EIDE BAILLY LLP 5 TRIAD CENTER, STE. 600 SALT LAKE CITY, UT 84180-1106

NEIGHBORHOOD HOUSE ASSOCIATION 1050 WEST 500 SOUTH SALT LAKE CITY, UT 84104-1397

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CLIENT'S COPY



October 20, 2020

Neighborhood House Association 1050 West 500 South Salt Lake City, UT 84104-1397

Dear Jennifer:

Enclosed is the 2019 Exempt Organization return, as follows...

2019 Form 990

Please review the return for completeness and accuracy.

In addition, we have included a separate public disclosure copy of the Form 990 and Form 990-T (if applicable) on our secure portal site. All exempt organizations are required to have a copy of their current year Form 990 and two prior year returns available for public inspection. If the Form 990 includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return, as this information is not open to public inspection. Only organizations exempt under 501(c)(3) must make the current year Form 990-T and two prior year returns available. Please print and sign the public disclosure copy(ies) and keep them available at your primary office location.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Many states require legal entities to register with them in order to do business in their state. Please remember to keep your registration active and current for each state that you have business activities.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Christopher Winsley, CPA

# TAX RETURN FILING INSTRUCTIONS

**FORM 990** 

# FOR THE YEAR ENDING

December 31, 2019

Pre	pared	For:
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Neighborhood House Association 1050 West 500 South Salt Lake City, UT 84104-1397

# Prepared By:

Eide Bailly LLP 5 Triad Center, Ste. 600 Salt Lake City, UT 84180-1106

# **Amount Due or Refund:**

Not applicable

# Make Check Payable To:

Not applicable

# Mail Tax Return and Check (if applicable) To:

Not applicable

# Return Must be Mailed On or Before:

Not applicable

# Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

# \*\* PUBLIC DISCLOSURE COPY \*\*

(Rev. January 2020) Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

<u>A F</u>	or th	e 2019 calendar year, or tax year beginning and	enaing								
<b>B</b> (a	Check if pplicab	C Name of organization		D Employer identifi	cation number						
	Addre										
	Name chang	e Doing business as		87-02124	87-0212462						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 1050 WEST 500 SOUTH	Room/suite	E Telephone numbe							
	☐Final return	3-4589									
	terminated City or town, state or province, country, and ZIP or foreign postal code Gross receipts \$										
	Amen return	SALT LAKE CITY, UT 84104-1397		H(a) Is this a group re	eturn						
	Application	F Name and address of principal officer: OEBBICA MINABILE		for subordinates	? Yes X No						
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No						
1.1	Гах-ех	empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1)$	or 527	If "No," attach a	list. (see instructions)						
J \	<b>N</b> ebsi	te: ► WWW.NHUTAH.ORG		H(c) Group exemption	n number 🕨						
K F	orm o	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1894	M State of legal domicile: UT						
Pa	art I	Summary									
	1	Briefly describe the organization's mission or most significant activities: THE	MISSIO	N OF NEIGHB	ORHOOD						
nce		HOUSE IS TO ENRICH, EMPOWER AND EDUCATE C	HILDRE	EN AND ADULT	S THROUGH						
rna	2	Check this box  if the organization discontinued its operations or dispos	sed of more	than 25% of its net as:	sets.						
Ne.	3	Number of voting members of the governing body (Part VI, line 1a)		3	26						
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	26						
8	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	110						
/itie	6	Total number of volunteers (estimate if necessary)			851						
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.						
_		Net unrelated business taxable income from Form 990-T, line 39			0.						
				Prior Year	Current Year						
O	8	Contributions and grants (Part VIII, line 1h)		11,173,688.	2,657,907.						
ž	9	Program service revenue (Part VIII, line 2g)		1,323,721.	1,409,916.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-128,665.	285,622.						
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3,127.	47,056.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,365,617.	4,400,501.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,078,906.	2,461,641.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
x	b	Total fundraising expenses (Part IX, column (D), line 25)   200, 0	44.								
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		874,202.	1,105,662.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,953,108.	3,567,303.						
	19	Revenue less expenses. Subtract line 18 from line 12		9,412,509.	833,198.						
Net Assets or			Ве	ginning of Current Year	End of Year						
set	20	Total assets (Part X, line 16)		21,426,131.	22,961,480.						
AP	21	Total liabilities (Part X, line 26)		91,959.	184,839.						
		Net assets or fund balances. Subtract line 21 from line 20		21,334,172.	22,776,641.						
	art II	Signature Block									
		lties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is						
true,	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.							
		Signature of officer		I Date							
Sig		<u> </u>		Date							
Her	е	JENNIFER NUTTALL, EXECUTIVE DIRECTOR Type or print name and title									
			Ti	Date Check C	PTIN						
De! 4		Print/Type preparer's name  CHRISTOPHER WINSLEY, CPA  Preparer's signature		if L	<b>─</b> ─						
Paid		Firm's name EIDE BAILLY LLP		self-employ	yed <u>  P01698710</u>   <b>4</b> 5-0250958						
Preparer Firm's name ► EIDE BAILLY LLP Firm's EIN ► 45  Use Only Firm's address ► 5 TRIAD CENTER, STE. 600											
USE	Unity	SALT LAKE CITY, UT 84180-1106		Dhone no 8 N	1-532-2200						
May	the I	RS discuss this return with the preparer shown above? (see instructions)		i i none no. O O	X Yes No						
ivia		10 diodado ano retaini with the proparer ellewil abeve: (300 illotitudiolis)			:03 140						

