Neighborhood House Association 2016 Public Disclosure Copy

STATEMENT THAT THIS IS A TAX RETURN NOT A FINANCIAL STATEMENT

The accompanying federal income tax return does **<u>NOT</u>** constitute a financial statement. We have not audited, reviewed or compiled the accompanying income tax return and, accordingly, do not express an opinion or any other form of assurance on it.

An income tax return is not intended to constitute financial statements prepared in accordance with generally accepted accounting principles. Accordingly, it does not necessarily include all financial information or disclosures required by generally accepted accounting principles. If the omitted financial information or disclosures were included with the tax return, they might influence the users' conclusions about the taxpayer's financial position, results of operations and cash flows. Accordingly, this income tax return is not designed to be used in lieu of financial statements.

RECORD RETENTION

Copies of your tax returns are enclosed for your files. It is your responsibility to retain copies of your tax information. We recommend the following guidelines:

- Tax returns keep indefinitely.
- Supporting documentation keep for 8 years.
- · Records supporting your tax basis in personal, investment and business assets and gift
 - documentation keep indefinitely.

Please note: Eide Bailly retains copies of tax returns, workpapers and other tax information for a period of eight years. After that, we dispose of all records. If you have questions regarding retention of tax records, please contact us.

EIDE BAILLY LLP 5 TRIAD CENTER STE 600 SALT LAKE CITY, UT 84180-1128

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

Halalahallhaalahallahallahalahalla

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY



CPAs & BUSINESS ADVISORS

July 6, 2017

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

Dear Jennifer:

Enclosed are the original and one copy of the 2016 Exempt Organization return, as follows...

2016 Form 990

2016 IRS E-File Signature Authorization For An Exempt Organization (Form 8879-EO)

Please review the return for completeness and accuracy.

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

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

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

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

return.

Sincerely,

Mark C Furniss, CPA

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

December 31, 2016

Prepared for	Neighborhood House Association 1050 West 500 South Salt Lake City, UT 84104-1397
Prepared by	Eide Bailly LLP 5 Triad Center Ste 600 Salt Lake City, UT 84180-1128
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

	Ω	n	n
Form	Э	y	U

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Information about Form 990 and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

Α	For th	e 2016 calendar year, or tax year beginning and	ending	_				
В	Check if applicab	e: C Name of organization		D Employer identifie	cation number			
	Addre	ddress NEIGHBORHOOD HOUSE ASSOCIATION						
	Name	Doing business as		87-0	212462			
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	· · · · · · · · · · · · · · · · · · ·			
	Final returr	1050 WEST 500 SOUTH		(801				
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,923,212.			
	Amer	$\mathbf{A} = \mathbf{A} \mathbf{A} \mathbf{A} \mathbf{A} \mathbf{A} \mathbf{A} \mathbf{A} \mathbf{A}$		H(a) Is this a group re				
				for subordinates	? Yes X No			
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	Icluded? Yes No			
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)			
		te: WWW.NHUTAH.ORG		H(c) Group exemption				
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1894 N	State of legal domicile: UT			
Pa	art I	Summary						
e	1	Briefly describe the organization's mission or most significant activities: QUAL			AY CARE AND			
anc		SUPPORT SERVICES TO LOW-INCOME CHILDREN						
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo		1 1				
õ	3	Number of voting members of the governing body (Part VI, line 1a)			24 24			
م	4	Number of independent voting members of the governing body (Part VI, line 1b)						
ies	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			101			
ivit	6	Total number of volunteers (estimate if necessary)		6	1490			
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		0.			
				Prior Year	Current Year			
ne	8	Contributions and grants (Part VIII, line 1h)		3,924,136.	1,519,232.			
en l	9	Program service revenue (Part VIII, line 2g)		1,014,610.	1,309,788.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		77,299.	97,805.			
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		81,977.	33,635.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,098,022.	2,960,460.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,492,208.	1,851,484.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	~~~ 	0.	29,600.			
ц.		Total fundraising expenses (Part IX, column (D), line 25)	720 102	025 442				
-	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		738,123. 2,230,331.	835,443.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			2,716,527.			
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		2,867,691.	243,933.			
ts o				ginning of Current Year	End of Year			
Bala	20	Total assets (Part X, line 16)	······	8,050,901.	8,408,929.			
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		98,475.	174,841.			
		Net assets or fund balances. Subtract line 21 from line 20		7,952,426.	8,234,088.			
	art II	Signature block alties of periury. I declare that I have examined this return, including accompanying schedule	and atatam	ante and to the best of m	/knowledge and belief, it is			
UIIC		aiues oi penury. Euclare mari nave examineu uns teturn, incinumu accompanyoli Scheune	55 anu Statem	EIILS, AITU LU LITE DESL UT III	A KINOWIEUUE AITU DEITEI, ILIS			

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JENNIFER NUTTALL, EXEC Type or print name and title	UTIVE DIRECTOR	Date			
Paid	Print/Type preparer's name MARK C FURNISS, CPA	Preparer's signature Dat	e Check PTIN if self-employed P00242966			
Preparer	parer Firm's name ▶ EIDE BAILLY LLP Firm's EIN ▶ 45–025095					
Use Only	Only Firm's address 5 TRIAD CENTER STE 600					
	SALT LAKE CITY, UT 84180-1128 Phone no.801-532-2200					
May the IRS discuss this return with the preparer shown above? (see instructions)						
632001 11-1	632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)					

Form	990 (2016) NEIGHBORHOOD HOUSE ASSOCIATION	87-0212462 Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: QUALITY, AFFORDABLE DAY CARE AND SUPPORT SERVICES TO	
	CHILDREN AND ADULTS BASED ON THEIR ABILITY TO PAY.	2011 21(00112
2	Did the organization undertake any significant program services during the year which were not listed on	the
	prior Form 990 or 990-EZ?	Yes 🔀 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser If "Yes," describe these changes on Schedule O.	vices?Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program service	ces, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	
	revenue, if any, for each program service reported.	, , ,
4a	(Code:) (Expenses \$ 1,792,485. including grants of \$)	(Revenue \$ 905,705.)
		BEEN PROVIDING
	QUALITY PRESCHOOL AND DAYCARE SERVICES FOR OUR COMMU	-
	CLIENT'S ABILITY TO PAY. NEIGHBORHOOD HOUSE IS THE O	
	UTAH WITH A SLIDING FEE SCALE TO ACHIEVE NAEYC ACCRE	-
	EVERYONE HAS ACCESS TO THE HIGHEST QUALITY EARLY CHI	
	OUR GOAL IS TO MAXIMIZE EACH CHILD'S LEARNING POTENT	
	INTELLECTUAL GROWTH, BUILDING SELF-CONFIDENCE AND DE	
	SKILLS THEY'LL CARRY INTO ADULTHOOD. OUR ACTIVITIES	
	DEVELOPMENT, CREATIVE EXPRESSION, MOTOR COORDINATION	AND SOCIAL AND
	EMOTIONAL SKILLS.	
	WE ARE COMMITTED TO ENSURING CHILDREN ARE READY TO C	
	FOOTING WITH THEIR COUNTERPARTS OF OTHER SOCIO-ECONO (Code:)(Expenses \$ 546,671. including grants of \$)	404 002
4b	(Code:)(Expenses 546,671. including grants of) ADULT DAY CARE - NEIGHBORHOOD HOUSE PROVIDES A SAFE,	(Revenue \$ 404,083.) HOME-LIKE
	ENVIRONMENT FOR NON-AGGRESSIVE INDIVIDUALS 18 YEARS	
	SUPERVISED CARE DURING THE DAY. SINCE 1978, WE'VE BE	
	ADULT DAY CARE SERVICESNOT JUST IN UTAH, BUT IN TH	
	ABILITY TO PROVIDE A RESPONSIVE AND CARING ENVIRONME	
	AND CAREGIVERS SETS US APART FROM OTHER ADULT DAY CA	
	PROGRAMS ENSURE OUR CLIENTS RECEIVE THE PHYSICAL, ME	NTAL AND SOCIAL
	SERVICES THEY NEED.	
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 2,339,156.	,
		Form 990 (2016)
632002	2 11-11-16 SEE SCHEDULE O FOR CONTINUATI	
	2	

