|   |                    |                                 | **:   | *Public D           | isclosure          | e Co      | py***         |                               |  |
|---|--------------------|---------------------------------|---|---------------------|--------------------|-----------|---------------|-------------------------------|--|
|   |                    |                                 |   | TENDED TO           |                    |           |               |                               |  |
|   | -                  | ~~                              | Return of Or  |                     |                    |           |               | ncome Tax                     | OMB No. 1545-0047                        |
| For   | m Y                | 90                              | Under section 501(c), 527, o  |                     |                    |           |               |                               | s) <b>2020</b>                           |
|   | •                  | ••                              | Do not enter so   |                     |                    |           | -             |                               | Open to Public                           |
| Depa<br>Inter   | artment<br>nal Rev | of the Treasury<br>enue Service | ► Go to www.ir  | -                   |                    |           | -             | -                             | Inspection                               |
| Α   | For th             | e 2020 calend                   | ar year, or tax year beginning  | , JUL 1,            | 2020               | and       | ending J      | UN 30, 2021                   |  |
| в   | Check if           | C Name of                       | forganization   |                     |                    |           |               | D Employer identific          | ation number                             |
| i   | applicat           |                                 |   |                     |                    |           |               |                               |  |
| Address NEIGHBORHOOD HOUSE ASSOCIATION  |                    |                                 |   |                     |                    |           |               |                               |  |
| change Doing business as 37-0661  |                    |                                 |   |                     |                    |           | 37-066122     | 29                            |  |
|   | retur              | Number                          | and street (or P.O. box if mail is  | not delivered to st | treet address)     |           | Room/suite    | E Telephone number            |  |
|   | termin_            |                                 |   |                     |                    |           |               | 309-674-1                     |  |
| Amended City or town, state or province, country, and ZIP or foreign postal code <b>G</b> Gross receipts \$ |                    |                                 |   |                     |                    |           | 3,181,634.    |                               |  |
| return PEORIA, IL 01005 H(a) Is this a group ret  |                    |                                 |   |                     |                    |           |               |                               |  |
|   | tion<br>pend       |                                 | nd address of principal officer:<br>AS C ABOVE                            | DOFIE PO            | NAK                |           |               | for subordinates              |  |
|   |                    | empt status:                    |   | ) 🗸 (insert         | (no) 4047          | '(a)(1) ( | or 527        | H(b) Are all subordinates ind | cluded? Yes No<br>list. See instructions |
|   |                    |                                 | NHPEORIA.ORG  |                     | 4947               | (a)(1) (  | 01 527        | H(c) Group exemption          |  |
|   |                    | f organization:                 |   | Association         | Other ►            |           | I Year        |                               | State of legal domicile: IL              |
| P   | art I              | Summary                         |   |                     |                    |           |               |                               | rotato er legar definiente, = =          |
|   | 1                  | Briefly describ                 | e the organization's mission or   | most significan     | t activities: T    | O PI      | ROVIDE        | RESOURCES A                   | ND                                       |
| S   |                    |                                 | ON TO THE COMMUN  |                     |                    |           |               |                               |  |
| 'nar  | 2                  | Check this bo                   | x  if the organization  | discontinued its    | operations or      | dispos    | sed of more   | than 25% of its net ass       | ets.                                     |
| ver   | 3                  | Number of vot                   | ting members of the governing   | body (Part VI, li   | ne 1a)             |           |               | 3                             | 20                                       |
| ğ   | 4                  | Number of ind                   | lependent voting members of t   | he governing bo     | ody (Part VI, line | e 1b)     |               | 4                             | 20                                       |
| Activities & Governance   | 5                  | Total number                    | of individuals employed in cale   | ndar year 2020      | (Part V, line 2a)  |           |               | 5                             | 95                                       |
| vitie   | 6                  | Total number                    | of volunteers (estimate if neces  | ssary)              |                    |           |               | 6                             | 717                                      |
| Acti  | 7 a                |                                 | d business revenue from Part \  |                     |                    |           |               |                               | 0.                                       |
| _   | <u> </u>           | Net unrelated                   | business taxable income from  | Form 990-T, Par     | rt I, line 11      |           | <u></u>       | 7b                            | 0.                                       |
|   |                    |                                 |   |                     |                    |           |               | Prior Year                    | Current Year                             |
| e   | 8                  |                                 |   |                     |                    |           |               | 2,299,855.                    | 3,058,366.                               |
| Revenue   | 9                  | •                               |   |                     |                    |           |               | 45,940.                       | 18,306.                                  |
| Bev   | 10                 |                                 | come (Part VIII, column (A), line   |                     |                    |           |               | 52,987.<br>30,319.            | <u>89,957.</u><br>15,005.                |
|   | 11                 |                                 | e (Part VIII, column (A), lines 5, 0                                      |                     |                    |           |               | 2,429,101.                    | 3,181,634.                               |
|   | 12                 |                                 | <u>- add lines 8 through 11 (must</u><br>nilar amounts paid (Part IX, col |                     |                    | 12)       |               | 0.                            | 0.                                       |
|   | 13                 |                                 | to or for members (Part IX, colu  | ( ),                | ,                  |           |               | 0.                            | 0.                                       |
|   | 40                 |                                 | r compensation, employee ben  |                     | lumn (Δ) lines f   |           |               | 1,300,977.                    | 1,263,894.                               |
| ses   | 16a                |                                 | undraising fees (Part IX, columi  |                     |                    |           |               | 0.                            | 0.                                       |
| Expenses  | . b                |                                 | ing expenses (Part IX, column (   |                     | ▶ 94               | 4,00      | 05.           |                               |  |
| Ĕ   | 17                 |                                 | es (Part IX, column (A), lines 11   |                     |                    |           |               | 1,410,764.                    | 1,285,462.                               |
|   | 18                 |                                 | s. Add lines 13-17 (must equal  |                     |                    |           |               | 2,711,741.                    | 2,549,356.                               |
|   | 19                 |                                 | expenses. Subtract line 18 fror   |                     |                    |           |               | -282,640.                     | 632,278.                                 |
| or  | 9                  |                                 |   |                     |                    |           |               | ginning of Current Year       | End of Year                              |
| Net Assets or   | 20                 | Total assets (F                 | Part X, line 16)  |                     |                    |           |               | 2,731,003.                    | 3,122,062.                               |
| AS  | 21                 | Total liabilities               | (Part X, line 26)   |                     |                    |           |               | 630,632.                      | 211,905.                                 |
|   |                    |                                 | fund balances. Subtract line 2*   | 1 from line 20      |                    |           |               | 2,100,371.                    | 2,910,157.                               |
|   | art II             |                                 |   |                     |                    |           |               |                               |  |
|   |                    |                                 | I declare that I have examined this                                       |                     |                    |           |               |                               | knowledge and belief, it is              |
| true  | , corre            | ct, and complete.               | Declaration of preparer (other tha  | n officer) is based | on all informatio  | n of wh   | nich preparer | has any knowledge.            |  |
| _   |                    | Cianature                       | a of officer  |                     |                    |           |               | Data                          |  |
| Sig   |                    | · ·                             | e of officer  |                     |                    |           |               | Date                          |  |
| He  | e                  | I JOPT                          | E BONAR, CEO  |                     |                    |           |               |                               |  |

|              | Type or print name and title  |                      |          |                         |  |  |  |  |  |  |
|--------------|---|----------------------|----------|-------------------------|--|--|--|--|--|--|
|              | Print/Type preparer's name  | Preparer's signature | Date     | Check PTIN              |  |  |  |  |  |  |
| Paid         | JILL M. BOYLE, CPA  | JILL M. BOYLE, CPA   | 05/12/22 | self-employed P01246734 |  |  |  |  |  |  |
| Preparer     | Preparer Firm's name SIKICH LLP Firm's EIN 56-3168081   |                      |          |                         |  |  |  |  |  |  |
| Use Only     | Firm's address 🖕 3201 W. WHITE OA   | KS DR., STE. 102     |          |                         |  |  |  |  |  |  |
|              | SPRINGFIELD, IL   | 62704                | Phone    | no.217-793-3363         |  |  |  |  |  |  |
| May the IF   | May the IRS discuss this return with the preparer shown above? See instructions X Yes No                                      |                      |          |                         |  |  |  |  |  |  |
| 032001 12-23 | 32001       12-23-20       LHA       For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2020) |                      |          |                         |  |  |  |  |  |  |

|       | NEIGHBORHOOD HOUSE ASSOCIATION         37-0661229         Page           rt III         Statement of Program Service Accomplishments         37-0661229         Page |
|-------|--|
|       | Check if Schedule O contains a response or note to any line in this Part III   |
| 1     | Briefly describe the organization's mission:   |
| •     | THE MISSION OF NEIGHBORHOOD HOUSE ASSOCIATION IS TO PROVIDE A SAFE   |
|       | ENVIRONMENT, RESOURCES, AND EDUCATION TO EMPOWER OUR COMMUNITY TO  |
|       | REACH THEIR FULLEST POTENTIAL THROUGH ALL LIFE STAGES.   |
|       |  |
| 2     | Did the organization undertake any significant program services during the year which were not listed on the   |
|       | prior Form 990 or 990-EZ?  |
|       | 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?   |
| -     | 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.  |
| 4a    | (Code: ) (Expenses \$ 1,498,398. including grants of \$ ) (Revenue \$ 18,306.  |
|       | MEALS ON WHEELS:   |
|       |  |
|       | THERE IS NO FINANCIAL CRITERION FOR THIS PROGRAM. SENIORS QUALIFY FOR  |
|       | MEALS BECAUSE THEY CAN NO LONGER SHOP OR COOK FOR THEMSELVES DUE TO  |
|       | ILLNESS, DISABILITY, OR FRAILTY. THE PROGRAM IS FUNDED BY ILLINOIS   |
|       | DEPARTMENT ON AGING THROUGH CENTRAL ILLINOIS AGENCY ON AGING, HEART OF   |
|       | ILLINOIS UNITED WAY, ILLINOIS DEPARTMENT OF HUMAN SERVICES, AS WELL AS   |
|       | MEDICAID MANAGED CARE PROGRAMS, SUCH AS MOLINA AND MERIDIAN. THE   |
|       | PROGRAM ALSO DEPENDS ON DONATIONS AND COMMUNITY FUNDING. MEALS ARE   |
|       | PREPARED, PACKAGED, AND DELIVERED FROM NEIGHBORHOOD HOUSE MONDAY   |
|       | THROUGH FRIDAY BETWEEN THE HOURS OF 10:30 A.M. AND 1:30 P.M. FROZEN  |
|       | MEALS FOR DINNER AND OR WEEKENDS ARE PROVIDED TO SENIORS WITH THE  |
| 4b    | (Code:) (Expenses \$220,018. including grants of \$) (Revenue \$)  |
|       | COMMUNITY OUTREACH:  |
|       |  |
|       | NEIGHBORHOOD HOUSE ASSOCIATION PROVIDED A VARIETY OF PROGRAMS FROM JULY  |
|       | 2020-JUNE 2021. WITH THE HELP OF MULTIPLE CHURCHES AND SERVICE GROUPS,   |
|       | WE CONTINUED TO BE THE ONLY ORGANIZATION IN PEORIA SERVING A HOT MEAL  |
|       | ON SUNDAYS. VOLUNTEERS SERVED 2,419 MEALS TO CHILDREN, ADULT, SENIORS  |
|       | AND SOME OF WHOM ARE HOMELESS. WE ALSO EXPANDED OUR BI-MONTHLY FOOD  |
|       | PANTRY TO CARRY MORE ITEMS AND INCORPORATED MORE FRESH FOODS AND MEATS.  |
|       | VOLUNTEERS HANDED OUT 1,757 FOOD BOXES. DURING THE HOLIDAYS, WE  |
|       | PROVIDED TOYS TO 300 CHILDREN THROUGH ANGEL TREE. WE DELIVERED 1,400   |
|       | BAGS OF WRAPPED GIFTS TO SENIORS, AND GAVE AWAY 746 WINTER COATS AT OUR  |
|       | ANNUAL COAT GIVEAWAY. NEIGHBORHOOD HOUSE ASSOCIATION SERVED 199  |
| 4c    | (Code:) (Expenses \$236,758. including grants of \$) (Revenue \$)  |
|       | EDUCATION:   |
|       |  |
|       | OUR ADULT LITERACY PROGRAM ASSISTS ADULT LEARNERS WITH ADULT BASIC   |
|       | EDUCATION TO IMPROVE THEIR LITERACY SKILLS AND ALSO GED SERVICES.  |
|       | INSTRUCTION IS PROVIDED BY TRAINED VOLUNTEER TUTORS IN ONE-ON-ONE  |
|       | SETTINGS OR SMALL GROUP CLASSES AT NEIGHBORHOOD HOUSE OR IN COMMUNITY  |
|       | SPACES. ADULT LEARNERS RECEIVE 1-10 HOURS OF INSTRUCTION PER WEEK  |
|       | DEPENDING ON AVAILABILITY AND SKILL LEVEL.   |
|       | THE YOUTH EDUCATION PROGRAM PROVIDES AFTER SCHOOL PROGRAMMING TO   |
|       | CHILDREN IN KINDERGARTEN THROUGH 12TH GRADE. THIS PROGRAM FOCUSES ON   |
|       | EDUCATION BY PROVIDING HOMEWORK SUPPORT AND INDIVIDUALIZED TUTORING AND  |
|       | ALSO INCLUDES ENRICHMENT AND PHYSICAL ACTIVITIES. IN ADDITION TO OUR   |
| 4d    | Other program services (Describe on Schedule O.)   |
|       | (Expenses \$ 40,002. including grants of \$ ) (Revenue \$ )  |
| 4e    | Total program service expenses ► 1,995,176.  |
|       | Form <b>990</b> (202   |
| 32002 | SEE SCHEDULE O FOR CONTINUATION(S)   |
|       | 3  |
| 05    | 512 765826 2760033.0 2020.05094 NEIGHBORHOOD HOUSE ASSOCI 2760   |

| Form 990 ( |              | 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        | Х     |          |
| 3     | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |          |       | 37       |
|       | public office? If "Yes," complete Schedule C, Part I   | 3        |       | _X       |
| 4     | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |          |       | 37       |
| _     | 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   | _        |       | v        |
| ~     | 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  |          |       | х        |
| 7     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6        |       |          |
| 7     | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | 7        |       | х        |
| 0     | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i><br>Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> |          |       |          |
| 8     |  | 8        |       | х        |
| 9     | Schedule D, Part III<br>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  | <b>o</b> |       | - 21     |
| 9     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |          |       |          |
|       |  | 9        |       | х        |
| 10    | If "Yes, " complete Schedule D, Part IV<br>Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  |          |       |          |
| 10    | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10       |       | х        |
| 11    | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,  |          |       |          |
| u     | Part VI  | 11a      | x     |          |
| b     | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   |          |       |          |
|       | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b      |       | х        |
| 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      |       | х        |
| 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  |          |       |          |
|       | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d      |       | Х        |
| е     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e      |       | Х        |
| f     | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |          |       |          |
|       | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f      |       | Х        |
| 12a   | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |          |       |          |
|       | Schedule D, Parts XI and XII   | 12a      |       | Х        |
| b     | Was the organization included in consolidated, independent audited financial statements for the tax year?  |          |       |          |
|       | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b      |       | Х        |
| 13    | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13       |       | Х        |
| 14a   | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a      |       | Х        |
| 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   |          |       |          |
|       | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b      |       | X        |
| 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  |          |       |          |
|       | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15       |       | X        |
| 16    | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   |          |       |          |
|       | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16       |       | <u>X</u> |
| 17    | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |          |       |          |
|       | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17       |       | <u>X</u> |
| 18    | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |          |       |          |
|       | 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,"   |          |       |          |
|       | complete Schedule G, Part III  | 19       |       | <u>X</u> |
| 20a   |  | 20a      |       | X        |
| b     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b      |       |          |
| 21    | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |          |       | 77       |
|       | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II  | 21       | 000   | X        |
| 32003 | 12-23-20   | Form     | 330 ( | (2020)   |

032003 12-23-20

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| Form  | 990 | (2020) |
|-------|-----|--------|
| FUIII | 330 | (2020) |

