

NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form

NDF092920NH05

Applicant/Program: Neighborhood House Inc.	Purchase & Installation New Boiler
Applicant Requested Amount: \$5000.00	
Appropriation Request Amount: \$5000.00	

Executive Summary of Request

Funding will be used toward the cost of boiler purchase and installation. This facility provides vital services in District 5.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

<u>5</u>	<u>Donna Puns</u>	<u>\$5000.0</u>	<u>09/09/2020</u>
District #	Primary Sponsor Signature	Amount	Date

Primary Sponsor Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

N/A

Approved by:

_____	_____
Appropriations Committee Chairman	Date
Final Appropriations Amount: _____	

O-433-20

Applicant/Program:

Neighborhood House Inc. Purchase & Installation of New Boiler

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

N/A

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

Applicant/Program:

Neighborhood House Inc.

Purchase & Installation of New Boiler

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

N/A

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Neighborhood House Inc.	
Program Name and Request Amount \$5000.00 Purchase & Installation of New Boiler	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> No <input checked="" type="checkbox"/>
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	YES <input checked="" type="checkbox"/> N/A
Prepared by: <i>Denise Bonney</i>	Date: <i>9/9/90</i>

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:			
<i>(as listed on: http://www.sos.ky.gov/business/records)</i> Neighborhood House, Inc.			
Main Office Street & Mailing Address: 201 N. 25th St. Louisville, KY 40212			
Website: nhky.org			
Applicant Contact:	Jennie Jean Davidson	Title:	Executive Director
Phone:	(502) 744-3547	Email:	j davidson@nhky.org
Financial Contact:	Bev Jones	Title:	Finance Director
Phone:	(502) 417-4216	Email:	bjones@nhky.org
Organization's Representative who attended NDF Training: Bev Jones Jennie Jean Davidson			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	201 N. 25th St. Louisville, KY 40212		
Council District(s):	5	Zip Code(s):	40212
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: New boiler for agency			
Total Request: (\$)	5,000	Total Metro Award (this program) in previous year: (\$)	
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	EAF Senior Support	Amount: (\$)	12,000
Source:	EAF Youth Program Support	Amount: (\$)	14,400
Source:	EAF Arts Support	Amount: (\$)	6,000
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Our mission is to provide individuals with opportunities to enhance the quality of their lives, and our vision is to break the cycle of poverty for our children and families.

On a normal day, Neighborhood House provides:

- An exceptional early childhood education to the approximately 65 children in our Child Development Center.
- A safe, engaging out-of-school time program to 350 school-age youth each year.
- Individual coaching and goal setting, connections to other important community resources, learning opportunities and intergenerational engagement activities for the whole family in our Family Services program.
- An important community support system for more than 100 senior adults vulnerable to food insecurity and social isolation
- An emergency food bank supporting hundreds of families each year

Additionally, we are a Dare to Care Food Bank and Kids Cafe location, serving meals nightly Monday-Friday to children age 18 and under and providing boxes of healthy food to families in need.

Neighborhood House has long been doing this important work. We moved quickly to adapt programming to meet the evolving community needs brought on by the Covid-19 epidemic, including modifications to the ways in which they provide food to ensure that people are fed, safe and healthy. Staff organized a volunteer phone tree to check on at-risk senior adults, coaching continued by phone and email, online communities were developed for remote assistance and connection, special activities like virtual art and cooking classes shared with families.

Now, we have adapted to bring limited numbers of people back to in-person programming in a way that is both safe and enriching. Our Child Development Center reopened in June, and is once again providing child care to families. Our Youth Development Program operated out-of-school time programming for the second half of the summer, and we are currently operating programming focused on support for school age youth learning through Non Traditional Instruction.

Our emergency food bank continues to see a significant increase in need brought on by Covid-19.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Ted Nixon	2020
Debbie Held	2020
Kevin Everwine	2021
Daniel Gibson	2021
Celia Manlove	2020
Carol Mattix	2020
Allison Stack	2021
Dustin Bell	2020
Nubia Bennett	2022
Kevin Fuqua	2020
Amber Garvey	2022
Vicki Hines-Martin	2020
Anne Hoskinson	2022
Tom Kokai	2020
Kelli Morris	2021
Tom Reith	2022
Kate Ward and Cheryl White	2020 and 2022

Describe the Board term limit policy:

Three year terms with no more than three consecutive terms. Of the Board members listed here with a term completion date of 2020, three are reaching their term limit - Celia Manlove, Kevin Fuqua, and Vicki Hines-Martin. As of this time all other Board members are expected to continue on to another three-year term.

Three Highest Paid Staff Names	Annual Salary
Jennie Jean Davidson	\$95,000
Martha Fuson	\$69,000
Bev Jones	\$57,244

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

We began requesting bids from vendors and raising necessary funds approximately one year ago. The project includes purchase and installation of a new boiler, installation of new piping, and insulation of new hot water piping. It must be completed by 10/15/20 In order to ensure that programming continues uninterrupted.

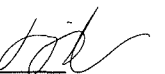
The families we serve are from historically underserved areas including 40212, 40211, 40203, 40210, 40202, 40208, 40216, and 40215. Most of our families live in Portland, Russell, Chickasaw, and Shawnee. We also serve families from other West End neighborhoods and downtown.

The neighborhoods in which our members live are among those with the highest rates of substance abuse and poverty and the lowest life expectancy in the city. These were the circumstances prior to Covid-19, and research shows that the negative side effects of necessary social distancing measures will be grave for many.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

Funding will be toward the total cost of boiler purchase and installation. All funds will be paid to the contractor installing the boiler. No funds will go to sub grantees.

The included bid is roughly \$6,000 less than initially anticipated. This is due to consulting with an engineer on an appropriate boiler size, allowing us to go with a smaller, less costly option.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

N/A

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

Purchase and installation of boiler.

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

Supporting the full family, no matter their age or stage in life, is at the core of what we do. In the 2019 Kids Count Data Book published by the Annie E. Casey Foundation, researchers emphasized the importance of family support and strong community networks like the one found at Neighborhood House.