Form 990 (HBORHOOD
Part IV	Chec	klist	of	Required	Schedules

NEIGHBORHOOD HOUSE ASSOCIATION

			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	х	
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 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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
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		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			77
	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			v
	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		x
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	Х	
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

Form **990** (2016)

Form	aan	(2016)
	330	(2010)

 Form 990 (2016)
 NEIGHBORHOOD
 HOUSE
 ASSOCIATION

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	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		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		x
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
-	director, trustee, or direct or indirect owner? 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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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?			v
07	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	07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		- 22
30	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2016)

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	18			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	able gaming			
	(gambling) winnings to prize winners?		·····	1c	Х	
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	101			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns? .		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	eO		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b				5b	ļ!	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	ļ!	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					v
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu			6b		
-	were not tax deductible?					
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvione	provided to the pover?	7a	x	
a b	 b) a the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? b) If "Yes," did the organization notify the donor of the value of the goods or services provided? 					<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v			7b	X	
U	to file Form 8282?			7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	1	1	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	-		7e		x
f						X
g						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a				
b						
40	amounts due or received from them.)	11b	<u> </u>	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a		
b 12	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.			10-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
F	Note. See the instructions for additional information the organization must report on Schedule O.					
a	Enter the amount of reserves the organization is required to maintain by the states in which the	13b	1			
~	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13D				
			I	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		<u> </u>

Form 990 (2016)

Form 990 (2016) NEIGHBORHOOD HOUSE ASSOCIATION Part V Statements Regarding Other IRS Filings and Tax Compliance

-orm 990	(2016)
Devit V	01-

Form 990 (2016)

NEIGHBORHOOD HOUSE ASSOCIATION

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Χ		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 24					
	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 in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 24					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a		х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	Х			
b	Each committee with authority to act on behalf of the governing body?	8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х			
с	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	in Schedule O how this was done					
13	Did the organization have a written whistleblower policy?	13	Х			
14	Did the organization have a written document retention and destruction policy?	14	Х			
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Х			
b	Other officers or key employees of the organization	15b		X		
	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 arrangement with a					
	taxable entity during the year?	16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's					
	exempt status with respect to such arrangements?	16b				
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright UT$					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le			
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	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 books and records:					
	JENNIFER NUTTALL - (801) 363-4589					
	1050 WEST 500 SOUTH, SALT LAKE CITY, UT 84104-1397					

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	a a a	Irecto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mpen		(** 2/ 1000 10100)		and related
	below	id ual 1	Institutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			
(1) ELAINE ELLIS	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) JESSICA MIRABILE	2.00									
FIRST VICE PRESIDENT		Х		Х				0.	0.	0.
(3) SARA WILCOX	2.00									
SECOND VICE PRESIDENT		Х		Х				0.	0.	0.
(4) WENDY SMITH	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) LISA SPONAUGLE	2.00									
RECORDING SECRETARY		Х		Х				0.	0.	0.
(6) SHELLEY ANDERSON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) HELEN CARDON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JENNIFER CONDON	2.00								_	
BOARD MEMBER		Х						0.	0.	0.
(9) KIM CORDOVA	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(10) KRISTINE ECCLES	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(11) CAROL FIRMAGE	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(12) JULIE GLENN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) CATHERINE KANTER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) MARILYN MACALLAIR	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) MICHELLE MARIANI	2.00									
BOARD MEMBER		X						0.	0.	0.
(16) NANCY MCNALLY	2.00								•	•
BOARD MEMBER		X					<u> </u>	0.	0.	0.
(17) JUDY MORETON	2.00								~	•
BOARD MEMBER		Х						0.	0.	0.

Form 990 (2016)

Form	990	(201)	6
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NEIGHBORHOOD HOUSE ASSOCIATION

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees,	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) (B) (C) (D) (E)									(F)				
Name and title Average Position Reportable Reportable							Estimated						
hours per box, unless person is both an compensation compensation								amount of					
week officer and a director/trustee) from from related								other					
(list any g the organizations							compensation						
	hours for 🗒 organization (W-2/1099-MISC))		om th				
related s a s a s a s a s a s a s a s a s a s								anizat					
									d relat anizati				
line) Officer Linking										org	anzan	0113	
(18) CASSANDRA PIERCE 2.00 2.00 (18) (18) (18) (18) (18) (18) (18) (18)													
								0.					
(19) SHAUNA PRISKOS	2.00									-			
BOARD MEMBER		x						0.	().			0.
(20) JULIE ROUGHTON	2.00									+			
BOARD MEMBER		x						0.	().			0.
(21) APRIL SCHUTJER	2.00									+			
BOARD MEMBER		x						0.	().			Ο.
(22) KRISTINE STOCKHAM	2.00									+			
BOARD MEMBER		x						0.	().			0.
(23) KELLIE WOOD	2.00									+			
BOARD MEMBER		x						0.	().			Ο.
(24) MARY JUNE WOODS	2.00									+			
BOARD MEMBER		x						0.	().			Ο.
(25) JENNIFER NUTTAL	50.00									\top			
EXECUTIVE DIRECTOR		1		х				79,217.	().		3,6	00.
(26) KAI WILSON	50.00												
INTERIM EXECUTIVE DIRECTOR X 5,985. 0.									0.				
1b Sub-total 85,202. 0.								3,600.		00.			
c Total from continuation sheets to Part VII, Section A									0.				
d Total (add lines 1b and 1c)								00.					
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bov	e) wł	no r	received more than \$100	,000 of reportable				
compensation from the organization													0
										_		Yes	No
3 Did the organization list any former officer,					•			•					
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J i	for such individual		L	4		X
5 Did any person listed on line 1a receive or a	•							•					
rendered to the organization? If "Yes," complete Schedule J for such person								5		X			
Section B. Independent Contractors													
1 Complete this table for your five highest co	-	-								ensa	tion	from	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.												
(A) Name and business	address	NIC	אדד	7				(B)	envices	Cc		C) neatio	n
Name and business address NONE Description of services Compensation													
							_						
2 Total number of independent contractors (i	ncludina but n	ot li	mite	d to	tho	se li	ster	d above) who received m	ore than				
\$100,000 of compensation from the organiz						0		·					