 Form 990 (2020)
 NEIGHBORHOOD HOUSE ASSOCIATION

 Part IV
 Checklist of Required Schedules (continued)

|          |   |     | Yes | No     |
|----------|---|-----|-----|--------|
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |     | 100 |        |
|          | 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 |     | X      |
|          | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     |        |
| с        | 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 |     |        |
|          | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     |        |
| 25a      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  | 05- |     | x      |
|          | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |     |        |
| D        | 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   | 054 |     | x      |
| 26       | Schedule L, Part I  | 25b |     |        |
| 26       | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% |     |     |        |
|          | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26  |     | x      |
| 27       | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,   | 20  |     |        |
|          | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled   |     |     |        |
|          | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  | 27  |     | x      |
| 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      |
| b        | 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   |     |     |        |
|          | "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   |     |     | 37     |
| <b>.</b> | contributions? If "Yes," complete Schedule M  | 30  |     | X<br>X |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>   | 31  |     |        |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  | 20  |     | x      |
| 22       | Schedule N, Part II   | 32  |     |        |
| 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? <i>If</i> "Yes," <i>complete Schedule R, Part I</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   | 55  |     |        |
| 04       | Part V, line 1  | 34  | х   |        |
| 35a      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |     | x      |
|          | 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 |     |        |
| 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  |     | X      |
| 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  |     | X      |
| 38       | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  |     |     |        |
| De       | Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance   | 38  | Х   |        |
| Par      |   |     |     |        |
|          | Check if Schedule O contains a response or note to any line in this Part V  |     |     |        |
|          |   |     | Yes | No     |
|          | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <b>1a 1a 0</b>   |     |     |        |
|          | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0<br>Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming              |     |     |        |
| С        | (gambling) winnings to prize winners?   | 1c  |     |        |
| 032004   | 4 12-23-20  |     | 990 | (2020) |
|          |   |     |     | · · /  |

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| Form 990 |    |   |             |
|----------|----|---|-------------|
| Part V   | St | atements 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       | 95                     |            |     |          |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax return   | ns?      |                        | 2b         | Х   |          |
|         | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions   | s)       |                        |            |     |          |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |          |                        | 3a         |     | X        |
|         | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule  |          |                        | 3b         |     |          |
| 4a      | At any time during the calendar year, did the organization have an interest in, or a signature or other a  |          | •                      |            |     |          |
| _       | financial account in a foreign country (such as a bank account, securities account, or other financial a   | accour   | nt)?                   | 4a         |     | X        |
| b       | If "Yes," enter the name of the foreign country  |          | . (55.4.5)             |            |     |          |
| -       | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A   |          | . ,                    | <b>F</b> - |     | v        |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |          |                        | 5a         |     | X<br>X   |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction file Form 8996 T2  |          |                        | 5b<br>5c   |     | <u>л</u> |
|         | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?<br>Does the organization have annual gross receipts that are normally greater than \$100,000, and did th |          |                        | 90         |     |          |
| ua      |  |          |                        | 6a         |     | x        |
| h       | any contributions that were not tax deductible as charitable contributions?  |          |                        | Ua         |     |          |
| 5       | were not tax deductible?   |          | -                      | 6b         |     |          |
| 7       | Organizations that may receive deductible contributions under section 170(c).  |          |                        |            |     |          |
| a       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set  | rvices r | provided to the pavor? | 7a         |     | х        |
| b       |  |          |                        | 7b         |     |          |
| с       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |          |                        |            |     |          |
|         | to file Form 8282?   |          |                        | 7c         |     | Х        |
| 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   | ontrac   | t?                     | 7e         |     | X        |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra  | act?     |                        | 7f         |     | X        |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Fo   | orm 88   | 99 as required?        | 7g         |     |          |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization   | ation fi | le a Form 1098-C?      | 7h         |     |          |
| 8       | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained  | d by th  | e                      |            |     |          |
|         | sponsoring organization have excess business holdings at any time during the year?   |          |                        | 8          |     |          |
| 9       | Sponsoring organizations maintaining donor advised funds.  |          |                        |            |     |          |
| а       |  |          |                        | 9a         |     |          |
|         |  |          |                        | 9b         |     |          |
| 10      | Section 501(c)(7) organizations. Enter:  | 40-      | 1                      |            |     |          |
| a       | Initiation fees and capital contributions included on Part VIII, line 12   | 10a      |                        |            |     |          |
|         | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b      |                        |            |     |          |
| 11<br>a | Section 501(c)(12) organizations. Enter:<br>Gross income from members or shareholders  | 11a      |                        |            |     |          |
| a<br>h  | Gross income from other sources (Do not net amounts due or paid to other sources against   |          |                        |            |     |          |
|         | amounts due or received from them.)  | 11b      |                        |            |     |          |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   |          | ?                      | 12a        |     |          |
|         | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b      |                        |            |     |          |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.   |          | •                      |            |     |          |
| а       |  |          |                        | 13a        |     |          |
|         | Note: See the instructions for additional information the organization must report on Schedule O.  |          |                        |            |     |          |
| b       | 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      |                        |            |     |          |
|         | Enter the amount of reserves on hand   | 13c      |                        |            |     |          |
|         |  |          |                        | 14a        |     | X        |
| b       | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu  |          |                        | 14b        |     |          |
| 15      | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune   |          |                        |            |     |          |
|         | excess parachute payment(s) during the year?   |          |                        | 15         |     | X        |
|         | If "Yes," see instructions and file Form 4720, Schedule N.   |          |                        |            |     | v        |
| 16      | Is the organization an educational institution subject to the section 4968 excise tax on net investment  | t incoi  | ne?                    | 16         |     | X        |
|         | If "Yes," complete Form 4720, Schedule O.  |          |                        |            |     |          |

Form **990** (2020)

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# NEIGHBORHOOD HOUSE ASSOCIATION

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

|        |   |          |                |            |          | Yes    | N    |
|--------|---|----------|----------------|------------|----------|--------|------|
| 1a     | Enter the number of voting members of the governing body at the end of the tax year                                   | 1a       |                | 20         |          |        |      |
|        | 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      | Enter the number of voting members included on line 1a, above, who are independent                                    | 1b       |                | 20         |          |        |      |
| 2      | Did any officer, director, trustee, or key employee have a family relationship or a business relationship             | with a   | 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                    |          |                |            |          |        |      |
|        | of officers, directors, trustees, or key employees to a management company or other person?                           |          |                |            | 3        |        | X    |
| 4      | Did the organization make any significant changes to its governing documents since the prior Form 9                   |          |                |            | 4        |        | Х    |
| 5      | Did the organization become aware during the year of a significant diversion of the organization's ass                | ets?     |                |            | 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 ap                    |          |                |            |          |        |      |
|        | more members of the governing body?   |          |                |            | 7a       |        | Х    |
| b      | Are any governance decisions of the organization reserved to (or subject to approval by) members, st                  |          |                |            |          |        |      |
| ~      | persons other than the governing body?  |          | ,              |            | 7b       |        | Х    |
| 8      | Did the organization contemporaneously document the meetings held or written actions undertaken during the yea        |          |                |            | 10       |        |      |
| o<br>a | The governing body?   |          | •              |            | 8a       | х      |      |
| a<br>h | Each committee with authority to act on behalf of the governing body?   |          |                |            | oa<br>8b | X      |      |
| 9      | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read            |          |                |            | 00       |        |      |
| 3      | 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 Re                  |          |                |            | 3        |        |      |
|        | the section B requests information about policies not required by the internal Re                                     | venue    | Code.)         |            |          | Yes    | N    |
| 10-2   | Did the organization have local chapters, branches, or affiliates?  |          |                | 1          | 10a      | 162    | X    |
|        | Did the organization have local chapters, branches, or affiliates?  |          |                |            | 10a      |        | - 23 |
| b      | If "Yes," did the organization have written policies and procedures governing the activities of such ch               | •        |                |            | 104      |        |      |
|        | and branches to ensure their operations are consistent with the organization's exempt purposes?                       |          |                |            | 10b      | Х      |      |
|        | Has the organization provided a complete copy of this Form 990 to all members of its governing body                   | befor    | e filing the i | orm?       | 11a      | ~      |      |
|        | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                         |          |                |            | 40       | v      |      |
|        | Did the organization have a written conflict of interest policy? If "No," go to line 13                               |          |                |            | 12a      | X<br>X |      |
| b      | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise |          |                |            | 12b      | Δ      |      |
| С      | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y                 | ,        |                |            |          | 37     |      |
|        | in Schedule O how this was done   |          |                |            | 12c      | X<br>X |      |
| 13     | Did the organization have a written whistleblower policy?   |          |                |            | 13       |        |      |
| 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 approva                    |          | dependent      |            |          |        |      |
|        | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                     |          |                |            |          |        |      |
|        | The organization's CEO, Executive Director, or top management official  |          |                |            | 15a      | X      |      |
| b      | ,   |          |                |            | 15b      | Х      |      |
|        | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                   |          |                |            |          |        |      |
| 16a    | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen           | nent wi  | th a           |            |          |        |      |
|        | taxable entity during the year?   |          |                |            | 16a      |        | Х    |
| b      | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat             |          |                |            |          |        |      |
|        | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ                 | ization  | 's             |            |          |        |      |
|        | exempt status with respect to such arrangements?  |          |                |            | 16b      |        |      |
| Sec    | tion C. Disclosure  |          |                |            |          |        |      |
| 17     | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright 	ext{IL}$             |          |                |            |          |        |      |
| 18     | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and                | nd 990   | T (Section     | 501(c)(3)s | only)    | availa | ble  |
|        | for public inspection. Indicate how you made these available. Check all that apply.                                   |          |                |            |          |        |      |
|        | Own website Another's website X Upon request Other (explain   |          |                |            |          |        |      |
| 19     | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co                     | nflict o | f interest p   | olicy, and | financ   | cial   |      |
|        | statements available to the public during the tax year.   |          |                |            |          |        |      |
| 20     | State the name, address, and telephone number of the person who possesses the organization's boo                      | ks and   | l records      | ▶          |          |        |      |
|        | THE ORGANIZATION - 309-674-1131   |          |                |            |          |        |      |
|        | 1020 S MATTHEW ST, PEORIA, IL 61605   |          |                |            |          | _      |      |
| 00000  | 5 12-23-20  |          |                |            | Form     | 990    | (20) |

| Form 990 (2020)                       | NEIGHBORHOOD HOUSE ASSOCIATION  | 37-0661229                         | Page 7      |
|---------------------------------------|---|------------------------------------|-------------|
| Part VII Comp                         | ensation of Officers, Directors, Trustees, Key Employees, Highest C                             | ompensated                         |             |
| Emplo                                 | yees, and Independent Contractors   |                                    |             |
| Check if                              | Schedule O contains a response or note to any line in this Part VII                             |                                    |             |
| Section A. Officer                    | s, Directors, Trustees, Key Employees, and Highest Compensated Employees                        |                                    |             |
| 1a Complete this ta                   | ble for all persons required to be listed. Report compensation for the calendar year ending     | g with or within the organization' | s tax year. |
| <ul> <li>List all of the c</li> </ul> | organization's current officers, directors, trustees (whether individuals or organizations), re | egardless of amount of compens     | sation.     |

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 nor any related organization compensated any current officer, director, or trustee.

| (A)                                | (B)                  |                                |   |         | C)           |                                 |        | (D)                             | (E)             | (F)                      |
|------------------------------------|----------------------|--------------------------------|---|---------|--------------|---------------------------------|--------|---------------------------------|-----------------|--------------------------|
| Name and title                     | Average              | (do                            | Position<br>(do not check more than one |         |              |                                 | ne     | Reportable                      | Reportable      | Estimated                |
|                                    | hours per            | box                            | , unles                                 | ss per  | son i        | s both                          | an     | compensation                    | compensation    | amount of                |
|                                    | week                 |                                | cer an                                  | uau     | recio        | r/trus                          | lee)   | from                            | from related    | other                    |
|                                    | (list any            | n dividual trustee or director |   |         |              |                                 |        | the                             | organizations   | compensation             |
|                                    | hours for<br>related | e or d                         | tee                                     |         |              | sated                           |        | organization<br>(W-2/1099-MISC) | (W-2/1099-MISC) | from the<br>organization |
|                                    | organizations        | rustee                         | l trus                                  |         | ee           | npen                            |        | (00-2/1099-00130)               |                 | and related              |
|                                    | below                | dual t                         | utiona                                  | _       | nploy        | st cor                          | L.     |                                 |                 | organizations            |
|                                    | line)                | Individ                        | Institutional trustee                   | Officer | Key employee | Highest compensated<br>employee | Former |                                 |                 | o gamzanono              |
| (1) BECKY ROSSMAN (THRU 4/1/21)    | 40.00                |                                |   |         |              |                                 |        |                                 |                 |                          |
| CEO                                | 1.00                 |                                |   | х       |              |                                 |        | 89,096.                         | 0.              | 11,123.                  |
| (2) GENE HUBER (THRU 2/1/21)       | 40.00                |                                |   |         |              |                                 |        |                                 |                 |                          |
| CFO                                | 1.00                 |                                |   | Х       |              |                                 |        | 56,828.                         | 0.              | 4,085.                   |
| (3) BRYNA RYAN (BEGIN 4/1/21)      | 40.00                |                                |   |         |              |                                 |        |                                 |                 |                          |
| INTERIM CEO                        | 1.00                 |                                |   | Х       |              |                                 |        | 0.                              | 0.              | 0.                       |
| (4) TODD HALLER (THRU 5/21/21)     | 2.00                 |                                |   |         |              |                                 |        |                                 |                 |                          |
| CHAIR                              | 1.00                 | Х                              |   | Х       |              |                                 |        | 0.                              | 0.              | 0.                       |
| (5) DAVE SCHAAB                    | 2.00                 |                                |   |         |              |                                 |        |                                 |                 |                          |
| CHAIR                              | 1.00                 | Х                              |   | Х       |              |                                 |        | 0.                              | 0.              | 0.                       |
| (6) KEVIN DAY                      | 2.00                 |                                |   |         |              |                                 |        |                                 |                 |                          |
| VICE CHAIR                         | 1.00                 | Х                              |   | Х       |              |                                 |        | 0.                              | 0.              | 0.                       |
| (7) SHERNEKA CAGLE (THRU 11/20/20) | 2.00                 |                                |   |         |              |                                 |        |                                 |                 | -                        |
| SECOND VICE CHAIR                  | 1.00                 | Х                              |   | Х       |              |                                 |        | 0.                              | 0.              | 0.                       |
| (8) JEFF MADDEN                    | 2.00                 |                                |   |         |              |                                 |        |                                 |                 | •                        |
| TREASURER                          | 1.00                 | Х                              |   | Х       |              |                                 |        | 0.                              | 0.              | 0.                       |
| (9) SCOTT STRUBHAR                 | 2.00                 |                                |   |         |              |                                 |        |                                 |                 | •                        |
| SECRETARY                          | 1.00                 | Х                              |   | Х       |              |                                 |        | 0.                              | 0.              | 0.                       |
| (10) EMILY WILBURN                 | 2.00                 |                                |   |         |              |                                 |        |                                 |                 | •                        |
| DIRECTOR                           | 1.00                 | Х                              |   |         |              |                                 |        | 0.                              | 0.              | 0.                       |
| (11) TONY DODARO                   | 2.00                 |                                |   |         |              |                                 |        | •                               | 0               | 0                        |
| DIRECTOR                           | 1.00                 | Х                              |   |         |              |                                 |        | 0.                              | 0.              | 0.                       |
| (12) MARK JOSEPH                   | 2.00                 | 77                             |   |         |              |                                 |        | 0.                              | 0.              | 0                        |
| DIRECTOR (13) ROBERT KALBFUS       | 1.00 2.00            | Х                              |   |         |              |                                 |        | 0.                              | 0.              | 0.                       |
| DIRECTOR                           | 1.00                 | х                              |   |         |              |                                 |        | 0.                              | 0.              | 0.                       |
| (14) ROBERTA KOSCIELSKI            | 2.00                 | ~                              |   |         |              |                                 |        | 0.                              | 0.              | 0.                       |
| DIRECTOR                           | 1.00                 | х                              |   |         |              |                                 |        | 0.                              | 0.              | 0.                       |
| (15) LILIE LANDON                  | 2.00                 | Λ                              |   |         |              |                                 |        | 0.                              | 0.              | 0.                       |
| DIRECTOR                           | 1.00                 | x                              |   |         |              |                                 |        | 0.                              | 0.              | 0.                       |
| (16) CARRIE MCCARTY                | 2.00                 |                                |   |         |              |                                 |        |                                 |                 | <b>U</b>                 |
| DIRECTOR                           | 1.00                 | х                              |   |         |              |                                 |        | 0.                              | 0.              | 0.                       |
| (17) JUDY OAKFORD                  | 2.00                 |                                |   |         |              |                                 |        |                                 | <b></b>         | <b>.</b>                 |
| DIRECTOR                           | 1.00                 | х                              |   |         |              |                                 |        | 0.                              | 0.              | 0.                       |
| 020007 10 00 00                    |                      |                                |   |         |              | 1                               |        |                                 |                 | Eorm <b>990</b> (2020)   |

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Form **990** (2020)

