٠.	AMENDED	RET	rurn – s	RCLION					20	9 0 9	• o ∩	0001	0.7
1	1200 T	_		·	AMENI	DED R	ETURN	_					
Form	'990-T ∣	-	Exempt C	ırganı:	zation	Busir	ness II	ncome 1	Tax Re	turn)	OMB No. 1545-06	87
	İ	Fan ant	· · · · · · · · · · · · · · · · · · ·		proxy tax	x under	section	6033(e))	141	7/	ا ا	2018	2
		FOT ÇES	lendar year 2018 or o			OT for Instr		, and ending the latest inform			 · │	2010	•
Departi Internel	ment of the Treasury Il Revenue Service	>	Do not enter 88	N numbers o	n this form a	s it may be	ons snouvo Idua ebsm	the latest intoth ic if your organi	nation. zation is a 5	01/e)(3)	, F	Dpen to Public Inspe 301(0)(3) Organization	otlon fo
AL	Check box if		Name of organiz					e instructions.)		- 1(-)(-)	olam3 (ver identification nur	
"	address changed					name ona	·god dile oo	• 11100 0000 01101)			(Emplo	oyees' trust, see otlone.)	
	cempt under section	Print	NEIGHBO	RHOOD	HOUSE	, INC	•				9:	1-056830	5
	501(c)(3)	or Type	Number, street,					ins.				nted business activity structions.)	code
? 🗀	408(e)220(e)	iypo	1225 S.					, ., ., .	,			····································	
)]408A530(a)		City or town, sta			nd ZIP or fo	reign posta	code					
	529(a) ok value of all assets		SEATTLE						., ., .		ļ		
at er	nd of year		F Group exempt G Check organiz				atton [[501/o) truct		1 401/0	trunt	Other	Lat
H Ent	ter the number of the c	organiza				i(c) corpor	audii [_	501(c) trust	the only (or	1401(a)		U Ouler	u usı
-	te or business here				-	TAX			, complete P	•		than one	
	scribe the first in the bi						i and II. co						
	siness, then complete i					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,						
l Dur	ring the tax year, was t	the corp	oration a subsidi	ary in an affill	lated group o	r a parent-	subsidlary c	ontrolled group?		▶[Ye	s No	
	Yes," enter the name a						···			.,			
J The	books are in care of	Tvo	STEPHEN :	HURD,	FINAN(CE DI						461-8430)
A	Gross receipts or sale		A OF DUSINE	799 HICOL	118			A) Income	· · · · · · · · · · · · · · · · ·	хрепве		(C) Net	<u> </u>
	Less returns and allow			—— ,	Balance .		10				Section of	- 12 m	
	Cost of goods sold (S		A line 7)			· -	2		6384:2 - 1		1		
	Gross profit. Subtract						3			Series Series		350000000000000000000000000000000000000	San Carlotte
	Capital gain net incom				7	·····	4a		500		n 555		
	Net gain (loss) (Form			tach Form 47	(97)		4b		200	Wing (a			
C	Capital loss deduction	for trus	sts			[40						
6	Income (loss) from a	partners	ship or an S corpo	oration (attac	h statement)	L	5				6		
	Rent Income (Schedu					· _	6						
	Unrelated debt-finance					··	7		 				
	Interest, annuities, roy					_	8		-				
	Investment income of						9	 	 				
	Exploited exempt active Advertising income (S	vity kieu Schaduli	niid (Schlannia i) e :}}	••••		·····	10 11		+			 	
GA2	Other Income (See Ins	struction	nst attach schedu	 le)		· · · · · ·				1747		,	
X	Total, Combine lines	3 throu	ich 12			· ····· ⊢			THE PLAN MARKET	12000	MC-K-37, 120	4	
- Total 1977			WH IZ				13	0					
H 3	d Deductio	ns No	ot Taken Els	sewhere	(See instruc	ctions for	limitations	on deductions	.)			<u></u>	
_	Deductio (Except for o	ons No	ot Taken Els utions, deduction	sewhere ons must be	(See instruction of the color o	ctions for onnected	limitations with the ur	on deductions related busine	.) ss income.				