\$100,000 of compensation from the organization

and the set of the s	Form 99		/		HOUSE AS	SOCIATION		87-0212	462 Page
Total revenue Related campaigns Total revenue Period conservent function revenue Ornelated brown of the servent function revenue Ornelated campaigns Total revenue Period campaigns Ornelated campaigns Total revenue Ornelated campaigns Ornelated c	Part	VIII							
Total revenue Related campaigns Total revenue Related campaigns Ornelated by comparison Ornel			Check if Schedule O cont	tains a response	or note to any lir	ie in this Part VIII (A)	(B)	(C)	
Bit Bit Products of Comparison Ia Forderated campaigns Ia Ta Forderated campaications Ia Ta Forderated campaications Ia Ta Forderated campaigns Ia Forderate						Total revenue	Related or exempt function	Unrelated business	Revenuè excluded from tax under sections 512 - 514
Building and the start	នុខ -	1 0	Endorstad compaigns	10	73 668		Tevenue	Tevenue	512-514
generation 2 a CHILDREN'S DAY CARE Business Code 624410 741,756. 741,756. b ADULT DAY CARE FOOD SERVICE INCOME 624410 163,949. 163,949. 163,949. d	unt				15,000.				
generation 2 a CHILDREN'S DAY CARE Business Code 624410 741,756. 741,756. b ADULT DAY CARE FOOD SERVICE INCOME 624410 163,949. 6 d e	, U U U U				233,979.				
generation 2 a CHILDREN'S DAY CARE Business Code 624410 741,756. 741,756. b ADULT DAY CARE FOOD SERVICE INCOME 624410 163,949. 163,949. 163,949. d	ar A				,				
generation 2 a CHILDREN'S DAY CARE Business Code 624410 741,756. 741,756. b ADULT DAY CARE FOOD SERVICE INCOME 624410 163,949. 163,949. 163,949. d	s, O				321,688.				
generation 2 a CHILDREN'S DAY CARE Business Code 624410 741,756. 741,756. b ADULT DAY CARE FOOD SERVICE INCOME 624410 163,949. 163,949. 163,949. d	r Si	f	All other contributions, gifts, gran	its, and					
generative 2 a CHILDREN'S DAY CARE Business Code 624410 741,756. 741,756. b ADULT DAY CARE FOOD SERVICE INCOME 624410 163,949. 163,949. 6 d	the		similar amounts not included abo	ve 1f					
generation 2 a CHILDREN'S DAY CARE Business Code 624410 741,756. 741,756. b ADULT DAY CARE FOOD SERVICE INCOME 624410 163,949. 163,949. 163,949. d	a de la	g	Noncash contributions included in lines	s 1a-1f: \$					
2 a CHILDREN'S DAY CARE 624410 741,756. 741,756. b DUUT DAY CARE 623000 404,083. 404,083. c FOOD SERVICE INCOME 624410 163,949. 163,949. d	<u> </u>	h	Total. Add lines 1a-1f		1				
b ADULT DAY CARE 623000 404,083. 404,083. c FOOD SERVICE INCOME 624410 163,949. 163,949. d							741 756		
g Total. Add lines 2a-27 ↓ , 309, 788. 3 Investment income (including dividends, interest, and other similar amounts) ↓ , 309, 788. 4 Income from investment of tax-exempt bond proceeds ↓ 50, 740. 5 Royalties ↓ 51, 261. 6 Gross rents ↓ 1, 261. b Less: rental expenses ↓ 1, 261. c Rental income or (loss) ↓ 1, 261. d Net rental income or (loss) ↓ 1, 261. 7 Gross amount from sales of assets other than inventory ↓ 1, 280. 7 Gross amount from sales of assets other than inventory ↓ 1, 280. 9 28, 965. 0. c Gain or (loss) ↓ 47, 065. d Net gain or (loss) ↓ 47, 065. a Gross income from fundraising events (not including § 233, 979. of contributions reported on line 1c). See Part IV, line 18 ↓ 10, 560. b Less: direct expenses ↓ 10, 560. a Gross income from gaming activities. See Part IV, line 19 ↓ 10, 560. b Less: direct expenses ↓ 10, 560. c Net income or (loss) from gaming activities. ↓ 10, 560.	z ice			CARE					
g Total. Add lines 2a-27 ↓ , 309, 788. 3 Investment income (including dividends, interest, and other similar amounts) ↓ , 309, 788. 4 Income from investment of tax-exempt bond proceeds ↓ 50, 740. 5 Royalties ↓ 51, 261. 6 Gross rents ↓ 1, 261. b Less: rental expenses ↓ 1, 261. c Rental income or (loss) ↓ 1, 261. d Net rental income or (loss) ↓ 1, 261. 7 Gross amount from sales of assets other than inventory ↓ 1, 280. 7 Gross amount from sales of assets other than inventory ↓ 1, 280. 9 28, 965. 0. c Gain or (loss) ↓ 47, 065. d Net gain or (loss) ↓ 47, 065. a Gross income from fundraising events (not including § 233, 979. of contributions reported on line 1c). See Part IV, line 18 ↓ 10, 560. b Less: direct expenses ↓ 10, 560. a Gross income from gaming activities. See Part IV, line 19 ↓ 10, 560. b Less: direct expenses ↓ 10, 560. c Net income or (loss) from gaming activities. ↓ 10, 560.	Serv			ICOME					
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g Total. Add lines 2a:21 1,309,788. 3 Investment income (including dividends, interest, and other similar amounts) 50,740. 4 Income from investment of tax exempt bond proceeds 51,261. 5 Royalties 51,261. 6 a Gross rents (i) Real (ii) Personal 6 a Gross rents (i) Real (ii) Personal 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other 9 a Gross income from fundraising events (not including § 233,979. of contributions reported on line 1c). See Part IV, line 18 10,560. 9 a Gross income from gaming activities. 10,560. 10,560. 9 a Gross income from gaming activities. -23,227. -23, 9 a Gross alse of inventory, less returns b -23,227. -23,	Re	a			-				
g Total. Add lines 2a-2f ▶ 1, 309, 788. 3 Investment income (including dividends, interest, and other similar amounts) ▶ 50, 740. 4 Income from investment of tax-exempt bond proceeds ▶ 51, 261. 5 Royalties ▶ 51, 261. 6 Gross rents ▶ 1, 309, 788. b Less: rental expenses ▶ 1, 309, 788. c Rental income or (loss) ▶ 1, 261. d Net rental income or (loss) ▶ 1, 261. 7 a Gross amount from sales of assets other than inventory ▶ 10, Securities 928, 965. 0. 46, 315. 750. 928, 965. 0. 47, 065. 47, 065. 47, 065. 47, 065. 9 Gross income from fundraising events (not including \$23, 979. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b b Less: direct expenses b c Net income or (loss) from fundraising events ▶ -23, 227. 9 Gross income from gaming activities. See Part IV, line 19 ▶ b Less: direct expenses ▶	Pro	f	All other program service reve						
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c Rental income or (loss) d Net rental income or (loss) 7 Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses and sales expenses 928,965.0. c Gain or (loss) d Net gain or (loss) e 233,979. 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 Gross income from gaming activities a -23,227. -23,227. -23, e -23,227.	6								
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8 a Gross income from fundraising events (not including \$33,979. of contributions reported on line 1c). See Part IV, line 18a 10,560. b Less: direct expensesb 33,787. c Net income or (loss) from fundraising events -23,227. 9 a Gross income from gaming activities. See Part IV, line 19a a b Less: direct expensesb c Net income or (loss) from gaming activities. See Part IV, line 19a b Less: direct expensesb c Net income or (loss) from gaming activitiesa c Net income or (loss) from gaming activitiesa b Less: direct expensesb c Net income or (loss) from gaming activitiesa b Less: direct expensesa c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities		с							
including \$33, 979. of contributions reported on line 1c). See Part IV, line 18a 10, 560. b Less: direct expensesb 33, 787. c Net income or (loss) from fundraising events -23, 227. 9 a Gross income from gaming activities. See Part IV, line 19a a b Less: direct expensesb b c Net income or (loss) from gaming activities. See Part IV, line 19a a b Less: direct expensesb b c Net income or (loss) from gaming activitiesb		d	Net gain or (loss)		►	47,065.			47,065
c Net income or (loss) from fundraising events -23,227. -23, 9 a Gross income from gaming activities. See Part IV, line 19 a a b Less: direct expenses b b c Net income or (loss) from gaming activities b b 10 a Gross sales of inventory, less returns a b	ع <u>ه</u>	8 a							
c Net income or (loss) from fundraising events -23,227. -23, 9 a Gross income from gaming activities. See Part IV, line 19 a a b Less: direct expenses b b c Net income or (loss) from gaming activities b b 10 a Gross sales of inventory, less returns a b	ent								
c Net income or (loss) from fundraising events -23,227. -23, 9 a Gross income from gaming activities. See Part IV, line 19 a a b Less: direct expenses b c c Net income or (loss) from gaming activities b c 10 a Gross sales of inventory, less returns c c	Rev				10 500				
c Net income or (loss) from fundraising events -23,227. -23, 9 a Gross income from gaming activities. See Part IV, line 19 a a b Less: direct expenses b b c Net income or (loss) from gaming activities b b 10 a Gross sales of inventory, less returns a b	Je								
9 a Gross income from gaming activities. See a Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities	₹					-23 227			-23,227
Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns					▶	45,447.			25,221
b Less: direct expenses b	5	Jd							
c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns ●		b							
10 a Gross sales of inventory, less returns									
	10			-					
and allowances a									
b Less: cost of goods sold b		b	Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory		С							
Miscellaneous Revenue Business Code							5 601		
11 aMISCELLANEOUS REVENUE9000995,601.5,601.	11		MISCELLANEOUS F	CEVENUE	300033	5,001.	5,001.		
d All other revenue			All other revenue						
e Total. Add lines 11a-11d						5,601.			
	12							0.	125,839

