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| , A23/ | |
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| E. | |

| ′ | A | | EXTENDED TO NO | 7EMD | | 9999 | , 0 | 1040 0 |
|---|--|-----------|---|------------------|---------------------------------|-----------------------|------------------|--|
| Form | . 990-T | F | 1 | OMB No 1545-0687 | | | | |
| rom | " 556 -1 | | Exempt Organization Bu and proxy tax und | | 0047 | | | |
| | | For ca | lendar year 2017 or other tax year beginning | | , and ending | | _ | ZU1/ |
| Depa | artment of the Treasury | | ► Go to www.irs.gov/Form990T for | | | | Ļ | Open to Public Inspection for |
| | nal Revenue Service | | Do not enter SSN numbers on this form as it ma | · | | ation is a 501(c)(3). | | 01(c)(3) Organizations Only yer identification number |
| ΑL | Check box if address changed | | Name of organization (Check box if name | changed a | and see instructions.) | | (Emple | oyees' trust, see ctions) |
| - n | Exempt under section | Print | NEVILLE COMMUNITIES HO | OME: | TNC | | | 4-3488318 |
| | 501(c)(3 03 | or | Number, street, and room or suite no. If a P.O. bo | | | | E Unrela | ted business activity codes |
| | 408(e) 220(e) | Туре | 640 CONCORD AVENUE | 52, 500 mi | on donomo. | | (See in | structions) |
| | 408A 530(a) | | City or town, state or province, country, and ZIP | or foreign | postal code | | | |
| Ē | 529(a) | | CAMBRIDGE, MA 02138 | | | | | |
| C Bo | ook value of all assets end of year | | F Group exemption number (See instructions.) | | | | | |
| | 13,382,4 | | G Check organization type ► X 501(c) co | rporation | 501(c) trust | 401(a) | trust | Other trust |
| | | | ary unrelated business activity. NONE | | | | -1::- | |
| | | | poration a subsidiary in an affiliated group or a pare | ent-subsid | diary controlled group? | ▶ ∟ | Ye: | s 💹 No |
| | | | tifying number of the parent corporation. LANDMARK HEALTH SOLUTION | ONIC | Talanh | one number 9 | 78- | 372-4004 |
| | | | de or Business Income | <u> </u> | (A) Income | (B) Expenses | | (C) Net |
| <u>. </u> | Gross receipts or sale | | | 1 1 | (7) | (-) | | (-) |
| í | Less returns and allo | | c Balance ▶ | 10 | | | | |
| H 2 | Cost of goods sold (S | | A, line 7) | 2 | | | | |
| 3 | Gross profit. Subtract | | • | 3 | | • | | |
|) 4a | Capital gain net incon | ne (attac | h Schedule D) | 4a | | | | |
|) P | Net gain (loss) (Form | 4797, F | art II, line 17) (attach Form 4797) | 4b | | | | |
| C | Capital loss deduction | | | 4c | | | <u>.</u> | |
| 5 | , , , | | ips and S corporations (attach statement) | 5 | | | | |
| 6 | Rent income (Schedu | | ma (Cabadula E) | 7 | | | \dashv | |
| 7 | Unrelated debt-finance | | and rents from controlled organizations (Sch. F) | 8 | | | | |
| 9 | • | - | on 501(c)(7), (9), or (17) organization (Schedule G | <u> </u> | | | | |
| 10 | Exploited exempt acti | | | 10 | | | | |
| 11 | Advertising income (| | · | 11 | • | | | |
| 12 | Other income (See in | struction | ns; attach schedule) | 12 | | - • | | • |
| 13 | Total. Combine lines | | | 13 | 0. | | | |
| P | | | ot Taken Elsewhere (See instructions to utions, deductions must be directly connected | | | | | |
| | | | | ed with t | THE UTITE BLEEU DUSTITIES. | s income ; | 44 1 | |
| 14 15 | Salaries and wages | icers, ai | rectors, and trustees (Schedule K) | | | | 14 | |
| 16 | Repairs and mainter | ance r | DECENTED 1 | | | | 16 | |
| 17 | Bad debts | | RECEIVED | | | | 17 | |
| 18 | Interest (attach sche | dule) | NOV 0 1 2018 | | | | 18 | |
| 19 | Taxes and licenses | | NOV 0 1 2018 | | | | 19 | |
| 20 | | | | | 1 1 | | 20 | |
| 21 | Depreciation (attach | Form 4: | Schedule Agnoreise where en return | | 21 | | | |
| 22 | | aimed o | Scheddle A and eisewhere on return | | . 22a | | 22b 23 | - |
| 23 24 | Depletion Contributions to def | arrad ca | mnencation plans | | | | 24 | |
| 25 | Employee benefit pr | | inpensation plans | | | | 25 | |
| 26 | Excess exempt expe | | chedule I) | | • | | 26 | |
| 27 | Excess readership c | | | | | | 27 | |
| 28 | Other deductions (a | • | • | | | | 28 | |
| 29 | Total deductions. A | dd lines | 14 through 28 | | | | 29 | 0. |
| 30 | | | ncome before net operating loss deduction. Subtra | act line 29 | from line 13 | | 30 | 0. |
| 31 | | | (limited to the amount on line 30) | <i>t</i> | 00 | | 31 | |
| 32 | | | ncome before specific deduction. Subtract line 31 | | 30 | | 32 | 1,000. |
| 33 34 | | | y \$1,000, but see line 33 instructions for exception i income. Subtract line 33 from line 32. If line 33 is | | han line 32 enter the em | naller of zero or | 93 | I,000. |
| 34 | Omerated Angine22 | LaxaUlt | - meeme. Juunasi mis ja muni mis ja, minis ja 13 | y yı valtı l | ווביו ווויט טב, טוונטו נווט אוו | 121101 01 2010 01 | - 1 | |

