **41b**

41c General business credit. Attach Form 3800 **41c**

41d Credit for prior year minimum tax (attach Form 8801 or 8827) **41d**

41e Total credits. Add lines 41a through 41d **41e**

42 Subtract line 41e from line 40 **42** 0.

43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **43**

44 Total tax. Add lines 42 and 43 **44** 0.

45a Payments: A 2016 overpayment credited to 2017 **45a**

45b 2017 estimated tax payments **45b**

45c Tax deposited with Form 8868 **45c**

45d Foreign organizations: Tax paid or withheld at source (see instructions) **45d**

45e Backup withholding (see instructions) **45e**

45f Credit for small employer health insurance premiums (Attach Form 8941) **45f**

45g Other credits and payments: Form 2439 Form 4136 Other _____ Total **45g**

46 Total payments. Add lines 45a through 45g **46**

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached **47**

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed **48** 0.

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49** 0.

50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded **50**

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

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No

53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Robin S. Mann "11/8/18" **TREASURER**
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: HERBERT L LEMASTER, CPA
 Preparer's signature: HERBERT L LEMASTER, CPA
 Date: 11/06/18
 Check if self-employed
 PTIN: P00039882
 Firm's name: CLARK, SCHAEFER, HACKETT & CO.
 Firm's EIN: 31-0800053
 Firm's address: 10100 INNOVATION DRIVE DAYTON, OH 45342
 Phone no.: 937-226-0070

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

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 section 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)
(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	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter 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 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)	
		STATEMENT 2	STATEMENT 3	
(1) PARKING LOT RENTAL	44,632.	13,333.	16,758.	
(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) 257,279.	239,865.	100.00 %	44,632.	30,091.
(2)		%		
(3)		%		
(4)		%		
Totals			44,632.	30,091.
Total dividends-received deductions included in column 8				0.

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)					
(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			0.	0.	

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)				
(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		0.		0.

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)						
(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 26
Totals		0.	0.			0.

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)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

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

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT 1	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/11	24,814.	3,508.	21,306.	21,306.	
12/31/12	21,018.	0.	21,018.	21,018.	
12/31/13	23,623.	0.	23,623.	23,623.	
12/31/14	707.	0.	707.	707.	
NOL CARRYOVER AVAILABLE THIS YEAR			66,654.	66,654.	

FORM 990-T		SCHEDULE E - DEPRECIATION DEDUCTION		STATEMENT 2	
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION			13,333.	13,333.	
	- SUBTOTAL -	1		13,333.	
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)				13,333.	

FORM 990-T		SCHEDULE E - OTHER DEDUCTIONS		STATEMENT 3	
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
INSURANCE			515.	515.	
TAXES			2,875.	2,875.	
UTILITIES			3,403.	3,403.	
INTEREST			3,685.	3,685.	
SUPPLIES			3,866.	3,866.	
SALARIES			1,826.	1,826.	
PROFESSIONAL FEES			588.	588.	
	- SUBTOTAL -	1		16,758.	
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)				16,758.	

**Good Neighbor House
Depreciation Expense on Debt-Financed Property
2017 Form 990-T , Schedule E , Column 3a, Line 1
EIN 31-1374154**

Total Depreciation:

Value of Rented Parking Lot Total	<u>319863</u>	
Value attributed to land	119863	non-depreciable
Value attributed to surface	200000	depreciable
	15 years SL	13,333
990-T Schedule E, Column 3a:		13,333

Good Neighbor House
Other Deductions - Debt-Financed Property
2017 Form 990-T , Schedule E , Column 3b, Line 1
EIN 31-1374154

Management Fees (Direct)	-	100%	-
Salaries	3,996	46%	1,826
Insurance	1,127	46%	515
Supplies	3,866	100%	3,866
Audit Fees	11,760	5%	588
R/E Taxes	2,098	68%	1,437
R/E Taxes (Direct Portion)	1,438	100%	1,438
Utilities (Direct)	3,403	100%	3,403
Interest	8,064	46%	3,685
	<u>35,753</u>	6.105973	<u>16,758</u>

SF of Parking Lot Rented	<u>50,000</u>	
Land SF taxed by county	<u>73,000</u>	68% used for R/E Tax Allocation
Value of Rented Parking Lot	<u>319,863</u>	
Value of Entire Property	<u>700,000</u>	46% used in all other allocations

Direct Expenses:

5% of Audit & Tax work related to rental activity

Management Fees and Utilities were directly traced to the rental activity

Good Neighbor House
Average Acquisition Debt
2017 Form 990-T , Schedule E , Column 4, Line 1
EIN 31-1374154

Average Acquisition Debt Allocable to Debt Financed Property	563,039	
Value of Rented Parking Lot	<u>319863</u>	
Value of Entire Property	700000	46%
990-T Schedule E, Column 4:	257,279	

Good Neighbor House
Average Adjusted Basis of Debt-Financed Property
2017 Form 990-T, Schedule E, Column 5, Line 1
EIN 31-1374154

<u>Description</u>	<u>PY Balance</u>	<u>Additions</u>	<u>Disposals</u>	<u>Balance 12/31/17</u>	
Land	119,863	-	-	119,863	Account 1561 less \$1,500
Land Improvements	200,000	-	-	200,000	Account 1571
	319,863	-	-	319,863	
Accumulated Depreciation	79,999	13,333	-	93,332	Account 1671
	253,198	(13,333)	-	226,531	

Average NBV Column 5 \$ 239,865