Part IX Statement of Functional Expenses

NEIGHBORHOOD HOUSE ASSOCIATION

Do n	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		I	<u> </u>	·
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	89,714.		64,107.	25,607
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	1,465,814.	1,318,192.	92,599.	55,023
	Pension plan accruals and contributions (include			· · ·	
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	172,907.	158,853.	10,842.	3,212
	Payroll taxes	123,049.	104,531.	11,725.	6,793
	Fees for services (non-employees):	· , · = - ·	. ,	,	.,
	Management				
	Legal				
	Accounting	15,451.		12,713.	2,738
	· · · · ·				-,
	Professional fundraising services. See Part IV, line 17	29,600.			29,600
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)	31,905.	21,573.	10,332.	
	Advertising and promotion	7,816.	1,026.	3,117.	3,673
	Office expenses	33,570.	18,718.	6,635.	8,21
	Information technology	17,992.	13,330.	2,331.	2,331
		_,,,,,,	20,0001		2,001
		128,652.	126,156.	1,248.	1,248
		50,903.	49,879.	512.	512
	Travel Payments of travel or entertainment expenses	50,505.	49,019.	512.	517
	,				
	for any federal, state, or local public officials	6,860.	6,225.	485.	150
	Conferences, conventions, and meetings	0,000.	0,225.	4051	100
	Interest Payments to affiliates				
		107,142.	101,348.	2,897.	2,897
	Depreciation, depletion, and amortization	36,602.	32,506.	2,097.	2,048
	Insurance	50,002.	52,500.	2,040.	2,040
-	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) FOOD	166,649.	166,649.		
	SUPPLIES	122,542.	121,516.	634.	392
	BAD DEBT	76,537.	76,537.	0.74.0	594
-	OTHER	22,036.	11,638.	9,978.	420
		10,786.	10,479.	305.	420
	All other expenses	2,716,527.	2,339,156.	232,508.	144,863
	Total functional expenses. Add lines 1 through 24e	Δ,ΙΙΟ,ΟΔΙ.	4,339,130.	434,300.	144,00.
	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	136,479.	1	187,451.
	2	Savings and temporary cash investments		2	2,267,335.
	3	Pledges and grants receivable, net	32,500.	3	32,500.
	4	Accounts receivable, net	171,653.	4	93,624.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Â	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	19,215.	9	19,342.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,750,562.			
	b	Less: accumulated depreciation 10b 2,864,753.	814,850.	10c	885,809.
	11	Investments - publicly traded securities	6,876,204.	11	4,922,868.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,050,901.	16	8,408,929.
	17	Accounts payable and accrued expenses	98,475.	17	174,841.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ē		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	00.485	25	
	26	Total liabilities. Add lines 17 through 25	98,475.	26	174,841.
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	4 600 004		4 750 250
anc	27	Unrestricted net assets	4,623,884.	27	4,752,359.
Bal	28	Temporarily restricted net assets	3,218,542.	28	3,371,729.
pu	29	Permanently restricted net assets	110,000.	29	110,000.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
S O		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>-</u>	33	Total net assets or fund balances	7,952,426.	33	8,234,088.
	34	Total liabilities and net assets/fund balances	8,050,901.	34	8,408,929.

Form **990** (2016)

Form 990 (2		
Part X	Balance	Sheet

Form	990 (2016) NEIGHBORHOOD HOUSE ASSOCIATION	87-	0212462	Pag	ge 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	2,960				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,716	5,5	27.		
3	Revenue less expenses. Subtract line 2 from line 1	3	243	3,9	33.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,952				
5	Net unrealized gains (losses) on investments	5	37	7,7	29.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	8,234	1,0	88.		
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	О.					
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	d 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	Х			
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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		200	L		

Form **990** (2016)

SC	HE	DUL	ΕA

(Form	990	or	990-	ΕZ
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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.

2016	
Open to Public Inspection	

Employer identification number

OMB No. 1545-0047

Department of the Treasury	Attach to Form 990 or Form 990-EZ.
Internal Revenue Service	Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organizati	on

		NEIG	HBORHOOD H	OUSE ASSOCIA	TION			8	7-0212462
Pa	τI	Reason for Public	Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instructions	6.	
The c	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(*	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental u	init descrik	bed in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	Х	An organization that norma	Ily receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	ne general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of	the colleg	e or
		university:							
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	hip fees, a	ind gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	6 09(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and	d 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	' giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or truste	es of the s	supporting
	_	organization. You must o	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or mana	ge the sup	ported
	_	organization(s). You mus							
С		☐ Type III functionally integration						ly integrat	ed with,
		its supported organizatio							
d		☐ Type III non-functionally						-	
		that is not functionally int	•		-		-	an attent	iveness
_		requirement (see instruct	-						
е		Check this box if the orga					а туре ї, туре	п, туре п	
4	Ente	functionally integrated, or er the number of supported of	·			zation.			
		vide the following information	•	d organization(s)					
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	ng document? No	support (see in	-	support (see instructions)
				above (see instructions))					
Tota									

Schedule A (Form 990 or 990-EZ) 2016 NEIGHBORHOOD HOUSE ASSOCIATION

87-0212462 Page 2

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	879,591.	1019551.	1111927.	3924136.	1519232.	8454437.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	879,591.	1019551.	1111927.	3924136.	1519232.	8454437.
5							
	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)						2733072.
6	Public support. Subtract line 5 from line 4.						5721365.
	ction B. Total Support						57215051
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	879,591.	1019551.	1111927.	3924136.	1519232.	8454437.
8		07575510	10195510	11119274	55211500	10102021	010110/0
0							
	dividends, payments received on						
	securities loans, rents, royalties	515,050.	409,616.	430,935.	159,276.	133,887.	1648764.
•	and income from similar sources	515,050.	409,010.	±30,935.	155,270.	133,007.	1040/04.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		19,661.	25,507.	28,605.	10 560	84,333.
	assets (Explain in Part VI.)		19,001.	23,307.	20,005.		10187534.
	Total support. Add lines 7 through 10						,062,483.
	Gross receipts from related activities,	· ·	,				,002,403.
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —
<u> </u>	organization, check this box and stor		roontago				P
	ction C. Computation of Publ						<u> </u>
	Public support percentage for 2016 (14	56.16 %
	Public support percentage from 2015					15	53.13 %
16a	33 1/3% support test - 2016. If the c						
	stop here. The organization qualifies						► X
b	33 1/3% support test - 2015. If the c						his box
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			=	-	-	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶∟
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	heck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s 🕨 🗌
					. .		