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| Form 990 (2020) NEIGHBORI   | HOOD HOU          | SE                             | A                     | SS                 | OC           | IA                              | ΤI     | ON                        | 37-0663                          | L229  | Page <b>8</b>         |
|---|-------------------|--------------------------------|-----------------------|--------------------|--------------|---------------------------------|--------|---------------------------|----------------------------------|---|-----------------------|
| Part VII Section A. Officers, Directors, Trus   | tees, Key Emp     | ploy                           | ees,                  | and                | Hig          | ghes                            | t C    | ompensated Employee       | s (continued)                    |   |                       |
| (A)   | (B)               |                                |                       | (C                 |              |                                 |        | (D)                       | (E)                              |   | (F)                   |
| Name and title  | Average           | (do                            |                       | Posi<br>heck n     |              |                                 | one    | Reportable                | Reportable                       | E   | stimated              |
|   | hours per         | box                            | , unles               | ss pers<br>d a dir | son is       | s both                          | an     | compensation              | compensation                     | ar  | mount of              |
|   | week<br>(list any |                                |                       |                    |              | 7 1 43                          | .00)   | - from                    | from related                     |   | other                 |
|   | hours for         | Individual trustee or director |                       |                    |              | -                               |        | the<br>organization       | organizations<br>(W-2/1099-MISC) |   | npensation<br>rom the |
|   | related           | e or (                         | stee                  |                    |              | nsated                          |        | (W-2/1099-MISC)           | (W 2/1000 1000)                  |   | ganization            |
|   | organizations     | truste                         | al tru:               |                    | yee          | im per                          |        | ()                        |                                  |   | d related             |
|   | below             | idual                          | Institutional trustee | er                 | Key employee | Highest compensated<br>employee | ıer    |                           |                                  | org   | anizations            |
|   | line)             | Indiv                          | Insti                 | Officer            | Key e        | High<br>emp                     | Former |                           |                                  |   |                       |
| (18) MUGDHA PATTEKAR  | 2.00              |                                |                       |                    |              |                                 |        |                           |                                  |   |                       |
| DIRECTOR  | 1.00              | Х                              |                       |                    |              |                                 |        | 0.                        | 0                                | ,   | 0.                    |
| (19) DONALD SHAFER (THRU 8/11/21)   | 2.00              |                                |                       |                    |              |                                 |        |                           | _                                |   |                       |
| DIRECTOR  | 1.00              | Х                              |                       |                    |              |                                 |        | 0.                        | 0                                | ·   | 0.                    |
| (20) TOM SIMPSON (THRU 6/30/21)   | 2.00              |                                |                       |                    |              |                                 |        |                           |                                  |   |                       |
| DIRECTOR  | 1.00              | Х                              |                       |                    |              |                                 |        | 0.                        | 0                                | ·   | 0.                    |
| (21) JOHN SUTHERLAND  | 2.00              |                                |                       |                    |              |                                 |        |                           |                                  |   |                       |
| DIRECTOR  | 1.00              | Х                              |                       |                    |              |                                 |        | 0.                        | 0                                | ·   | 0.                    |
| (22) STEVE GATTON   | 2.00              |                                |                       |                    |              |                                 |        |                           | •                                |   | •                     |
| DIRECTOR  | 1.00              | Х                              |                       |                    |              |                                 |        | 0.                        | 0                                | ·   | 0.                    |
| (23) JOHN KAISER  | 2.00              |                                |                       |                    |              |                                 |        |                           | 0                                |   | 0                     |
| DIRECTOR  | 1.00              | Х                              |                       |                    |              |                                 |        | 0.                        | 0                                | ·   | 0.                    |
| (24) BROOKE MILLER  | 2.00              | 37                             |                       |                    |              |                                 |        | •                         | 0                                |   | 0                     |
| DIRECTOR  | 1.00              | Х                              |                       |                    |              |                                 |        | 0.                        | 0                                | <u>,                                     </u> | 0.                    |
| (25) KIRAN VELPULA  | 2.00              | v                              |                       |                    |              |                                 |        | 0.                        | 0                                |   | 0                     |
| DIRECTOR (26) DIANE ROE   | 1.00              | Х                              |                       |                    |              |                                 |        | 0.                        | 0                                | <u> </u>                                      | 0.                    |
| DIRECTOR  | 2.00              | х                              |                       |                    |              |                                 |        | 0.                        | 0                                |   | 0.                    |
|   | 1.00              | Λ                              |                       |                    |              |                                 |        | 145,924.                  | 0                                |   | 5,208.                |
| 1b Subtotal   | L Section A       |                                |                       |                    |              |                                 |        | 0.                        | 0                                |   | <u>,200.</u><br>0.    |
| c Total from continuation sheets to Part VI   |                   |                                |                       |                    |              |                                 |        | 145,924.                  | 0                                |   | 5,208.                |
| <ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n</li> </ul> | ot limitod to th  |                                | licto                 |                    | <u></u>      |                                 |        |                           |                                  | ·   -   | 5,200.                |
| compensation from the organization  |                   | 056                            | 11510                 | u au               | ove,         | , ,                             | 016    | ceived more than \$100,   |                                  |   | 0                     |
|   |                   |                                |                       |                    |              |                                 |        |                           |                                  |   | Yes No                |
| <b>3</b> Did the organization list any <b>former</b> officer,   | director trust    | ⊳ k                            | ev e                  | mnla               | over         | or                              | hia    | hest compensated emp      | ovee on                          |   |                       |
| line 1a? If "Yes," complete Schedule J for s  |                   |                                |                       |                    |              |                                 |        |                           |                                  | 3   | X                     |
| <ul><li>4 For any individual listed on line 1a, is the su</li></ul>                                       |                   |                                |                       |                    |              |                                 |        |                           |                                  |   |                       |
| and related organizations greater than \$150  |                   |                                |                       |                    |              |                                 |        |                           |                                  | 4   | X                     |
| 5 Did any person listed on line 1a receive or a   |                   |                                |                       |                    |              |                                 |        |                           |                                  |   |                       |
| rendered to the organization? If "Yes," com   |                   |                                |                       |                    |              |                                 |        |                           |                                  | 5   | X                     |
| Section B. Independent Contractors  |                   |                                |                       |                    | 0.01         | 211                             |        |                           |                                  |   |                       |
| 1 Complete this table for your five highest co  | mpensated ind     | ере                            | nder                  | nt co              | ntra         | actor                           | 's th  | nat received more than \$ | 100,000 of compens               | ation fr                                      | om                    |
| the organization. Report compensation for   | the calendar ye   | ear e                          | ndin                  | ıg wi              | th o         | or wit                          | thin   | the organization's tax y  | ear.                             |   |                       |
| (A)   |                   |                                |                       |                    |              |                                 |        | (B)                       |                                  | (   | C)                    |
| Name and business   | address           | NC                             | ONE                   | 2                  |              |                                 |        | Description of s          | ervices                          | Compe   | ensation              |
|   |                   |                                |                       |                    |              |                                 |        |                           |                                  |   |                       |
|   |                   |                                |                       |                    |              |                                 |        |                           |                                  |   |                       |
|   |                   |                                |                       |                    |              |                                 |        |                           |                                  |   |                       |
|   |                   |                                |                       |                    |              |                                 |        |                           |                                  |   |                       |
|   |                   |                                |                       |                    |              |                                 |        |                           |                                  |   |                       |
|   |                   |                                |                       |                    |              |                                 | -      |                           |                                  |   |                       |
|   |                   |                                |                       |                    |              |                                 |        |                           |                                  |   |                       |
|   |                   |                                |                       |                    |              |                                 | -      |                           |                                  |   |                       |
|   |                   |                                |                       |                    |              |                                 |        |                           |                                  |   |                       |
| 9 Total number of independent contractors "   |                   | <b>+</b> 15-                   | oiter                 | 1+0.4              | be-          | 0 11-1                          | tod    |                           | are then                         |   |                       |
| 2 Total number of independent contractors (in   | nciuaing but ha   | πun                            | nteo                  | ιot                | .rios        | e IIS                           | ιeα    | above) who received mo    | ภะ แหล่า                         |   |                       |

i otal number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form **990** (2020)