_	Deductio (Except for a	ons No contribu	ot Taken Els utions, deduction lrectors, and trust	sewhere ons must be tees (Schedu	(See instructed directly could be K)	ctions for onnected	limitations with the ur	on deductions related busine	ss income.		14		
_	Compensation of off Salaries and wages	contribu	ot Taken Els utions, deduction irectors, and trust	sewhere ons must be tees (Schedu	(See instructed directly co	ctions for onnected	limitations with the ur	on deductions related busine	ss Income.		14 15		 ,,,
_	Compensation of off Salaries and wages Repairs and mainten	icers, di	ot Taken Els utions, deduction irectors, and trust	sewhere ons must be tees (Schedu	(See instructed directly could K)	ctions for	limitations with the ur	on deductions related busine	ss income.		14 15 16		
_	Compensation of off Salaries and wages Repairs and mainten Bad debts	contribution of the contri	ot Taken Els utions, deduction irectors, and trust	sewhere ons must be tees (Schedu	(See instructed directly confidence (See Instruction Confi	ctions for connected	limitations with the ur	on deductions related busine	ss income.		14 15 16 17		
_	Compensation of off Salaries and wages Repairs and mainten Bad debts Interest (attach sche	contributions Noticers, di	ot Taken Els utions, deduction irectors, and trust	sewhere ons must be tees (Schedu	(See instructed directly contained (See instruction of the Contained (See	ctions for	limitations with the ur	on deductions related busine	.) ss income.		14 15 16 17 18		
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) Har fr 8-2424 a	Compensation of off Salaries and wages Repairs and mainten Bad debts Interest (attach sche Taxes and licenses Charitable contributi	contributions No	ot Taken Els utions, deduction irectors, and trust esee instructions) esee instructions for	sewhere one must be tees (Schedu	(See Instructed Instructed Instruction (See Instruction Instructio	ctions for connected v	limitations with the ur	on deductions irelated busine	ss income.		14 15 18 17 18 19		386
刊号年8-232章 2 元	Compensation of off Salaries and wages Repairs and mainten Bad debts Interest (attach sche Taxes and licenses Charitable contributi	contributions No	ot Taken Els utions, deduction irectors, and trust esee instructions) esee instructions for	sewhere one must be tees (Schedu	(See Instructed Instructed Instruction (See Instruction Instructio	ctions for connected v	limitations with the ur	on deductions irelated busine	ss income.		14 15 16 17 18 19 20		386
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A T (F (F & 24)24 20 21 22 23	Compensation of off Salaries and wages Repairs and mainten Bad debts Interest (attach sche Taxes and licenses Charitable contributi Depreciation (attach Less depreciation cli Depletion Contributions to defi	inance inance ions (Se Form 4 almed o	ot Taken Els utions, deduction irectors, and trust ele instructions) ele instructions for 562) on Schedule A and	sewhere one must be tees (Schedu	(See Instructe directly colle K) les) STA	TEMEN	Imitations with the un	SEE STA	ss income.	7. 2	14 15 16 17 18 19 20 22b 23 24		386
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Form 980-	TIPE ON PORTION THE PROPERTY OF THE PROPERTY O		91-056	8305	Page	, Z
Part I	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	.,		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		tions)	33	-2,386	•
34	Amounts paid for disallowed fringes			34		_
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruc			35	·····	-
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su	m of				
	lines 33 and 34			36	-2,386	•
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	••		37	1,000	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	6,				
	enter the smaller of zero or line 36			38	-2,386	
Part I						_
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			39	0	
40	Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount of					
	Tax rate schedule or Schedule D (Form 1041)		>	40		
41	Proxy tax. See Instructions		_	41		
42	Alternative minimum tax (trusts only)			42		
43	Tax on Noncompliant Facility Income. See instructions			43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0) .
Part \	√ Tax and Payments					
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		4 1		
b		45b		4		
C	General business credit. Attach Form 3800	45c		_		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	···	」		
8	Total credits. Add lines 45a through 45d			45e		
46	Subtract line 45e from line 44			46	<u>_</u>	<u>) .</u>
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	36	Other (attach schedule)	47		
48	Total tax. Add lines 46 and 47 (see Instructions)			48	C	<u>) .</u>
49	2018 net 965 tax ilability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	<u> </u>).