Schedule A (Form 990 or 990-EZ) 2016 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organ	ization,
_							▶∟
-	ction C. Computation of Public						
15	Public support percentage for 2016 (lin	ne 8, column (f) c	divided by line 13,	column (f))		15	%
	Public support percentage from 2015	· · · · · · · · · · · · · · · · · · ·				16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	16 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3% , and line	17 is not
	more than 33 1/3%, check this box an	d stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	▶∟
b	33 1/3% support tests - 2015. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	, and
	line 18 is not more than 33 1/3%, chee	ck this box and s	stop here. The org	anization qualifies	as a publicly supp	ported organization	n▶∐
20	Private foundation. If the organization	<u>ı did not check a</u>	u box on line 14, 19	a, or 19b, check t	this box and see ir	structions	▶∟]
63202	23 09-21-16				Sch	nedule A (Form 99	0 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 NEIGHBORHOOD HOUSE ASSOCIATION

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

Schedule A (Form 990 or 990 EZ) 2016 NEIGHBORHOOD HOUSE ASSOCIATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	-		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	- 1		
Sec	tion D. All Type III Supporting Organizations			
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	NU
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
<u>Soc</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a b	The organization satisfied the Activities Test. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
		ructions		
c 2	L The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see inst</i> Activities Test. <i>Answer (a) and (b) below.</i>	iucions). Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Tes	NO
а	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			
		20		
h	that these activities constituted substantially all of its activities.	2a		
u	Did the activities described in (a) 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	٥Ŀ		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а		<u></u>		
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
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.	3b		

Schedule A (Form 990 or 990-EZ) 2016 NEIGHBORHOOD HOUSE ASSOCIATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integra	ated Type III supporting or	nanization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016 NEIGHBORHOOD HOUSE ASSOCIATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	ion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose				
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions				
7	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э		
	(provide details in Part VI). See instructions				
9	Distributable amount for 2016 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
		(i)	(ii)	(iii)	
Sacti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016	
300			FIE-2010	Amount for 2010	
1	Distributable amount for 2016 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2016 (reason-				
	able cause required- explain in Part VI). See instructions				
3	Excess distributions carryover, if any, to 2016:				
a					
b					
c	From 2013				
d	From 2014				
e	From 2015				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2016 distributable amount				
i	Carryover from 2011 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2016 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2016 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions				
7	Excess distributions carryover to 2017. Add lines 3j				
	and 4c				
8	Breakdown of line 7:				
<u>a</u>	Europe from 0010				
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
<u> </u>	Excess from 2016				

Schedule A	(Form 990 or 990-EZ) 2016 NEIGHBORHOOD HOUSE ASSOCIATION	87-0212462 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V,
	(See instructions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

87-0	212	462
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NEIGHBORHOOD HOUSE ASSOCIATION

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B	(Form 9	990,	990-EZ,	or 990-PF) (2016)
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Schedule	B (Form 990, 990-EZ, or 990-PF) (2016)			Page 2
Name of or	ganization		Employe	er identification number
NEIGH	BORHOOD HOUSE ASSOCIATION		87	-0212462
Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
<u> 1</u>		\$40,0	<u>00.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
2		\$109,0	00.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
3		\$105,0	00.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d) Turna of constribution
<u>No.</u>	Name, address, and ZIP + 4	Total contribution		Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
5		\$61,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

X

X

(c)

Total contributions

66,083.

(a)

No.

6

\$

(b)

Name, address, and ZIP + 4

Name of organization

Page 2

Employer identification number

87-0212462

NEIGHBORHOOD HOUSE ASSOCIATION

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 32,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Х 8 Person Payroll 34,852. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 9 X Person Payroll 276,836. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 10 Х Person Payroll 65,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number

87-0212462

NEIGHBORHOOD HOUSE ASSOCIATION

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(b)	(c) EMV (or estimate)	(d)
Description of noncash property given	FMV (or estimate) (See instructions)	Date received
SECURITIES - PUBLICLY TRADED		
	\$\$1,083.	12/14/16
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	 \$	
-	(b) Description of noncash property given	(b) (c) Description of noncash property given (c) (b) (c) (c) FMV (or estimate) (c) (c) (c) FMV (or estimate) (b) C(c) (c) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate) (c) S (c) FMV (or estimate) (c) FMV (or estimate)

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Par	ıe	4
гас		-

Name of org	anization		Employer identification number				
NEIGHE	BORHOOD HOUSE ASSOCIATI	ON	87-0212462				
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete	tributions to organizations described columns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations				
	completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) 🕨 \$				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(b) Fulfose of gift	(c) use of gift					
F		e) Transfer of gif	t				
	Tour found and a data a						
F	Transferee's name, address, a		Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
F	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
Γ			·				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
· · · · · · · · · · · · · · · · · · ·							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
		[
(a) No.							
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
F	(e) Transfer of gift						
F	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				

SCHEDULE [)
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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. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Name of the organization

Employer identification number

	NEIGHBORHOOD HOUSE ASSOCIATION	87-0212462
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ful	nds
Ŭ	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
U	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	
Pa		
		v, me 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	winnertent land area
		listone structure
•	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	
	day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
_	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	inization during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservat	tion easements during the year
	▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the year
_	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(
-	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	rganization's accounting for
De	conservation easements. t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Acasta
Fa		Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
та	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	🕨 💲