032008 12-23-20

| Total revenue         Related of example<br>function revenue         Prevente<br>business revenue         Prevente<br>function revenue         Prev   | Pa          | rt V | /111 | Statement of Rev                    | venue       |          |                     |            |                   |           |  |
|--|-------------|------|------|-------------------------------------|-------------|----------|---------------------|------------|-------------------|-----------|--|
| Total revenue         Related or xxompl<br>function revenue         Protein<br>business revenue<br>function revenue         Related or<br>business revenue<br>business revenue<br>business revenue<br>business revenue<br>total revenue<br>business revenue<br>control         Image: Control<br>business revenue<br>business revenue<br>total revenue<br>business revenue<br>control         Related or<br>business revenue<br>business revenue<br>total revenue<br>control         Related or<br>business revenue<br>total revenue<br>control         Related or<br>business revenue<br>contro         Relate  |             |      |      | Check if Schedule O c               | contains a  | response | or note to any line |            | (=)               | (2)       |  |
| Butterbarship clust       10         Comparing the plant of the start       10         Comparing the plant of the start       10         Find the contributions is plants, and similar anounts on included above.       10         Provide the contributions is plants.       10         Contributions is plants.       10         Provide the contributions is plants.       10         Provide the contributions.       10         Provide the contributions.       13         Provide the contributions.       10         Provide the contributions.       11   |             |      |      |                                     |             |          |                     | • •        | Related or exempt | Unrelated | <b>(D)</b><br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
| Bot Membership dues         Ib           c         Anothership dues         Ib           d         Asster contributions         Ib           d         Ib         Ib<  | s s         | 1    | а    | Federated campaigns                 |             | 1a       | 197,591.            |            |                   |           |  |
| Business Code         Image: Code of the state of | ran.        |      |      |                                     |             | 1b       |                     |            |                   |           |  |
| Business Code         Image: Code of the state of | ¶<br>₩<br>Ŭ |      | с    |                                     |             | 1c       |                     |            |                   |           |  |
| Business Code         Image: Code of the state of | ar A        |      |      |                                     |             | 1d       | 326,375.            |            |                   |           |  |
| Business Code         Image: Code of the state of | s, S        |      | е    | Government grants (contri           | ibutions)   | 1e       | 1,671,521.          |            |                   |           |  |
| Business Code         Image: Code of the state of | tion<br>S   |      | f    | All other contributions, gifts,     | grants, and |          |                     |            |                   |           |  |
| Business Code         Image: Code of the state of | ibu         |      |      | similar amounts not included        | above       |          |                     |            |                   |           |  |
| Business Code         Image: Code of the state of | ndr<br>D    |      | g    | Noncash contributions included in I | lines 1a-1f | 1g  \$   | 29,611.             |            |                   |           |  |
| group       2 a       MEALS ON WHEELS       624100       18,306.       18,306.         b   | <u> </u>    |      | h    | Total. Add lines 1a-1f              |             | <u></u>  |                     | 3,058,366. |                   |           |  |
| 90       00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>10.000</td><td>10.000</td><td></td><td></td></t<>   |             |      |      |                                     |             |          |                     | 10.000     | 10.000            |           |  |
| a       Total. Add lines 2a-21       ▶       18,306         3       Investment income (including dividends, interest, and other similar amounts)       18,692         4       Income from investment of tax-exempt bond proceeds       ▶         5       Royaties       ▶         6       a       Gross rents       6a         6       a       (i) Real       (ii) Personal         6       a       Gross rents       6a         b       Less: rental expenses       b       b         6       a       Gross amount from sales of assets other than inventory       ▶         7       a       Gross amount from sales of assets other than inventory       ▶         7       a       Gross income from fundralsing events       ▶         0       Net gain or (loss)       >       71, 265.       >         8       a Gross income from fundralsing events       ▶       71, 265.       >         9       Gross income from gaming activities. See Part IV, line 18       ▶       >       >         9       Gross income from gaming activities. See Part IV, line 19       >       >       >       >         9       Gross sales of inventory, less returns and allowances       >       >       >  | ice         | 2    |      | MEALS ON WHEELS                     |             |          | 624100              | 18,306.    | 18,306.           |           |  |
| a       Total. Add lines 2a-21       ▶       18,306         3       Investment income (including dividends, interest, and other similar amounts)       18,692         4       Income from investment of tax-exempt bond proceeds       ▶         5       Royaties       ▶         6       a       Gross rents       6a         6       a       (i) Real       (ii) Personal         6       a       Gross rents       6a         b       Less: rental expenses       b       b         6       a       Gross amount from sales of assets other than inventory       ▶         7       a       Gross amount from sales of assets other than inventory       ▶         7       a       Gross income from fundralsing events       ▶         0       Net gain or (loss)       >       71, 265.       >         8       a Gross income from fundralsing events       ▶       71, 265.       >         9       Gross income from gaming activities. See Part IV, line 18       ▶       >       >         9       Gross income from gaming activities. See Part IV, line 19       >       >       >       >         9       Gross sales of inventory, less returns and allowances       >       >       >  | er v        |      |      |                                     |             |          |                     |            |                   |           |  |
| a       Total. Add lines 2a-21       ▶       18,306         3       Investment income (including dividends, interest, and other similar amounts)       18,692         4       Income from investment of tax-exempt bond proceeds       ▶         5       Royaties       ▶         6       a       Gross rents       6a         6       a       (i) Real       (ii) Personal         6       a       Gross rents       6a         b       Less: rental expenses       b       b         6       a       Gross amount from sales of assets other than inventory       ▶         7       a       Gross amount from sales of assets other than inventory       ▶         7       a       Gross income from fundralsing events       ▶         0       Net gain or (loss)       >       71, 265.       >         8       a Gross income from fundralsing events       ▶       71, 265.       >         9       Gross income from gaming activities. See Part IV, line 18       ▶       >       >         9       Gross income from gaming activities. See Part IV, line 19       >       >       >       >         9       Gross sales of inventory, less returns and allowances       >       >       >  | n S<br>/eni |      |      |                                     |             |          |                     |            |                   |           |  |
| a       Total. Add lines 2a-21       ▶       18,306         3       Investment income (including dividends, interest, and other similar amounts)       18,692         4       Income from investment of tax-exempt bond proceeds       ▶         5       Royaties       ▶         6       a       Gross rents       6a         6       a       (i) Real       (ii) Personal         6       a       Gross rents       6a         b       Less: rental expenses       b       b         6       a       Gross amount from sales of assets other than inventory       ▶         7       a       Gross amount from sales of assets other than inventory       ▶         7       a       Gross income from fundralsing events       ▶         0       Net gain or (loss)       >       71, 265.       >         8       a Gross income from fundralsing events       ▶       71, 265.       >         9       Gross income from gaming activities. See Part IV, line 18       ▶       >       >         9       Gross income from gaming activities. See Part IV, line 19       >       >       >       >         9       Gross sales of inventory, less returns and allowances       >       >       >  | graı<br>Rev |      |      |                                     |             |          |                     |            |                   |           |  |
| a       Total. Add lines 2a-21       ▶       18,306         3       Investment income (including dividends, interest, and other similar amounts)       18,692         4       Income from investment of tax-exempt bond proceeds       ▶         5       Royaties       ▶         6       a       Gross rents       6a         6       a       (i) Real       (ii) Personal         6       a       Gross rents       6a         b       Less: rental expenses       b       b         6       a       Gross amount from sales of assets other than inventory       ▶         7       a       Gross amount from sales of assets other than inventory       ▶         7       a       Gross income from fundralsing events       ▶         0       Net gain or (loss)       >       71, 265.       >         8       a Gross income from fundralsing events       ▶       71, 265.       >         9       Gross income from gaming activities. See Part IV, line 18       ▶       >       >         9       Gross income from gaming activities. See Part IV, line 19       >       >       >       >         9       Gross sales of inventory, less returns and allowances       >       >       >  | Jroj        |      |      | All other program convice           | rovopuo     |          |                     |            |                   |           |  |
| 3       Investment income (including dividends, interest, and other similar amounts)       18,692.         4       Income from investment of tax-exempt bond proceeds       18,692.         5       Royaties       0         6       Gross rents       6         6       Go       6         7       a Gross rents       6         6       Go       6         7       a Gross amount from sales of assets other than inventory       6         7       a Gross amount from sales of assets other than inventory       10         8       a Gross income from fundraising events (not including \$ of coss income from fundraising events (not including \$ of coss income from fundraising events (not including \$ of coss income from gaming activities. See Part IV, line 18       8a         9       Gross income from gaming activities. See Part IV, line 19       9a         9       Gross income from gaming activities. See Part IV, line 19       9a         9       Gross income from gaming activities. See Part IV, line 19       9a         9       Gross income from gaming activities. See Part IV, line 19       9a         9       Gross income from gaming activities. See Part IV, line 19       9a         9       Gross income from gaming activities. See Part IV, line 19       9a         9       Gro  | -           |      |      |                                     |             |          |                     | 18 306.    |                   |           |  |
| 18,692.         4       Income from investment of tax-exempt bond proceeds         5       Royaties         6a       Gross rents         6b       Gross rents         7       Gross rents         6c       To         7       Gross rents         6c       To         7       Gross rents         6       To         7       To         7       Gross rents         6       To         7       To         7       To         7       To         7       To         7       To         7       To  |             | 3    |      |                                     |             |          |                     | 20,000.    |                   |           |  |
| 4       Income from investment of tax-exempt bond proceeds         5       Royatties         6       Gross rents         6       Gross rents         0       Less: rental expenses         0       Net rental income or (loss)         1       10         1       10         1       10         1       10         1       10         1       10         1       10         1       10         1       10         1       10         1       10         1       10         1       10         1       10         1       10         1       10         1       10         1       10         10       10         10       10         10       10         10       10         10       10         11  |             | Ŭ    |      |                                     |             |          |                     | 18,692.    |                   |           | 18,692.  |
| 5       Royalties       0) Real       0) Personal         6 a       Gross rents       6a       0) Real       0) Personal         6 b       b       b       c       c       c         7       Gross amout from sales of assets other than inventory       7a       71, 265.       c       c         9       c       Sale or (loss)       7c       71, 265.       c       c         8       a Gross income from fundraising events (not including \$\sum or (loss))  |             | 4    |      |                                     |             |          |                     | ,          |                   |           | ,  |
| Ga       Gross rents       Ga       (i) Pesal       (ii) Personal         b       Less: rental expenses       Gb   |             |      |      |                                     |             | • •      | · · ·               |            |                   |           |  |
| b       Less: rental expenses       6b   |             |      |      | ,                                   |             |          |                     |            |                   |           |  |
| c       Rental income or (loss)       6c   |             | 6    | а    | Gross rents                         | 6a          |          |                     |            |                   |           |  |
| d       Net rental income or (loss)  |             |      | b    | Less: rental expenses               | 6b          |          |                     |            |                   |           |  |
| 7 a Gross amount from sales of assets other than inventory       71, 265.         b Less: cost or other basis and sales expenses       7b         c Gain or (loss)       71, 265.         d Net gain or (loss)       71, 265.         a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       8a         b Less: circct expenses       8b         c Net income or (loss) from fundraising events       9a         g Gross income from gaming activities.       9a         g Gross ales of inventory, less returns and allowances       9b         b Less: cost of goods sold       10a         10a       10b         c Net income or (loss) from sales of inventory       8uiness Code         9uiness       10a         11 a       MISCELLANEOUS         b Less: cost of goods sold       10b         c I and allowances       10a         a dilowances       10b         c I and allowances       10a         c I and allowances       10b <td< td=""><td></td><td>с</td><td>Rental income or (loss)</td><td>6c</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>   |             |      | с    | Rental income or (loss)             | 6c          |          |                     |            |                   |           |  |
| orgen       Table Server       Table Server       Table Server         orgen       Less: cost or other basis<br>and sales expenses       Table Server       Table Server         c       Gain or (loss)       Table Server       Table Server       Table Server         d       Net gain or (loss)       Table Server       Table Server       Table Server         8       Gross income from from from from from from from from  |             |      | d    | Net rental income or (loss)         | )           | <u></u>  | ►                   |            |                   |           |  |
| B       Less: cost or other basis<br>and sales expenses       7b       0.         c       Gain or (loss)       71,265.         d       Net gain or (loss)       0.         generative       T1,265.       0.         a       Gross income from fundraising events (not<br>including \$   |             | 7    | а    | Gross amount from sales of          | (i) S       |          |                     |            |                   |           |  |
| and sales expenses       7b       0.         c       Gain or (loss)       71,265.         d       Net gain or (loss)       >         8 a       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See       >         Part IV, line 18       8a         b       Less: direct expenses       8b         c       Net income or (loss) from fundraising events.       >         9 a       Gross income from gaming activities. See       9a         Part IV, line 19       9a       9b         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities. See       9a         9a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       >         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       >         b   |             |      |      | assets other than inventory         | 7a          | 71,265.  |                     |            |                   |           |  |
| C       Gain or (loss)       Tc       71,265.         d       Net gain or (loss)       Tc       71,265.         a       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       Ba         b       Less: direct expenses       Bb         c       Net income or (loss) from fundraising events       >         9 a       Gross income from gaming activities. See Part IV, line 19       9a         9 a       Gross income from gaming activities. See Part IV, line 19       9a         9 b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities       >         10 a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b          c       Net income or (loss) from sales of inventory       >         b       E       900099       15,005.         a       All other revenue           d       All other revenue           e       Total. Add lines 11a:11d       15,005.   |             |      | b    |                                     |             |          |                     |            |                   |           |  |
| 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       6       8a       6         b Less: direct expenses       8b       8b       6       6         9 a Gross income from gaming activities. See Part IV, line 19       9a       9a       9a         9 a Gross income from gaming activities. See Part IV, line 19       9a       9a       9a         9 a Gross sales of inventory, less returns and allowances       9b       6       6         10 a Gross sales of inventory, less returns and allowances       10a       6       6         11 a MISCELLANEOUS       10b       9       15,005.       6         a Grost of good sold       100       10       10       10       10         c All other revenue       15,005.       10       10       10       10         c All other revenue       15,005.       10   | anc         |      |      |                                     |             |          |                     |            |                   |           |  |
| 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       6       8a       6         b Less: direct expenses       8b       8b       6       6         9 a Gross income from gaming activities. See Part IV, line 19       9a       9a       9a         9 a Gross income from gaming activities. See Part IV, line 19       9a       9a       9a         9 a Gross sales of inventory, less returns and allowances       9b       6       6         10 a Gross sales of inventory, less returns and allowances       10a       6       6         11 a MISCELLANEOUS       10b       9       15,005.       6         a Grost of good sold       100       10       10       10       10         c All other revenue       15,005.       10       10       10       10         c All other revenue       15,005.       10   | evel        |      |      | . ,                                 |             |          | -                   | =1.065     |                   |           | =1.065   |
| b including \$ of contributions reported on line 1c). See Part IV, line 18   b Less: direct expenses   b Less: direct expenses   c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See Part IV, line 19   9 a Gross income from gaming activities. See Part IV, line 19   9 b Less: direct expenses   9 c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   b Less: cost of goods sold   10a Iob   c   d All other revenue   e Total. Add lines 11a-11d  | Å           |      |      |                                     |             |          | ····· •             | 71,265.    |                   |           | 71,265.  |
| contributions reported on line 1c). See   Part IV, line 18   b   Less: direct expenses   8b   c   Net income or (loss) from fundraising events   9 a   ga   9 a   Gross income from gaming activities. See   Part IV, line 19   9 a   b   Less: direct expenses   9b   c   c   Net income or (loss) from gaming activities   10 a   Gross sales of inventory, less returns   and allowances   b   b   c   net income or (loss) from sales of inventory   b   c   d   All other revenue   e   Total. Add lines 11a-11d  | the         | 8    | а    |                                     |             |          |                     |            |                   |           |  |
| Part IV, line 18       8a         b       Less: direct expenses         c       Net income or (loss) from fundraising events         9       a         9       a         9       a         9       a         9       a         9       a         9       a         9       a         9       b         10       a         a       c         10       a         a       costs of pools sold         10       b         c       states         b       Less: cost of goods sold         c       net income or (loss) from sales of inventory         b       Less: cost of goods sold         c       mediates         b       generation         c       generation         d       All other revenue         e       Total. Add lines 11a-11d  | 0           |      |      | •                                   |             |          |                     |            |                   |           |  |
| b Less: direct expenses 8b<br>c Net income or (loss) from fundraising events   |             |      |      |                                     | -           |          |                     |            |                   |           |  |
| c       Net income or (loss) from fundraising events       ▶       ■ <td< td=""><td></td><td></td><td>h</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>   |             |      | h    |                                     |             |          |                     |            |                   |           |  |
| 9 a Gross income from gaming activities. See Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       >         10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       >         900099       15,005.         11 a MISCELLANEOUS       900099         b Less 112.11d       15,005.   |             |      |      |                                     |             |          |                     |            |                   |           |  |
| Part IV, line 19 9a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns<br>and allowances   b Less: cost of goods sold   c 10a   c 10b   c 11 a   MISCELLANEOUS   b   c   d   All other revenue   e   Total. Add lines 11a-11d   |             | 9    |      |                                     |             | -        |                     |            |                   |           |  |
| b Less: direct expenses9b  |             | Ŭ    | u    |                                     |             |          |                     |            |                   |           |  |
| c       Net income or (loss) from gaming activities       ▶       ■  |             |      | b    |                                     |             |          |                     |            |                   |           |  |
| 10 a Gross sales of inventory, less returns and allowances       10a       10a         b Less: cost of goods sold       10b       0b         c Net income or (loss) from sales of inventory       Image: second s  |             |      |      |                                     |             |          |                     |            |                   |           |  |
| and allowances       10a         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         11 a       MISCELLANEOUS         b       Business Code         900099       15,005.         c   |             | 10   | а    | Gross sales of inventory, le        | ess return: |          |                     |            |                   |           |  |
| b Less: cost of goods sold 10b ► − ► −   |             |      |      |                                     |             |          | a                   |            |                   |           |  |
| Business Code         Image: Code  |             |      | b    |                                     |             |          | b                   |            |                   |           |  |
| 11 a       MISCELLANEOUS       900099       15,005.  |             |      |      |                                     |             |          | <b>&gt;</b>         |            |                   |           |  |
| e Total. Add lines 11a-11d   | 6           |      |      |                                     |             |          | Business Code       |            |                   |           |  |
| e Total. Add lines 11a-11d   | e où        | 11   | а    | MISCELLANEOUS                       |             |          | 900099              | 15,005.    |                   |           | 15,005.  |
| e Total. Add lines 11a-11d   | ane         |      | b    |                                     |             |          |                     |            |                   |           |  |
| e Total. Add lines 11a-11d   | Sell        |      |      |                                     |             |          |                     |            |                   |           |  |
| e Total. Add lines 11a-11d   | Misc        |      | d    | All other revenue                   |             |          |                     |            |                   |           |  |
| 12         Total revenue. See instructions         ▶         3,181,634.         18,306.         0.         1   | _           |      | е    |                                     |             |          |                     |            |                   |           |  |
|  |             | 12   |      | Total revenue. See instructio       | ons         |          | ►                   | 3,181,634. | 18,306.           | 0.        | 104,962.<br>Form <b>990</b> (2020                                      |

NEIGHBORHOOD HOUSE ASSOCIATION

Form 990 (2020)

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Page **9** 

37-0661229

NEIGHBORHOOD HOUSE ASSOCIATION 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).

| Secu            | on 501(c)(3) and 501(c)(4) organizations must complete the complete of the com |                |  |                                 |                                       |
|-----------------|--|----------------|--|---------------------------------|---------------------------------------|
|                 | Check if Schedule O contains a respons   | (A)            | (B)                                    | (C)                             | (D)                                   |
|                 | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | Total expenses | (B)<br>Program service<br>expenses     | Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1               | Grants and other assistance to domestic organizations  |                | expenses                               | general expenses                | expenses                              |
| •               | and domestic governments. See Part IV, line 21   |                |  |                                 |                                       |
| 0               |  |                |  |                                 |                                       |
| 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,   |                | 00 005                                 |                                 | 21 441                                |
|                 | trustees, and key employees  | 177,787.       | 89,685.                                | 56,661.                         | 31,441.                               |
| 6               | Compensation not included above to disqualified  |                |  |                                 |                                       |
|                 | persons (as defined under section 4958(f)(1)) and  |                |  |                                 |                                       |
|                 | persons described in section 4958(c)(3)(B)   |                |  |                                 |                                       |
| 7               | Other salaries and wages   | 910,590.       | 689,120.                               | 181,753.                        | 39,717.                               |
| 8               | Pension plan accruals and contributions (include   |                |  |                                 |                                       |
|                 | section 401(k) and 403(b) employer contributions)  | 25,466.        | 20,443.                                | 5,023.                          |                                       |
| 9               | Other employee benefits  | 82,398.        | 20,443.<br>62,961.<br>51,334.          | 18,352.                         | 1,085.<br>4,211.                      |
| 10              | Payroll taxes  | 67,653.        | 51,334.                                | 12,108.                         | 4,211.                                |
| 11              | Fees for services (nonemployees):  |                |  |                                 |                                       |
| а               | Management   |                |  |                                 |                                       |
| b               | Legal  |                |  |                                 |                                       |
| с               | Accounting   |                |  |                                 |                                       |
|                 | Lobbying   |                |  |                                 |                                       |
|                 | Professional fundraising services. See Part IV, line 17  |                |  |                                 |                                       |
| f               | Investment management fees   |                |  |                                 |                                       |
| g               |  |                |  |                                 |                                       |
| -               | column (A) amount, list line 11g expenses on Sch 0.)   | 62,413.        | 15,767.                                | 42,845.                         | 3,801.                                |
| 12              | Advertising and promotion  | 5,372.         | <u>15,767.</u><br>1,357.               | 3,688.                          | <u>3,801.</u><br><u>327.</u>          |
| 13              | Office expenses  | 28,795.        | 14,537.                                | 2,784.                          | 11,474.                               |
| 14              | Information technology   | 26,147.        | 6,606.                                 | 17,949.                         | 1,592.                                |
| 15              | Royalties  |                |  |                                 | · · · ·                               |
| 16              | Occupancy  | 120,865.       | 96,519.                                | 24,346.                         |                                       |
| 17              | Travel   | 61,735.        | 61,735.                                |                                 |                                       |
| 18              | Payments of travel or entertainment expenses   |                | •                                      |                                 |                                       |
|                 | for any federal, state, or local public officials  |                |  |                                 |                                       |
| 19              | Conferences, conventions, and meetings   | 5,405.         | 1,715.                                 | 3,690.                          |                                       |
| 20              | Interest   | 62.            | _,,,                                   | 62.                             |                                       |
| 20<br>21        | Payments to affiliates   |                |  |                                 |                                       |
| 22              | Depreciation, depletion, and amortization  | 121,403.       | 105,208.                               | 16,195.                         |                                       |
| 22              |  | 34,235.        | 30,383.                                | 3,852.                          |                                       |
| 23<br>24        | Other expenses. Itemize expenses not covered   | 51,255.        |  | 5,552.                          |                                       |
| 27              | above (List miscellaneous expenses on line 24e. If   |                |  |                                 |                                       |
|                 | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  |                |  |                                 |                                       |
| ~               | PROGRAM SUPPLIES   | 714,188.       | 707,780.                               | 6,375.                          | 33.                                   |
| d<br>F          | MISCELLANEOUS  | 57,533.        | 2,901.                                 | 54,492.                         | 140.                                  |
| u<br>o          | BUILDING & EQUIPMENT MA  | 42,825.        | 36,389.                                | 6,436.                          | 140.                                  |
| c<br>d          | DUES AND SUBSCRIPTIONS   | 4,484.         | 736.                                   | 3,564.                          | 184.                                  |
|                 | All other expenses   |                | , 50•                                  | 5,5010                          | T04.                                  |
|                 | Total functional expenses. Add lines 1 through 24e   | 2,549,356.     | 1,995,176.                             | 460,175.                        | 94,005.                               |
| <u>25</u><br>26 | Joint costs. Complete this line only if the organization   | 2,545,550.     | ±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                 | J=,00J•                               |
| 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)   |                |  |                                 | 000                                   |

11

032010 12-23-20

Form 990 (2020)

17090512 765826 2760033.0

33

Total liabilities and net assets/fund balances

2,731,003.

33

3,122,062.