" Children who live in nurturing families and supportive communities have stronger personal connections and higher academic achievement. Parents struggling with financial hardship have fewer resources available to foster their children ' s development and are more prone to face severe stress and depression, which can interfere with effective parenting. These findings underscore the importance of two-generation approaches to ending poverty, which address the needs of parents and children at the same time so that both can succeed together. Where families live also matters. When communities are safe and have strong institutions, good schools and quality support services, families and their children are more likely to thrive. "

When the adults in the household flourish, so do children. When families succeed together, so do communities and cities. This multi-generational approach makes a real difference, and Neighborhood House ' s existing program areas uniquely positions us to provide essential wrap-around services to the entire family.

It is due to long standing, formidable barriers that our community came to be among those with the highest rates of disability, deaths by cancer, poverty and violent crime in the city. These were the conditions our members lived in prior to Covid-19, and we anticipate an increasing need for all of our services made by the ripple effect of the virus, with the ultimate impact yet to be known.

Continues on attached page

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

In order to meet the immediate needs of our families, Neighborhood House works with partners, including: The Housing Partnership, LIHEAP, ASAP, LHOME, Family Health Centers, Park DuValle, Louisville Urban League, Louisville Forward, Goodwill, JCTC, Legal Aid, and VITA. These partnerships allow coaching clients to receive specific services while our relationship acts as the connector, advocate and partner.

We are strengthening our partnership with the Kentucky Youth Advocates and Face It to implement a monthly Neighbor Nite. This event for non-profit and private sector partners, parents and community members is meant to connect people to a support system and empower them to practice self advocacy. This event was set to start in the spring of 2020 but was canceled in light of the Covid-19 pandemic. It will be launched as it becomes safe to do so.

Additionally, we have existing partnerships that help us provide enriching opportunities to youth to discover new talents and passions. These partnerships include the Rajon Rondo Foundation, the Parklands at Floyd's Fork, Side Art Studio, Maryhurst, Peace Education, KET, River City Drum Corp, Norton Healthcare, and the Girl Scouts of Kentuckiana.

Continues on attached page.

Neighborhood House
NDF Request
Sept 4, 2020

Continued from application PDF

E. Describe the program's benefits to those being served (measurable outcomes). Including the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served.

(continued from application form)

Currently, each of our program areas measure outcomes and achievements to ensure program quality. Our child care center administers Ages and Stages Questionnaires to measure childhood development. We recently became a Head Start location, allowing us to provide even more support for families. Our Youth Program participates in BLOCs assessments and tracks social-emotional wellness. All of our members participate in satisfaction surveys.

None of what we have outlined here is possible without a replacement boiler. Our existing boiler required emergency maintenance last winter, forcing us to close our programming to families in need. It is a significant, unexpected cost at a time when each day brings a new development, change, or need. Our volunteer Building and Grounds Committee has been working hard to raise the necessary funds, request bids, and work with contractors to ensure that programming continues uninterrupted at a time when it is more critical than ever.

F. Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

(continued from application form)

We have strong partnerships with the schools in our neighborhood, as we work together to support our students. We partner with Westport Middle School to provide space for parent teacher conferences and engagement events, reducing the barrier of transportation and making parent teacher connection more accessible to our families. These partnerships have been invaluable, and are growing stronger, in these times of NTI.

We are a longtime Dare to Care partner, allowing us to operate an emergency food bank and daily Kids Cafe location for children under 18. Our Child Development Center recently became a Head Start location, providing our families with extra support to ensure their success.

In addition to Norton's support of our Youth Program, they also provide health screenings for our senior adults. While we are not currently operating this program within our walls, staff continue to find new ways to connect remotely to provide activities, check on health and

well-being, and ensure that they feel supported. While the program is operating normally, seniors receive lunch through the Metro Government Senior Nutrition Program.

We have started conversations with the schools of social work at both the University of Louisville and Spalding University.

Our request is for a new boiler - something we cannot run programming without. The partnerships listed here are found throughout our organization and are so important to the level of support we are able to bring to our community. Though these partnerships do not contribute to our building maintenance needs, they are central to all that we do. One does not exist without the other.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits	0	0	0
B: Rent/Utilities	0	0	0
C: Office Supplies	0	0	0
D: Telephone	0	0	0
E: In-town Travel	0	0	0
F: Client Assistance (See Detailed List on Page 8)	0	0	0
G: Professional Service Contracts	0	0	0
H: Program Materials	0	0	0
I: Community Events & Festivals (See Detailed List on Page 8)	0	0	0
J: Machinery & Equipment	0	0	0
K: Capital Project	\$5,000	\$18,771	0 23,771
L: Other Expenses (See Detailed List on Page 8)			0
*TOTAL PROGRAM/PROJECT FUNDS	\$5,000	\$18,771	\$23,771
% of Program Budget	21%	79%	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	0
United Way	0
Private Contributions (do not include individual donor names)	\$18,771
Fees Collected from Program Participants	0
Other (please specify)	0
Total Revenue for Columns 2 Expenses **	\$23,771 18,771

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
NOT APPLICABLE			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
Total	0	0	0

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<p align="center"><i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)</p>	0	

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: July 1

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.


Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:		Date:	Sept 3, 2020
Legal Signatory: (please print):	Jennie Jean Davidson	Title:	Executive Director
Phone:	502-774-2322	Extension:	
Email:	j davidson@nhky.org		



Neighborhood House, Inc.

**Financial Statements and
Independent Auditors' Report**

For the Years Ended

June 30, 2019 and 2018

Contents

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Independent Auditors' Report

To the Board of Directors of
Neighborhood House, Inc.