rai	otatement of Frogram Service Accomplishments	₹₹
	<u> </u>	X
1	Briefly describe the organization's mission:	
	THE MISSION OF NEIGHBORHOOD HOUSE IS TO ENRICH, EMPOWER AND EDUCATE	
	CHILDREN AND ADULTS THROUGH QUALITY AFFORDABLE DAY CARE AND SUPPORT	
	SERVICES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 2,212,034 • including grants of \$ ) (Revenue \$ 883,699 • )	
4a	(Code:) (Expenses \$2, 212, 034. including grants of \$) (Revenue \$883, 699. CHILDREN'S DAY CARE - FOR MORE THAN 123 YEARS, WE'VE BEEN PROVIDING	<u>•</u> )
	QUALITY PRESCHOOL AND DAYCARE SERVICES FOR OUR COMMUNITY, BASED ON EACH	
	CLIENT'S ABILITY TO PAY. NEIGHBORHOOD HOUSE OFFERS NATIONALLY	
	ACCREDITED PRESCHOOL, DAY CARE, AFTER SCHOOL AND SUMMER PROGRAMS FROM	
	CHILDREN AGES 15 MONTHS TO 12 YEARS OLD. OUR GOAL IS TO MAXIMIZE EACH	
	CHILD'S LEARNING POTENTIAL BY STIMULATING INTELLECTUAL GROWTH, BUILDING	
	SELF-CONFIDENCE AND DEVELOPING SOCIAL SKILLS THEY'LL CARRY INTO	
	ADULTHOOD. OUR ACTIVITIES ENCOURAGE LANGUAGE DEVELOPMENT, CREATIVE	
	EXPRESSION, MOTOR COORDINATION AND SOCIAL AND EMOTIONAL SKILLS. WE ARE	
	COMMITTED TO ENSURING CHILDREN ARE READY TO COMPETE ON EQUAL FOOTING	
	WITH THEIR COUNTERPARTS OF OTHER SOCIO-ECONOMIC STATUS ONCE THEY BEGIN	
	SCHOOL AND HAVE THE TOOLS THEY NEED TO CONTINUE TO SUCCEED THROUGHOUT	_
4b	(Code: ) (Expenses \$ 743,729 • including grants of \$ ) (Revenue \$ 526,217 •	
	ADULT DAY CARE - NEIGHBORHOOD HOUSE PROVIDES DAY CARE AND SUPPORT	_ /
	SERVICES FOR ADULTS 18 AND OVER WHO NEED SUPERVISED CARE DURING THE	_
	DAY. WE OFFER HEALTHY MEALS AND ENGAGING ACTIVITIES FOR AGING AND	
	DISABLED ADULTS, WHICH REDUCES THEIR SOCIAL ISOLATION AND HELPS THEM TO	
	MAINTAIN THEIR INDEPENDENCE. NEIGHBORHOOD HOUSE PROVIDES A DIGNIFIED	
	AND AFFORDABLE WAY FOR ADULTS IN THE COMMUNITY TO AGE IN PLACE.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}	
4e	Total program service expenses ► 2,955,763.	

Form 990 (2019) NEIGHBORHOOD HOUSE ASSOCIATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_ <u>X</u> _
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		.,	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	<u>X</u>
е	The root of the ro	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا ا		v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	y	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	,,		Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Λ

Form 990 (2019)

Part IV   Checklist of Required Schedu	les (continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	, ,	25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		<del></del>
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2019) NEIGHBORHOOD HOUSE ASSOCIATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	110							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b						
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		Х				
b	If "Yes," enter the name of the foreign country		_							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a										
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th									
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons c	r gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ services \ $	rvices	provided to the payor?	7a	X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	uired							
	to file Form 8282?			7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontra	t?	7e		X				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	399 as required?	7g						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by th	ne							
				8						
9	Sponsoring organizations maintaining donor advised funds.									
a				9a		-				
b	, , , , , , , , , , , , , , , , , , , ,			9b						
10	Section 501(c)(7) organizations. Enter:	۱	1							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	11a	1							
a		11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	446								
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	-	120						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	104   12b	1	12a						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120								
	Is the organization licensed to issue qualified health plans in more than one state?			13a						
а	Note: See the instructions for additional information the organization must report on Schedule O.			IJa						
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	130								
	Did the second of the second o			14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?			15		x				
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		х				
	If "Yes," complete Form 4720, Schedule O.									

Form 990 (2019) NEIGHBORHOOD HOUSE ASSOCIATION 87-0212462 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 26			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		l	
	(This Section B requests information about policies not required by the internal nevenue Gode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	- 5.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100	ı	
17	List the states with which a copy of this Form 990 is required to be filed ▶UT			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3):	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	···y)	und	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
.5	statements available to the public during the tax year.	man	Jiui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	JENNIFER NUTTALL - (801) 363-4589			
	1050 WEST 500 SOUTH, SALT LAKE CITY, UT 84104-1397			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization no	or any related	orga	niza	tion	con	npen	sat	ed any current officer, d	rector, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do		Pos	ition more than one			Reportable	Reportable	Estimated
	hours per	box, ur		ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	a a a	rector/trustee)			from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		ee/	mpen		(***2/1033*****100)		and related
	below	dualt	utio na	10	Key employee	st co	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) JESSICA MIRABILE	2.00									
PRESIDENT		Х		X				0.	0.	0.
(2) MICHELLE MARIANI	2.00									
TREASURER		X		X				0.	0.	0.
(3) LISA SPONAUGLE	2.00									
RECORDING SECRETARY		Х		Х				0.	0.	0.
(4) ELAINE ELLIS	2.00									
BOARD MEMBER	2.00	Х						0.	0.	0.
(5) SARA WILCOX	2.00									
SECOND VICE PRESIDENT	2.00	Х		Х				0.	0.	0.
(6) SHELLEY ANDERSON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) HELEN CARDON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) KRISTINE ECCLES	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) CAROL FIRMAGE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JULIE GLENN	2.00									
FIRST VICE PRESIDENT		Х		Х				0.	0.	0.
(11) CATHERINE KANTER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) MARILYN MACALLAIR	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) NANCY MCNALLY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) JUDY MORETON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) SHAUNA PRISKOS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) APRIL SCHUTJER	2.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(17) KRISTINE STOCKHAM	2.00	_						_	_	_
BOARD MEMBER		Х						0.	0.	<b>0.</b>