Form 990 (2020)

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 476,167. 181,615. 1 1 Cash - non-interest-bearing 133,390. 61,214. 2 Savings and temporary cash investments 2 137,900. 77,256. 3 3 Pledges and grants receivable, net 2,107. 5,215. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 11,899. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 3,966,334. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation 1,543,720. 1,431,126. 10c 729,163. 1,062,293. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 2,731,003. 3,122,062. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 175,823. 87,493. Accounts payable and accrued expenses 17 17 18 18 Grants payable 300,309. 124,412. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 154,500. 25 of Schedule D 630,632. 211,905. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,100,371. 27 2,910,157. 27 Net assets without donor restrictions Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 2,100,371. 2,910,157. Total net assets or fund balances 32 32

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Form 990 (2020)

Part X Balance Sheet

|    | 1990 (2020) NEIGHBORHOOD HOUSE ASSOCIATION  | <u>37-06</u> | 61229      | Pag  | <sub>ge</sub> 12 |
|----|---|--------------|------------|------|------------------|
| Pa | 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            | 3,183      | -    |                  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2            | 2,549      |      |                  |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3            |            | 2,2' |                  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4            | 2,100      |      |                  |
| 5  | Net unrealized gains (losses) on investments  | 5            | 17'        | 7,90 | 63.              |
| 6  | Donated services and use of facilities  | 6            |            |      |                  |
| 7  | Investment expenses   | 7            |            |      |                  |
| 8  | Prior period adjustments  | 8            |            | -4   | 55.              |
| 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           | 2,910      | ),1  | 57.              |
| Pa | 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        | 0.           |            |      |                  |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |              | 2a         |      | X                |
|    | 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      | basis,       |            |      |                  |
|    | consolidated basis, or both:  |              |            |      |                  |
|    | Separate basis 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    | e audit,     |            |      |                  |
|    | review, or compilation of its financial statements and selection of an independent accountant?                        |              | 2c         |      | <u> </u>         |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Sch     | edule O.     |            |      |                  |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin   | gle Audit    |            |      |                  |
|    | Act and OMB Circular A-133?   |              | <b>3</b> a |      | _X_              |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | red audit    |            |      |                  |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |              |            | 000  |                  |
|    |   |              |            |      |                  |

Form **990** (2020)

| SCH | IEDL | JLE 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            |
|------------------------------|
| 2020                         |
| Open to Public<br>Inspection |

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

| NET CHERORKNOD         NOUSE         Association         Net Total  | Name of t | the organization                        |                        |                              |                  |                  |                  |                      | identification number      |  |  |
|---|-----------|---|------------------------|------------------------------|------------------|------------------|------------------|----------------------|----------------------------|--|--|
| The cognization is not a private foundation because it is: (For lines 1 through 12, check only one box).           Image: A school described in section 1700(b)(1)(A)(ii).           A chool described in section 1700(b)(1)(A)(ii).           A chool described in section 1700(b)(1)(A)(iii).           A constraint on operated to the benefit of a college or university owned or operated by a governmental unit described in section 1700(b)(1)(A)(iii).           A community trust described Part II.)           A community trust described in section 1700(b)(1)(A)(i).           B a degrading and college of any operated by a governmental unit described in section 1700(b)(1)(A)(i).           A community trust described in section 1700(b)(1)(A)(i).         (Complete Part II.)           B a degrading and college of any operated by a governmental unit described in section 1700(b)(1)(A)(i).         (Complete Part II.)           B A community trust described in section 1700(b)(1)(A)(i).         (Complete Part II.)         (Complete Part II.)           B A community trust described in section 1700(b)(1)(A)(i).         (Complete Part II.)         (Complete Part II.)           B A community trust described in section 1700(b)(1)(A)(i).         (Complete Part II.)         (Complete Part II.)           B A community trust described in section 570(a)(2).         (Complete Part II.)  | Dert      | NEIG                                    | HBORHOOD H             | JUSE ASSOCIA                 | <b>PION</b>      |                  |                  | 3                    | 7-0661229                  |  |  |
| 1       A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).         2       A school described in section 170(b)(1)(A)(iii). (Attach Schoolder described in section 170(b)(1)(A)(iii). Enter the hospital is name, cly, and state;         3       A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). Complete Part II.)         6       A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V).         7       X norganization that normally receives a substatial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(V).         8       A community trust described in section 170(b)(1)(A)(V). (Complete Part II.)         9       A narganization that normally receives a substatial part of its support from contributions, membership feas, and gross receipts from achieves (1) more than 33 1/3% of its support from contributions, membership feas, and gross receipts from achieves and that normally receives a subject to certal exceptions; and (2) no more than 33 1/3% of its support for oparization described in section 509(a)(3).         11       A norganization organization described in section 500(b)(1) (A) (V) no more than 33 1/3% of its support for on carry out the purposes of one or more publicly support for organization described in section 509(a)(2).         12       A norganization organization described in section 500(a)(2).       Section 509(a)(2). (Complete Part III)         11       A   |           |   |                        |                              |                  |                  | ee instruction   | S.                   |                            |  |  |
| 2       A school described in section 170(b)(1)(A)(ii).         3       A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).         4       A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).         5       An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii).         6       A community (Complete Part II).         7       A community that described in section 170(b)(1)(A)(v).         7       M a organization operated by a governmental unit described in section 170(b)(1)(A)(v).         7       M a organization that normally receives a substantial part of its support from a governmental unit of rom the general public described in section 170(b)(1)(A)(v). (Complete Part II).         8       A community that described in section 170(b)(1)(A)(v). (Complete Part II).         9       A nagnization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from a clunities related to its evenpt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 510 (section 500(s)(4).         10       An organization organization described exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization described in receits 500(s)(4).         12       An organization organization   | The organ |   |                        |                              |                  |                  |                  |                      |                            |  |  |
| 3       A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state:         5       An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). Complete Part II.)         6       A foddrai, state, or local government or governmental unit described in section 170(b)(1)(A)(v). Complete Part II.)         7       An organization that normally receives a substantial part of its support from a governmental unit of rom the general public described in section 170(b)(1)(A)(v). (Complete Part II.)         8       A comunity fuel described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An arginization that normally receives a subject to certain exceptions, and (P) on more than 31/3% of its support from gross investment income and unrelated business traable income (eas section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(k)(2). Complete Part II.)         11       An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities relate to its seempt functions, subject to certain exceptions, and (P) on more than 33 1/3% of its support from gross investment income and unrelated business traable income (eas section 509(k)(1) activities seetion 509(k)(2). Complete Part II.)         11       An organization organization described in section 509(k)(1) activities seetion 509(k)(3). Check the box in lines 124 through 12d that describes the type of supporting organization and the pactivities tresponde organization (k) poperated sections 509(k)(3  |           | ,                                       | ,                      |                              |                  | • • •            | I)(A)(i).        |                      |                            |  |  |
| 4       A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state;         5       A noganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)         6       A default, state, or local governmental quit described in section 170(b)(1)(A)(v).         7       M an organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         9       A a griculture is essent organization described in section 170(b)(1)(A)(v). governated a local governation of a diginculture (see instructions). Entret the name, city, and state of the college or university;         10       An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (tess section 509(a)(a). (Complete Part II.)         11       An organization organization adscribed in section 509(a)(1) or section 509(a)(a). Complete Part II.)         12       An organization organization adscribed in section 509(a)(1) or section 509(a)(a). Check the box in lines 12 athrough 120 that describes the type of supporting organization adscribes of the support or grasization adscribes of the support or gras   |           |   |                        |                              |                  |                  |                  |                      |                            |  |  |
| <ul> <li>city, and state:</li> <li>city, and and and period and operated acclusively to the public state;</li> <li>city, and and operated acclusive;</li> <li>city, and st</li></ul>  |           |   |                        |                              |                  |                  | -                |                      |                            |  |  |
| S       An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v).         IM       A debrail, state, or local governmental unit described in section 170(b)(1)(A)(v).         TM       An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)         A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         Image: Community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         Image: Community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         Image: Community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         Image: Complete Part III.)         Image: Complete Part II.)         Image: Complete Part III.)         Image: Complete Part III.) </td <td>4</td> <td>-</td> <td>ation operated in cor</td> <td>njunction with a hospital</td> <td>described</td> <td>in sectio</td> <td>n 170(b)(1)(A)</td> <td>(iii). Enter</td> <td>the hospital's name,</td>  | 4         | -                                       | ation operated in cor  | njunction with a hospital    | described        | in sectio        | n 170(b)(1)(A)   | (iii). Enter         | the hospital's name,       |  |  |
| esction 170(b)(1)(A)(v). (Complete Part II.)         6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).         7       An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:         10       An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership lees, and gross receipts from activities related to its exempt functions usubject to cortain acceptions: a subject is contain exceptions: and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (ses section 501(a) (2) more than 33 1/3% of its support from gross core or more publicly supported organization ad operated exclusively to test for public safety. See section 509(a)(4).         11       An organization organization describes in section 509(a)(1) Goversites 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         11       An organization organization operated, supporting organization and complete lines 12e, 12f, and 12g.         12       Type I. A supporting organization support or elect a moord orga  |           | • · · · · · · · · · · · · · · · · · · · |                        |                              |                  |                  |                  |                      |                            |  |  |
| 6       A federal, state, or local governmental unit described in section 170(b)(1)(A)(v).         7       X       An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)         10       An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (ess section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2).         11       An organization organization adoperated exclusively to the benefit of the perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and paralation and preated, supporting organization and granization and organization section the supporting organization section soft(a) (2). See section 509(a)(3). Check the box in lines 12a through 12d that described an exclusively or controlled by its supported organization). You must complete Part IV. Sections A and C.         11       An or   | 5         |   |                        | lege or university owned     | or operat        | ed by a go       | overnmental ur   | nit describe         | ed in                      |  |  |
| <ul> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>An agricultural research organization of described in section 170(b)(1)(A)(v). Operated in conjunction with a land-grant college or university or anon-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.</li> <li>An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (ess section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the bus in lines 12a through 12d that describes the type of supporting organization systems of one or more publicly supported organizations doed, or controlled by its supports organizations (1), exploring the supporting organization system (1) explores or thus tess of the supporting organization systemics or controlled in connection with its supported organization systemics or controlled in connection with its supported organization systemics or controlled in connection with its supported organization(s) by having control or management of the supporting organization system in the same persons that control or manage the supporting organization systems A and C.</li> <li>Type III functionally integrated. A supporting organization operated in connection with is supported organization(s) that is not functionally integrated. A supporting organization operated in</li></ul>   | •         |   |                        |                              |                  |                  |                  |                      |                            |  |  |
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| 9       An agricultural research organization described in section 170(b) (I)(A)(is) operated in conjunction with a land-grant college or university:         10       An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to cartain exceptions; and (2) no wore than 33 1/3% of its support from one than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2).         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box in lines 124 through 12d that describes the type of supporting organization and complete lines 12e, 12t, and 12g.         a       Type I.A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. Supporting organization supervised, or controlled in connection with its supported organization(s) by having control or management of the supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s   | • 🗆       |   |                        | (1)(A)(ui) (Complete Der     | + 11 \           |                  |                  |                      |                            |  |  |
| or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or<br>university:   |           |   |                        |                              |                  | nd in coniu      | unction with a   | land grant           | collogo                    |  |  |
| university:   | 9         |   |                        |                              |                  |                  |                  |                      |                            |  |  |
| 10       An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization argenized and operated exclusively to test for public safety. See section 509(a)(4).         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization describes in section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization (5), typically by giving the supported organization operated is, supervised, or controlled by its supported organization(5), typically by giving the supporting organization perated, supervised, or controlled by its supported organization(5), by having control or management of the supporting organization with its supported organization supervised or controlled in connection with its supported organization(6), by any must complete Part IV, Sections A and C.         c       Type III functionally integrated. A supporting organization operated in connection with its supported organization(6) (see instructions). You must complete Part IV, Sections A And D, and Part V.         d       Type III functionally integrated. A supporting organization operated in connection with its supported organization(6) (see instructions). You must complete Part IV, Sections A And D, and Part V.         e  |           | , ,                                     | grant conege of agric  |                              |                  | name, ony        | , and state of   | the college          |                            |  |  |
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| c       Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.         d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations         g       Provide the following information about the supported organization(s).         (i) Name of supported       (ii) EIN         (iii) Type of organization (s).       (iv) Amount of monetary support (see instructions)         via above (see instructions)       via above (see instructions)         via above (see instruct  |           | -                                       |                        |                              | ame perso        | ns that co       | ntrol or manag   | ge the supp          | ported                     |  |  |
| its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  d  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed (iv) Amount of monetary organization (iv) Amount of other support (see instructions) (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) (vi) Amount of monetary (vi) Amount of mone  |           |   | •                      |                              |                  |                  |                  |                      |                            |  |  |
| d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations         g       Provide the following information about the supported organization(s).         (i) Name of supported       (iii) EIN         (iii) Type of organization       (iv) Is the organization iffed organization if your givering document?         (i) Name of supported       (iii) EIN         (iii) EIN       (iii) Type of organization (yee instructions)         above (see instructions))       Yes         Vest       No  | c         |   | • • • •                |                              |                  |                  |                  | y integrate          | d with,                    |  |  |
| that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organization about the supported organization (fin) Type of organization (fine s1-10) above (see instructions))  |           | ¬ ·· •                                  | .,.                    | •                            |                  |                  |                  |                      |                            |  |  |
| requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions)) (vi) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) (vi) Amount of monetary (vi) Amount of monetary (vi) Amount of other support (see instructions) (vi) Amount of monetary (vi) Amo  | d 🗌       |   | • •                    |                              |                  |                  |                  | •                    |                            |  |  |
| e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations         g       Provide the following information about the supported organization (ii) EIN         (iii) Name of supported organization       (iii) EIN         (iii) Comparization       (iiiii) EIN         (iiii) Compa   |           | -                                       |                        |                              | -                |                  | -                | an attentiv          | /eness                     |  |  |
| functionally integrated, or Type III non-functionally integrated supporting organization.   |           | ¬ · ·                                   | •                      | • •                          |                  |                  |                  | L Truce III          |                            |  |  |
| f Enter the number of supported organizations   | e         |   |                        |                              |                  |                  | турет, турет     | і, туре ш            |                            |  |  |
| g       Provide the following information about the supported organization (i) Name of supported organization       (ii) Sthe organization isted in your governing document?       (v) Amount of monetary support (see instructions)         (i) Name of supported organization       (ii) EIN       (iii) Type of organization (described on lines 1-10 above (see instructions))       (v) Amount of monetary support (see instructions)         Yes       No   | f Ent     |   | ragnizationa           |                              | 0 0              | ation.           |                  |                      |                            |  |  |
| (i) Name of supported<br>organization       (ii) EIN       (iii) Type of organization<br>(described on lines 1-10<br>above (see instructions))       (iv) Amount of monetary<br>support (see instructions)       (vi) Amount of other<br>support (see instructions)         Image: State S  |           |   |                        |                              |                  |                  |                  |                      |                            |  |  |
| organization     (described of lines 1-10<br>above (see instructions))     Yes     No     support (see instructions)     support (see instructions)   |           |   |                        | (iii) Type of organization   | (iv) Is the orga | anization listed | (v) Amount of    | monetary             | (vi) Amount of other       |  |  |
|   |           | organization                            |                        |                              |                  |                  | support (see in  | structions)          | support (see instructions) |  |  |
| Image: Sector of the sector   |           |   |                        |                              |                  |                  |                  |                      |                            |  |  |
| Image: Second   |           |   |                        |                              |                  |                  |                  |                      |                            |  |  |
| Image: Sector of the sector   |           |   |                        |                              |                  |                  |                  |                      |                            |  |  |
| Image: Constraint of the second se   |           |   |                        |                              |                  |                  |                  |                      |                            |  |  |
| Total   |           |   |                        |                              |                  |                  |                  |                      |                            |  |  |
| Total   |           |   |                        |                              |                  |                  |                  |                      |                            |  |  |
| Total   |           |   |                        |                              |                  |                  |                  |                      |                            |  |  |
| Total   |           |   |                        |                              |                  |                  |                  |                      |                            |  |  |
| Total   |           |   |                        |                              |                  |                  |                  |                      |                            |  |  |
|   | <br>Total |   |                        |                              |                  |                  |                  |                      |                            |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

<sup>2020.05094</sup> NEIGHBORHOOD HOUSE ASSOCI 27600331

# Schedule A (Form 990 or 990-EZ) 2020 NEIGHBORHOOD HOUSE ASSOCIATION Part II Support Schedule for Organizations Described in Sections 170(b)(1)