We have audited the accompanying financial statements of Neighborhood House, Inc., (a not-for-profit organization) which comprise the statements of financial position as of June 30, 2019 and 2018, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Neighborhood House, Inc. as of June 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Baldwin CPAs, PLLC

Louisville, Kentucky
January 24, 2020

Neighborhood House, Inc.
 Statements of Financial Position
 June 30, 2019 and 2018

	2019	2018
Assets		
Cash	\$ 60,247	\$ 69,829
Accounts receivable	32,065	39,231
Promises to give	183,034	402,587
Prepaid expenses	33,266	27,180
Land, building and equipment, net	1,736,423	1,846,686
Total Assets	\$ 2,045,035	\$ 2,385,513
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	\$ 13,546	\$ 17,837
Payroll accruals and withholding	93,089	68,121
Total Liabilities	106,635	85,958
Net Assets		
Without donor restrictions	1,659,830	1,854,814
With donor restrictions	278,570	444,741
Total Net Assets	1,938,400	2,299,555
Total Liabilities and Net assets	\$ 2,045,035	\$ 2,385,513

Neighborhood House, Inc.
Statements of Activities
For the Years Ended June 30, 2019 and 2018

	2019			2018		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Revenue and Support:						
Contributions and grants	\$ 440,420	\$ 382,769	\$ 823,189	\$ 815,599	\$ 513,092	\$ 1,328,691
Program fees	518,405	-	518,405	457,899	-	457,899
Rental income	70,669	-	70,669	70,483	-	70,483
Interest and miscellaneous income	3,487	-	3,487	598	-	598
Special event income	95,085	-	95,085	84,784	-	84,784
Special event expense	(24,518)	-	(24,518)	(32,596)	-	(32,596)
	1,103,548	382,769	1,486,317	1,396,767	513,092	1,909,859
Net Assets Released from Restrictions						
Restrictions satisfied by payments	548,940	(548,940)	-	363,321	(363,321)	-
Total Revenue and Support	1,652,488	(166,171)	1,486,317	1,760,088	149,771	1,909,859
Expenses:						
Program services	1,384,250	-	1,384,250	1,349,350	-	1,349,350
Management and general	298,714	-	298,714	360,028	-	360,028
Fund raising	164,508	-	164,508	70,622	-	70,622
Total Expenses	1,847,472	-	1,847,472	1,780,000	-	1,780,000
Change in Net Assets	(194,984)	(166,171)	(361,155)	(19,912)	149,771	129,859
Net Assets at Beginning of Year	1,854,814	444,741	2,299,555	1,874,726	294,970	2,169,696
Net Assets at End of Year	<u>\$ 1,659,830</u>	<u>\$ 278,570</u>	<u>\$ 1,938,400</u>	<u>\$ 1,854,814</u>	<u>\$ 444,741</u>	<u>\$ 2,299,555</u>

The accompanying notes are an integral part of these financial statements.

Neighborhood House, Inc.
Statement of Functional Expenses
For the Year Ended June 30, 2019

	Program Services				Support Services			Total
	Child Development Center	Youth Development Program	Four Seasons Program	Family Services	Total Program Services	Management and General	Fund Raising	
Salaries	\$ 438,200	\$ 174,720	\$ 27,374	\$ 109,297	\$ 749,591	\$ 157,428	\$ 91,687	\$ 998,706
Payroll taxes	32,570	12,986	2,035	8,124	55,715	11,701	6,815	74,231
Employee benefits	37,108	14,796	2,318	9,256	63,478	13,331	7,764	84,573
Total personnel expenses	507,878	202,502	31,727	126,677	868,784	182,460	106,266	1,157,510
Professional fees	-	-	-	-	-	35,027	-	35,027
Office supplies	438	985	327	401	2,151	15,604	7,529	25,284
Program events and supplies	123,353	63,346	42,217	44,768	273,684	-	-	273,684
Contract services	800	17,845	1,600	4,655	24,900	1,039	17,293	43,232
Marketing	-	-	-	-	-	-	8,375	8,375
Insurance	15,887	6,335	992	3,963	27,177	5,708	3,324	36,209
Staff development	1,390	1,289	45	113	2,837	10,995	41	13,873
Utilities	18,977	7,566	1,185	4,733	32,461	6,818	3,971	43,250
Interest	624	249	39	156	1,068	224	131	1,423
Transportation	22	120	-	-	142	5,074	10	5,226
Telephone	2,528	1,008	158	630	4,324	908	529	5,761
Property maintenance	17,128	6,829	1,070	4,272	29,299	6,153	3,584	39,036
Licenses and fees	2,176	32	19	-	2,227	3,602	157	5,986
Other expenses	182	871	-	-	1,053	2,269	-	3,322
Client support	-	-	810	4,615	5,425	-	-	5,425
Depreciation and amortization	63,555	25,341	3,970	15,852	108,718	22,833	13,298	144,849
Special events direct costs	-	-	-	-	-	-	24,518	24,518
Total expenses	754,938	334,318	84,159	210,835	1,384,250	298,714	189,026	1,871,990
Less: direct cost of special events	-	-	-	-	-	-	(24,518)	(24,518)
Total Expenses	<u>\$ 754,938</u>	<u>\$ 334,318</u>	<u>\$ 84,159</u>	<u>\$ 210,835</u>	<u>\$ 1,384,250</u>	<u>\$ 298,714</u>	<u>\$ 164,508</u>	<u>\$ 1,847,472</u>

The accompanying notes are an integral part of these financial statements.

Neighborhood House, Inc.
Statement of Functional Expenses
For the Year Ended June 30, 2018

	Program Services				Support Services			Total
	Child Development Center	Youth Development Program	Four Seasons Program	Family Services	Total Program Services	Management and General	Fund Raising	
Salaries	\$ 381,493	\$ 197,063	\$ 11,674	\$ 51,161	\$ 641,391	\$ 161,186	\$ 21,246	\$ 823,823
Payroll taxes	27,772	13,842	885	3,892	46,391	12,173	1,581	60,145
Employee benefits	19,676	8,007	15	2,346	30,044	20,157	3,421	53,622
Total personnel expenses	428,941	218,912	12,574	57,399	717,826	193,516	26,248	937,590
Professional fees	-	-	-	-	-	28,919	375	29,294
Office supplies	213	749	283	127	1,372	11,264	2,492	15,128
Program events and supplies	182,648	92,829	6,291	18,959	300,727	-	-	300,727
Contract services	762	18,607	1,118	4,310	24,797	30,491	23,234	78,522
Management fee	46,993	24,275	1,438	6,302	79,008	19,855	2,617	101,480
Insurance	16,366	8,454	501	2,195	27,516	6,915	910	35,341
Staff development	1,663	524	-	63	2,250	11,704	727	14,681
Utilities	21,680	11,199	663	2,907	36,449	9,160	1,208	46,817
Interest	295	153	9	40	497	125	16	638
Transportation	925	867	689	60	2,541	3,510	24	6,075
Telephone	3,767	1,946	115	505	6,333	1,591	210	8,134
Property maintenance	18,216	9,410	557	2,443	30,626	7,697	1,014	39,337
Licenses and fees	138	112	-	-	250	816	515	1,581
Other expenses	261	4,255	-	1,348	5,864	6,375	7,329	19,568
Client support	-	1,120	-	399	1,519	-	-	1,519
Depreciation and amortization	66,483	34,342	2,034	8,916	111,775	28,090	3,703	143,568
Special events direct costs	-	-	-	-	-	-	32,596	32,596
Total expenses	789,351	427,754	26,272	105,973	1,349,350	360,028	103,218	1,812,596
Less: direct cost of special events	-	-	-	-	-	-	(32,596)	(32,596)
Total Expenses	\$ 789,351	\$ 427,754	\$ 26,272	\$ 105,973	\$ 1,349,350	\$ 360,028	\$ 70,622	\$ 1,780,000