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(A) Name and title	(B) Average hours per	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		n an	(D) (E)  Reportable Reportable compensation compensation		n		(F) stimated nount of		
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated //xx/smployee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	3	fr org an	other pensation om the anization d related anizations
(18) KELLIE WOOD	2.00									•		
BOARD MEMBER	2 00	Х				<u> </u>		0.		0.		0.
(19) MARY JUNE WOODS BOARD MEMBER	2.00	~						0.		0.		٥
(20) ASHLEY PANTONE	2.00	Х				$\vdash$		0.		0.		0.
BOARD MEMBER	2.00	Х						0.		0.		0.
(21) KIMBERLY GARDNER MARTIN	2.00					$\vdash$		0.		•		· ·
BOARD MEMBER	2.00	Х						0.		0.		0.
(22) MARIE GARDNER	2.00									•		
BOARD MEMBER		х						0.		0.		0.
(23) NIRLA HARRIS	2.00									-		
BOARD MEMBER		Х						0.		0.		0.
(24) DANELLE MONTERO	2.00											
BOARD MEMBER		Х						0.		0.		0.
(25) ABBY IVORY	2.00											
BOARD MEMBER		Х						0.		0.		0.
(26) JENNIFER HUNTSMAN PARKIN	2.00											
BOARD MEMBER		X						0.		0.		0.
1b Subtotal								0.		0.0		0.
c Total from continuation sheets to Part VII								94,397.		0.		5,672. 5,672.
d Total (add lines 1b and 1c)							o ro		000 of roportable			3,072.
compensation from the organization	or illilited to th	036	IISLE	u ab	ove	<i>y</i> wii	016	ceived more than \$100,	ooo or reportable			0
compensation from the organization												Yes No
3 Did the organization list any <b>former</b> officer,	director, trust	ee, k	ey e	empl	ove	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for si											3	Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	X
5 Did any person listed on line 1a receive or a	ccrue comper	sati	on fr	om a	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch r	oers	on					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest con	•	•							'	ensa	tion fro	om
the organization. Report compensation for t	ne calendar ye	ear e	enair	ig w	ith c	or wi	tnin T		ear.		10	*1
<b>(A)</b> Name and business	address	NO	ONE	2				<b>(B)</b> Description of s	ervices	С	<b>))</b> ompe	nsation
								·				
							$\dashv$					
2 Total number of independent contractors (in	ū	ot lin	nited	d to t	_	_	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz		T 3.T	TT 7	m T	) TAO		ידד	TEM C			_	990 (2010)

Form 990 NEIGHBORE	100D HOU	Ŋ.	י ב	מם	<u>UC</u>	TV	т т	ON	87-021	2402
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	es (continued)	
<b>(A)</b> Name and title							ly)	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) JENNIFER NUTTAL	50.00			v				04 207	0	F 672
EXECUTIVE DIRECTOR	2.00			Х				94,397.	0.	5,672
otal to Part VII, Section A, line 1c								94,397.		5,672

		Check if Schedule O contains a response	or note to any lim	e in this Part VIII			
		Officer if Octreduce O contains a response	or riote to arry iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
			1.6				SECTIONS 212 - 214
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns1a	16.	-			
ž ou		Membership dues1b					
s, C	С	Fundraising events 1c	236,862.				
i i	d	Related organizations1d					
s, o	е	Government grants (contributions) 1e	589,456.				
S S	f	All other contributions, gifts, grants, and					
he ti			831,573.				
ξţ	a	Noncash contributions included in lines 1a-1f	767,226.				
νg	_	Total. Add lines 1a-1f		2,657,907.			
0 0		Total. Add lines 1a-11	Business Code	2,031,301.			
		CUTID DAY CADE DEVENUE	624410	792 690	702 600		
<u>ice</u>		CHILD DAY CARE REVENUE		782,689.			
er v		ADULT DAY CARE INCOME	624410	466,069.			
S c	С	FOOD SERVICE INCOME	623000	161,158.	161,158.		
an ev	d						
Program Service Revenue	е						
Ā	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,409,916.			
	3	Investment income (including dividends, intere					
		other similar amounts)		298,701.	126,287.		172,414.
	4	Income from investment of tax-exempt bond p		,	,		•
	5	Royalties	· ·	41,838.			41,838.
	3	(i) Real	(ii) Personal	11,030.			11,030.
	_		(ii) i cisoriai	-			
		Gross rents 6a		-			
		Less: rental expenses 6b		-			
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	<u> </u>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
e		and sales expenses					
Revenue	С	Gain or (loss) 7c -13,079.					
ě		Net gain or (loss)		-13,079.			-13,079.
ē		Gross income from fundraising events (not		, ,			, , ,
Ğ.	0 4	including \$ 236,862. of					
٠		contributions reported on line 1c). See					
		• • • • • • • • • • • • • • • • • • • •	24,320.				
		· · · · · · · · · · · · · · · · · · ·					
		Less: direct expenses 8b	<u> </u>	640.			640.
		Net income or (loss) from fundraising events	<b>_</b>	040.			040.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses	)				
	С	Net income or (loss) from gaming activities	<b>)</b>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10	a				
	b	Less: cost of goods sold 10	b				
		Net income or (loss) from sales of inventory	<b></b>				
$\neg$		, ,	Business Code				
Sno	11 2	BAD DEBT RECOVERY	900099	2,644.	2,644.		
Dec U		MISCELLANEOUS REVENUE	900099	1,934.	1,934.		
Miscellaneous Revenue			7 3 3 3 3 3	1,0010	<u> </u>		1
Sce	C						
Ξ̈́		All other revenue		1 570			
		Total. Add lines 11a-11d	<u> </u>	4,578. 4 400 501.	1 540 781.	^	201 813.
	12	Total revenue See instructions		44 4 UU 7 UI.	74U /XI.	ı U.	511.