37-0661229 Page 2

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  | ction A. Public Support   |                       |   |                                  |                      | -                   | -                      |  |
|------|---|-----------------------|---|----------------------------------|----------------------|---------------------|------------------------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨   | (a) 2016              | <b>(b)</b> 2017                         | <b>(c)</b> 2018                  | (d) 2019             | (e) 2020            | (f) Total              |  |
| 1    | Gifts, grants, contributions, and   |                       |   |                                  |                      |                     |                        |  |
|      | membership fees received. (Do not   |                       |   |                                  |                      |                     |                        |  |
|      | include any "unusual grants.")  | 2309429.              | 2197768.                                | 2007128.                         | 2299855.             | 2731991.            | 11546171.              |  |
| 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   |                       | 0100000                                 | 0005100                          |                      | 0001001             |                        |  |
|      | Total. Add lines 1 through 3  | 2309429.              | 2197768.                                | 2007128.                         | 2299855.             | 2731991.            | 11546171.              |  |
| 5    | 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)  |                       |   |                                  |                      |                     | 11546171.              |  |
|      | Public support. Subtract line 5 from line 4.  |                       |   |                                  |                      |                     | <u>µ13401/1.</u>       |  |
|      |   | (-) 0010              | (1-) 0017                               | (-) 0010                         | (4) 0010             | (-) 0000            | (6) Tatal              |  |
|      | ndar year (or fiscal year beginning in)<br>Amounts from line 4  | (a) 2016<br>2309429.  | (b) 2017<br>2197768.                    | (c) 2018<br>2007128.             | (d) 2019<br>2299855. | (e) 2020<br>2731991 | (f) Total<br>11546171. |  |
|      | Gross income from interest,   | 2303423.              | 2197700.                                | 2007120.                         | 2255055              | 2751551.            | <u></u>                |  |
| 0    | dividends, payments received on   |                       |   |                                  |                      |                     |                        |  |
|      | securities loans, rents, royalties,   |                       |   |                                  |                      |                     |                        |  |
|      | and income from similar sources   | 16,873.               | 17,792.                                 | 27,583.                          | 21,128.              | 18,692.             | 102,068.               |  |
| ٩    | Net income from unrelated business  | 10,075.               | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 27,505.                          | 21,120.              | 10,052.             | 102,000                |  |
| 3    | activities, whether or not the  |                       |   |                                  |                      |                     |                        |  |
|      | business is regularly carried on  |                       |   |                                  |                      |                     |                        |  |
| 10   | Other income. Do not include gain   |                       |   |                                  |                      |                     |                        |  |
| 10   | or loss from the sale of capital  |                       |   |                                  |                      |                     |                        |  |
|      | assets (Explain in Part VI.)  | 130,130.              | 147,010.                                | 84,636.                          | 24,789.              | 15,005.             | 401,570.               |  |
| 11   | <b>Total support.</b> Add lines 7 through 10  |                       | ,                                       |                                  | ,                    |                     | 12049809.              |  |
|      | Gross receipts from related activities,   | etc. (see instructio  | ons)                                    |                                  |                      | 12                  | 399,136.               |  |
|      | First 5 years. If the Form 990 is for th  | ,                     | ,                                       |                                  |                      |                     |                        |  |
|      | organization, check this box and <b>stop</b>  | -                     |   | -                                |                      |                     |                        |  |
| Sec  | ction C. Computation of Publi   |                       |   |                                  |                      |                     | ·                      |  |
|      | Public support percentage for 2020 (I   |                       |   | olumn (f))                       |                      | 14                  | 95.82 %                |  |
| 15   | Public support percentage from 2019   | Schedule A, Part      | II, line 14                             |                                  |                      | 15                  | 94.78 %                |  |
| 16a  | 33 1/3% support test - 2020. If the c   | organization did no   | t check the box or                      | n line 13, and line <sup>-</sup> | 14 is 33 1/3% or m   | ore, check this bo  | x and                  |  |
|      | stop here. The organization qualifies   | as a publicly suppo   | orted organization                      |                                  |                      |                     | ► X                    |  |
| b    | 33 1/3% support test - 2019. If the c   | organization did no   | t check a box on l                      | ine 13 or 16a, and               | line 15 is 33 1/3%   | or more, check th   | is box                 |  |
|      | and stop here. The organization qual  | ifies as a publicly s | upported organiza                       | ation                            |                      |                     | ▶∟                     |  |
| 17a  | 10% -facts-and-circumstances test   | - 2020. If the org    | anization did not c                     | heck a box on line               | e 13, 16a, or 16b, a | and line 14 is 10%  | or more,               |  |
|      | and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization   |                       |   |                                  |                      |                     |                        |  |
|      | meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization                                 |                       |   |                                  |                      |                     |                        |  |
| b    | b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or |                       |   |                                  |                      |                     |                        |  |
|      | more, and if the organization meets the   |                       |   |                                  |                      |                     |                        |  |
|      | organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization                    |                       |   |                                  |                      |                     |                        |  |
| 18   | Private foundation. If the organization   | n did not check a l   | box on line 13, 16a                     | a, 16b, 17a, or 17b              |                      |                     |                        |  |
|      |   |                       |   |                                  | Sche                 | edule A (Form 990   | ) or 990-EZ) 2020      |  |

### Schedule A (Form 990 or 990-EZ) 2020 NEIGHBORHOOD HOUSE ASSOCIATION 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.)

| See         | ction A. Public Support  |                             |                     | •                    | 1                    |                      |                                       |
|-------------|--|-----------------------------|---------------------|----------------------|----------------------|----------------------|---------------------------------------|
| Cale        | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2016             | <b>(b)</b> 2017     | (c) 2018             | (d) 2019             | (e) 2020             | (f) Total                             |
| 1           | Gifts, grants, contributions, and  |                             |                     |                      |                      |                      |                                       |
|             | membership fees received. (Do not  |                             |                     |                      |                      |                      |                                       |
|             | include any "unusual grants.")   |                             |                     |                      |                      |                      |                                       |
| 2           | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>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-<br>ization's benefit and either paid to   |                             |                     |                      |                      |                      |                                       |
|             | or expended on its behalf  |                             |                     |                      |                      |                      |                                       |
| 5           | The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge  |                             |                     |                      |                      |                      |                                       |
| 6           | Total. Add lines 1 through 5   |                             |                     |                      |                      |                      |                                       |
|             | Amounts included on lines 1, 2, and  |                             |                     |                      |                      |                      |                                       |
|             | 3 received from disqualified persons   |                             |                     |                      |                      |                      |                                       |
|             | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                             |                     |                      |                      |                      |                                       |
| c           | Add lines 7a and 7b  |                             |                     |                      |                      |                      |                                       |
| 8<br>See    | Public support. (Subtract line 7c from line 6.)<br>ction B. Total Support  |                             |                     |                      |                      |                      |                                       |
| Cale        | ndar year (or fiscal year beginning in) 🕨  | (a) 2016                    | <b>(b)</b> 2017     | (c) 2018             | (d) 2019             | (e) 2020             | (f) Total                             |
| 9           | Amounts from line 6  |                             |                     |                      |                      |                      |                                       |
|             | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                             |                     |                      |                      |                      |                                       |
| k           | Unrelated business taxable income  |                             |                     |                      |                      |                      |                                       |
|             | (less section 511 taxes) from businesses acquired after June 30, 1975  |                             |                     |                      |                      |                      |                                       |
| c           | Add lines 10a and 10b  |                             |                     |                      |                      |                      |                                       |
|             | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on   |                             |                     |                      |                      |                      |                                       |
| 12          | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                             |                     |                      |                      |                      |                                       |
| 13          | Total support. (Add lines 9, 10c, 11, and 12.)   |                             |                     |                      |                      |                      |                                       |
| 14          | First 5 years. If the Form 990 is for th   | e organization's fi         | rst, second, third, | fourth, or fifth tax | year as a section 5  | i01(c)(3) organizati | on,                                   |
|             | check this box and stop here   |                             |                     |                      |                      |                      |                                       |
| See         | ction C. Computation of Publi  | c Support Per               | centage             |                      |                      | , <u>,</u>           |                                       |
| 15          | Public support percentage for 2020 (I  | ine 8, column (f), d        | livided by line 13, | column (f))          |                      | 15                   | %                                     |
|             | Public support percentage from 2019  |                             |                     |                      |                      | 16                   | %                                     |
| See         | ction D. Computation of Inves  | tment Income                | e Percentage        |                      |                      |                      |                                       |
| 17          | Investment income percentage for 20  | <b>)20</b> (line 10c, colur | mn (f), divided by  | line 13, column (f)) |                      | 17                   | %                                     |
| 18          | Investment income percentage from a  | 2019 Schedule A,            | Part III, line 17   |                      |                      | 18                   | %                                     |
| <b>19</b> a | <b>33 1/3% support tests - 2020.</b> If the  | organization did n          | not check the box   | on line 14, and lin  | e 15 is more than 3  | 3 1/3%, and line 1   | 7 is not                              |
|             | more than 33 1/3%, check this box ar   | nd stop here. The           | organization qual   | ifies as a publicly  | supported organiza   | tion                 | ▶□                                    |
| k           | <b>33 1/3% support tests - 2019.</b> If the  | organization did n          | not check a box o   | n line 14 or line 19 | a, and line 16 is mo | ore than 33 1/3%, a  | and                                   |
|             | line 18 is not more than 33 1/3%, che  | ck this box and <b>st</b>   | op here. The org    | anization qualifies  | as a publicly suppo  | orted organization   | ▶□                                    |
| 20          | Private foundation. If the organization  | n did not check a           | box on line 14, 19  | 9a, or 19b, check t  |                      |                      | · · · · · · · · · · · · · · · · · · · |
| 0320        | 23 01-25-21  |                             |                     | _                    | Sch                  | edule A (Form 99     | 0 or 990-EZ) 2020                     |
|             |  |                             | 16                  | )                    |                      |                      |                                       |

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## Schedule A (Form 990 or 990-EZ) 2020 NEIGHBORHOOD HOUSE ASSOCIATION

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 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 disgualified 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 line 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.)

17

032024 01-25-21

10b

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

### Schedule A (Form 990 or 990-EZ) 2020 NEIGHBORHOOD HOUSE ASSOCIATION

| Pa         | rt IV                   | Supporting Organizations (continued)  |     |     | <u>.g.</u> |
|------------|-------------------------|---|-----|-----|------------|
|            |                         |   |     | Yes | No         |
| 11         | Has th                  | he organization accepted a gift or contribution from any of the following persons?  |     |     |            |
| а          | A per                   | son who directly or indirectly controls, either alone or together with persons described in lines 11b and   |     |     |            |
|            | 11c b                   | elow, the governing body of a supported organization?   | 11a |     |            |
| b          |                         | ily member of a person described in line 11a above?   | 11b |     |            |
| с          | A 35%                   | 6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  |     |     |            |
|            |                         | in Part VI.   | 11c |     |            |
| Sec        |                         | 3. Type I Supporting Organizations  |     |     |            |
|            |                         |   |     | Yes | No         |
| 1          |                         | e governing body, members of the governing body, officers acting in their official capacity, or membership of one or  |     |     |            |
|            |                         | supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) |     |     |            |
|            |                         | ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported  |     |     |            |
|            | organ                   | ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the   |     |     |            |
| _          |                         | orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 1   |     |            |
| 2          |                         | e organization operate for the benefit of any supported organization other than the supported   |     |     |            |
|            |                         | ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in   |     |     |            |
|            |                         | how providing such benefit carried out the purposes of the supported organization(s) that operated,   |     |     |            |
| <u>Soc</u> | super                   | vised, or controlled the supporting organization.<br>C. Type II Supporting Organizations  | 2   |     |            |
|            |                         |   |     | V.  |            |
|            | 14/2-22                 |   |     | Yes | No         |
| 1          |                         | a majority of the organization's directors or trustees during the tax year also a majority of the directors   |     |     |            |
|            |                         | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control   |     |     |            |
|            |                         | nagement of the supporting organization was vested in the same persons that controlled or managed   |     |     |            |
| Sec        | <u>the su</u><br>tion [ | upported organization(s).<br>D. All Type III Supporting Organizations   | 1   |     |            |
|            |                         |   |     | Yes | No         |
| 1          | Did th                  | e organization provide to each of its supported organizations, by the last day of the fifth month of the  |     | 162 |            |
|            |                         | ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |     |     |            |
|            |                         | (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the  |     |     |            |
|            | •                       | ization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1   |     |            |
| 2          | Ũ                       | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   | -   |     |            |
| -          |                         | ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how  |     |     |            |
|            |                         | ganization maintained a close and continuous working relationship with the supported organization(s).   | 2   |     |            |
| 3          |                         | ason of the relationship described in line 2, above, did the organization's supported organizations have a  | -   |     |            |
| -          |                         | icant voice in the organization's investment policies and in directing the use of the organization's  |     |     |            |
|            |                         | ne or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's   |     |     |            |
|            |                         | bred organizations played in this regard.   | 3   |     |            |
| Sec        | tion E                  | E. Type III Functionally Integrated Supporting Organizations  |     |     |            |
|            |                         |   |     |     |            |

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| С |  | The organization supported a governmental entity. | Describe in Part VI how you supported a governmental entity (see instructions). |  |
|---|--|---|---|--|
|---|--|---|---|--|

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly 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 directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

17090512 765826 2760033.0

2020.05094 NEIGHBORHOOD HOUSE ASSOCI 27600331

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|      | dule A (Form 990 or 990-EZ) 2020 NEIGHBORHOOD HOUSE ASSOC                       | CIATI      |                                   | 37-0661229 Page 6              |
|------|---|------------|-----------------------------------|--------------------------------|
| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting                  |            |                                   |                                |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on | Nov. 20, 1970 ( <i>explain in</i> | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations must    | complete   | e Sections A through E.           |                                |
| Sect | ion A - Adjusted Net Income   |            | (A) Prior Year                    | (B) Current Year<br>(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<br>(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):               |            |                                   |                                |
| a    | Average monthly value of securities   | <b>1</b> a |                                   |                                |
| b    | Average monthly cash balances   | 1b         |                                   |                                |
| C    | 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 0.015 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 0.035.   | 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 0.85 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-functionally integrated Type III supporting organization (see instructions).

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# Schedule A (Form 990 or 990 EZ) 2020 NEIGHBORHOOD HOUSE ASSOCIATION

| Par          | t V   Type III Non-Functionally Integrated 509   | a)(3) Supporting Orga         | inizations (continu | <u>led)</u> |   |
|--------------|--|-------------------------------|---------------------|-------------|---|
| <u>Secti</u> | on D - Distributions   |                               |                     |             | Current Year                              |
| 1            | Amounts paid to supported organizations to accomplish exe                              | mpt purposes                  |                     | 1           |   |
| 2            | Amounts paid to perform activity that directly furthers exemp                          |                               |                     |             |   |
|              | organizations, in excess of income from activity                                       |                               |                     | 2           |   |
| 3            | Administrative expenses paid to accomplish exempt purpose                              | es of supported organizations | 8                   | 3           |   |
| 4            | Amounts paid to acquire exempt-use assets  |                               |                     | 4           |   |
| 5            | Qualified set-aside amounts (prior IRS approval required - pro                         | ovide details in Part VI)     |                     | 5           |   |
| 6            | Other distributions (describe in Part VI). See instructions.                           |                               |                     | 6           |   |
| 7            | Total annual distributions. Add lines 1 through 6.                                     |                               |                     | 7           |   |
| 8            | Distributions to attentive supported organizations to which the                        | ne organization is responsive |                     |             |   |
|              | (provide details in Part VI). See instructions.  |                               |                     | 8           |   |
| 9            | Distributable amount for 2020 from Section C, line 6                                   |                               |                     | 9           |   |
| 10           | Line 8 amount divided by line 9 amount   |                               |                     | 10          |   |
| Secti        | ction E - Distribution Allocations (see instructions) (i) (ii) Underdistribut Pre-2020 |                               |                     | ıs          | (iii)<br>Distributable<br>Amount for 2020 |
| 1            | Distributable amount for 2020 from Section C, line 6                                   |                               |                     |             |   |
| 2            | Underdistributions, if any, for years prior to 2020 (reason-                           |                               |                     |             |   |
|              | able cause required - explain in Part VI). See instructions.                           |                               |                     |             |   |
| 3            | Excess distributions carryover, if any, to 2020  |                               |                     |             |   |
| a            | From 2015  |                               |                     |             |   |
| b            | From 2016  |                               |                     |             |   |
| C            | From 2017  |                               |                     |             |   |
| d            | From 2018  |                               |                     |             |   |
| e            | From 2019  |                               |                     |             |   |
| f            | Total of lines 3a through 3e   |                               |                     |             |   |
| g            | Applied to underdistributions of prior years   |                               |                     |             |   |
| h            | Applied to 2020 distributable amount   |                               |                     |             |   |
| i            | Carryover from 2015 not applied (see instructions)                                     |                               |                     |             |   |
| j            | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                 |                               |                     |             |   |
| 4            | Distributions for 2020 from Section D,   |                               |                     |             |   |
|              | line 7: \$   |                               |                     |             |   |
| a            | Applied to underdistributions of prior years   |                               |                     |             |   |
| b            | Applied to 2020 distributable amount   |                               |                     |             |   |
| C            | Remainder. Subtract lines 4a and 4b from line 4.                                       |                               |                     |             |   |
| 5            | Remaining underdistributions for years prior to 2020, if                               |                               |                     |             |   |
|              | any. Subtract lines 3g and 4a from line 2. For result greater                          |                               |                     |             |   |
|              | than zero, explain in Part VI. See instructions.                                       |                               |                     |             |   |
| 6            | Remaining underdistributions for 2020. Subtract lines 3h                               |                               |                     |             |   |
|              | and 4b from line 1. For result greater than zero, explain in                           |                               |                     |             |   |
|              | Part VI. See instructions.   |                               |                     |             |   |
| 7            | Excess distributions carryover to 2021. Add lines 3j                                   |                               |                     |             |   |
|              | and 4c.  |                               |                     |             |   |
| 8            | Breakdown of line 7:   |                               |                     |             |   |
| <u>a</u>     | Excess from 2016   |                               |                     |             |   |
| b            | Excess from 2017   |                               |                     |             |   |
| c            | Excess from 2018   |                               |                     |             |   |
| d            | Excess from 2019   |                               |                     |             |   |
| е            | Excess from 2020   |                               |                     |             |   |

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

| Part VI Supplemental Informatic<br>Part IV, Section A, lines 1, 2, 3b,<br>line 1; Part IV, Section D, lines 2 | IGHBORHOOD HOUSE ASSOCIATION<br><b>D1.</b> Provide the explanations required by Part II, line 10; Part II,<br>, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section<br>and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line<br>Part V, Section E, lines 2, 5, and 6. Also complete this part for a | line 17a or 17b; Part III, line 12;<br>n B, lines 1 and 2; Part IV, Section C,<br>ne 1; Part V, Section B, line 1e; Part V, |
|---|--|---|
| SCHEDULE A, PART II, LI   | NE 10, EXPLANATION FOR OTHER INC   | COME :  |
| MISCELLANEOUS REVENUE   |  |   |
| 2019 AMOUNT: \$ 24,789  |  |   |
| 2020 AMOUNT: \$ 15,005  | j.   |   |
| FUNDRAISING   |  |   |
| 2016 AMOUNT: \$ 130,13  | 80.  |   |
| 2017 AMOUNT: \$ 147,01  | .0.  |   |
| 2018 AMOUNT: \$ 84,636  | •  |   |
|   |  |   |
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| SCHEDULE D | ) |
|------------|---|
|------------|---|

Department of the Treasury

Internal Revenue Service

| (Form | 990) |
|-------|------|
|-------|------|

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.