The accompanying notes are an integral part of these financial statements.

Neighborhood House, Inc.
 Statements of Cash Flows
 For the Years Ended June 30, 2019 and 2018

	2019	2018
Cash Flows from Operating Activities:		
Change in net assets	\$ (361,155)	\$ 129,859
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation and amortization	144,849	143,568
Loss on disposal of fixed assets	-	2,432
(Increase) decrease in operating assets:		
Accounts receivable	7,166	(11,583)
Promises to give	219,553	(225,669)
Prepaid expenses	(6,086)	4,873
Increase (decrease) in operating liabilities:		
Accounts payable and accrued expenses	(4,291)	6,022
Payroll accruals and withholding	24,968	4,929
	25,004	54,431
Net Cash Provided by Operating Activities		
Cash Flows from Investing Activities:		
Purchase of land, building and equipment	(34,586)	(90,925)
	(34,586)	(90,925)
Net Cash Used by Investing Activities		
Net Decrease in Cash	(9,582)	(36,494)
Cash at Beginning of Year	69,829	106,323
	60,247	69,829
Cash at End of Year	\$ 60,247	\$ 69,829
Supplemental Disclosures:		
Cash paid for interest	\$ 1,423	\$ 638

Neighborhood House, Inc.
Notes to Financial Statements
June 30, 2019 and 2018

Note 1 – Summary of Significant Accounting Policies

Neighborhood House, Inc. (the Organization) is a not-for-profit community center serving the Portland neighborhood of Louisville, Kentucky. The Organization's mission is to provide individuals with opportunities to enhance their lives. The Organization offers four core program areas:

Child Development Center – provides children ages six weeks through twelve years with a safe, nurturing learning environment.

Youth Development Program – provides a safe place for children and teens to develop positive and meaningful relationships.

Four Seasons Program – provides services to improve the quality of life for senior adults.

Family Services - provides community activities and an Emergency Food Bank.

Funds to provide these services are provided by individuals, corporations, foundations, private and government grants and earned income.

Basis of Accounting

The Organization prepares its financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) with regards to financial statements of Not-for-Profit Organizations. Under this guidance, the Council is required to report information regarding its consolidated financial position and activities according to two classes of net assets. A description of the net assets categories follows:

Net assets without donor restrictions: expendable funds that are not subject to donor-imposed stipulations or invested in land, building and equipment.

Net assets with donor restrictions: stipulated by donors for specific operating purposes or are restricted by time. These include donor restrictions requiring that the corpus to be invested in perpetuity and only the income be made available for operations in accordance with donor restrictions.

Estimates

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

Cash

The Organization considers all checking accounts and money market accounts to be cash equivalents.

Neighborhood House, Inc.
Notes to Financial Statements - Continued
June 30, 2019 and 2018

Note 1 – Summary of Significant Accounting Policies - Continued

Accounts Receivable

Accounts receivable consist primarily of amounts due from the Kentucky Child Care Assistance Program, a food reimbursement program, private pay child care clients and grants where the service has already been performed and reimbursement has been requested or billed. Management considers all accounts receivable to be collectible; therefore no allowance for doubtful accounts is necessary. Bad debts are written off as they occur. Bad debt expense was \$0 and \$5,859 for the years ended June 30, 2019 and 2018, respectively.

Promises to Give

Promises to give are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. Promises to give becoming due in the next year are recorded at net realizable value. Promises to give in subsequent years are reported at the present value of their net realizable value, using risk free interest rates applicable to the years in which the promises are recognized. Conditional promises to give are recognized when the conditions on which they depend are substantially met. Management considers all promises to give to be collectible; therefore no allowance for doubtful accounts is necessary.

Land, Building and Equipment

Land, building and equipment is recorded at cost, or if donated, at the approximate fair value at the date of donation. The cost of property and equipment purchased in excess of \$500 is capitalized. Depreciation is computed using primarily the straight-line method over the estimated lives of the assets from 3 to 40 years.

Contributions

Contributions received are recorded as increases to net assets with or without donor restrictions, depending on the existence and/or nature of any donor restrictions.

Support that is restricted by the donor is reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in net assets with donor restrictions, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

In-Kind Donations

The Organization receives various types of in-kind donations including services and food. FASB ASC 958-605-25 requires recognition of professional services received if those services (a) create or enhance long-lived assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. Most of the services received by the Organization do not meet these criteria. Contributions of tangible assets are recognized at fair value when received and are recorded as part of public support on the statements of activities. The amounts reflected as in-kind support are offset by like amounts included in expenses or assets.

Neighborhood House, Inc.
Notes to Financial Statements - Continued
June 30, 2019 and 2018

Note 1 - Summary of Significant Accounting Policies - Continued

Expense Allocation

The costs of providing the various programs and supporting activities have been summarized on a functional basis in the statements of functional expenses. Accordingly, costs have been allocated among the program and supporting services benefited. Directly identifiable expenses are charged to program and supporting services. All other expenses are allocated on the basis of estimates of time and effort.

Income Tax Status

The Organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. In addition, the Organization qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization other than a private foundation under Section 509(a)(2).

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the statement of activities or accrued in the statement of financial position.

Reclassifications

Certain reclassifications have been made to the 2019 financial statement presentation to correspond to the current year's format. Net assets and changes in net assets are unchanged due to these reclassifications.