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
632051	08-29-16

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Schedule D (Form 990) 2016

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) a Unable explanation acquisition, accession, and other records, check any of the following that are a significant use of its collection items a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations e Other 4 Provide a description of the organization solid or recoive donalization of art, historical treasures, or other similar assets to be solid or paik under atherinate as part of the organization collection? Part IV Escrow and Custodial Arrangements. Complete if the organization collection? Yes No 1a Is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Id Amount 2a Dot the organization control 900, Part X, line 21. Yes No b if Yes," explain the arrangement in Part XIII check here if the explanation has been provided on Part XIII Additions of uning the year Id 2b Other Segment and anound to regarization asset and provem Subt (e) four years bable, for years bable, for years bable, for	Sche	dule D (Form 990) 2016 NEIGHBO	RHOOD HOUS	E ASSOCIAT	ION	87-	0212462 Page 2		
clenck all flar apply: d Loan or exchange programs a Police exhibition d Loan or exchange programs b Scholarly research e Other	Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Oth	ner Similar As	sets(continued)		
a Public exhibition d Loan or exchange programs b Scholarly research e Other	3		on, and other record	s, check any of the	following that are a	significant use of	its collection items		
b Scholary research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to to solicit on's and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV. Ine 9. or responded an amount on Form 990, Part X, Ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21. Intermediation an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21. Intermediation an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21. Intermediation an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21. Intermediation answered "Yes" on Form 990, Part X, Ine 21. 2 Did the organization include an amount on Form 990, Part X, Ine 21. for secrem or custodial account liability? Intermediation include an amount on Form 990, Part X, Ine 21. Intermediation include an amount on Form 990, Part X, Ine 21. 4 Beginning of year balance Intermediation answered "Yes" on Form 990, Part X, Ine 21. Intermediation as other assets in 21. Intermediation assets in 23., 136. 134., 306. 259., 132., 95., 134., 306., 259, 182. 139.				┌─┐.					
c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, histocical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 500, Part IV, line 9, or reported an amount on Form 590, Part X, line 21. Inext IV Exerct on and Custocial Arrangements. Compute is the organization answered 'Yes' on Form 500, Part V, line 9, or reported an amount on Form 590, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 590, Part X? No b If 'Yes,' explain the arrangement in Part XIII. And complete the following table: Intermediation and angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 590, Part X? Intermediation (Intermediation) c Beginning balance Intermediation (Intermediation) Yes No d Additions during the year. Intermediation (Intermediation) Intermediation) Intermediation 2 Dottion organization include an amount on Form 590, Part X, line 21, for escrow or custodial account lability? Intermediation (Intermediation) Intermediation) 2 Intermediation (Intermediation) Intermediation) Intermediation) Intermediation) 3 Intermediation) Intermediation) <t< th=""><th></th><th></th><th>d</th><th></th><th></th><th></th><th></th></t<>			d						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical reasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization includes (a) Four year (b) Printy as: (c) Iway east back. (d) Intergy as back. (d) Four years back. (a) Current year (b) Printy as: (b) Printy as: (c) Iway east back. (a) Current year (b) Printy as: (c) Iway east back. (d) Printy as: (d) Winty as: (d) Current year (d) Printy as: (d) Unite years back. (d) Or explain the astrone and program (d) asset (d) asset back and program (d) Printy as: (d) Winty ass. (d) Printy as:			e	U Other					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization is collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angent, fustake, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: It al. Amount It c Beginning balance It It Amount It It d Additions during the year It		-					5		
top out for raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, Ine 9, or reported an amount on Form 990, Part N, Ine 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, Ine 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, Ine 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included an amount on Form 990, Part X, Ine 21. for escrow or custodial account liability? Intervent for the vertice of the organization answered 'Yes' on Form 990, Part W, Ine 10. B If 'Yes', 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Intervent Part ID. No If a Beginning of year balance [a] Current year (b) Porty years back (b) Porty years back (c) Pour years back (b) Pour years back (c) Pour yea							Part XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Ime 21. Image: Imag	5			,	,				
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrew or custodial account liability? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 16 d Additions during the year 1e 1 1e 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Complete if the organization has been provided on Part XIII Part X Part V Endowment Funds. Complete if the organization answered "Ves" on Form 990, Part X, line 10. (e) Four years back (e) Foury	Da								
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on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: the transmost of the organization include an amount on Form 990, Part X, line 10. Image: the transmost of the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Image: the transmost of the organization answered "Yes" on Form 990, Part X, line 10. Ia Beginning of year balance (a) Current year (D) Provey art (D) Intrev years back (e) Four years bac	1a	· · · · · · · · · · · · · · · · · · ·		liary for contribution	s or other assets no	t included			
b If "Yes," explain the arrangement in Part XII and complete the following table: a Beginning balance b c d d	iu			•					
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f Ending balance									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part K, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions 47, 269, 844, 712, 2, 459, 844, 1, 900, 492, 1448, 758, 358, 372, 2 (c) Two years back (e) Four years back 6 Chter expenditures for facilities 131, 558, 712, 2, 459, 844, 139, 366, 259, 182, 152, 959, 360, 96, 00, 97, 36, 788, 2, 963, 051, 2, 984, 712, 2, 459, 844, 1, 900, 492, 2 Provide the estimated percentage of the current year on balance (line 1g, column (ai) held as: Board designated or quasi-endowment > 95, 31, % 95, 31, % 96 60, 097, 36, 78, 2, 453, 56, 76, 36, 51, 2, 984, 712, 2, 459, 844, 1, 900, 492, 2 76 </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>									
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back (f) Two years back f, f (f) Two years back (f)	2a					oility?	Yes No		
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 2,863,051. 2,984,712. 2,459,844. 1,900,492. 1,448,758. b Contributions 47,269. 87,949. 395,562. 349,139. 358,872. c Net investment earnings, gains, and losses 131,558. -18,500. 134,306. 259,182. 152,959. c Other expenditures for facilities 3,036,878. 2,863,051. 2,984,712. 2,459,844. 1,900,492. g End of year balance 3,036,878. 2,863,051. 2,984,712. 2,459,844. 1,900,492. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 80ard designated or quasiendowment ▶ 3.62 95.31 % b Permanent endowment ▶ 3.62 95.31 % 3a(ii) X (i) unrelated organizations 1.07 % 3a(ii) X (ii) related organizations 9.032, band 2c should equal 100%. 3a(ii) X b If "Yes" on line 3	b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation has been	provided on Part XI	Ш			
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b Contributions 47,269,87,949,395,562,349,139,358,872. c Net investment earnings, gains, and losses 131,558,-18,500,134,306,259,182,152,959. d Grants or scholarships			., , ,	())					
c Net investment earnings, gains, and losses 131,558. -18,500. 134,306. 259,182. 152,959. d Grants or scholarships 0 191,110. 5,000. 48,969. 60,097. e Other expenditures for facilities and programs 3,036,878. 2,863,051. 2,984,712. 2,459,844. 1,900,492. g End of year balance 3.62 % 95.31 % b Permonent endowment ▶ 3.62 % 3e(i) X c Temporarily restricted endowment ▶ 1.07 % % 3a(i) X i) nurleated organizations 3e(i) X 3a(i) X 3a(i) X i) rescribe in ParXIII the intended uses of the organization's endowment funds. 1.07 % 3a(i) X 3a(i) X ii) related organizations iii elated organizations 3a(i) X 3a(i) X 3a(i) X 3a(i) X 3b i 4 2escribe in ParXIII the intended uses of the organization's endowment funds. 3b i 4 2escribe in ParXIII the intended uses of			, ,						
d Grants or scholarships	b	Contributions	,	,			'		
e Other expenditures for facilities and programs 5,000. 191,110. 5,000. 48,969. 60,097. f Administrative expenses 3,036,878. 2,863,051. 2,984,712. 2,459,844. 1,900,492. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 95.31. % b Permanent endowment ▶ 1.07. % c Temporarily restricted endowment ▶ 1.07. % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (i) unrelated organizations Sa(ii) X b If "Yes" on line 3a(ii), are the related organization's endowment funds. Sa(ii) X Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 123,454. 123,454. I Land 1.23,454. 123,454. 123,454. b Buildings 1,305,679. 1,133,884. 261,795. c			131,558.	-18,500.	134,306.	259,1	82. 152,959.		
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c Temporarily restricted endowment ▶ 1.07 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) urrelated organizations 3a(i) X (ii) urrelated organizations 3a(ii) X 3a(ii) X (iii) related organizations 3a(ii) X 3a(iii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value depreciation 1a Land 123, 454. 123, 454. 123, 454. b Buildings 1, 220, 212. 975, 102. 245, 110. c Leasehold improvements 1, 395, 679. 1, 133, 884. 261, 795. d Equipment 927, 383. 755, 767. 171, 616.				_%					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iiii) related organizations (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (b) Cost or 0, 1, 133, 884. (c) 795. (c) Leasehold improvements (c) 2, 212. (c) 757. (c) 2, 245. (c) 2, 245.			1 07						
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X (ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land 123, 454. 123, 454. b Buildings 1, 220, 212. 975, 102. 245, 110. c Leasehold improvements 1, 395, 679. 1, 133, 884. 261, 795. d Equipment 927, 383. 755, 767. 171, 616. e Other 83, 834. 83, 834. 83, 834.	С	· · · · · · · · · · · · · · · · · · ·							
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 1 a Land 1 a Land 1 a Land 2 Leasehold improvements 4 Description of properts 4 Description of property 4 Description of property 4 Description of property 5 Cost or other 5 Description of property 5 Description of property	20		-	ation that are hold a	nd administered for	the organization			
(i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated 1a Land 123,454. 123,454. b Buildings 1,395,679. 1,133,884. 261,795. c Leasehold improvements 927,383. 755,767. 171,616. e Other 83,834. 83,834. 83,834.	Ja			alion linal are neiù a		the organization			
(ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b 3c Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 123,454. 123,454. 123,454. b Buildings 1,395,679. 1,133,884. 261,795. c Leasehold improvements 927,383. 755,767. 171,616. e Other 83,834. 83,834. 83,834.		•							
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 123,454. 123,454. b Buildings 1,220,212. 975,102. 245,110. c Leasehold improvements 1,395,679. 1,133,884. 261,795. d Equipment 927,383. 755,767. 171,616. e Other 83,834. 83,834. 83,834.									
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 123,454. 123,454. 123,454. b Buildings 1,220,212. 975,102. 245,110. c Leasehold improvements 1,395,679. 1,133,884. 261,795. d Equipment 927,383. 755,767. 171,616. e Other 83,834. 83,834.	b	If "Yes" on line 3a(ii) are the related organiza	ations listed as requir	ed on Schedule R?					
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 123,454 123,454 b Buildings 1,220,212 975,102 245,110 c Leasehold improvements 1,395,679 1,133,884 261,795 d Equipment 927,383 755,767 171,616 e Other 83,834 83,834 83,834									
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land123,454.123,454.123,454.b Buildings1,220,212.975,102.245,110.c Leasehold improvements1,395,679.1,133,884.261,795.d Equipment927,383.755,767.171,616.e Other83,834.83,834.	Par								
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 123,454. 123,454. 123,454. b Buildings 1,220,212. 975,102. 245,110. c Leasehold improvements 1,395,679. 1,133,884. 261,795. d Equipment 927,383. 755,767. 171,616. e Other 83,834. 83,834. 83,834.), Part IV, line 11a. S	See Form 990, Part >	K, line 10.			
basis (investment) basis (other) depreciation 1a Land 123,454. 123,454. b Buildings 1,220,212. 975,102. 245,110. c Leasehold improvements 1,395,679. 1,133,884. 261,795. d Equipment 927,383. 755,767. 171,616. e Other 83,834. 83,834.							(d) Book value		
b Buildings 1,220,212. 975,102. 245,110. c Leasehold improvements 1,395,679. 1,133,884. 261,795. d Equipment 927,383. 755,767. 171,616. e Other 83,834. 83,834.									
b Buildings 1,220,212. 975,102. 245,110. c Leasehold improvements 1,395,679. 1,133,884. 261,795. d Equipment 927,383. 755,767. 171,616. e Other 83,834. 83,834.	1a	Land		12	3,454.				
c Leasehold improvements 1,395,679.1,133,884.261,795. d Equipment 927,383.755,767.171,616. e Other 83,834.834.834.834.834.834.834.834.834.834.				1,22	0,212.	975,102.			
d Equipment 927,383. 755,767. 171,616. e Other 83,834. 83,834.							261,795.		
e Other					-	755,767.			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8	3,834.				
	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 1	0c.)	►	885,809.		