87-0212462

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp		-		
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 000	22 225	44 405	6 045
	trustees, and key employees	100,069.	82,387.	11,437.	6,245.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 005 141	1 606 100	005 540	100 000
7	Other salaries and wages	1,975,141.	1,626,130.	225,742.	123,269.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	100 000	150 004	22.252	10.016
9	Other employee benefits	193,009.	158,904.	22,059.	12,046.
10	Payroll taxes	193,422.	159,244.	22,106.	12,072.
11	Fees for services (nonemployees):	10 841	10 040	1 600	
а	Management	13,741.	12,048.	1,693.	
b		24 750	01 701	2 040	
	Accounting	24,750.	21,701.	3,049.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	116 001	00 105	10 671	1 / 11 -
	column (A) amount, list line 11g expenses on Sch O.)	116,981.	90,195.	12,671.	14,115.
12	Advertising and promotion	104 200	150 720	20.066	2 704
13	Office expenses	194,308.	150,738.	39,866.	3,704.
14	Information technology				
15	Royalties	201,337.	199,863.	1,474.	
16	Occupancy	201,337.	133,003.	1,4/4.	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to effiliates				
21	Payments to affiliates	82,947.	76,464.	4,561.	1,922.
22		52,528.	37,149.	15,379.	1,344.
23	Insurance Other expenses. Itemize expenses not covered	32,320.	37,143.	13,373.	
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) FOOD	126,337.	126,337.		
a b	UTILITIES	61,417.	54,489.	6,928.	
0	BAD DEBT	50,004.	50,004.	0,520.	
d	OTHER	43,643.	11,729.	31,532.	382.
	All other expenses	137,669.	98,381.	12,999.	26,289.
25	Total functional expenses. Add lines 1 through 24e	3,567,303.	2,955,763.	411,496.	200,044.
26	Joint costs. Complete this line only if the organization	3,307,303.	2,555,755	111, 100	200,044
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II TO IIO WILLING GOT 30-2 (NGO 300-720)				Form 990 (2010)

Form 990 (2019)
Part X Balance Sheet

Pai	τx	Balance Sneet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1				743,811.	1	717,625.
	2	Savings and temporary cash investments			4,414,531.	2	5,116,749.
	3	Pledges and grants receivable, net	2,974,613.	3	2,239,633.		
	4	Accounts receivable, net			182,075.	4	1,312,060.
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa	ntial c	contributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B) L		6	
<u>s</u>	7	Notes and loans receivable, net			9,475,680.	7	9,475,680.
Assets	8	Inventories for sale or use				8	
Ä	9	B			18,492.	9	3,591.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,147,045.			
	b	Less: accumulated depreciation	10b	726,241.	274,605.	10c	420,804.
	11	Investments - publicly traded securities			3,342,324.	11	3,675,338.
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal	21,426,131.	16	22,961,480.		
	17	Accounts payable and accrued expenses	91,959.	17	72,339.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
es	22	Loans and other payables to any current or forme					
∄		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pays					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	0.		112 500
		of Schedule D			91,959.	25	112,500.
	26	Total liabilities. Add lines 17 through 25	<u></u>	▶ ▼	91,909.	26	184,839.
ç		Organizations that follow FASB ASC 958, chec	k ner				
nce	07	and complete lines 27, 28, 32, and 33.			14,132,994.	07	15,544,840.
ala	27				7,201,178.	27 28	7,231,801.
d B	28	Net assets with donor restrictions			7,201,170.	20	7,231,001.
-u		Organizations that do not follow FASB ASC 95	o, cne	eck nere			
or	20	and complete lines 29 through 33.				20	
ets	29	Capital stock or trust principal, or current funds				29	
\sse	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco			21,334,172.	31 32	22,776,641.
ž	32	Total liabilities and not assets/fund balances			21,426,131.	33	22,961,480.
	33	Total liabilities and net assets/fund balances			41,40,1J1.	বব	22,301,400.

