· NOŢICI	E: 201	8-100					190	φ	
Form 990-T	_ Ex	xempt Orgai	nization Bus	sine: er se	ss Income T	ax Returr	,	OMB No 1545-0887	
	For caten	ndar year 2018 or other tax ye	ar beginning $\overline{\text{JUL}}$ 1,	20	18 , and ending $\c JU$	N 30, 201	9	2018	
Department of the Treasury Internal Revenue Service	▶ 0	► Go to www. Oo not enter SSN numbe	irs gov/Form990T for in rs on this form as it may				. 5	Open to Public Inspection for 01(c)(3) Organizations Only	
A Check box if address change		Name of organization (D Employer identification number (Employees' trust, see instructions)					
B Exempt under section	n Print	FAMILY HOUS	E, INC				25-1519959		
X 501(c)(3)	_ or [Number, street, and roon		E Unrela	ted business activity code structions)				
408(e) 220	(e) Type	5001 BAUM B		,	,				
408A 530 529(a)		City or town, state or property of the propert							
C Book value of all assets at end of year		F Group exemption numb	per (See instructions.)	>					
11,821	,296.	G Check organization typ	e ▶ 🗶 501(c) corp	poration	501(c) trust	401(a)	trust	Other trust	
H Enter the number of t	the organization	on's unrelated trades or t	ousinesses. 🕨		Describe	the only (or first) un	related		
trade or business her			_			complete Parts I-V.			
describe the first in th	ne blank space	e at the end of the previou	us sentence, complete Pa	arts I an	d II, complete a Schedule	M for each addition	nal trade	or	
business, then compl						- г	 1		
		ration a subsidiary in an		nt-subsi	diary controlled group?	▶ L	Yes	s X No	
		ying number of the parer					10	CAT F010	
		ICHAEL PRIN e or Business Inc			(A) Income	one number 4 (B) Expenses		(C) Net	
		or Dusiness inc	,ome		(A) illudille	(b) Expenses	•	(O) NET	
1a Gross receipts or b Less returns and a	-		c Balance ►	10			* .	i' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
2 Cost of goods sol	-	1 line 7)	Chalance	1c 2					
3 Gross profit. Subt			`	3					
4a Capital gain net in			K	4a		,			
		rt II, line 17) (attach Form	1 4797)	4b					
c Capital loss deduc			•	4c					
5 Income (loss) from	m a partnersh	ip or an S corporation (a	ttach statement)	5			1		
6 Rent income (Sch	edule C)			6					
7 Unrelated debt-fin	anced income	e (Schedule E)		7					
		d rents from a controlled		8					
		501(c)(7), (9), or (17) o	rganization (Schedule G)						
10 Exploited exempt				10					
11 Advertising incom	-			11					
•									
		Taken Elsewhei	re (See instructions for			I			
(Except f	for contribut	ions, deductions mus	t be directly connecte	d with	the unrelated busines	s income)			
		ctors, and trustees (Scho			CEIVED	<u> </u>	14		
15 Salaries and wag		0.0000 (0.000	INI		DEIVED	1	15		
16 Repairs and mail			E2-61;	MΩ	V 21 2010 18	iI	16_		
17 Bad debts			[11]	140	v 2 1 2019 18	I	17		
18 Interest (attach s	schedule) (see	e instructions)	1.5	200	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		18		
19 Taxes and licens	es			JUL)EN TIFU#1	'	19		
20 Charitable contri	Butions (See	instructions for limitation	rules)				20		
21 Depreciation (att	_				21				
	n claimed on	Schedule A and elsewher	re on return		22a		22b		
23 Depletion							23		
24 Contributions to		pensation plans					24		
25 Employee benefi	f · -	andula IV					25		
26 Excess exempt e							26		
27 Excess readersh28 Other deductions							27	· 	
28 Other deductions29 Total deductions							29	0.	
_		onma hafora nat oneratin	n loss deduction. Subtra	ct line 2	9 from line 13		30	0.	

