000 T	í	EXTENDED TO NOV	EMB:	ER 15, 2019	29393	334	4239 6 9 OMB No 1545-0687
Form <b>990-T</b>	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))  For calendar year 2018 or other tax year beginning, and ending						
Department of the Treasury Internal Revenue Service	.	► Go to www.irs.gov/Form990T for in  Do not enter SSN numbers on this form as it may				٩	Open to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed	<del>                                     </del>			d and see instructions.)	~	D Emplo	yer identification number byees' trust, see trust, see
B Exempt under section	Print	GOOD NEIGHBOR HOUSE				<del></del>	<u>1-1:374154</u>
X 501(0)(3 ) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. bo	x, see	instructions.			ted business activity code structions )
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of DAYTON, OH 45402	or forei	gn postal code -		8129	930
C Book value of all assets at end of year	- ^ ^	F Group exemption number (See instructions.)	<u> </u>				
1,933,6		G Check organization type ► X 501(c) cor	poratio 1		401(a)		Other trust
	-	ation's unrelated trades or businesses.   RKING LOT RENTAL	<u> </u>	<del></del>	the only (or first) ur complete Parts I-V.		than one
		ace at the end of the previous sentence, complete Pa	arts I ai				
business, then complete			ai 13 i ui	na n, complete a constant	TW TO GOOD GOOD GOOD	uiuuu .	
I During the tax year, was	s the corp	poration a subsidiary in an affiliated group or a pare	nt-subs	sidiary controlled group?	▶ [	Yes	X No
		tifying number of the parent corporation.   STEPHEN SMITH		Telenh	one number $ ightharpoonup 9$	37-2	224-3003
		de or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sal						TENT S	
b Less returns and allo	wances	<b>c</b> Balance ▶	1c				1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A
2 Cost of goods sold (	Schedule	e A, line 7)	2				
3 Gross profit. Subtract	t line 2 f	rom line 1c	3				
4a Capital gain net inco			- 4a	<u></u>	Committee and An	San San	<del></del>
		Part II, line 17) (attach Form 4797)	4b			7186 2782	
•	777					78. S	· · · · · · · · · · · · · · · · · · ·
		ship or an S corporation (attach statement)	5	· · · ·		-8% Y-	
<ul><li>6 Rent income (Sched</li><li>7 Unrelated debt-finan</li></ul>		me (Schedule E)	7	26,216.	17,5	59.	8,657.
		ind rents from a controlled organization (Schedule F)	8	20,220	1,,5		0,00,1
	•	on 501(c)(7), (9), or (17) organization (Schedule G)					
10 Exploited exempt act			10 ·				
11 Advertising income (	Schedul	e J)	11				
12 Other income (See in	nstructio	ns; attach schedule)	12			1000	
13 Total. Combine line	s 3 throu	gh 12	13	26,216.	17,5	59.	8,657.
Part II Deduction	ons No	ot Taken Elsewhere (See instructions fourtions, deductions must be directly connected	or limit I with	tations on deductions) the unrelated business	income )		
<del></del>		rectors, and trustees (Schedule K)			-	14	•
15 Salaries and wages	110613, 01	rectors, and trustees (our edule it)				15	
16 Repairs and mainte	nance		1	RECEIVED	101	16	
17 Bad debts		1	. 「		[8]	17	
18 Interest (attach sch	edule) (s	ee instructions)	C127	NOV 15 2019	IRS-0:	18	
19 Taxes and licenses		· ·			7년	19	
20 Charitable contribut	tions (Se	e instructions for limitation rules)	_	OGDEN, UT		20	
21 Depreciation (attack	Form 4	562)	<u> </u>	21			
	iaimed o	n Schedule A and elsewhere on return	•	22a		22b	
23 Depletion	forrad a-	mneneation plane				23	
<ul><li>24 Contributions to de</li><li>25 Employee benefit pr</li></ul>		mpensation plans				24 25	<del></del>
26 Excess exempt expe	-	chedule I)				26	
27 Excess readership of						27	
28 Other deductions (a	-					28	
29 Total deductions.						29	0.
		ncome before net operating loss deduction. Subtrac				30	8,657.
		loss arising in tax years beginning on or after Janua	ry 1, 2	018 (see instructions)			
32 Unrelated husiness	tavahle i	ncome. Subtract line 31 from line 30				32	8,657.