50 a	Payments: A 2017 overpayment credited to 2018	50a		_		
t	2018 estimated tax payments	50b		4 . 1		
C	Tax deposited with Form 8868	50c		ᅪᅵ		
(Foreign organizations; Tax paid or withheld at source (see instructions)	50d				
(Backup withholding (see instructions)	50e	·····	-		
f	Credit for small employer health insurance premiums (attach Form 8941)	501		_		
(Other credits, adjustments, and payments: Form 2439	1 1		1 1		
	Form 4136 X Other 4,509. Total ▶	50g	4,509	•		
51	Total payments. Add Ilnes 50a through 50g			51	4,509) .
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲			52	· · · · · · · · · · · · · · · · · · ·	
53			<u></u> >	53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			54	4,509	<u>).</u>
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded	55	4,509	<u>9.</u>
Part	VI Statements Regarding Certain Activities and Other Information	on (se	etructions)	· · · · · · · · · · · · · · · · · · ·		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or othe	r authority		Yes N	lo_
	over a financial account (bank, securities, or other) in a foreign country? if "Yes," the organization					
	FINCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign	country			
	here >					_
67	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansfero	r to, a foreign trust?			
	If "Yes," see instructions for other forms the organization may have to file.				}	
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		 			
Cian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	statemen Før had a	te, and to the best of my k ny kaowiedge.	nowledge e	and belief, it is true,	
Sign	atomia. Conti				RS discuss this return with	,
Here	S S S S S S S S S S S S S S S S S S S	- DI	RECTOR		er shown below (see	
	Signature of officer Date Title					No
	Print/Type preparer's name Preparer's signature Da	te	Check	If PT	IN .	
Paid			self- employe			
Prep	arer HOWARD DONKIN, CPA HOWARD DONKIN, CPA 11	1/05	/19		00147726	
	Only Firm's name ▶ JACOBSON JARVIS & CO, PLLC		Firm's EIN	9	1-2011386	
- 33	200 FIRST AVE WEST, SUITE 200					
	Firm's address ► SEATTLE, WA 98119-4219		Phone no.	(206	<u>6)-628-899</u>	
823711	01-09-19				Form 990-T (20	018)

	FOOTNOTES	STATEMENT 1
FORM 990-T, PART III, LINE 34 SECTION 512(A)(7) REPEAL FRIN AND FRINGE BENEFITS NOT TAXAB	GE TAX	24,859.
FORM 990-T, PART V, LINE 51 SECTION 512(A)(7) REPEAL FRIN RETROACTIVELY AND TAXPAYER RE		
FULL REFUND OF TAX PAID		4.509.

FORM 990-T	CONTRIBUTIONS	STATEMENT	2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
CASH ONLY	N/A	93,09	96.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	93,09	

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	3
QUALIFIED (CONTRIBUTIONS SUBJECT TO 100% LIMIT			
FOR TAX TO TAX TO TAX TO TAX TO TAX TO TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017			
TOTAL CARR	YOVER ENT YEAR 10% CONTRIBUTIONS	93,096		
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	93,096 2,386		
EXCESS 100	CONTRIBUTIONS % CONTRIBUTIONS SS CONTRIBUTIONS	90,710 0 90,710		
ALLOWABLE	CONTRIBUTIONS DEDUCTION		2,	386
TOTAL CONT	RIBUTION 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.