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		.,40		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,56		
3	Revenue less expenses. Subtract line 2 from line 1	3			3,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21	<u>.,33</u>		
5	Net unrealized gains (losses) on investments	5		60	9,2	<u>71.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	22	2,77	6,6	41.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?	-		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2019)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NEIGHBORHOOD HOUSE ASSOCIATION

Employer identification number 87-0212462

Pa	rt I	Reason for Public C	Charity Status (	All organizations must co	omplete th	is part.) Se	e instructions.	
he	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1	$\overline{\Box}$	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	Ħ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)						
3	H	A hospital or a cooperative		·			i)	
3	H	•					•	the beenitel's name
4		A medical research organiza	ation operated in cor	ijunction with a nospital	described	III Sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,
		city, and state:						
5		An organization operated for		lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	omplete Part II.)					
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	'0(b)(1)(A)	(v).	
7	X	An organization that normal	ly receives a substar	ntial part of its support fi	om a gove	ernmental	unit or from the general p	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)					
8		A community trust describe	d in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in coniu	inction with a land-grant	college
_		or university or a non-land-g				-	-	•
		university:	rant conege of agrici	artare (500 morraotions).	Lintor tino i	iarrio, orty	, and state of the conege	, 01
40			lly receives: (1) more	than 22 1/20/ of its supp	oort from o	ontributio	no momborobin foco on	nd aross resoints from
10		An organization that normal						
		activities related to its exem	-					
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See <b>section 509(a)(2).</b> (Cor						
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in <b>section 509(a)(1)</b> d	r section (	509(a)(2).	See section 509(a)(3).	Check the box in
		lines 12a through 12d that of	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	n(s) the power to red	gularly appoint or elect a	maiority o	f the direc	tors or trustees of the su	upportina
		organization. You must c			, ,			
h		Type II. A supporting orga			ion with its	s sunnorte	ed organization(s) by hav	vina
		control or management of						
					arrie persor	iis iiiai coi	ntroi or manage the supp	Jortea
		organization(s). You mus						1 20
С		Type III functionally inte	-				• •	ed with,
	_	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.	
d			integrated. A supp	orting organization oper	ated in cor	nnection w	ith its supported organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an attentiv	veness
		requirement (see instructi	ons). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	nization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	r the number of supported o	rganizations					
g		vide the following information		d organization(s).				
	(	) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed na document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3924136.	1519232.	5059031.	11173688.	2657907.	24333994.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3924136.	1519232.	5059031.	11173688.	2657907.	24333994.
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						8324106.
6	Public support. Subtract line 5 from line 4.						16009888.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4	3924136.	1519232.	5059031.	11173688.		24333994.
	Gross income from interest,	33212301	20272020	30330321		200,30,0	
o	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	159,276.	133,887.	103 932	92,735.	214,252.	704,082.
9	Net income from unrelated business	133,270.	133,007	103,332.	JZ,133.	214,252.	704,002
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	28,605.	10,560.	9,880.	11,590.	24,320.	01 055
	assets (Explain in Part VI.)	20,003.	10,300.	9,000.	11,390.		84,955. 25123031.
	<b>Total support.</b> Add lines 7 through 10		>				,565,702.
	Gross receipts from related activities,	•	,				,303,702.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	a, fourth, or fifth ta	ix year as a section	1501(0)(3)	▶□
Sec	organization, check this box and storetion C. Computation of Publi	c Support Per	centage			<u></u>	P
1/	Public support percentage for 2019 (I	ing 6, column (f) di	vided by line 11 o	olumn (f))		14	63.73 %
	Public support percentage from 2018					15	60.87 %
		•		line 12 and line			
10a	6a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   ▶ X						
h	33 1/3% support test - 2018. If the o		•				
b							<b>▶</b> □
170	and <b>stop here.</b> The organization qual <b>10%</b> -facts-and-circumstances test	•	• •				
17a							
	and if the organization meets the "fac			=		_	
1-	meets the "facts-and-circumstances"	•		,		Zo and line 15 in	
b	10% -facts-and-circumstances test						
	more, and if the organization meets the				-		
۰.	organization meets the "facts-and-circ			•	,	***************************************	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	ŭ			•	. , . ,	. —
80	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi					1.5	
	Public support percentage for 2019 (li		•	.,,		15	<u>%</u>
	Public support percentage from 2018 ction D. Computation of Inves					16	<u>%</u>
				20 12 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 2					18   13   2   1/3% and line 1	7 is not
198	33 1/3% support tests - 2019. If the						<b>.</b> —
	more than 33 1/3%, check this box ar						
ľ	33 1/3% support tests - 2018. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	DOX OH IINE 14, 198	a, or 190, check tr	iis dux aitu see ins	นานตนเบาร	🟲 📖