Recently Issued Accounting Standards

For the year ended June 30 2019, the Organization adopted the Financial Accounting Standards Board's Accounting Standards Update (ASU) No. 2016-14 – *Not-for-profits (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. This update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return between not-for-profit entities. A new disclosure was added to provide clarity about the liquidity and availability of resources for the upcoming fiscal year (see Note 11). The changes required by the update have been applied retrospectively to all periods presented. A key change required by ASU 2016-14 are the net asset classes used in these financial statements. Amounts previously reported as unrestricted net assets are now reported as net assets without donor restrictions and amounts previously reported as temporarily restricted net assets and permanently restricted net assets are now reported as net assets with donor restrictions.

Note 2 - Concentrations of Credit Risk

Accounts receivable and promises to give - Financial instruments that are exposed to credit risk consist of accounts receivable and promises to give. Accounts receivable and promises to give are principally with the State of Kentucky, and foundations and corporations based in the Louisville area. Realization of these accounts is dependent on various economic conditions.

Neighborhood House, Inc.
Notes to Financial Statements - Continued
June 30, 2019 and 2018

Note 2 - Concentrations of Credit Risk - Continued

Cash - The Organization maintains its cash balance in several financial institutions in Louisville, KY. The cash balances are insured by the Federal Deposit Insurance Corporation. At various times during the year, the cash balance may exceed amounts federally insured. Risk is mitigated by the high quality of the financial institution.

Note 3 - Promises to Give

Promises to give are all current and consist of the following at June 30:

	<u>2019</u>	<u>2018</u>
Metro United Way for operations	\$ 119,034	\$ 174,471
Programs	64,000	228,116
	<u>\$ 183,034</u>	<u>\$ 402,587</u>

Promises to give due in more than one year are recognized at fair value, using present value techniques and a discount rate ranging from 1-2%. No allowance for doubtful accounts is necessary, as management believes that all amounts are collectible.

Note 4 - Land, Building, and Equipment

Land, building and equipment consist of the following at June 30:

	<u>2019</u>	<u>2018</u>
Land	\$ 525,193	\$ 525,193
Building and improvements	3,109,750	3,094,551
Furniture and equipment	373,567	354,180
Vehicles	60,358	60,358
	<u>4,068,868</u>	<u>4,034,282</u>
Total costs	4,068,868	4,034,282
Less accumulated depreciation	<u>(2,332,445)</u>	<u>(2,187,596)</u>
	<u>1,736,423</u>	<u>1,846,686</u>
Building under lease	157,136	157,136
Less accumulated depreciation	<u>(157,136)</u>	<u>(157,136)</u>
	<u>\$ 1,736,423</u>	<u>\$ 1,846,686</u>
Land, building and equipment, net	<u>\$ 1,736,423</u>	<u>\$ 1,846,686</u>
Depreciation expense	<u>\$ 144,849</u>	<u>\$ 143,568</u>

Neighborhood House, Inc.
Notes to Financial Statements - Continued
June 30, 2019 and 2018

Note 5 - Line of Credit

The Organization has available a credit line of \$100,000 with a maturity date of January 15, 2021. Advances on the line of credit carry an interest rate of 5.50%. The credit line is secured by an interest in the property located at 201 North 25th Street, Louisville, KY. As of June 30, 2019 and 2018, no draws have been made.

Note 6 – Net Assets with Donor Restrictions

Net assets with donor restrictions consist of the following at June 30:

	2019	2018
Programs	\$ 278,570	\$ 444,741

Note 7 - Leasing Arrangements

The Organization is the property owner of a building under an operating lease that expires March 31, 2023, with monthly rent of \$5,859. The building is fully depreciated. The Organization also receives other rental income for room rentals for events. Net rental income for the years ended June 30, 2019 and 2018 is as follows:

	2019	2018
Rental income	\$ 70,669	\$ 70,483

Future lease income under non-cancelable operating leases in excess of one year is as follows:

June 30, 2020	\$ 70,308
June 30, 2021	70,308
June 30, 2022	70,308
June 30, 2023	52,731
	\$ 263,655

Note 8 - Defined Contribution Pension Plan

The Organization has a defined contribution pension plan which covers all employees who have met certain age and service requirements. The Organization contributed \$16,716 and \$12,709 for the years ended June 30, 2019 and 2018, respectively.

Note 9 - Management Contract

The Organization had a management agreement with Maryhurst, Inc. that ended February 28, 2018. Under this agreement, Maryhurst, Inc. provided a range of management services to the Organization including general operations management, financial management and program operations management. Under the terms of the contract, the Organization paid Maryhurst, Inc. \$8,333 per month. Total management fees were \$0 and \$66,664 for the years ended June 30, 2019 and 2018, respectively.

Neighborhood House, Inc.
Notes to Financial Statements - Continued
June 30, 2019 and 2018

Note 10 - In-Kind Donations

Contributions of tangible assets are recognized at fair market value when received. The amounts are reflected in the accompanying financial statements as support and are offset by like amounts included in expenses or assets. In-kind donations consisting of food and supplies for the years ended June 30, 2019 and 2018 were \$158,778 and \$179,324, respectively.

Note 11 - Liquidity and Availability

The following table reflects Neighborhood House's financial assets as of June 30, 2019, reduced by amounts not available for general expenditure within one year. Financial assets are considered unavailable when illiquid, or not convertible to cash within one year.

	2019	2018
Financial Assets		
Cash	\$ 60,247	\$ 69,829
Accounts receivable	32,065	39,231
Promises to give	183,034	402,587
	<u> </u>	<u> </u>
Financial assets available for general expenditure within one year	<u>\$ 275,346</u>	<u>\$ 511,647</u>

In addition to financial assets available to meet general expenditures over the year, the Organization operates with a balanced budget and anticipates covering its general expenditures by collecting sufficient program and other revenues and by utilizing resources from current and prior year's gifts, as needed.

