

Form 990-T

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

OMB No. 1545-0087

2018

For calendar year 2018 or other tax year beginning 1812 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

Form 990-T header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year, D Employer identification number 91-0568305, E Unrelated business activity code, F Group exemption number, G Check organization type (X) 501(c) corporation.

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here: IRC 512(A)(7) FRINGE TAX.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of: STEPHEN HURD, FINANCE DIRECTOR Telephone number: 206-461-8430

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 1b Less returns and allowances, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 4b Net gain (loss), 4c Capital loss deduction for trusts, 5 Income (loss) from a partnership or an S corporation, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from a controlled organization, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total, Combine lines 3 through 12.

Part 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 3 columns: Line number, Description, Amount. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions (2,386), 21 Depreciation, 22 Less depreciation claimed, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions (2,386), 30 Unrelated business taxable income before net operating loss deduction (-2,386), 31 Deduction for net operating loss, 32 Unrelated business taxable income (-2,386).

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-49 for credits and taxes, and lines 50a-55 for payments and overpayment.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Line number, Description, and Yes/No response. Includes lines 56-58 regarding foreign accounts and interest.

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: [Signature] Date: 3/20/20 Date: 3/20/20 Title: Controller

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

Table with 4 columns: Field name, Value, Field name, Value. Includes fields for Preparer, Firm's name, Firm's address, and Phone no.

FOOTNOTES

STATEMENT 1

FORM 990-T, PART III, LINE 34
SECTION 512(A)(7) REPEAL FRINGE TAX
AND FRINGE BENEFITS NOT TAXABLE 24,859.

FORM 990-T, PART V, LINE 51
SECTION 512(A)(7) REPEAL FRINGE TAX
RETROACTIVELY AND TAXPAYER REQUESTS A
FULL REFUND OF TAX PAID 4,509.

NEIGHBORHOOD HOUSE, INC.

91-0568305

FORM 990-T

CONTRIBUTIONS

STATEMENT 2

<u>DESCRIPTION/KIND OF PROPERTY</u>	<u>METHOD USED TO DETERMINE FMV</u>	<u>AMOUNT</u>
CASH ONLY	N/A	93,096.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		93,096.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT

3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2013

FOR TAX YEAR 2014

FOR TAX YEAR 2015

FOR TAX YEAR 2016

FOR TAX YEAR 2017

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

93,096

TOTAL CONTRIBUTIONS AVAILABLE

TAXABLE INCOME LIMITATION AS ADJUSTED

93,096

2,386

EXCESS 10% CONTRIBUTIONS

EXCESS 100% CONTRIBUTIONS

TOTAL EXCESS CONTRIBUTIONS

90,710

0

90,710

ALLOWABLE CONTRIBUTIONS DEDUCTION

2,386

TOTAL CONTRIBUTION DEDUCTION

2,386

FORM 990-T

OTHER CREDITS AND PAYMENTS

STATEMENT 4

DESCRIPTION

AMOUNT

TAX PAID ON ORIGINAL RETURN

4,509.

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G

4,509.