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	Part IV   Supporting Organizations (continued)			
			Yes	No
11	11 Has the organization accepted a gift or contribution from any of the follow	owing persons?		
а	a A person who directly or indirectly controls, either alone or together with	n persons described in (b) and (c)		
	below, the governing body of a supported organization?	<u>11a</u>		
	<b>b</b> A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If "Ye	s" to a, b, or c, provide detail in Part VI. 11c		
Sect	Section B. Type I Supporting Organizations		1	Ι
	4 6:11		Yes	No
	regularly appoint or elect at least a majority of the organization's director	· ·		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	controlled the organization's activities. If the organization had more than			
	describe how the powers to appoint and/or remove directors or trustees			
	organizations and what conditions or restrictions, if any, applied to such  Did the organization operate for the benefit of any supported organization	pewere daring the tax year.		
	organization(s) that operated, supervised, or controlled the supporting of			
	Part VI how providing such benefit carried out the purposes of the supp	· ·		
	supervised, or controlled the supporting organization.	2		
	Section C. Type II Supporting Organizations	·		
			Yes	No
1	1 Were a majority of the organization's directors or trustees during the tax	year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If	No," describe in Part VI how control		
	or management of the supporting organization was vested in the same p	ersons that controlled or managed		
	the supported organization(s).	1		
Sect	Section D. All Type III Supporting Organizations		_	
			Yes	No
1	1 Did the organization provide to each of its supported organizations, by t	the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amou			
	year, (ii) a copy of the Form 990 that was most recently filed as of the da			
	organization's governing documents in effect on the date of notification			
	organization(s) or (ii) serving on the governing body of a supported orga	· ·		
	the organization maintained a close and continuous working relationship			
	3 By reason of the relationship described in (2), did the organization's sup significant voice in the organization's investment policies and in directin			
	income or assets at all times during the tax year? If "Yes," describe in F			
	supported organizations played in this regard.	are vi the role the organization's		
Sect	Section E. Type III Functionally Integrated Supporting Orga	ınizations		
а				
b				
С	c The organization supported a governmental entity. Describe in Pa	art <b>VI</b> how you supported a government entity (see instruction	ns) <u>.                                    </u>	
2			Yes	No
а	a Did substantially all of the organization's activities during the tax year di	rectly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive	? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities direc	tly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, a	and how the organization determined		
	that these activities constituted substantially all of its activities.	<u>2a</u>		
	,			
	of the organization's supported organization(s) would have been engage	· '		
	reasons for the organization's position that its supported organization(s)			
	activities but for the organization's involvement.	<u>2b</u>		
		vity of the officers divestors or		
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part</b>			
	b Did the organization exercise a substantial degree of direction over the of its supported organizations? If "Yes." describe in Part VI the role pla			
	5 Supported organizations. II Tes. Describe III I die 1 III I III I III I III	Ved by the Ordanization in this redaid.		

Pai	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Pai	rt V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Sect	ion D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	8	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
_				

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 NEIGHBORHOO	D HOUSE	ASSOCIATION	87-0212462 p	age 8
Part VI	<b>Supplemental Information.</b> Provide the e Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section E (See instructions.)	xplanations re 9a, 9b, 9c, 1 <sup>-</sup> ection E, lines	equired by Part II, line 10; 1a, 11b, and 11c; Part IV, 1c, 2a, 2b, 3a, and 3b; P	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V	,

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

NEIGHBORHOOD HOUSE ASSOCIATION

**Employer identification number** 

87-0212462

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

# NEIGHBORHOOD HOUSE ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$105,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$164,684 <b>.</b>	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$91,657.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$150,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# NEIGHBORHOOD HOUSE ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$ <u>173,045.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9		\$	Person X Payroll			
(a)	(b)	(c)	(d)			
No10	Name, address, and ZIP + 4	\$ 75,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11_		\$ 55,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

# NEIGHBORHOOD HOUSE ASSOCIATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SECURITIES - PUBLICLY TRADED	\$164,684 <b>.</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

**Employer identification number** 

# NEIGHBORHOOD HOUSE ASSOCIATION

Part III	from any one contributor. Complete columns (a)	through (e) and the follow	ing line entry. For o	rganizations
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of	<b>\$1,000 or less</b> for the	he year. (Enter this info. once.) \$
(a) No. from	Use duplicate copies of Part III if additional (b) Purpose of gift	space is needed. (c) Use of	aift	(d) Description of how gift is held
Part I	(,, 3	(-,	3	(4, 2 )
		-	-	
			-	
		(e) Trans	fer of gift	
		1.71D 4	_	
-	Transferee's name, address, ar	10 ZIP + 4		elationship of transferor to transferee
(a) No				
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
Part I				
		-	_	
		(e) Trans	fer of gift	
	Transferee's name, address, ar	nd ZIP ± 4	R	elationship of transferor to transferee
	Transfered o flame, address, ar	14 Zii   1		endionismp of dumoreror to dumoreroe
(a) No			<u> </u>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
Tarti				
-		(a) Trans	for of rift	
		(e) Irans	fer of gift	
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee
				_
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
F		(e) Trans	fer of gift	
		(-,	•	
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NEIGHBORHOOD HOUSE ASSOCIATION