Name of the organization

### NEIGHBORHOOD HOUSE ASSOCIATION

Employer identification number 37-0661229

| Par | t I Organizations Maintaining Donor Advised                         | d Funds or Othe          | r Similar Funds        | or Ac      | count         | s. Comple      | te if the | )<br>     |
|-----|---|--------------------------|------------------------|------------|---------------|----------------|-----------|-----------|
|     | organization answered "Yes" on Form 990, Part IV, line              | e 6.                     |                        |            |               |                |           |           |
|     |   | (a) Donor adv            | vised funds            | (k         | <b>)</b> Fund | s and other    | accoun    | ts        |
| 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 v      | vriting that the assets  | held in donor advis    | ed fund    | s             |                |           |           |
|     | are the organization's property, subject to the organization's e    | exclusive legal contro   | l?                     |            |               | 🗌 Y            | es        | No        |
| 6   | Did the organization inform all grantees, donors, and donor ad      |                          |                        |            |               |                |           |           |
|     | for charitable purposes and not for the benefit of the donor or     | donor advisor, or for    | any other purpose      | conferrir  | ng            |                |           |           |
|     | impermissible private benefit?                                      |                          |                        |            | -             | 🗌 Y            | es        | No        |
| Par | t II Conservation Easements. Complete if the org                    | anization answered '     | Yes" on Form 990, I    | Part IV,   | line 7.       |                |           |           |
| 1   | Purpose(s) of conservation easements held by the organization       |                          |                        |            |               |                |           |           |
|     | Preservation of land for public use (for example, recreat           | ion or education)        | Preservation of        | a histo    | rically ir    | nportant lan   | d area    |           |
|     | Protection of natural habitat                                       |                          | Preservation of        | a certif   | ied hist      | oric structur  | е         |           |
|     | Preservation of open space  |                          |                        |            |               |                |           |           |
| 2   | Complete lines 2a through 2d if the organization held a qualifi     | ed conservation con      | ribution in the form   | of a con   | servatio      | on easemen     | t on the  | last      |
|     | day of the tax year.  |                          |                        | ĺ          |               | leid at the Er |           |           |
| а   | Total number of conservation easements                              |                          |                        | ſ          | 2a            |                |           |           |
| b   | <u> </u>  |                          |                        |            | 2b            |                |           |           |
| с   | Number of conservation easements on a certified historic stru       |                          |                        |            | 2c            |                |           |           |
| d   | Number of conservation easements included in (c) acquired a         |                          |                        |            |               |                |           |           |
|     | listed in the National Register                                     |                          |                        |            | 2d            |                |           |           |
| 3   | Number of conservation easements modified, transferred, rele        |                          |                        | organiz    |               | uring the tax  | (         |           |
|     | year 🕨  | , 3 ,                    | j                      | 5          |               | 5              |           |           |
| 4   | Number of states where property subject to conservation eas         | ement is located         |                        |            |               |                |           |           |
| 5   | Does the organization have a written policy regarding the peri      |                          | ection, handling of    |            |               |                |           |           |
|     | violations, and enforcement of the conservation easements it        |                          | , J                    |            |               | Π Υ            | es        | No        |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, I      |                          |                        |            |               | nents durina   | the vea   | ar        |
|     | ►   | 0                        | , C                    |            |               | 0              | ,         |           |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand         | ling of violations, and  | enforcing conserva     | tion eas   | ements        | during the     | /ear      |           |
|     | ► \$  | 5                        | 5                      |            |               | 5              |           |           |
| 8   | Does each conservation easement reported on line 2(d) above         | e satisfv the requirem   | ents of section 170(   | h)(4)(B)(i | )             |                |           |           |
|     | and section 170(h)(4)(B)(ii)?                                       | •                        |                        |            |               | ΓY             | es        | No        |
| 9   | In Part XIII, describe how the organization reports conservation    |                          |                        |            |               |                |           |           |
|     | balance sheet, and include, if applicable, the text of the footn    |                          |                        |            |               | bes the        |           |           |
|     | organization's accounting for conservation easements.               | 5                        |                        |            |               |                |           |           |
| Par |   | Art, Historical T        | reasures, or Ot        | her Si     | milar         | Assets.        |           |           |
|     | Complete if the organization answered "Yes" on Form                 | 990, Part IV, line 8.    |                        |            |               |                |           |           |
| 1a  | If the organization elected, as permitted under FASB ASC 958        | B, not to report in its  | revenue statement a    | nd bala    | nce she       | et works       |           |           |
|     | of art, historical treasures, or other similar assets held for pub  | lic exhibition, educat   | ion, or research in fu | irtherand  | ce of pu      | ıblic          |           |           |
|     | service, provide in Part XIII the text of the footnote to its finan | cial statements that     | describes these item   | IS.        |               |                |           |           |
| b   | If the organization elected, as permitted under FASB ASC 958        | 3, to report in its reve | nue statement and b    | balance    | sheet w       | orks of        |           |           |
|     | art, historical treasures, or other similar assets held for public  | exhibition, education    | , or research in furth | nerance    | of publi      | ic 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  |                          |                        |            |               |                |           |           |
|     | the following amounts required to be reported under FASB AS         |                          |                        |            |               |                |           |           |
| а   | Revenue included on Form 990, Part VIII, line 1                     | -                        |                        |            | ▶ \$          |                |           |           |
|     | Assets included in Form 990, Part X                                 |                          |                        |            | ▶ \$          |                |           |           |
|     | For Paperwork Reduction Act Notice, see the Instructions            |                          |                        |            | S             | chedule D      | Form 9    | 990) 2020 |
|     | 12-01-20  |                          |                        |            |               |                |           | -         |
|     |   | 26                       |                        |            |               |                |           |           |

2020.05094 NEIGHBORHOOD HOUSE ASSOCI 27600331

| Sche   | Schedule D (Form 990) 2020 NEIGHBORHOOD HOUSE ASSOCIATION 37-0661229 Page 2  |                         |                      |   |                         |              |             |                 |            |      |
|--------|--|-------------------------|----------------------|---|-------------------------|--------------|-------------|-----------------|------------|------|
| Par    | t III Organizations Maintaining C  | ollections of Art       | , Historica          | I Treasures, o                          | r Othe                  | r Simila     | r Assets    | contin          | nued)      |      |
| 3      | Using the organization's acquisition, accessi  | on, and other records   | s, check any o       | of the following tha                    | t make s                | ignificant ( | use of its  |                 | ,          |      |
|        | collection items (check all that apply):   |                         |                      |   |                         |              |             |                 |            |      |
| а      | Public exhibition  | d                       | 🗌 Loan               | or exchange progr                       | am                      |              |             |                 |            |      |
| b      | Scholarly research   | е                       | Other                |   |                         |              |             |                 |            |      |
| с      | Preservation for future generations  |                         |                      |   |                         |              |             |                 |            |      |
| 4      | Provide a description of the organization's co   | ollections and explain  | how they fur         | ther the organizati                     | on's exer               | npt purpo    | se in Part  | XIII.           |            |      |
| 5      | During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets |                         |                      |   |                         |              |             |                 |            |      |
|        | to be sold to raise funds rather than to be ma   |                         |                      |   |                         |              |             | Yes             |            | No   |
| Par    | <b>t IV</b> Escrow and Custodial Arran   |                         | te if the orga       | nization answered                       | "Yes" on                | Form 990     | ), Part IV, | ine 9, or       |            |      |
|        | reported an amount on Form 990, Pa   |                         |                      |   |                         |              |             |                 |            |      |
| 1a     | Is the organization an agent, trustee, custod  |                         |                      |   |                         |              |             |                 |            | 7    |
|        | on Form 990, Part X?   |                         |                      |   |                         |              | ∟           | Yes             |            | _ No |
| a      | If "Yes," explain the arrangement in Part XIII   | and complete the foll   | owing table.         |   |                         |              |             | Amoun           | +          |      |
| ~      | Reginning balance  |                         |                      |   |                         | 1c           |             | Amoun           | ι          |      |
| о<br>Ь | Beginning balance         Additions during the year  |                         |                      |   |                         |              |             |                 |            |      |
| ц<br>Б | Distributions during the year  |                         |                      |   |                         |              |             |                 |            |      |
| f      | Ending balance   |                         |                      |   |                         |              |             |                 |            |      |
| 2a     | Did the organization include an amount on F  |                         |                      |   |                         |              |             | Yes             |            | No   |
|        | If "Yes," explain the arrangement in Part XIII.  |                         | -                    |   |                         |              |             | _               |            | j    |
| Par    | t V Endowment Funds. Complete  | if the organization an  | swered "Yes"         | on Form 990, Par                        | t IV, line <sup>-</sup> | 10.          |             |                 |            |      |
|        |  | (a) Current year        | <b>(b)</b> Prior y   | ear <b>(c)</b> Two yea                  | ars back                | (d) Three y  | /ears back  | (e) Four        | r years    | back |
| 1a     | Beginning of year balance  |                         |                      |   |                         |              |             |                 |            |      |
| b      | Contributions  |                         |                      |   |                         |              |             |                 |            |      |
| с      | Net investment earnings, gains, and losses   |                         |                      |   |                         |              |             |                 |            |      |
| d      | Grants or scholarships   |                         |                      |   |                         |              |             |                 |            |      |
| е      | Other expenditures for facilities  |                         |                      |   |                         |              |             |                 |            |      |
|        | and programs   |                         |                      |   |                         |              |             |                 |            |      |
| f      | Administrative expenses  |                         |                      |   |                         |              |             |                 |            |      |
| g      | End of year balance  |                         |                      |   |                         |              |             |                 |            |      |
| 2      | Provide the estimated percentage of the curr   | rent year end balance   | e (line 1g, colu     | ımn (a)) held as:                       |                         |              |             |                 |            |      |
| а      | Board designated or quasi-endowment  |                         | _%                   |   |                         |              |             |                 |            |      |
| b      | Permanent endowment  |                         |                      |   |                         |              |             |                 |            |      |
| с      | · · · · · · · · · · · · · · · · · · ·  | _%                      |                      |   |                         |              |             |                 |            |      |
| 0-     | The percentages on lines 2a, 2b, and 2c sho  |                         |                      | a lal ana di a disa ta ta ta            |                         |              |             |                 |            |      |
| Ja     | Are there endowment funds not in the posse   | ession of the organiza  | tion that are r      | ieid and administe                      | red for th              | ie organiza  | ation       | 1               | Yes        | Ne   |
|        | by:<br>(i) Unrelated organizations   |                         |                      |   |                         |              |             | 3a(i)           | res        | No   |
|        | <ul><li>(i) Unrelated organizations</li><li>(ii) Related organizations</li></ul>   |                         |                      |   |                         |              |             | 3a(ii)          |            |      |
| h      | If "Yes" on line 3a(ii), are the related organizations   |                         |                      |   |                         |              |             | 3b              |            |      |
| 4      | Describe in Part XIII the intended uses of the   |                         |                      |   |                         |              |             | _ 00            |            |      |
| Par    | t VI Land, Buildings, and Equipm   |                         |                      |   |                         |              |             |                 |            |      |
|        | Complete if the organization answere   | d "Yes" on Form 990     | , Part IV, line      | 11a. See Form 990                       | ), Part X,              | line 10.     |             |                 |            |      |
|        | Description of property  | (a) Cost or o           | ther (b              | ) Cost or other                         | (c) A                   | ccumulate    |             | ( <b>d)</b> Boo | k valu     | e    |
| 4-     | Land   | basis (investm          |                      | basis (other)<br>60,576.                | ue                      | preciation   |             | 6               | 0,5        | 76   |
|        | Land   |                         | 2                    | ,392,848.                               | 2                       | 110,3        | 93          | 1,28            |            |      |
|        | Buildings<br>Leasehold improvements  |                         |                      | , | <u> </u>                | ±±0,3        |             | ±,20            | <u>, 4</u> |      |
|        |  |                         |                      | 512,910.                                |                         | 424,8        | 15.         | 8               | 8,0        | 95.  |
|        | EquipmentOther   |                         |                      | 5-2,5-0.                                |                         |              |             | 0               | <b>.</b> , | •    |
|        | Other  |                         | X column (D)         | lino 100 )                              | 1                       |              |             | 1,43            | 1.1        | 26.  |
| Tota   | , αια πτος τα πτουgit το. ( <u>Οοιμπη (α)</u> must e   | iqual FUIII 990, Part / | <u>, column (B).</u> |   |                         |              | Sahadula    |                 |            |      |

Schedule D (Form 990) 2020

| Schedule D (Form 990) 2020 NEIGHBORHOOD HOUSE ASSOCIATION |
|---|
|---|

### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  |                |   |
| (2) Closely held equity interests                                    |                |   |
| (3) Other  |                |   |
| (A)  |                |   |
| (B)  |                |   |
| (C)  |                |   |
| (D)  |                |   |
| (E)  |                |   |
| (F)  |                |   |
| (G)  |                |   |
| (H)  |                |   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨   |                |   |

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. 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. (b) must equal Form 990, Part X, col. (B) line 13.) |                |   |

### Part IX Other Assets.

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 |
|--------|---|----------------|
|        |   | (b) DOOR Value |
| (1)    |   |                |
| (2)    |   |                |
| (3)    |   |                |
| (4)    |   |                |
| (5)    |   |                |
| (6)    |   |                |
| (7)    |   |                |
| (8)    |   |                |
| (9)    |   |                |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 15.)   |                |
| Part   | (Column (b) must equal Form 990. Part X. col. (B) line 15.)<br>t 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)    |   |                |
| (3)    |   |                |
| (4)    |   |                |
| (5)    |   |                |
| (6)    |   |                |
| (7)    |   |                |
| (8)    |   |                |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2.

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

Schedule D (Form 990) 2020

X

032053 12-01-20

(9)

| Sche | dule D (Form 990) 2020 NEIGHBORHOOD HOUSE ASSOCIA                                | 37-0661229 Page <b>4</b> |                |
|------|--|--------------------------|----------------|
| Pa   | t XI Reconciliation of Revenue per Audited Financial Stateme                     | ents With Revenue        | er Return.     |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a       | a.                       |                |
| 1    | Total revenue, gains, and other support per audited financial statements         |                          |                |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:              |                          |                |
| а    | Net unrealized gains (losses) on investments                                     | 2a                       |                |
| b    | Donated services and use of facilities   | 2b                       |                |
| с    | Recoveries of prior year grants  | 2c                       |                |
| d    | Other (Describe in Part XIII.)   |                          |                |
| е    | Add lines 2a through 2d  |                          |                |
| 3    | Subtract line 2e from line 1   |                          |                |
| 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 4a and 4b  |                          |                |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |                          |                |
| Pa   | t XII Reconciliation of Expenses per Audited Financial Statem                    | ents With Expens         | es per Return. |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a       | a.                       |                |
| 1    | Total expenses and losses per audited financial statements                       |                          |                |
| 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.)   |                          |                |
| е    | Add lines 2a through 2d  |                          | 2e             |
| 3    | Subtract line 2e from line 1   |                          |                |
| 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.)   |                          |                |
| с    | Add lines 4a and 4b  |                          | 4c             |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |                          |                |
| Pa   | rt 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 X, LINE 2:

NEIGHBORHOOD HOUSE ASSOCIATION AND COMMON PLACE, AS A CHARITABLE

ORGANIZATIONS, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR PROVISIONS OF

STATE TAX LAWS AND HAVE BEEN CLASSIFIED AS ORGANIZATIONS THAT ARE NOT A

### PRIVATE FOUNDATION.

032054 12-01-20

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047 2020

Open to Public

Inspection

Employer identification number

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service   |

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.

