	AMPLOSO RETURA	1 0		2.9	3,931	167,038	48 0			
. ( C&E	AMENDED RETURI	N-51	Econon S	1219)	/ 10EF	OMP No. 1545 069				
99Ò- <u>*</u> T	Exempt Organization Busing (and proxy tax under s	· · · · · · · · · · · · · · · · · · ·	•••••	Return	٠,	OMB 140 1343-000	<u></u>			
Form OOO	For calendar year 2018 or other tax year beginning Jul			_1 10	$\mathbf{v}$	2018				
Department of the Treasury	► Go to www.irs.gov/Form990T for instru									
Internal Revenue Service	Proper to Public Inspection for 501(c)(3). 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). Open to Public Inspection for 501(c)(3).									
A Check box if address changed	Name of organization ( Check box if name cha	anged and s	see instructions)			r identification num	ions )			
B Exempt under section	Print FAMILY HOUSE, INC (Employees' trust, see instructions)  Number street, and room or suite no. If a P.O. box, see instructions  25-15/9959									
$ \begin{array}{c}                                     $	or Number, street, and room or suite no. If a PO box, see instructions    Number, street, and room or suite no. If a PO box, see instructions   25 15 1/13									
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code (See instructions)									
529(a)	PITTSBURGH, PA 15213									
C Book value of all assets at end of year	F Group exemption number (See instructions G Check organization type ► \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		☐ 501(c) tru	iet 🗆	401(a) tru	ust	truet 🍑			
	G Check organization type ► 501(c) corp of the organization's unrelated trades or business					or first) unrelate				
trade or business	•	_	one, complete F	-	-	•				
	space at the end of the previous sentence, com									
	, then complete Parts III-V.		<del></del>				<del>/</del>			
	, was the corporation a subsidiary in an affiliated grou			ontrolled gr	roup?	► ∐ Yes 🙀	No			
	e name and identifying number of the parent corp care of MICHAEL AWTZ	oration.		ne numbe	r <b>▶</b> <i>U17 i</i>	6475810				
	d Trade or Business Income		(A) Income		penses	(C) Net	<del></del>			
1a Gross receipts	s or sales									
<b>b</b> Less returns and		1c	_							
~	s sold (Schedule A, line 7)	2		<u> </u>		-				
· ·	Subtract line 2 from line 1c	3 4a		1		-				
	(Form 4797, Part II, line 17) (attach Form 4797)	4b								
• • •	eduction for trusts	4c		R	FCEIV	ED				
· ·	om a partnership or an S corporation (attach statement)	5				၂ပ္ဟ				
6 Rent income (	•	6		ESI V	MR 03	1020 O				
	ot-financed income (Schedule E)	7		10 1	114 / 0	SE SE				
	, royalties, and rents from a controlled organization (Schedule F) ne of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			GDEN	UT	<del></del>			
	mpt activity income (Schedule I)	10		<u> </u>	<u> </u>					
·	come (Schedule J)	11								
· · · · · · · · · · · · · · · · · · ·	(See instructions, attach schedule)	12								
	ne lines 3 through 12			\			<del></del>			
	ns Not Taken Elsewhere (See instructions for is must be directly connected with the unrelate			ons.) (Exce	ept for co	ntributions,				
	n of officers, directors, and trustees (Schedule K)				. 14	<u> </u>	<del></del>			
	vages									
•	naintenance									
	h schedule) (see instructions)					<del> </del>	<del></del>			
	ntributions (See instructions for limitation rules).									
21 Depreciation	(attach Form 4562)		21							
	ation claimed on Schedule A and elsewhere on re				22b					
23 Depletion					. 23					
	to deferred compensation plans					-				
• •	pt expenses (Schedule I)					<del>                                     </del>	<del></del>			
	rship costs (Schedule J)				. 27		<del></del>			
28 Other deducti	ons (attach schedule)				. 28		<del></del>			
	ions. Add lines 14 through 28				. <b>29</b> 13 <b>30</b> ns) <b>31</b>	Ö				
	siness taxable income before net operating loss de net operating loss arising in tax years beginning on o				13   30 ns)   34	<u> </u>	<del></del>			
	net operating loss arising in tax years beginning on o siness taxable income. Subtract line 31 from line				. 32 . (1	0	!			
	tion Act Notice, see instructions.		Cat No 11291J		<del>- 171</del>	Form <b>990-T</b>	(2018)			