Note 12 - Accounting Standards Updates

Accounting Standards Update 2014-09, Revenue from Contracts with Customers (Topic 606)

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*, requiring an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods or services to customers. The core principle of ASU 2014-09 is to recognize revenues when a customer obtains control of a good or service, in an amount that reflects the consideration to which an entity is expected to be entitled for those goods or services. The standard will replace most existing revenue recognition guidance in GAAP when it becomes effective and permits the use of either a full retrospective or retrospective with cumulative effect transition method. In August 2015, the FASB issued ASU 2015-14, which deferred the effective date of ASU 2014-09 by one year. The updated standard will be effective for the year ending June 30, 2020. The Organization has not yet selected a transition method and is currently evaluating the effect that the new standard will have on its financial statements.

Neighborhood House, Inc.
Notes to Financial Statements - Continued
June 30, 2019 and 2018

Note 12 - Accounting Standards Updates – Continued

Accounting Standards Update 2016-02, Leases (Topic 842)

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*, requiring all leases to be recognized on the Organization's balance sheet as a right-of-use asset and a lease liability, unless the lease is a short term lease (generally a lease with a term of twelve months or less). At the commencement date of the lease, the Organization will recognize: 1) a lease liability for Organization's obligation to make payments under the lease agreement, measured on a discounted basis; and 2) a right-of-use asset that represents the Organization's right to use, or control the use of, the specified asset for the lease term. Upon adopting the ASU, the Organization will be required to recognize and measure its leases at the beginning of the earliest period presented using a modified retrospective approach. ASU 2016-02 will be effective for the Organization for the year ending June 30, 2022, with early adoption permitted. The Organization is currently evaluating the effect that the new standard will have on its financial statements.

Accounting Standards Update 2018-08, Not-for-Profit Entities (Topic 958)

In June 2018, the FASB issued ASU No. 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made (Topic 958)*, to assist entities in (1) evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) within the scope of Topic 958, Not-for-Profit Entities, or as exchange (reciprocal) transactions subject to other guidance and (2) determining whether a contribution is conditional. The ASU will be effective for The Organization for the year ending June 30, 2020. The Organization is currently evaluating the effect that the new standard will have on its financial statements.

Note 13 - Subsequent Events

Management has evaluated subsequent events for recognition or disclosure in the financial statements through January 24, 2020 which was the date at which the financial statements were available to be issued.

NEIGHBORHOOD HOUSE
2021 OPERATING BUDGET

BUDGET
2020-2021

INCOME

Contributions	\$	537,366
Special Events	\$	50,000
Grants	\$	442,400
MUW	\$	116,057
Memberships	\$	7,650
Childcare Tuition	\$	579,684
"STARS" Funding	\$	13,000
Nutrition Reimbursement	\$	64,000
Miscellaneous Income	\$	1,185
Rental Income	\$	78,120
TOTAL INCOME	\$	1,889,462

EXPENSE

Program Salaries & Benefits	\$	1,042,109
Program Activities & Supplies	\$	78,361
Fundraising Salaries & Expenses	\$	204,196
Administrative Salaries & Benefits	\$	238,769
Staff Hiring & Development	\$	9,763
Food & Nutrition Supplies	\$	81,729
Office Expense	\$	11,444
Board Training & Meetings	\$	600
Facilities Maintenance	\$	197,051
IT Support	\$	12,600
Legal & Accounting	\$	12,000
Association Fees	\$	840
TOTAL EXPENSES	\$	1,889,462

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **Neighborhood House, Inc.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
201 N. 25th St.
 City or town, state or province, country, and ZIP or foreign postal code
Louisville KY 40212

D Employer identification number: **61-0445842**

E Telephone number: **502-774-2322**

G Gross receipts: **1,510,835**

F Name and address of principal officer:
Jennie Jean Davidson

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.nhky.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1896** **M** State of legal domicile: **KY**

H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The mission of Neighborhood House is to provide individuals with opportunities to enhance the quality of their lives.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	16	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	16	
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	71	
	6	Total number of volunteers (estimate if necessary)	400	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 38	0		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1,346,121	914,062
	9	Program service revenue (Part VIII, line 2g)	457,899	505,332
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27	2,510
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	105,812	64,413
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,909,859	1,486,317	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	937,590	1,157,510
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) 164,508		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	842,410	689,962
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,780,000	1,847,472	
19	Revenue less expenses. Subtract line 18 from line 12	129,859	-361,155	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	2,385,513	2,045,035
	21	Total liabilities (Part X, line 26)	85,958	106,635
22	Net assets or fund balances. Subtract line 21 from line 20	2,299,555	1,938,400	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is 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: **Jennie Jean Davidson** Date: _____
 Executive Director
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Barbara Lasky** Preparer's signature: **Barbara Lasky** Date: **02/26/20** Check if self-employed PTIN: **P00015280**

Firm's name: **Baldwin CPAs, PLLC** Firm's EIN: **20-1416603**
 10180 Linn Station Road Suite 200
 Firm's address: **Louisville, KY 40223** Phone no.: **502-584-9793**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

See Schedule O

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 services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **802,864** including grants of\$) (Revenue \$)

Our Child Development Center makes a lifelong difference by impacting children the first five years of their lives as well as engaging their parents.

Our focus is to ensure children meet their developmental milestones, are ready to succeed when they start kindergarten, and develop a lifelong love for learning. We strengthen the impact for our children by engaging their parents in the learning process, recognizing parents are the first teacher for their children. Our Center is a part of the elite Excellence Academy and Stars for Kids Now program.

4b (Code:) (Expenses \$ **318,378** including grants of\$) (Revenue \$)

Our Youth Development Program provides activities to 1st - 12th graders to help them succeed in school and life. We provide academic support, enriching field trips, character development and life skills training, cultural and recreational activities, and college and career readiness services. We provide nutritious meals 6 days/ week and a safe, nurturing learning focused environment to help our youth learn to dream, to set goals and to develop the skills and confidence to achieve their dreams. We also ensure parent/guardian engagement through family activities.

4c (Code:) (Expenses \$ **207,638** including grants of\$) (Revenue \$)

See Schedule O

4d Other program services (Describe in Schedule O.)