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

8,657. Form 990-T (2018) 77649-01

Pärt II	Total Unrelated Business Taxable Income						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	8,657.				
	Amounts paid for disallowed fringes	34					
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  STMT 1		8,657.				
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of						
	lines 33 and 34	36					
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.				
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	37					
	enter the smaller of zero or line 36	38	0.				
	Tax Computation						
		<b>N</b> 00	0.				
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39					
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	أنسنا					
	Tax rate schedule or Schedule D (Form 1041)	40	<del>                                     </del>				
	Proxy tax. See instructions	► <u>41</u>					
	Alternative minimum tax (trusts only)	42	<del> </del>				
	Tax on Noncompliant Facility Income. See instructions	43	<del> </del>				
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.				
Pärt V	Tax and Payments	1 sh ~45	<u> </u>				
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a	<u> </u>					
b	Other credits (see instructions) 45b		*				
C	General business credit. Attach Form 3800 45c						
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	<u> </u>	Ř				
е	Total credits. Add lines 45a through 45d	45e					
46	Subtract line 45e from line 44	46	0.				
47	Other taxes. Check if from: 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🔲 Other (attach sched	dule) 47					
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	반성	**************************************				
b	2018 estimated tax payments 50b	~ 4 G	\$				
C .	Tax deposited with Form 8868						
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	الدرية ا					
	Backup withholding (see instructions) 50e	19 180					
	Credit for small employer health insurance premiums (attach Form 8941) 50f	- 196	Š				
	Other credits, adjustments, and payments: Form 2439	<b>1</b>					
• 1	Form 4136						
51	Total payments. Add lines 50a through 50g	51	***				
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52					
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<b>5</b> 3					
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54					
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	<del> </del>				
Part V		<u> </u>	<del>-l</del>				
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No				
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		30 31				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country						
	here		X				
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust	2	<u> </u>				
	If "Yes," see instructions for other forms the organization may have to file.						
	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 best of my k	nowledge and					
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge						
Here	Nohun & Mann 11/12/19 TREASURER		RS discuss this return with				
	Signature of officer Date Title	- Instruction	erer shown below (see				
-			TIN				
_	Print/Type preparer's name Preparer's signature Date Check L HERBERT L LEMASTER, HERBERT L self- empl		1 114				
Paid	GD3   TEM3 GBED GD3   11/04/10		P00039882				
Prepai	le i Notadio Colladado Ilacordo Co le		31-0800053				
Use O	Firm's name CLARK, SCHAEFER, HACKETT & CO. Firm's El	14	21-0000033				
	10100 INNOVATION DRIVE	. 027	-226-0070				
	Firm's address ► DAYTON, OH 45342 Phone no	J. 331.					
823711 01-0	9-19		Form <b>990-T</b> (2018)				

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	Cost of goods sold. Subtract line 6				
3 Cost of labor 3 from line 5. Enter here and in Part I,					
4a Additional section 263A costs line 2					
(attach schedule)  4a  B Do the rules of section 263A (with respect to	Yes	No			
b Other costs (attach schedule)  4b property produced or acquired for resale) apply to		]			
5 Total. Add lines 1 through 4b 5 the organization?		<u></u>			
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)  (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)	ncome in				
(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)  (b) Total deductions.  Enter here and on page 1, Part I, line 6, column (B)		0.			
Schedule E - Unrelated Debt-Financed Income (see instructions)					
3. Deductions directly connected with or allocal to debt-financed property	ble				
1. Description of debt-financed property or allocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Other of (attach schedule) (a) Callocable to debt-financed property (a) Straight line depreciation (attach schedule)	chedule)	s			
STATEMENT 2 STATEMI		<del></del>			
	7,2	57.			
(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 by column 5 by column 5 reportable (column 6 xt column 6 xt column 6 xt column 6 xt column 6)  2 x column 6)  8. Allocable (column 6 xt column 6 xt column 6)  3(a) a					
(1) 126,195. 219,865. 57.40% 26,216. 1	7,5	59.			
(2) %					
(3) %					
(4) %					
Enter here and on page 1, Enter here an Part I, line 7, column (A) Part I, line 7,					
Totals 26,216. 1	7,5	59.			
Total dividends-received deductions included in column 8	, -	0.			

Form 990-T (2018)