**Employer identification number** 87-0212462

Par	t I Organizations Maintaining Donor Advised	l Funds or Other Similar Fur	nds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor a	dvised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds car	n be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purp	ose conferring
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservatio	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the fo	orm of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic str	ructure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling	g of
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing cons	ervation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expe	ense statement and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial sta	tements that describes the
<b>D</b>	organization's accounting for conservation easements.	A. J. Historia Co. J. T. Co. Co.	Oller O're'ller Assets
Par			Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publ	,	·
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			·
2	If the organization received or held works of art, historical trea	sures, or other similar assets for fina	ncial gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or	Othe	r Sin	nilar As	sets	continu	ed)
3	Using the organization's acquisition, accession									,
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	ım					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	n's exer	npt p	urpose in	Part XII	l.	
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or othe	r similar	asse	ts .			
	to be sold to raise funds rather than to be ma							,	Yes	☐ No
Par	t IV Escrow and Custodial Arrang							t IV, line	9, or	
	reported an amount on Form 990, Part		3				,	,	,	
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	s or other ass	ets not	includ	ded			
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
	g	<del>-</del>				Γ		А	mount	
С	Beginning balance						1c			
	Additions during the year					. –	1d			
	Distributions during the year						1e			
f	Ending balance					"   <del>-</del>	1f			
	Did the organization include an amount on Fo					∟ litv?	••		Yes	No
	If "Yes," explain the arrangement in Part XIII.					ity.		—		
Par						10.				
	Complete	(a) Current year	(b) Prior year	(c) Two year			hree years	hack (	a) Four v	ears back
10	Beginning of year balance	3,190,994.	3,389,106.		,878.	(u) i	2,863,0			84,712.
	Contributions	393,000.	107,000.	-,	,		47,2			87,949.
0	Net investment earnings, gains, and losses	693,568.	-150,626.	485	,612.		131,5			18,500.
٦			200,020.	100	,		101,0	-		
d	Grants or scholarships									
е	Other expenditures for facilities	223,361.	154,486.	133	,384.		5 (	000.	1	91 110
	and programs	223,301.	134,400.	155	, 304.		3,0	,,,,,		91,110.
	Administrative expenses	4,054,201.	3,190,994.	2 200	,106.		3,036,8	70	2 0	63,051.
g	End of year balance				,100.		3,030,0	,,,,	2,0	03,031.
2	Provide the estimated percentage of the curre	•		) neid as:						
а	Board designated or quasi-endowment	83.39	_%							
b	Permanent endowment ► 15.05	%								
С	Term endowment ▶ 1.56 9									
	The percentages on lines 2a, 2b, and 2c should	•								
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administer	ed for th	ne org	anization			
	by:							١		es No
	(i) Unrelated organizations								3a(i)	X
	(ii) Related organizations							}	3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizat	•						L	3b	
4	Describe in Part XIII the intended uses of the		ment funds.							
Par	, , , , , , , , , , , ,									
	Complete if the organization answered							_		
	Description of property	(a) Cost or ot	` '	or other			nulated	(c	l) Book v	/alue
		basis (investm		(other)	de	preci	ation	-	400	4=:
	Land			3,454.						<u>, 454.</u>
b	Buildings		49	3,800.	•	<u>491</u>	<u>,515.</u>		2	,285.
С	Leasehold improvements									
d	Equipment		52	9,791.		234	<u>,726.</u>		295	<u>,065.</u>
	Other									
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990 Part X	( column (B) line 1	0c.)				1	420	,804.

Schedule D (Form 990) 2019 NEIGHBORI	HOOD HOUSE	ASSOCIATION	87-0212462	Page
Part VII Investments - Other Securities	6.			
Complete if the organization answered	'Yes" on Form 990, I	Part IV, line 11b. See For	m 990, Part X, line 12.	
(a) Description of security or category (including name of sec	curity) <b>(b)</b> Book	value (c) Metl	nod of valuation: Cost or end-of-year market v	alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				

### Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investme	nts - Program	Related.
--------------------	---------------	----------

Complete if the organization answered "Yes"	on Form 990, Part IV, line	Trc. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (h) must equal Form 990 Part Y col. (R) line 13.)		

# Part IX Other Assets.

(E) (F) (G) (H)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

# Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTERCOMPANY PAYABLE	112,500.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	112,500.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D	(Form 990) 2019	NEIGHBORHOOD	HOUSE	ASSOCIATION	87-0212462	<u> </u>
Part XI	Reconciliation	of Revenue per Audit	ed Financ	cial Statements With	n Revenue per Return.	

Pai	Reconciliation of Revenue per Audited Financial St	atements with i	Revenue per Rei	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,976,362.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	575,861.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	575,861.
3	Subtract line 2e from line 1			3	4,400,501.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	12.)		5	4,400,501.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	Statements With	Expenses per R	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total expenses and losses per audited financial statements			1	3,567,303.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,567,303.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	: 18.)		5	3,567,303.

# | Part XIII | Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART V, LINE 4:

THE USE OF ALL ENDOWMENT INVESTMENT FUNDS IS SUBJECT TO THE APPROVAL OF THE BOARD OF DIRECTORS. EARNINGS ON THE PERMANENTLY RESTRICTED DONATION ARE RESTRICTED TO PROVIDE SCHOLARSHIPS FOR CHILDREN IN THE ASSOCIATION'S CHILDREN'S DAY CARE PROGRAM.

THE ENDOWMNENT AMOUNTS REPORTED FOR THE PRIOR YEARS HAVE BEEN RESTATED. IN PRIOR YEARS CERTAIN NON-ENDOWMENT INVESTMENT FUNDS WERE INCORRECTLY REPORTED WITH THE ENDOWMENT FUNDS. ALL OF THE AMOUNTS REPORTED IN PART V ARE ONLY THE AMOUNTS THAT ARE CONSIDERED TO BE ENDOWMENT ASSETS.

THE ASSOCIATION IS ORGANIZED AS A UTAH NONPROFIT CORPORATION AND HAS BEEN
RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL
INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN
ORGANIZATION DESCRIBED IN SECTION 501(C)(3), QUALIFIES FOR THE CHARITABLE
CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI), AND HAS BEEN
DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). THE
ASSOCIATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT
FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ENTITY IS
SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS
ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. THE ASSOCIATION
HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS
NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T)
WITH THE IRS.
THE ASSOCIATION BELIEVES THAT EACH ENTITY HAS APPROPRIATE SUPPORT FOR ANY
TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH,
DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE
CONSOLIDATED FINANCIAL STATEMENTS. THE ASSOCIATION WOULD RECOGNIZE FUTURE
ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND
LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE

INCURRED.