(Expenses \$ **55,370** including grants of\$) (Revenue \$)

4e Total program service expenses **1,384,250**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<input checked="" type="checkbox"/>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<input checked="" type="checkbox"/>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		<input checked="" type="checkbox"/>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 71		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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 Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

		Yes	No
1a	16		
Enter the number of voting members of the governing body at the end of the tax year. 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	16		
Enter the number of voting members included in line 1a, above, who are independent			
2			X
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?			
3			X
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?			
4			X
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
5			X
Did the organization become aware during the year of a significant diversion of the organization's assets?			
6			X
Did the organization have members or stockholders?			
7a			X
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?			
b			X
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
8			
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a		X	
The governing body?			
b		X	
Each committee with authority to act on behalf of the governing body?			
9			X
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			

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a			X
Did the organization have local chapters, branches, or affiliates?			
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?			
11a		X	
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
b			
Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		X	
Did the organization have a written conflict of interest policy? If "No," go to line 13			
b		X	
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
c		X	
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			
13		X	
Did the organization have a written whistleblower policy?			
14		X	
Did the organization have a written document retention and destruction policy?			
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?			
a		X	
The organization's CEO, Executive Director, or top management official			
b			X
Other officers or key employees of the organization			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a			X
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
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?			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **► KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 financial 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 **►**

Neighborhood House, Inc. 201 N. 25th St.
Louisville

KY 40212

502-774-2322

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Celia Manlove	1.00									
President	0.00	X		X			0	0	0	
(2) Ted Nixon	1.00									
Vice President	0.00	X		X			0	0	0	
(3) Debbie Held	1.00									
Treasurer	0.00	X		X			0	0	0	
(4) Carol Mattix	1.00									
Secretary	0.00	X		X			0	0	0	
(5) Dustin Bell	1.00									
Board Member	0.00	X					0	0	0	
(6) Celia Catlett	1.00									
Board Member	0.00	X					0	0	0	
(7) Keisha Deonarine	1.00									
Board Member	0.00	X					0	0	0	
(8) Kevin Everwine	1.00									
Board Member	0.00	X					0	0	0	
(9) Daniel T Gibson	1.00									
Board Member	0.00	X					0	0	0	
(10) Vicki H-Martin, Ph.D	1.00									
Board Member	0.00	X					0	0	0	
(11) Tom Kokai	1.00									
Board Member	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Christi Lanier Robinson	1.00									
Board Member	0.00	X					0	0	0	
(13) Kelli Morris	1.00									
Board Member	0.00	X					0	0	0	
(14) Allison L.M. Stack	1.00									
Board Member	0.00	X					0	0	0	
(15) Kathi Stearman	1.00									
Board Member	0.00	X					0	0	0	
(16) Kate Ward	1.00									
Board Member	0.00	X					0	0	0	
(17) Jennie Jean Davidson	40.00									
Executive Director	0.00			X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 157,528				
	b Membership dues	1b 13,073				
	c Fundraising events	1c 77,800				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 665,661				
	g Noncash contributions included in lines 1a-1f: \$	158,778				
	h Total. Add lines 1a-1f		914,062			
Program Service Revenue	2a Day care revenue	Busn. Code	505,332	505,332		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		505,332			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,510		2,510
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real	70,669			
		(ii) Personal				
		b Less: rental exps.				
c Rental inc. or (loss)		70,669				
d Net rental income or (loss)			70,669		70,669	
7a Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other				
		b Less: cost or other basis & sales exps.				
		c Gain or (loss)				
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ 77,800 of contributions reported on line 1c). See Part IV, line 18		a	17,285			
		b Less: direct expenses	24,518			
	c Net income or (loss) from fundraising events		-7,233		-7,233	
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a Other		977	977			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		977				
12 Total revenue. See instructions.		1,486,317	506,309	0	65,946	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	77,518	16,060	46,683	14,775
7 Other salaries and wages	921,188	733,531	110,745	76,912
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	84,573	63,478	13,331	7,764
10 Payroll taxes	74,231	55,715	11,701	6,815
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,000		12,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	23,027		23,027	
12 Advertising and promotion				
13 Office expenses	31,045	6,475	16,512	8,058
14 Information technology				
15 Royalties				
16 Occupancy	82,286	61,760	12,971	7,555
17 Travel	5,226	142	5,074	10
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,423	1,068	224	131
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	144,849	108,718	22,833	13,298
23 Insurance	36,209	27,177	5,708	3,324
24 Other expenses. Itemize expenses not covered 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 O.)				
a Program Expenses	273,684	273,684		
b Contract Labor	43,232	24,900	1,039	17,293
c Staff Development	13,873	2,837	10,995	41
d Fundraising Expenses	8,375			8,375
e All other expenses	14,733	8,705	5,871	157
25 Total functional expenses. Add lines 1 through 24e	1,847,472	1,384,250	298,714	164,508
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	69,829	1	60,247
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	402,587	3	183,034
	4	Accounts receivable, net	39,231	4	32,065
	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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	33,266
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,226,004		
	b	Less: accumulated depreciation	10b 2,489,581	10c 1,846,686	1,736,423
	11	Investments—publicly traded securities		11	
	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	27,180	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,385,513	16	2,045,035	
Liabilities	17	Accounts payable and accrued expenses	85,958	17	106,635
	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	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 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		25	
	26	Total liabilities. Add lines 17 through 25	85,958	26	106,635
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,854,814	27	1,659,830
	28	Temporarily restricted net assets	444,741	28	278,570
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,299,555	33	1,938,400	
34	Total liabilities and net assets/fund balances	2,385,513	34	2,045,035	

Part 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	1,486,317
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,847,472
3	Revenue less expenses. Subtract line 2 from line 1	3	-361,155
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,299,555
5	Net unrealized gains (losses) on investments	5	
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,938,400

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

Neighborhood House, Inc.

Employer identification number

61-0445842

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	922,469	1,051,876	986,706	1,346,121	816,616	5,123,788
2 Tax revenues levied for the organization'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	922,469	1,051,876	986,706	1,346,121	816,616	5,123,788
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						353,728
6 Public support. Subtract line 5 from line 4						4,770,060

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	922,469	1,051,876	986,706	1,346,121	816,616	5,123,788
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	71,749	71,756	70,515	70,510	73,179	357,709
9 Net income from unrelated business activities, whether or not the business is regularly carried on				0		
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	46,937	114,427	126,376	67,354	17,285	372,379
11 Total support. Add lines 7 through 10						5,853,876
12 Gross receipts from related activities, etc. (see instructions)					12	2,229,823

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	81.49%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	84.96%

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a 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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

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

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - a 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?
 - b A family member of a person described in (a) above?
 - c 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.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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.*
- 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.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a 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 supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described in (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 activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section 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-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

Special events gross revenue \$ 372,379

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

Neighborhood House, Inc.