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 NEIGHBORHOO	D HOUSE ASSO	CIATION	87-	-0212462	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end-	of-year market v	alue
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.					
		- 11 - 0 Fauna 000	Deut X Van 10		
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, lin (b) Book value		, Part X, line 13. valuation: Cost or end-	of year market y	
				oryear market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Fotal. (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 lin	e 11d See Form 990	Part X line 15		
	Description	e rru. See ronn 330		(b) Book va	lue
(1)	Beeenption			(13) Book va	
(1)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	a 15)		>		
Part X Other Liabilities.	e 15.)				
Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11e or 11f. See For	m 990 Part X line 25		
(a) Description of liability		(b) Book value			
(1) Federal income taxes		, ,	-		
(1) rederar income taxes (2)			-		
(3)			-		
(4)			-		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

Schedule D (Form 990) 2016

(5) (6) (7) (8) (9)

Sche	dule D (Form 990) 2016 NEIGHBORHOOD HOUSE ASSOCIA	ATION		87-	0212462 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per F		
	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			1	2,998,189.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	37,729.	,	
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	37,729.
3	Subtract line 2e from line 1			3	2,960,460.
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	. 4 a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				2,960,460.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		n Expenses per	⁻ Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 122				
1	Total expenses and losses per audited financial statements			1	2,716,527.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2 a			
b	Prior year adjustments	2 b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2 d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,716,527.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Amounts included of Form 990, Part IX, line 23, but not of line T.				
a	Investment expenses not included on Form 990, Part VIII, line 7b				
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)				2
a b	Investment expenses not included on Form 990, Part VIII, line 7b	4b		4c	0.
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b		4c 5	0. 2,716,527.

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

PART V, LINE 4:

THE USE OF ALL ENDOWMENT INVESTMENT FUNDS IS SUBJECT TO THE APPROVAL OF

THE BOARD OF DIRECTORS. EARNINGS ON THE PERMANENTLY RESTRICTED DONATION

ARE RESTRICTED TO PROVIDE SCHOLARSHIPS FOR CHILDREN IN THE ASSOCIATION'S

CHILDREN'S DAY CARE PROGRAM.

THE ENDOWMNENT AMOUNTS REPORTED FOR THE PRIOR YEARS HAVE BEEN RESTATED.

IN PRIOR YEARS CERTAIN NON-ENDOWMENT INVESTMENT FUNDS WERE INCORRECTLY

REPORTED WITH THE ENDOWMENT FUNDS. ALL OF THE AMOUNTS REPORTED IN PART V

ARE ONLY THE AMOUNTS THAT ARE CONSIDERED TO BE ENDOWMENT ASSETS.

Schedule D (Form 990) 2016	NEIGHBORHOOD H	OUSE ASSOCIATI	ON 87-021	L2462 Page 5
Part XIII Supplemental Info	rmation (continued)			
THE ASSOCIATION IS	ORGANIZED AS A	UTAH NONPROFIT	CORPORATION AND H	IAS BEEN
RECOGNIZED BY THE I	NTERNAL REVENUE	SERVICE (IRS)	AS EXEMPT FROM FI	EDERAL
INCOME TAXES UNDER	SECTION 501(A)	OF THE INTERNA	L REVENUE CODE AS	AN
ORGANIZATION DESCRI	BED IN SECTION	501(C)(3), QUA	LIFIES FOR THE CHA	ARITABLE
CONTRIBUTION DEDUCT	ION UNDER SECTION	ON 170(B)(1)(A)(VI), AND HAS BEE	EN
DETERMINED NOT TO E	E A PRIVATE FOU	NDATION UNDER	SECTION 509(A)(1)	THE
ASSOCIATION IS ANNU	ALLY REQUIRED T	O FILE A RETUR	N OF ORGANIZATION	EXEMPT
FROM INCOME TAX (FC	ORM 990) WITH TH	E IRS. IN ADDI'	FION, THE ENTITY	ſS
SUBJECT TO INCOME T	AX ON NET INCOM	E THAT IS DERI	VED FROM BUSINESS	
ACTIVITIES THAT ARE	UNRELATED TO T	HEIR EXEMPT PU	RPOSES. THE ASSOCI	IATION
HAS DETERMINED IT I	S NOT SUBJECT T	O UNRELATED BU	SINESS INCOME TAX	AND HAS
NOT FILED AN EXEMPT	ORGANIZATION B	USINESS INCOME	TAX RETURN (FORM	990-T)
WITH THE IRS.				