## Name of the organization

| NEIGHBORHOOD | HOUSE | ASSOCTATION |
|--------------|-------|-------------|
| NETGUDOKUOOD | HOUSE | ASSOCIATION |

|     | NEIGHBORHOOD                                     | HOUSE                                | ASSOCIAT   | ION  | 37-0                                    | 6612     | 229 |    |
|-----|--|--------------------------------------|--|--|---|----------|-----|----|
| Pa  |  |                                      |  |  | •                                       |          |     |    |
|     |  | <b>(a)</b><br>Check if<br>applicable | <b>(b)</b><br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of de<br>noncash contribu | etermini |     | s  |
| 1   | Art - Works of art                               |                                      |  |  |   |          |     |    |
| 2   | Art - Historical treasures                       |                                      |  |  |   |          |     |    |
| 3   | Art - Fractional interests                       |                                      |  |  |   |          |     |    |
| 4   | Books and publications                           |                                      |  |  |   |          |     |    |
| 5   | Clothing and household goods                     | X                                    |  | 29,281.  | FAIR MARKET                             | ' VAI    | JUE |    |
| 6   | Cars and other vehicles                          |                                      |  |  |   |          |     |    |
| 7   | Boats and planes                                 |                                      |  |  |   |          |     |    |
| 8   | Intellectual property                            |                                      |  |  |   |          |     |    |
| 9   | Securities - Publicly traded                     |                                      |  |  |   |          |     |    |
| 10  | Securities - Closely held stock                  |                                      |  |  |   |          |     |    |
| 11  | Securities - Partnership, LLC, or                |                                      |  |  |   |          |     |    |
|     | trust interests                                  |                                      |  |  |   |          |     |    |
| 12  | Securities - Miscellaneous                       |                                      |  |  |   |          |     |    |
| 13  | Qualified conservation contribution -            |                                      |  |  |   |          |     |    |
|     | Historic structures                              |                                      |  |  |   |          |     |    |
| 14  | Qualified conservation contribution - Other      |                                      |  |  |   |          |     |    |
| 15  | Real estate - Residential                        |                                      |  |  |   |          |     |    |
| 16  | Real estate - Commercial                         |                                      |  |  |   |          |     |    |
| 17  | Real estate - Other                              |                                      |  |  |   |          |     |    |
| 18  | Collectibles                                     |                                      |  |  |   |          |     |    |
| 19  | Food inventory                                   | X                                    |  | 330.   | FAIR MARKET                             | ' VAI    | υE  |    |
| 20  | Drugs and medical supplies                       |                                      |  |  |   |          |     |    |
| 21  | Taxidermy  |                                      |  |  |   |          |     |    |
| 22  | Historical artifacts                             |                                      |  |  |   |          |     |    |
| 23  | Scientific specimens                             |                                      |  |  |   |          |     |    |
| 24  | Archeological artifacts                          |                                      |  |  |   |          |     |    |
| 25  | Other ► ()                                       |                                      |  |  |   |          |     |    |
| 26  | Other ( )  |                                      |  |  |   |          |     |    |
| 27  | Other  ( )                                       |                                      |  |  |   |          |     |    |
| 28  | Other ()   |                                      |  |  |   |          |     |    |
| 29  | Number of Forms 8283 received by the organiz     | zation during                        | ,<br>the tax year for c  | ontributions   |   |          |     |    |
|     | for which the organization completed Form 82     | -                                    | •  |  |   |          |     |    |
|     | <b>°</b>   |                                      | C  |  |   |          | Yes | No |
| 30a | During the year, did the organization receive by | y contributio                        | n any property rep   | orted in Part I, lines 1 throug  | h 28, that it                           |          |     |    |
|     | must hold for at least three years from the date | •                                    |  |  |   |          |     |    |
|     | exempt purposes for the entire holding period?   |                                      |  |  |   | 30a      |     | Х  |
| b   | If "Yes," describe the arrangement in Part II.   |                                      |  |  |   |          |     |    |
| 31  | Does the organization have a gift acceptance p   | oolicy that re                       | quires the review o  | of any nonstandard contribut   | ions?                                   | 31       |     | Х  |
|     | Does the organization hire or use third parties  |                                      |  |  |   |          |     |    |
|     | contributions?                                   |                                      | •  | · · ·  |   | 32a      |     | х  |
| b   | If "Yes," describe in Part II.                   |                                      |  |  |   |          |     |    |
| 33  | If the organization didn't report an amount in c | olumn (c) foi                        | a type of property   | / for which column (a) is chec   | ked,                                    |          |     |    |

describe in Part II.

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| Schedule M     | l (Form 990) 2020  | NEIGHBOR  | <u>ноо</u> д нои                         | SE ASS                       | SOCIATIO                            | N                                       | 3                         | 7-0661      | 229                       | Page <b>2</b> |
|----------------|--|---|--|------------------------------|-------------------------------------|---|---------------------------|-------------|---------------------------|---------------|
| Part II        | Supplemental<br>is reporting in Part<br>this part for any ac | Information.<br>I, column (b), the<br>Iditional informati | Provide the infe<br>number of con<br>on. | ormation re<br>tributions, 1 | equired by Part<br>the number of it | I, lines 30b, 32b,<br>tems received, or | and 33, and<br>a combinat | whether the | e organizati<br>Also comp | ion<br>lete   |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
|                |  |   |  |                              |                                     |   |                           |             |                           |               |
| 032142 11-23-2 | 20   |   |  |                              |                                     |   |                           | Schedule    | M (Form 9                 | 990) 2020     |
|                |  |   |  |                              | 31                                  |   |                           |             |                           |               |

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2020.05094 NEIGHBORHOOD HOUSE ASSOCI 27600331

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# 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.



37-0661229

NEIGHBORHOOD HOUSE ASSOCIATION

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

GREATEST NEED BASED ON CASE COORDINATION UNIT REFERRALS AND PARTICIPANT

INTERVIEWS. NOT ONLY DO WE PROVIDE FOR OUR CLIENTS' PHYSICAL HEALTH BY

DELIVERING NUTRITIOUS MEALS, OUR PRESENCE ALLOWS US TO ALSO PROVIDE A

WELLNESS CHECK AT THE TIME OF DELIVERY FOR CLIENTS, OFFERING MUCH

NEEDED SOCIAL CONTACT. FOR MANY OF THE PEOPLE WHO RECEIVE SERVICES, THE

ONLY PERSON THEY SEE ON A REGULAR BASIS IS THEIR MEALS ON WHEELS

DRIVER. THIS BENEFITS OUR CLIENTS BY HAVING SOMEONE WHO CONSISTENTLY

CHECKS ON THEM.

CITY OF PEORIA:

NEIGHBORHOOD HOUSE ASSOCIATION DELIVERED 108,064 MEALS TO HOMEBOUND

SENIORS OVER 60 IN THE CITY OF PEORIA FROM JULY 2020-JUNE 2021.

RURAL PEORIA :

NEIGHBORHOOD HOUSE ASSOCIATION DELIVERED 43,225 MEALS TO HOMEBOUND

SENIORS OVER 60 IN RURAL PEORIA FROM JULY 2020-JUNE 2021.

TAZEWELL CONGREGATE AND HOME DELIVERED MEALS:

NEIGHBORHOOD HOUSE ASSOCIATION CONTRACTED WITH CENTRAL ILLINOIS AGENCY

ON AGING AS MEAL PROVIDER FOR THE TAZEWELL COUNTY MEALS PROGRAM.

64,838.7 MEALS WERE SERVED FROM JULY 2020-JUNE 2021.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CRITTERS WITH CRITTER MEALS ON WHEELS FROM JULY 2020-JUNE 2021. THIS

PROGRAM IS FUNDED BY GRANTS AND LOCAL SUPPORT.

 LHA
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Schedule O (Form 990 or 990-EZ) 2020

32

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

EDUCATION PROGRAM, HOT MEALS ARE SERVED TO CHILDREN AT NEIGHBORHOOD

HOUSE AND OTHER PARTNER ORGANIZATIONS EVERY DAY. 32,153 AFTER SCHOOL

MEALS AND 6,413 SUMMER MEALS WERE SERVED FROM JULY 2020-JUNE 2021.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FINANCIAL EMPOWERMENT AND EMPLOYMENT:

THESE PROGRAMS ASSIST ADULTS IN FINDING JOBS AND IMPROVING THEIR

FINANCIAL LITERACY.

EXPENSES \$ 40,002. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE FINANCE COMMITTEE. THE BOARD IS THEN SENT AN

ELECTRONIC COPY OF THE 990 TO REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS INCLUDED IN BOTH ITS

BYLAWS AND BOARD MANUAL. THE POLICY IS REGULARLY MONITORED, ENFORCED, AND

REVIEWED ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS REVIEWED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

NEIGHBORHOOD HOUSE ASSOCIATION MAKES IS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

**REQUEST**.

| SCH               | IEDULE R |
|-------------------|----------|
| <i>(</i> <b>_</b> |          |

(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.

Attach to Form 990.

OMB No. 1545-0047

20

Open to Public Inspection

Employer identification number

37-0661229

Department of the Treasury Internal Revenue Service

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

Name of the organization

### NEIGHBORHOOD HOUSE ASSOCIATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| <b>(a)</b><br>Name, address, and EIN (if applicable)<br>of disregarded entity | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile (state or<br>foreign country) | <b>(d)</b><br>Total income | <b>(e)</b><br>End-of-year assets | <b>(f)</b><br>Direct controlling<br>entity |
|---|--------------------------------|--|----------------------------|----------------------------------|--|
|   |                                |  |                            |                                  |  |
|   |                                |  |                            |                                  |  |
|   |                                |  |                            |                                  |  |
|   |                                |  |                            |                                  |  |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| <b>(a)</b><br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | <b>(e)</b><br>Public charity<br>status (if section | <b>(f)</b><br>Direct controlling<br>entity | Section 5<br>contr<br>ent | olled |
|---|--------------------------------|--|-------------------------------|--|--|---------------------------|-------|
|   |                                |  |                               | 501(c)(3))   |  | Yes                       | No    |
| COMMON PLACE INC 37-0918811                                     |                                |  |                               |  |  |                           |       |
| 1020 S. MATTHEW ST.   | ADDRESS CONCERNS OF            |  |                               |  | NEIGHBORHOOD                               |                           |       |
| PEORIA, IL 61605  | POVERTY IN SOCIETY             | ILLINOIS   | 501(C)(3)                     | LINE 7   | HOUSE ASSOCIATION                          | Х                         |       |
|   |                                |  |                               |  |  |                           |       |
|   |                                |  |                               |  |  |                           |       |
|   |                                |  |                               |  |  |                           |       |

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Schedule R (Form 990) 2020

### Schedule R (Form 990) 2020 NEIGHBORHOOD HOUSE ASSOCIATION

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Part III 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.

| (a)  | (b)              | (c)                                       | (d)                          | (e)  | (f)   | (g)   | (h)   |  | (i)   | (j)    |                                 | (k) |                        |                           |                         |  |
|--|------------------|---|------------------------------|--|---|---|---|--|---|--------|---------------------------------|-----|------------------------|---------------------------|-------------------------|--|
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile<br>(state or<br>foreign | Direct controlling<br>entity | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | Predominant income<br>(related, unrelated,<br>excluded from tax under | Predominant income<br>(related, unrelated,<br>excluded from tax under | Predominant income<br>(related, unrelated, inc<br>excluded from tax under | Predominant income Share of total<br>(related, unrelated, income excluded from tax under | the second se | alloca | amount in box<br>20 of Schedule |     | Gener<br>mana<br>partn | al or Perc<br>ging<br>er? | Percentage<br>ownership |  |
|  |                  | country)                                  |                              | sections 512-514)  |   | 455615  | Yes No  |  | K-1 (Form 1065)   | Yes    | No                              |     |                        |                           |                         |  |
|  |                  |   |                              |  |   |   |   |  |   |        |                                 |     |                        |                           |                         |  |
|  |                  |   |                              |  |   |   |   |  |   |        |                                 |     |                        |                           |                         |  |
|  |                  |   |                              |  |   |   |   |  |   |        |                                 |     |                        |                           |                         |  |
|  |                  |   |                              |  |   |   |   |  |   |        |                                 |     |                        |                           |                         |  |
|  |                  |   |                              |  |   |   |   |  |   |        |                                 |     |                        |                           |                         |  |
|  |                  |   |                              |  |   |   |   |  |   |        |                                 |     |                        |                           |                         |  |
|  |                  |   |                              |  |   |   |   |  |   |        |                                 |     |                        |                           |                         |  |
|  |                  |   |                              |  |   |   |   |  |   |        |                                 |     |                        |                           |                         |  |
|  |                  |   |                              |  |   |   |   |  |   |        |                                 |     |                        |                           |                         |  |
|  | ]                |   |                              |  |   |   |   |  |   |        |                                 |     |                        |                           |                         |  |
|  | 1                |   |                              |  |   |   |   |  |   |        |                                 |     |                        |                           |                         |  |
|  | 1                |   |                              |  |   |   |   |  |   |        |                                 |     |                        |                           |                         |  |
|  |                  |   |                              |  |   |   |   |  |   |        |                                 |     |                        |                           |                         |  |
|  | 1                |   |                              |  |   |   |   |  |   |        |                                 |     |                        |                           |                         |  |
|  | 1                |   |                              |  |   |   |   |  |   |        |                                 |     |                        |                           |                         |  |
|  | 1                |   |                              |  |   |   |   |  |   |        |                                 |     |                        |                           |                         |  |
|  | I                | 1   | 1                            | 1  |   | 1   |   |  | 1   | 1      |                                 |     |                        |                           |                         |  |

Part IV 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)<br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign | <b>(d)</b><br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | <b>(f)</b><br>Share of total<br>income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | l contr | i)<br>tion<br>o)(13)<br>rolled<br>ity? |  |  |  |
|--|--------------------------------|---|--|--|--|---|--------------------------------|---------|--|--|--|--|
|  |                                | country)                                      |  | 5. 1. 000  |  |   |                                | Yes     | No                                     |  |  |  |
|  |                                |   |  |  |  |   |                                |         |  |  |  |  |
|  |                                |   |  |  |  |   |                                |         |  |  |  |  |
|  |                                |   |  |  |  |   |                                |         |  |  |  |  |
|  |                                |   |  |  |  |   |                                |         |  |  |  |  |
|  | -                              |   |  |  |  |   |                                |         |  |  |  |  |
|  |                                |   |  |  |  |   |                                |         |  |  |  |  |
|  |                                |   |  |  |  |   |                                |         |  |  |  |  |
|  |                                |   |  |  |  |   |                                |         |  |  |  |  |
|  |                                |   |  |  |  |   |                                |         |  |  |  |  |
|  |                                |   |  |  |  |   |                                |         |  |  |  |  |
|  |                                |   |  |  |  |   |                                |         |  |  |  |  |
|  |                                |   |  |  |  |   |                                |         |  |  |  |  |
|  |                                |   |  |  |  |   |                                |         |  |  |  |  |
|  |                                |   |  |  |  |   |                                |         |  |  |  |  |
|  | 1                              |   |  |  |  |   |                                |         |  |  |  |  |

### Schedule R (Form 990) 2020 NEIGHBORHOOD HOUSE ASSOCIATION

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

| Not | e: 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  |
| b   | Gift, grant, or capital contribution to related organization(s)  | 1b |     | Х  |
|     | 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   |  | 1g |     | X  |
| h   | 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 |     | X  |
|     | Performance of services or membership or fundraising solicitations for related organization(s)   | 11 |     | X  |
|     | 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   |    |
| o   | 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 |     | Х  |
| 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)<br>Name of related organization | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|---|-------------------------------|--|
| (1)                                 |   |                               |  |
| (2)                                 |   |                               |  |
| <u>(3)</u>                          |   |                               |  |
| <u>(4)</u>                          |   |                               |  |
| (5)                                 |   |                               |  |
| (6)                                 |   |                               |  |

### Schedule R (Form 990) 2020 NEIGHBORHOOD HOUSE ASSOCIATION

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.

|                        | 5 5              | <b></b>           | · ·  |                       |                  |          |             | · · · ·                  |        |  |          |              |           |
|------------------------|------------------|-------------------|--|-----------------------|------------------|----------|-------------|--------------------------|--------|--|----------|--------------|-----------|
| (a)                    | (b)              | (c)               | (d)  | (€<br>Are             | <b>e)</b>        | (f)      | (g)         | (ľ                       | ו)     | (i)  | (j)      |              | (k)       |
| Name, address, and EIN | Primary activity | Legal domicile    | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | partne                | : dii<br>rs sec. | Share of | Share of    | Dispr<br>tior<br>allocat | opor-  | Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | Genera   | al or P      | ercentage |
| of entity              |                  | (state or foreign | (related, unrelated,   | partne<br>501(<br>org | c)(3)            | total    | end-of-year | allocat                  | tions? | amount in box 20   | manag    | ing<br>er? C | ownership |
|                        |                  | country)          | sections 512-514)  | Yes                   | No               | income   |             | Yes                      | No     | (Form 1065)  | Yes      |              |           |
|                        |                  | 57                |  | res                   | NO               |          |             | res                      | NO     | (101111000)  | res      | 10           |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          | +            |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        | 1                |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             | $\perp$                  |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          | _            |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  | $\vdash$ | -+           |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |
|                        |                  |                   |  |                       |                  |          |             |                          |        |  |          |              |           |

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### NEIGHBORHOOD HOUSE ASSOCIATION

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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