

EXTENDED TO NOVEMBER 15, 2017

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2016

For calendar year 2016 or other tax year beginning 11/12, and ending

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Department of the Treasury Internal Revenue Service

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

Form header section containing organization name (NEIGHBORHOOD HOUSING SERVICES OF GREEN BAY, INC.), address (437 S. JACKSON STREET, GREEN BAY, WI 54301), and identification numbers.

Section C: Book value of all assets at end of year: 17,231,011. Section F: Group exemption number and type (501(c) corporation).

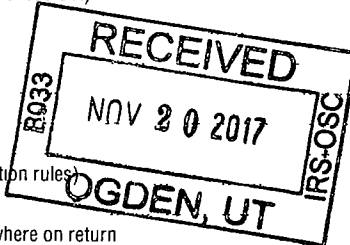
Section H: Describe the organization's primary unrelated business activity: RENTAL. Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No.

Section J: The books are in care of: DONNA BEAUMIER. Telephone number: 920-448-3075.

Table with 5 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc. Total income: 13,365; Total expenses: 61,187; Total net: -47,822.

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

Table with 5 columns: Line number, Description, and Amount. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; etc. Total deductions: 0; Unrelated business taxable income before net operating loss deduction: -47,822; Net operating loss deduction: SEE STATEMENT 1; Unrelated business taxable income before specific deduction: -47,822; Specific deduction: 1,000; Unrelated business taxable income: -47,822.



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NEIGHBORHOOD HOUSING SERVICES OF GREEN BAY, INC.

39-1402851

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here. 36 Trusts Taxable at Trust Rates. 37 Proxy tax. 38 Alternative minimum tax. 39 Tax on Non-Compliant Facility Income. 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). 41b Other credits (see instructions). 41c General business credit. Attach Form 3800. 41d Credit for prior year minimum tax. 41e Total credits. 42 Subtract line 41e from line 40. 43 Other taxes. 44 Total tax. 45a Payments. 45b 2016 estimated tax payments. 45c Tax deposited with Form 8868. 45d Foreign organizations. 45e Backup withholding. 45f Credit for small employer health insurance premiums. 45g Other credits and payments. 46 Total payments. 47 Estimated tax penalty. 48 Tax due. 49 Overpayment. 50 Enter the amount of line 49 you want credited to 2017 estimated tax.

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

51 At any time during the 2016 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? 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 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. Signature of officer: DAVID L. MACCOUX, Date: 11/13/17, Title: EXECUTIVE DIRECTOR. May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only. Print/Type preparer's name: DAVID L. MACCOUX, Preparer's signature: DAVID L. MACCOUX, Date: 11/10/17, Check self-employed: [ ] if PTIN: P00239034, Firm's name: SCHENCK SC, Firm's EIN: 39-1173131, Firm's address: P.O. BOX 23819 GREEN BAY, WI 54305-3819, Phone no.: (920)436-7800

**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					
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1. Description of property

(1) 441-443 S JACKSON STREET

(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)	13,365.	SEE STATEMENT 2
(2)		
(3)		
(4)		
Total	0.	Total 13,365.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

13,365.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)

61,187.

**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)	
(1)				
(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)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	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)				

<b>Totals</b>			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)
			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)				

<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A)	0.	Enter here and on page 1, Part I, line 9, column (B)	0.
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**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)						

<b>Totals</b>		Enter here and on page 1, Part I, line 10, col (A)	0.	Enter here and on page 1, Part I, line 10, col (B)	0.	Enter here and on page 1, Part II, line 26	0.
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**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)						

<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.
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**Part II** 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)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0. <small>Enter here and on page 1, Part I, line 11 col (A)</small>	0. <small>Enter here and on page 1, Part I, line 11 col (B)</small>				0. <small>Enter here and on page 1, Part II, line 27</small>

**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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			0.

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FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT 1	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/12	28,017.	0.	28,017.	28,017.	
12/31/13	28,564.	0.	28,564.	28,564.	
12/31/14	13,125.	0.	13,125.	13,125.	
12/31/15	99.	0.	99.	99.	
NOL CARRYOVER AVAILABLE THIS YEAR			69,805.	69,805.	

FORM 990-T		DEDUCTIONS CONNECTED WITH RENTAL INCOME		STATEMENT 2	
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL		
PROPERTY INSURANCE		966.			
REAL ESTATE TAXES		4,758.			
PROPERTY MAINTENANCE/REPAIRS		3,152.			
CLEANING		2,973.			
LAWN CARE/SNOW REMOVAL		2,682.			
WASTE REMOVAL		1,174.			
GAS/ELECTRIC		9,448.			
WATER/SEWER		493.			
OTHER/MISC - PROPERTY EXP		448.			
DEPRECIATION EXPENSE		35,093.			
	- SUBTOTAL -	1	61,187.		
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			61,187.		