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T**

| Form 990-1 | T(2017) NEVILLE COMMUNITIES HOME, INC. | 04-348 | 88318 | Page 2 |
|------------|--|-------------------------------|-------------------|-----------------------|
| Part I | II Tax Computation | | | - |
| 35 | Organizations Taxable as Corporations. See instructions for tax computation. | | 1 | |
| | Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and: | | | |
| а | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): | | | |
| • | (1) \$ (2) \$ (3) \$ | | - | |
| | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ | | 1. | |
| U | (2) Additional 3% tax (not more than \$100,000) | | - | |
| | | _ | 35c | 0. |
| | Income tax on the amount on line 34 | · · · · | 330 | |
| 36 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from the amount of the |)III. | الشنسا | |
| | 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. |
| | V Tax and Payments | | | |
| 41a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | | 1 | |
| b | Other credits (see instructions) | | ╛╴╴╴ | _ |
| C | General business credit. Attach Form 3800 | |] ;] | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) . 416 | | <u></u> | |
| е | 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 Oth | 16r (attach schedule) | 43 | |
| 44 | Total tax. Add lines 42 and 43 | | 44 | 0. |
| | Payments A 2016 overpayment credited to 2017 | | 1,5 % | |
| | 2017 estimated tax payments 45b | | 1 [] | |
| | Tax deposited with Form 8868 | | ┥. ;`┃ | |
| | Foreign organizations: Tax paid or withheld at source (see instructions) 456 | | | |
| | Backup withholding (see instructions) 45e | | ┥"∶┃ | |
| | Secret manufacture (continued and continued | • | ┨. ┃ | |
| | , | | -{ · · · · · : | |
| g | 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 \ | | | | 1 |
| 51 | At any time during the 2017 calendar year, did the organization have an interest in or a signature or other auti | | | Yes No |
| | over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to | | | - Paga 194 |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign coun | try | | القيتا اعتدا |
| | here > | | | _ <u> </u> |
| 52 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, | a foreign trust? | | X |
| | If YES, see instructions for other forms the organization may have to file. | | | |
| 53 | Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ | | | 134 44.3 |
| | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, an correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any known of the preparer than taxpayer. | d to the best of my knowledge | owledge and beli | ief, it is true, |
| Sign | correct, and complete Declaration deprepare (other than taxpayer) is based on an information of which prepare has any kine | | day the IRS disci | uss this return with |
| Here | leful Am 10-25-18 PRESIDENT | | he preparer show | |
| | Signature of officer Date Title | | nstructions)? | Yes No |
| | Print/Type preparer's name Preparer's signature Date | Check | ıf PTIN | - |
| D-:-I | | self- employed | | |
| Paid | HEMALI PATEL COMOCATAL 10/19/18 | | | 337292 |
| Prepa | CI TEMONIA DOMALIEM T.T.D | Firm's EIN | | 746749 |
| Use C | 300 CROWN COLONY DRIVE, SUITE 310 | 1 | | |
| | Firm's address ► QUINCY, MA 02169 | Phone no. | (617) | 984-8100 |
| | The state of the s | 1 | | m 990-T (2017) |
| | | | 1 01 | • (2017) |

| Schedule A - Cost of Goods | s Sold. Enter | method of inver | itory valuation N/A | | | | | |
|---|----------------------|--|---|-----------------|--|--|--|--|
| Inventory at beginning of year | 11 | | 6 Inventory at end of year | | | 6 | | |
| 2 Purchases | 2 | . Subtract line 6 | | | | | | |
| 3 Cost of labor | 3 | | from line 5. Enter here | | 1 | 3.7 2.1 | | |
| 4 a Additional section 263A costs | | | line 2 | | 7 | | | |
| (attach schedule) | 4a | | 8 Do the rules of section | 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? | | | | | |
| Schedule C - Rent Income (see instructions) | (From Real | Property an | d Personal Property | Lease | ed With Real Prop | perty) | | |
| 1. Description of property | | | | | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | •• | | | | |
| (4) | | | | | | | | |
| | 2. Rent receiv | ed or accrued | | | 3(a) Dodustions divortin | connected with the income in | | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50% | than | ` 'of rent for p | and personal property (if the percent personal property exceeds 50% or in this based on profit or income) | tage f | columns 2(a) an | tions directly connected with the income in lumns 2(a) and 2(b) (attach schedule) | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Total | 0. | Total | | 0. | (h) Total de ductions | | | |
| (c) Total income. Add totals of columns there and on page 1, Part I, line 6, column | | ter > | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | o . | | |
| Schedule E - Unrelated Deb | t-Financec | Income (see | instructions) | | | | | |
| | | · · | 2. Gross income from | | Deductions directly cont to debt-finance | | | |
| 1. Description of debt-fir | nanced property | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis illocable to nced property n 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) | | | % | | | <u> </u> | | |
| (3) | | | % | <u> </u> | ** | | | |
| (4) | | | % | | | | | |
| | - | | | | nter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B). | | |
| Totals | | | • | | 0 . | | | |
| Total dividends-received deductions in | cluded in columi | 18 | <u></u> | | <u> </u> | 0. | | |
| | | | | | | Form 990-T (2017) | | |

