SCANNED
Ž
0
S
SEP
0
œ
2020

			AMENDED RETURN - SECT	ION	512(A)(7) R	EPEAL		2200334
	Form 9 5 0-T	E	Exempt Organization Bus and proxy tax und	sines	ss Income Ta	ax Return		OMB No 1545-0687
		Forca			, and ending	1967	_	2018
ء ج	Pepartment of the Treasury	Go to your its gov/Form900T for instructions and the latest information						
ŭ -	nternal Revenue Service	▶	Do not enter SSN numbers on this form as it may		Open to Public Inspection for 501(c)(3) Organizations Only			
	Check box if address changed		Name of organization (Check box if name of	changed a	and see instructions.)		Em)	oloyer identification number ployees' trust, see ructions)
	3 Exempt under section	Print	NEIGHBORHOOD HEALTH CENTER				27-3524752	
Ľ	X 501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. bo 7320 SW HUNZIKER ROAD,					lated business activity code instructions)
8	408(e) 220(e) 408A 530(a)							
<u>දි</u>	529(a)		City or town, state or province, country, and ZIP of TIGARD, OR 97223					
U£ Batuhing Ogden ⊤	Book value of all assets at end of year		F Group exemption number (See instructions.)	<u> </u>				
함 -	G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trades or businesses.							Other trust
3	trade or business here		e than one,					
	describe the first in the b	ank spa	ce at the end of the previous sentence, complete Pa	arts I and				
_	business, then complete	Parts III	-V					
- 1			oration a subsidiary in an affiliated group or a parei	nt-subsid	ary controlled group?	▶ [Y	es LL No
			SLAIN A. WEST			ne number 🕨 5	03-	941-3028
			le or Business Income		(A) income	(B) Expenses		(C) Net
_	1a Gross receipts or sale	s						
	b Less returns and allow		c Balance	1c		 ,		, k
	2 Cost of goods sold (S		, · · · · · · · · · · · · · · · · · · ·	2				ļ
	3 Gross profit Subtract4a Capital gain net incom		14	3 4a				
			art II, line 17) (attach Form 4797)	4b				100
	c Capital loss deduction						EC	EIVED
	5 Income (loss) from a	partners	hip or an S corporation (attach statement)	5		1 6		
	6 Rent income (Schedul	e C)		6			. 0	\$ 2 5050 /3
	7 Unrelated debt-finance		,	7		181	AP'	
			nd rents from a controlled organization (Schedule F) in 501(c)(7), (9), or (17) organization (Schedule G)	9				DEN, UT
	Exploited exempt activ			10		1-	0	
1		-	· · · · · · · · · · · · · · · · · · ·	11				
1	2 Other income (See ins	truction	s; attach schedule)	12			1,	
	3 Total. Combine lines			13	0.			L
)			t Taken Elsewhere (See instructions for itions, deductions must be directly connected			ncome)		
	4 Compensation of offi	cers, di	ectors, and trustees (Schedule K)			7	14	
1	•						15	
i 1	. •	ance					16	
		رمار امليا	a (natruationa)				17 18	
2 1	•	inie) (st	e instructions)				19	
2 2		ns (See	instructions for limitation rules)				20	
> 2		Form 45	· 62)		21			
2	2 Less depreciation cla	imed or	Schedule A and elsewhere on return		22a		22b	
S 2	•							
		Contributions to deferred compensation plans						
2:	• •	Employee benefit programs Excess exempt expenses (Schedule I)						
2	· ·						26 27	
2			•			ľ	28	
2							29	0.
3			come before net operating loss deduction. Subtract				30	0.
3	·	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)						
3			come. Subtract line 31 from line 30 work Reduction Act Notice, see instructions.				32_	0 . Form 990-T (2018

Form 990-1	TOTAL CONTENT OF THE	<u>27-35247</u>	52 Page 2
Part I	II Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	3	30.
34	Amounts paid for disallowed fringes	3	4
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	3	5
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	3	6
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	35 3	
38	Unrelated business taxable income. Subtract line 37 from line 36, If line 37 is greater than line 36,	1	
	enter the smaller of zero or line 36	1	8 0.
Part I		L_¥	<u> </u>
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	▶ 3	ġ O.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	<u> </u>	<u> </u>
-10	Tax rate schedule or Schedule D (Form 1041)	▶ 4	
41	Proxy tax. See instructions	4	
	·	4	
42	Alternative minimum tax (trusts only)	4	
43	Tax on Noncompliant Facility Income. See instructions	4	
Part V	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments		9
			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a Change de Corporations attach Form 1118; trusts attach Form 1116)		
D	Other credits (see instructions) 45b		Ì
C	General business credit. Attach Form 3800		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 45a through 45d	45	
46	Subtract line 45e from line 44	4	
47		tach schedule) 4	
48	Total tax. Add lines 46 and 47 (see instructions)	4	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	4	0.
	Payments: A 2017 overpayment credited to 2018 50a		
b	2018 estimated tax payments		
C	Tax deposited with Form 8868 50c 50c	3,600.	
d	Foreign organizations Tax paid or withheld at source (see instructions) 50d		
е	Backup withholding (see instructions) 50e		
1	Credit for small employer health insurance premiums (attach Form 8941) 501		
g	Other credits, adjustments, and payments: Form 2439 5 a		
	Form 4136 X Other Total 50g	-814.	
51	Total payments. Add lines 50a through 50g SEE STATEMENT 2	1 	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	Š	
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 5	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	95 ► <u>5</u> 1	
55		nde & 	2,786.
Part V	I Statements Regarding Certain Activities and Other Information (see instruct	ions)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		,
	here		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn 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 >\$		
	Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the becorrect, and complete perfect the perfect of the correct, and complete perfect the perfect of the	est of my knowledge ar	nd belief, it is true,
Sign	correct, and concrete coeparation of preparer other than taxpayer) is based on all information of which preparer has any knowledge	_ 0200	
Here	19-20-20 P3CFO		IRS discuss this return with parer shown below (see
	Signature of officer Date Title		ions)? X Yes No
	Print/Type preparer's name Preparer's signature Date C	heck if F	PTIN
D-:-I	1	elf- employed	•
Paid	WENDY CAMPOS NO AND AND 102/24/201		P00448102
Prepa	MOCC ADMC IID	irm's EIN	91-0189318
Use O	805 SW BROADWAY STE 1200		
	11	Phone no 503	-242-1447
823711 01-			Form 990-T (2018)

FOOTNOTES

STATEMENT 1

FORM 990-T IS BEING AMENDED TO REMOVE DISALLOWED FRINGES REPORTED AS TAXABLE ON THE ORIGINAL RETURN DUE TO THE RETROACTIVE REPEAL OF SECTION 512(A)(7). THE DISALLOWED FRINGES OF \$14,265 REPORTED ON LINE 34 HAS BEEN REDUCED TO ZERO. NO OTHER UBI WAS REPORTED ON THE ORIGINAL RETURN. THEREFORE, TAX OF \$2,786 REPORTED ON LINE 39 HAS ALSO BEEN REDUCED TO ZERO. THE ORIGINAL OVERPAYMENT APPLIED HAS BEEN SHOWN AS AN ADJUSTMENT ON LINE 50G TO PROPERLY REFLECT THE CURRENT REFUND ON LINE 55.

FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION	AMOUNT
ORIGINAL OVERPAYMENT APPLIED TO 2019	-814.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G	-814.