Form **990-T** (2018)

Part I	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
<b>.</b> '	instructions)	33	0	
34	Amounts paid for disallowed fringes	34	0	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instructions)	35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
	of lines 33 and 34	36	6	*
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37 /	,000	<u>.</u>
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	11		_
	enter the smaller of zero or line 36	38	0	*
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 on line 38 from: ☐ 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	48		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		*
Part \				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)			
	Other credits (see instructions)		İ	
	General business credit. Attach Form 3800 (see instructions)	_	1	
	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits. Add lines 45a through 45d	45e		<u> </u>
	Subtract line 45e from line 44	46	0	^
	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47		
	Total tax. Add lines 46 and 47 (see instructions)	48 49	0	4x
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		
	Payments. A 2017 overpayment credited to 2018	"		
	2018 estimated tax payments			
	· · · · · · · · · · · · · · · · · · ·	-	i	
	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>⊣:                                    </b>	]	
	Credit for small employer health insurance premiums (attach Form 8941) . 50f	-		
	Other credits, adjustments, and payments Form 2439			
_	☐ Form 4136 ☐ Other ☐ Tota \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$\$ \$\frac{1}{2}\$\$ \$\frac{1}{2}\$\$ \$\frac{1}{2}\$\$ \$\frac{1}{2}\$\$\$ \$\frac{1}{2}\$			
51		51	717	X
	Total payments. Add lines 50a through 50g	52		
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	58		
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid .	5,4	717	<u>*</u>
	Enter the amount of line 54 you want  Credited to 2019 estimated tax ►  Refunded	55	717	<del></del>
Part \	Statements Regarding Certain Activities and Other Information (see instructions)	ĺ		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or c	ther authori	ty Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fo	oreign count	y <b>Est</b>	
	here <b>&gt;</b>			
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	reign 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 ▶ \$			-4.4
Q:	Under benalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the betrue, correct, and complete peclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my knowle	age and bel	ier, it is
Sign	12262.16	May the IRS with the prep		
Here		(see instruction		
	Describe constant		PTIN	
Paid		heck Ll if elf-employed	1 1111	
Prepa	arer /	rm's EIN ►	<u> </u>	<del></del>
Use (	JnIv -	hone no		
	111110 4441000 F			

Schedule A-Cost of Good	ls Sold. En	ter method of	invent	ory va	aluation >			· –		
1 Inventory at beginning o	f year	1		6	Inventory a	at end of year		6		
, 2 Purchases	· [	2		7	Cost of	goods sold.	Subtract			
3 Cost of labor	$ abla$	3		1	line 6 from	line 5. Enter	here and			
4a Additional section 263/	A costs			1	ın Part I, Iır	ne 2		7		
(attach schedule)	4	4a		8	Do the rul	es of section	263A (wit	h respect to	Yes	No
<b>b</b> Other costs (attach sche	dule)	1b		1		roduced or ac				
5 Total. Add lines 1 through	· -	5		1	to the orga	ınızation? .				
Schedule C-Rent Income		al Property an	d Pers	sonal						
(see instructions)	•									
1. Description of property								-		
(1)				•				-		
(2)						<del></del>				
(3)							_			
(4)	<u>.                                      </u>									
	2. Rent receiv	ed or accrued								
(a) From personal property (if the perce for personal property is more than 10 more than 50%)		percentage of ren	and personal property (if the t for personal property exceeds it is based on profit or income)			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				e
(1)										
(2)										
(3)										
(4)										
Total	0	Total			0	(b) Total de	duations			
(c) Total income. Add totals of college and on page 1, Part I, line 6, college and on page 1.	olumn (A)	<b>&gt;</b>			0	Enter here a	ind on page , column (B)			0
Schedule E-Unrelated De	bt-Finance	ed Income (se	e instru	ctions	s)	3 Doductio	ne directly con	posted with or alle	acable to	
Description of debt-financed property					come from or	Deductions directly connected with or allocable to debt-financed property				
1. Description of debi	i-ililariced prop	erty	allocable to debt-financed property			(a) Straight line depreciation (b) Other d				s
						(attach sc	nedule)	(attach sc	neaule)	
(1)			-							
(2)	<del></del>		-							
(3)										-
4. Amount of average	5 Averag	e adjusted basis	+							
acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	allocable to anced property th schedule)		4 dı	olumn vided olumn 5	7. Gross incom (column 2 ×		8. Allocable of (column 6 × total 3(a) and	al of colu	
(1)					%					
(2)			-		%					
(3)					%					
(4)					%					
						Enter here and Part I, line 7,		Enter here and Part I, line 7,		
Totals .					<b>•</b>		O			<u> </u>
Total dividends-received deduction	ons included	ın column 8	•			<u>.</u>	<b></b>			
								Form §	90-T	(2018)