Form 990-T (2017)

| Schedule F - Interest, | Annuitie | s, Royalt | | t Controlled C | | | ation | IS (see ins | structions | s) |
|-------------------------------------|---------------------------------------|-------------------------------------|---|--|--|---|-------------|--|----------------------------|---|
| 1. Name of controlled organizat | tion | 2. Emplo identifica numbe | yer 3. Net ton (loss) (s | unrelated income see instructions) | 4. To | al of specified ments made | ınclude | of column 4 ad in the cont ition's gross | rolling | 6. Deductions directly connected with income in column 5 |
| (1) | | | - | | | | | | | ٠, |
| (2) | | | | | | | | | | |
| (3) | | - | | • | | · · · · · · · · · · · · · · · · · · · | | | | |
| (4) | | | | | | | | | | |
| Nonexempt Controlled Organi | zations | | | | | • | | | | |
| 7. Taxable Income | | nrelated income ee instructions) | (loss) 9 . To | tal of specified pay made | yments | 10. Part of column the controllingross | | | | luctions directly connected income in column 10 |
| (1) | | | - | | | | | _ | | |
| (2) | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | - | - | |
| | | • | | | | Add colun Enter here and I:ne 8, c | | 1, Part I, | Enter he | d columns 6 and 11 are and on page 1, Part I, ine 8, column (B). |
| Totals | | | | | • | | | 0. | | 0. |
| Schedule G - Investme | | me of a S | ection 501(c |)(7), (9), or | (17) Oı | ganization | 3 | | | |
| 1, Desc | ription of inco | me | | 2. Amount o | of income | 3. Deductio directly conne (attach sched | cted | 4. Set- | asides schedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | | | | · · | | | | |
| (2) | · · | | | | | | | • | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | ,. | , |
| | | | | Enter here and Part I, line 9, c | | | · · · · | | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals | _ | | ! | ▶ | 0. | <u>.</u> | | | £ Sidif | · 0. |
| Schedule I - Exploited (see instru | | Activity | Income, Oth | er Than A | dvertis | ing Income | • | | | ···· |
| | | | 3. Expenses | 4. Net inco | me (loss) | - | | | | · 7. Excess exempt |
| 1 Description of exploited activity | unrelated incom | Pross business business | directly connected with production of unrelated business income | from unrelate business (c minus colur gain, compu throug | column 2 nn 3), If a ite cols 5 | 5. Gross inco from activity to is not unrelate business inco | that ted | attribut | penses lable to mn 5 | expenses (column 6 minus column 5, but not more than column 4). |
| (1) | | | | 1 | | | | | | 1 |
| (2) | | | ** | | | | | | | |
| (3) | | | | | | • | | | | |
| (4) | | | | | | | | | | |
| | page 1 | re and on I, Part I, col (A) | Enter here and on page 1, Part I, line 10, col (B). | | | | | | | |
| Totals | | 0. | 0 | 1 34 1° 00 | Light Pro- | 변경하는 <u>도</u> 라이 | - "- | U | | 0. |
| Schedule J - Advertisi | | | | | | | | | | |
| Part I Income From | Periodio | als Repo | rted on a Co | onsolidate | d Basis | | | | | |
| 1. Name of periodical | | 2 Gross advertising income | 3. Direct advertising cos | or (loss) (sts col 3). If a | rtising gain col: 2 minus gain, compu through 7 | | | 6. Read cos | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | | | | 10 3 4 1 | ## J 7 - 1 | • | | | | 13. T. T. T. |
| (2) | | | | | ا برائغ | | | | | |
| (3) | | | | ; | | | | | | |
| (4) | | | | ., , , , , , , , , , , , | 14/11 | - | | | | |
| Totals (carry to Part II, line (5)) | | 0 | | 0. | | | | | | 0. |

723731 01-22-18

Form 990-T (2017) NEVILLE COMMUNITIES HOME, INC. 04-34883 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 | Excess readership costs (column 6 minus column 5, but not more than column 4). |
|-----------------------------|----------|---|--|---|-----------------------|---------------------|--|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Totals from Part I | • | 0. | 0. | 7 | The Contract Contract | 经验证证据 | 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. | | | | 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 (2017)