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

NEIGHBORHOOD HOUSE ASSOCIATION 87-0212462 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants f X Solicitation of government grants X Internet and email solicitations Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. ŪΤ

87-0212462 Page 2 Schedule G (Form 990 or 990-EZ) 2019 NEIGHBORHOOD HOUSE ASSOCIATION Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through TENT EVENT col. (c)) (event type) (event type) (total number) 261,182. 261,182. Gross receipts 236,862. 236,862. 2 Less: Contributions 24,320. 24,320. 3 Gross income (line 1 minus line 2) ..... 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs \_\_\_\_\_ 4,060. 4,060. 15,824. 15,824. 7 Food and beverages 3,196. 3,196. 8 Entertainment 600. 600. 9 Other direct expenses ..... 23,680. **10** Direct expense summary. Add lines 4 through 9 in column (d) 640. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

**b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2019 NEIGHBORHOOD HOUSE ASSOCIATION 87-0	$Z \perp Z$	402	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	O No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	O No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to			
u	retain the state gaming license?		Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
b	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	+ III lir	0000	0h 10h
. u	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	L III, III	ies 9, :	<b>3</b> D, 10D,

Schedule G	i (Form 990 or 990-EZ)	NEIGHBORHOOD	HOUSE	ASSOCIATION	87-0212462	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)				

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

NEIGHBORHOOD HOUSE ASSOCIATION

Employer identification number 87-0212462

Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	12	748,827.	FMV			
10	Securities - Closely held stock			,				
11	Securities - Partnership, LLC, or							
••								
12								
13	Qualified conservation contribution -							
13								
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16								
	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	77	25	10 200		T D		
25	Other (FOOD)	X	45	18,399.	EST. \$ PER	ГВ		
26	Other ()							
27	Other ()							
28	Other (	<u> </u>	<u> </u>					
29	Number of Forms 8283 received by the organia							
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledo	gement 29			1	
				=			Yes	No
30a	During the year, did the organization receive by	-						
	must hold for at least three years from the date		•	·				37
	exempt purposes for the entire holding period	?				30a		X
	If "Yes," describe the arrangement in Part II.	,					37	
31	Does the organization have a gift acceptance				ions?	31	Х	
32a	Does the organization hire or use third parties contributions?		•	cit, process, or sell noncash		32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	column (c) fo	r a type of property	for which column (a) is chec	ked,			
-	describe in Part II.	(-)	), E E 01-1)	(,	,			
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990	).	Schedule N	/I (Forn	n 990)	2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

Schedule M	(Form 990) 2019	NEIGHBOR	HOOD HOU	SE ASSO	CIATION		87-0212462	Page 2
Part II	Supplemental	I Information. t I, column (b), the	Provide the info	ormation requ	ired by Part I, lir	nes 30b, 32b, and 33 s received, or a com	, and whether the organiza bination of both. Also comp	tion

# **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

NEIGHBORHOOD HOUSE ASSOCIATION

**Employer identification number** 87-0212462

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
QUALITY AFFORDABLE DAY CARE AND SUPPORT SERVICES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
LIFE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND MOVED TO THE BOARD OF
TRUSTEES FOR APPROVAL TO BE FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
MOTIONS TO VOTE BY THE BOARD OF TRUSTEES ARE DISCUSSED, WHEREIN CONFLICTS
OF INTEREST MIGHT BE IDENTIFIED AND ADDRESSED.
FORM 990, PART VI, SECTION B, LINE 15A:
BOARD OF TRUSTEES DETERMINES EXECUTIVE DIRECTOR'S SALARY AND BONUS WITH
CONSULTATION OF COMMITTEES. SIMILAR SALARIES FOR NON PROFIT ORGANIZATIONS
IN UTAH ARE ALSO USED TO DETERMINE COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S MAILING ADDRESS.

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

NEIGHBORHOOD HOUSE ASSOCIATION

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Part I Identification of Disregarded Entities. Com	plete if the organization answered "	Yes" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity			me End-of-yea		(f) Direct controllinentity		g
Dort II Identification of Related Tax-Exempt Organ	nizations. Complete if the organizat	tion answered "Yes" on Form 99	0. Part IV. line 34. l	pecause it had one	or more	related tax-exe	mpt	
organizations during the tax year.				<del>,</del>	1			
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	cont	( <b>g)</b> 512(b)(13) trolled tity?
				501(c)(3))			Yes	No
EMMA MCVICKER FOUNDATION - 82-4162425 1050 WEST 500 SOUTH				LINE 12D,				
SALT LAKE CITY, UT 84104	SUPPORT ORGANIZATION	UTAH	501(C)(3)	III-O	N/A			X

Page 2 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	General of managin partner?	Percentage ownership
		country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Yes No	
											1

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) ction (b)(13) rolled tity?
		Couriery)						Yes	No
								Ь	<u> </u>
								<b>↓</b>	<u> </u>

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
0	Sharing of paid employees with related organization(s)	10		_X_
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) (b) (c) (d)  Name of related organization Transaction Amount involved Method of determining amount invol	olved		

(a) Name of related organization

(b) Transaction type (a-s)

(c) Amount involved Method of determining amount involved

(d) Method of determining amount involved

(1) EMMA MCVICKER FOUNDATION

E 112,500. ENDING PAYABLE BALANCE

(2) EMMA MCVICKER FOUNDATION

D 798,272. ENDING RECEIVABLE BALANCE

(3) EMMA MCVICKER FOUNDATION

K 112,500. RENT EXPENSE PAID

(4)

(5)

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0040