THE ASSOCIATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ASSOCIATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

(Form 990 or 990-EZ) Complete if the Department of the Treasury	ental Information Regarding he organization answered "Yes" or organization entered more than \$ Attach to Form 99 about Schedule G (Form 990 or 990-EZ	- n Form 15,000 0 or Fo	990, I on Fo rm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 00-EZ.	or 19	, or if the	OMB No. 1545-0047
Name of the organization					901/1	Employer ide	entification number
	ORHOOD HOUSE ASSOC			n Form 990 Part IV	line 1	87-0212	
required to complete this pa	art.						
 Indicate whether the organization rate X Mail solicitations X Internet and email solicitation C Phone solicitations X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, b If "Yes," list the 10 highest paid incompensated at least \$5,000 by the 	e X Solicita f X Solicita g X Specia or or al agreement with any individua Part VII) or entity in connection with dividuals or entities (fundraisers) purs	ation of ation of Il fundra al (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, tru fundraising services	stees ?	X Ye	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	aiser ustody	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
PATHWAYS ASSOCIATES - 699 E	FEASABILITY STUDY AND	Yes	No				_
SOUTH TEMPLE ST STE 2, SALT	CAMPAIGN CONSULTING		X	0.		29,600	. 0.
		_					
Total					<u> </u>	29,600	
 List all states in which the organizat or licensing. 	ion is registered or licensed to solicit	contrib	oution	s or has been notifie	d it is	exempt from	registration
UT							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990 EZ) 2016 NEIGHBORHOOD HOUSE ASSOCIATION

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
a		(event type)	(event type)	(total number)	- col. (c))
Revenue	1 Gross receipts	244,539.			244,539.
	2 Less: Contributions	233,979.			233,979.
	3 Gross income (line 1 minus line 2)	10,560.			10,560.
	4 Cash prizes				
	5 Noncash prizes				
pense	6 Rent/facility costs	11,928.			11,928.
Direct Expenses	7 Food and beverages	18,002.			18,002.
-	8 Entertainment	550.			550.
	9 Other direct expenses	3,307.			3,307.
1	10 Direct expense summary. Add lines 4 through	33,787.			
1	11 Net income summary. Subtract line 10 from li	ine 3, column (d)		🕨	-23,227.
Par	t III Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
	\$15,000 on Form 990-EZ, line 6a.				
			(b) Dull tabe/instant		(d) Total coming (odd

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Rev	1	Gross revenue								
SS	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct E	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	└── Yes % └── No	└── Yes % │── No	└── Yes % └── No					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)							
9	Ent	ter the state(s) in which the organization condu	icts gaming activities:							
		he organization licensed to conduct gaming a No," explain:				Yes No				
~		No," explain:								
		ere any of the organization's gaming licenses re		•	year?	Yes No				
-	b If "Yes," explain:									

632082 09-12-16

Sch	edule G (Form 990 or 990-EZ) 2016 NEIGHBORHOOD HOUSE ASSOCIATION 87-0	2124	462	Page 3
11	Hedule G (Form 990 or 990-EZ) 2016 NEIGHBORHOOD HOUSE ASSOCIATION 87-0 Does the organization conduct gaming activities with nonmembers?	<u>۱</u>	/es	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		/es	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🗆 Y	(es	🗌 No
ł	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
C	If "Yes," enter name and address of the third party:			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
â	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	ן	/es	🗆 No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	nes 9, 9	9b, 10	b, 15b,
sc	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	s:		
	,			
(I) NAME OF FUNDRAISER: PATHWAYS ASSOCIATES			
(1				
-				
<u>69</u>	9 E SOUTH TEMPLE ST STE 2, SALT LAKE CITY, UT 84102			

Part IV Supp	lemental Info	rmation (continued)		
Schedule G (Form 9	990 or 990-EZ)	NEIGHBORHOOD	HOUSE	ASSOCIATION

I GILIV	cappionicital information (continued)	

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open To Public

Department of the Treasury							
Internal Revenue Service							

Name of the organization

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Torm990. Inspection Employer identification number 87-0212462

NEIGHBORHOOD HOUSE ASSOCIATION

Par	τι	IY	pes	of Property							
					(a)	(b)	(c)	(d) Mothod of d		ina	
					Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of d noncash contrib		•	ŝ
					applicable		Form 990, Part VIII, line			mount	<u> </u>
1	Art -	Works	s of a	art							
2	Art -	Histor	rical	treasures							
3	Art -	Fracti	onal	interests							
4	Boo	ks and	l put	olications							
5	Clot	hing a	nd h	ousehold goods							
6	Cars	s and c	other	vehicles							
7	Boa	ts and	plar	nes							
8	Inte	llectua	l pro	perty							
9	Sec	urities	- Pul	blicly traded	Х	3	62,249	.FMV			
10	Sec	urities	- Clo	sely held stock							
11	Sec	urities	- Pai	rtnership, LLC, or							
	trus	t intere	ests								
12	Sec	urities	- Mis	scellaneous							
13	Qua	lified c	onse	ervation contribution -							
	Hist	oric sti	ructu	ures							
14	Qua	lified c	onse	ervation contribution - Other.							
15	Rea	lestate	e - R	esidential							
16	Rea	lestate	e - C	ommercial							
17	Rea	lestate	e - O	ther							
18	Coll	ectible	s								
19	Foo	d inver	ntory	/							
20	Drug	gs and	med	dical supplies							
21	Taxi	idermy									
22	Hist	orical a	artifa	icts							
23				imens							
24	Arch	neologi	ical a	artifacts							
25		er 🕨		FOOD) X	51	23,439).EST. \$ PER	LB		
26	Othe	er 🕨	()						
27	Othe	er 🕨	()						
28	Othe	er 🕨	()						
29	Nun	nber of	For	ms 8283 received by the org	anization durin	g the tax year for c	contributions			-	
	for v	vhich t	he o	organization completed Form	8283, Part IV,	Donee Acknowled	gement 29			0	
										Yes	No
30a	Duri	ng the	yea	r, did the organization receiv	e by contribution	on any property rej	ported in Part I, lines 1 thr	ough 28, that it			
	mus	st hold	for a	at least three years from the o	date of the initia	al contribution, and	d which isn't required to b	e used for			
	exer	mpt pu	irpos	ses for the entire holding per	iod?				30a		X
b				ibe the arrangement in Part I							
31	Doe	s the c	orgar	nization have a gift acceptan	ce policy that r	equires the review	of any nonstandard cont	ributions?	31	X	
32a	Doe	s the c	orgar	nization hire or use third part	ies or related o	rganizations to soli	cit, process, or sell nonca	ish			
	cont	tributic	ons?						32a		X
b	lf "Y	′es," de	escri	ibe in Part II.							
33	lf th	e orga	nizat	tion didn't report an amount	in column (c) fo	or a type of propert	y for which column (a) is a	checked,			
	des	cribe ir	n Pai	t II.							
LHA	Fo	or Pap	erwo	ork Reduction Act Notice, s	see the Instruc	tions for Form 99	0.	Schedule M	(Form	990) (2016)

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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.



Employer identification number 87 - 0212462

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

NEIGHBORHOOD HOUSE ASSOCIATION

THEY BEGIN SCHOOL.

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

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND MOVED TO THE BOARD OF

TRUSTEES FOR APPROVAL TO BE FILED.

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

MOTIONS TO VOTE BY THE BOARD OF TRUSTEES ARE DISCUSSED, WHEREIN CONFLICTS

OF INTEREST MIGHT BE IDENTIFIED AND ADDRESSED.

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

BOARD OF TRUSTEES DETERMINES EXECUTIVE DIRECTOR'S SALARY AND BONUS WITH

CONSULTATION OF COMMITTEES. SIMILAR SALARIES FOR NON PROFIT ORGANIZATIONS

IN UTAH ARE ALSO USED TO DETERMINE COMPENSATION.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S MAILING ADDRESS.