Schedule F - Interest, A	amunes, noye			Controlled O				- (see ins	struction	o) 
1. Name of controlled organizat	ıden	Employer 3.	Net unr	related income a instructions)	<b>4</b> . To	tal of specified ments made	includ	rt of column 4 led in the contration's gross	rolling	6. Deductions directly connected with income in column 5
(1)							<del>                                     </del>		-	
(2)								<u> </u>		
(3)										
(4)										
lonexempt Controlled Organi	zations	r				<del>-</del>				
7. Taxable Income	8. Net unrelated inc (see instruction		) Total	of specified payr made	nents	10 Part of colu in the controlli gross	mn 9 tha ing orgar s income	nization's		ductions directly connecte income in column 10
(1)										
(2)										
(3)								_		
(4)									_	
						Add colun Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
otals								0.		0
Schedule G - Investme		Section 501	(c)(7	'), (9), or (	17) Org	ganization				
(see instr	ructions)									<del></del>
1. Desc	ription of income			2. Amount of	income	<ol> <li>Deduction directly connect (attach schedule)</li> </ol>	cted	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)
(1)			_	<del> </del>		(attach sched				(cor a plus cor 4)
(2)										
(3)										
(4)										_
· atala	,			Enter here and o Part I, line 9, co			er e			Enter here and on page Part I, line 9, column (B)
otals Schedule I - Exploited	Exempt Activit	y Income, O	ther	Than Adv		ng Income		eried-es-verd'h ( de	/ VIJENO IV	
(see instru	ictions)	<del>-</del>		г.			_	ī		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expensed directly connect with production of unrelated business incol	cted on i	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut: colur	able to	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 page 1, Part line 10, col (E	I,							Enter here and on page 1, Part II, line 26
otals <b>&gt;</b>	0.		0.				ara i			§ 0
Schedule J - Advertisir										
Rart   Income From I	eriodicals Re	ported on a	Cons	solidated	Basis					
1. Name of periodical	2. Gross advertising income			4. Advert or (loss) (co col 3) If a ga cols 5 th	an, compu			6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
/1\				WE KLEKE.		<u>.</u>				
(1)		<del></del>				r.				
(3)						<u></u>				
(4)								-		
<u> </u>	-			~ cost mich / zic vill V A	99994.17-636026°	**				OBLITE ELIZADO PARTICIO DE SERVIDA DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CO
otals (carry to Part II, line (5))	<b>•</b>	0.	0							0
										Form 990-T (201

## Form 990-T (2018) GOOD NEIGHBOR HOUSE 31-13741 Partil 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.		Section 1985	4.69	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.		District Co.		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 (2018)

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.	18,049.	6,765.	6,765.
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 CARRYOV	VER AVAILABLE THIS	YEAR	52,113.	52,113.

FORM 990-T S	CHEDULE E - DEPRECIA	TION DEDUCT	ION	STATEMENT 2
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAL -	1	13,333.	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 TAXES UTILITIES INTEREST SUPPLIES SALARIES PROFESSIONAL FEES	- SUBTOTAL -	1	554. 2,860. 2,890. 3,411. 4,522. 2,394. 626.	17,257.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	3(B)		17,257.

Good Neighbor House Depreciation Expense on Debt-Financed Property 2018 Form 990-T, Schedule E, Column 3a, Line 1 EIN 31-1374154

## **Total Depreciation:**

Value of Rented Parking Lot Total	319,863	_
Value attributed to land	119,863	non-depreciable
Value attributed to surface	200,000	depreciable

15 years SL 🗸 13,333

990-T Schedule E, Column 3a: 13,333

## Good Neighbor House Other Deductions - Debt-Financed Property 2018 Form 990-T , Schedule E , Column 3b, Line 1 EIN 31-1374154

Management Fees (Direct)	-	100%	-	
Salaries	5,239	46% 🖌	2,394	
Insurance	1,212	46% 🖌	554	
Supplies	4,522	100% 🖌	4,522	
Audit Fees	12,520	5% 🖌	626	
R/E Taxes	2,088	68% 🗸	1,430	
R/E Taxes (Direct Portion)	1,430	100% 🖌	1,430	
Utilities (Direct)	2,890	100% 🗸	2,890	
Interest	7,465	46% 🗸	3,411	
	37,366	6 105973	17,257	
		_		
SF of Parking Lot Rented	<b>√</b> 50,000			
Land SF taxed by county	73,000	68% use	ed for R/E	Tax Allocation

46% used in all other allocations

## Direct Expenses:

Value of Rented Parking Lot

Value of Entire Property

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 2018 Form 990-T , Schedule E , Column 4, Line 1 EIN 31-1374154

990-T Schedule E, Column 4:	<b>₽</b>	126,195
Value of Rented Parking Lot Value of Entire Property	4	319863 700000 46%
Average Acquisition Debt Allocable to Debt Financed Property	•	276,171

Good Neighbor House Average Adjusted Basis of Debt-Financed Property 2018 Form 990-T , Schedule E , Column 5, Line 1 EIN 31-1374154

	Account 1561 less \$1,500	Account 1571		Account 1671	
Additions Disposals Balance 12/31/18	119,863	200,000	319,863	106,665	213,198
Disposals	•	1	1		1
Additions	ı	, 1	1	13,333	(13,333)
PY Balance	119,863	200,000	319,863	93,332	226,531
<u>Description</u>	Land	Land Improvements		Accumulated Depreciation	

Average NBV Column 5 🧳

219,865