Sche	edule F-Interest, Ann	uities, Royalties.	and Ren	ts From	Controlled Org	anizations (se	e instru	ctions)		
					Organizations	,				
i	Name of controlled organization	2. Employer identification number	3. Net unre	elated income instructions)		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)				_				1		
(2)								T		
(3)										
(4)										
None	xempt Controlled Organi	zations								
7. Taxable Income  8. Net unrelated income (loss) (see instructions)			<b>9.</b> To	10. Part of column 9 that is included in the controlling organization's gross income		connec	11. Deductions directly connected with income in column 10			
(1)					•					
(2)										
(3)								_		
(4)										
						Add columns 5 Enter here and c Part I, line 8, co	n page 1,	Enter h	columns 6 and 11 ere and on page 1, line 8, column (B)	
Totals						<b>▶</b>	0		0	
Sche	edule G-Investment i	Income of a Sect	ion 501(		or (17) Organi	zation (see inst	ructions			
	1. Description of income	2. Amount o	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)										
		Enter here and Part I, line 9, o	on page 1 column (A)						re and on page 1, ne 9, column (B)	
Totals		<b>&gt;</b>			<u> </u>		4		<u> </u>	
Sche	edule I—Exploited Exe	empt Activity Inc	ome, Ot	her Than	Advertising In	i <b>come</b> (see inst	ructions	s)	· · · · · · · · · · · · · · · · · · ·	
	1. Description of exploited activ	2. Gross unrelated business inco from trade of business	me coni	Expenses directly nected with duction of inrelated ness 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	attribu	penses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)										
(4)										
		Enter here and page 1, Part line 10, col (,	I, pag	here and on ge 1, Part I, 10, col (B)					Enter here and on page 1, Part II, line 26	
Totals		. <b>P</b>								
Par	edule J—Advertising I	Periodicals Repor		Concoli	idated Pasis					
Гаг	income From F	eriodicais nepor	teu on a	Conson					7. Excess readership	
1. Name of periodical		2. Gross advertising income	1	3. Direct rtising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7			adership osts	costs (column 6 minus column 5, but not more than column 4)	
(1)					1					
(2)									]	
(3)									]	
(4)					l					
Totals	s (carry to Part II, line (5))	. ▶	d	C					0	

Form 990-T (2018)		,				Page <b>5</b>
Part II Income From Period 2 through 7 on a line-t	-	l on a Separat	e Basis (For ea	ich periodical l	sted in Part I	I, fill in columns
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)					<u> </u>	
(3)						
(4)	0					
Totals from Part I ▶		O	]			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, Direc	ctors, and Tru	stees (see instru	ictions)		
1. Name	2	2. Title	3. Percent of time devoted to business		ation attributable to ted business	
(1)				9/	6	_
(2)				9/	6	
(3)				9/	6	
(4)				9/	6	
Total. Enter here and on page 1, Part II, II	ne 14 .				<u> </u>	<u> </u>
						Form <b>990-T</b> (2018)