31

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Form 990-	(2018) FAMILY HOUSE, INC.		<u>25-151</u>	<u>.9959</u>	Page Z
Part I	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	ınstru	ctions)	33	0.
34	Amounts paid for disallowed fringes			34	4,416.
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				
,	lines 33 and 34			36	4,416.
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 36	6			
00	enter the smaller of zero or line 36	Ο,		38	3,416.
Part I				1 00 1	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			39	717.
40	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount o	n lina 3	18 from:	03	
40	Tax rate schedule or Schodule D (Form 1041)	III IIII C	00 II 0111.	40	
44	· · · · ·			41	
41	Proxy tax See instructions Alternative minimum tay (trusts only)			42	 .
42	Alternative minimum tax (trusts only)			43	
43	Tax on Noncompliant Facility Income. See Instructions Tetal Add less 41, 42, and 43 to less 39 or 40, whichever applies			44	717.
Part \	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies / Tax and Payments			44	<u> </u>
		45.		TT	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		-	
D	Other credits (see instructions)	45b		-	
C	General business credit. Attach Form 3800	45c	 =	- '	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		 	
	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44		7	46	717.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	6	Other (attach schedule)	47	
48	Total tax Add lines 46 and 47 (see instructions)			48	717.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1		49	0.
	Payments: A 2017 overpayment credited to 2018	50a	250	-	
	2018 estimated tax payments	50b	358.	4	
	Tax deposited with Form 8868	50c		4]	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		-	
е	Backup withholding (see instructions)	50e		4	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		4	
g					
	Form 4136	50g			
51	Total payments. Add lines 50a through 50g		,	51	<u>358.</u>
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	53	<u>359.</u>
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		`, ▶	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded	55	
Part \	/I Statements Regarding Certain Activities and Other Informatio	n (se	e instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature α		•		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may ha	ave to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f	foreign	country		
	here				<u>X</u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	nsferor	r to, a foreign trust?		X
,	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 > \$				
٥.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and st correct/and, compilete peclaration of preparer (other than taxpayer) is based on all information of which prepare	tatement	s, and to the best of my kno	wledge and	belief, it is true,
Sign	1/11/11/11		M	lav the IRS c	discuss this return with
Here	EXECUTIVE	VE :	DIRECTOR th	e preparer s	hown below (see
	Signature of officer Date Title		ın		X Yes No
	Print/Type preparer's name Preparer's signature Date	е	Check	f PTIN	
Paid	(/ / / / / / / / / / / / / / / / / / /	1.	self- employed		
Prepa	arer AMY C. LEWIS	13/1	7	P0	1360302
Use C	The state of the s		Fırm's EIN ▶	25	-1622758
	503 MARTINDALE STREET, SUITE 6	00			
	Firm's address ▶ PITTSBURGH, PA 15212		Phone no. 4	12-4	71-5500
823711 O	-09-19		·	-	Form 990-T (2018)

Schedule A - Cost of Goods So	ld. Enter	method of inven	tory v	aluation ► N/A					
1 Inventory at beginning of year 1			6 Inventory at end of year				6		
2 Purchases	2	7 Cost of goods sold. Su			ubtract li	ne 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,						
4 a Additional section 263A costs			line 2				7		
(attach schedule)	4a		8	Do the rules of section	263A (v	vith respect to		Yes	No
b Other costs (attach schedule)	4b		Ţ	property produced or a	acquired	for resale) apply to			_
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?					<u> </u>
Schedule C - Rent Income (Fro (see instructions)	m Real	Property and	l Pe	rsonal Property	Lease	ed With Real Pro	pert	y) 	
Description of property									
(1)									
(2)									
(3)									
(4)									
2	1	ed or accrued				3(a) Deductions directly	/ conner	cted with the income	· in
rent for personal property is more than				conal property (if the percenta property exceeds 50% or if sed on profit or income)	age	columns 2(a) ar	nd 2(b) (attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2(a) a here and on page 1, Part I, line 6, column (A)	ınd 2(b). Ent	ter •			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Debt-F	inanced	Income (see	ınstru	ctions)					
			2			3 Deductions directly cor to debt-finant			
1 Description of debt-financed	l property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)									
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis flocable to nced property i schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8 Allocable deduc column 6 x total of c 3(a) and 3(b))	columns
(1)			1	%					-
(2)			1	%					
(3)		•		%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I, line 7, column	
Totals				•		0			0.
Total dividends-received deductions include	d in column	8							0.

Totals (carry to Part II, line (5))

0

0

(2) (3) (4)

Form 990-T (2018) FAMILY HOUSE, INC. 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)							
Totals from Part I	▶	0.	0.		<u> </u>	<u> </u>	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 (2018)