61-0445842

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a, 1b, 2, and 3 regarding collections of art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- 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 art, historical treasures, or other similar assets to be sold to 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 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? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a 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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ %
- b** Permanent endowment ▶ %
- c** Temporarily restricted endowment ▶ %

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:

	Yes	No
(i) unrelated organizations	3a(i)
(ii) related organizations	3a(ii)
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	(d) Book value
1a Land		525,193		525,193
b Buildings		3,266,886	2,133,110	1,133,776
c Leasehold improvements				
d Equipment		433,925	356,471	77,454
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **1,736,423**

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,486,317
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,486,317
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,486,317

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,847,472
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,847,472
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,847,472

Part XIII Supplemental Information.

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

Part XIII - Supplemental Financial Information

The Organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. In addition, the Organization qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization other than a private foundation under Section 509(a)(2).

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Neighborhood House, Inc.

Employer identification number

61-0445842

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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	(d) Total events
		<u>Race for Succes</u> (event type)	_____ (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	95,085		95,085
	2	Less: Contributions	77,800		77,800
	3	Gross income (line 1 minus line 2)	17,285		17,285
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	2,338		2,338
	7	Food and beverages	13,213		13,213
	8	Entertainment	6,958		6,958
	9	Other direct expenses	2,009		2,009
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-7,233

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13** Indicate the percentage of gaming activity conducted in:
- a** The organization's facility

13a		%
13b		%
 - b** An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** 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:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶\$

Description of services provided ▶

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** 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 ▶\$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Neighborhood House, Inc.

Employer identification number

61-0445842

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art— Works of art				
2 Art— Historical treasures				
3 Art— Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	1	158,778	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

Neighborhood House, Inc.

Employer identification number

61-0445842

Form 990 - Organization's Mission

The mission of Neighborhood House is to provide individuals with opportunities to enhance the quality of their lives. Our vision is to break the cycle of poverty for the children and families with whom we serve. We know the key is through education and that by strengthening the parents/ family leaders, we have a greater impact on the child. So our programs are educationally focused, which is broader than just the academic component. Our work is to engage the parents/grandparents in order to strengthen the future for our children. We serve infants through senior adults, approximately 220 people/ day from Portland and surrounding areas of West Louisville. We work toward our mission and vision by addressing daily needs as well as making a lifelong impact in meeting Life Needs, teaching Life Skills and inspiring Life Dreams for our children and families.

Form 990, Part III, Line 4c - Third Accomplishment

Our Family Services Department engages with many other community partners to provide a variety of services to our community including young adults, college students, parents and senior citizens. Partner agencies help provide health services, workshops, and basic needs. We know that strengthening the entire family and community is key to having a great impact on the future of their children. Parents and young adults can participate in financial workshops, life coaching, parenting support and leadership training. We also provide family and intergenerational activities such as cultural events, cooking and exercise classes, and

Name of the organization

Neighborhood House, Inc.

Employer identification number

61-0445842

recreation and holiday activities. In addition, our Emergency Food Bank provides for immediate, basic needs, as well as, providing referrals for other services.

Form 990, Part III, Line 4d - All Other Accomplishments

Our Four Seasons Senior Adult Program improves the quality of life for some of our city's most vulnerable citizens. Activities address their physical, social and emotional well-being. Our seniors receive a nutritious lunch each day as well as recreation, socialization and opportunities for developing new skills and engaging in new activities they wouldn't have otherwise. Activities vary including exercise and cooking classes, field trips, holiday events, workshops, health screenings, and intergenerational opportunities.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 990 tax return is prepared by an independent CPA firm based on the information obtained from the audit and inquiries of management. Before the return is filed, a draft of the return is reviewed by the Finance Committee. The Finance Committee reports their approval to the Board of Directors. A copy is provided to all board members and then the tax return is filed with the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

On an annual basis each member of the board of directors is required to sign a conflict of interest form. If the form indicates a possible conflict of interest, the incident is thoroughly investigated. If there is a perceived conflict, the member will not be able to participate (including

Name of the organization

Employer identification number

Neighborhood House, Inc.

61-0445842

...serving on a committee) on any decision relating to the conflict. If a major conflict is noted the Board Member will be asked to resign. Periodically throughout the year possible conflicts are investigated and resolved as necessary.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The salary of the Executive Director is reviewed annually and approved by the Board of Directors. The review includes a number of factors such as performance, compensation as compared to peers, and the financial condition of Neighborhood House, Inc.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents are available upon request. The Form 990 is available via Guidestar's website or upon request.



Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Neighborhood House, Inc.

Identifying number
61-0445842

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	17,340

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	4,946
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	22,286
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	▶ 23	

For Paperwork Reduction Act Notice, see separate instructions.

Neighborhood House
Balance Sheet
As of June 30, 2020

ASSETS

Current Assets

Total Checking/Savings	\$	310,335
Accounts Receivable		
Pledges receivable	\$	155,034
Receivables from Comm of KY	\$	25,521
Accounts receivable	\$	41,230
Total Accounts Receivable	\$	221,785

Other Current Assets

Prepaid Insurance & Expenses	\$	4,730
Deposits with UE Trust	\$	25,640
Total Other Current Assets	\$	30,370

Total Current Assets	\$	562,490
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Fixed Assets

Land & Improvements	\$	645,720
New Building	\$	2,748,383
Blue Building	\$	397,976
Equipment, Furniture & Fixtures	\$	379,392
Automobiles	\$	60,358
Accumulated Depreciation	\$	(2,489,581)

Total Fixed Assets	\$	1,742,248
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TOTAL ASSETS	\$	2,304,738
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Neighborhood House
Balance Sheet
As of June 30, 2020

LIABILITIES & EQUITY

Liabilities

Current Liabilities

Accounts Payable \$ 3,249

Other Current Liabilities

Accrued Payroll \$ 42,407

Accrued Vacation \$ 44,723

Accrued Liability \$ 5,108

Payroll Liabilities \$ 9,007

SBA - PPP Loan \$ 245,400

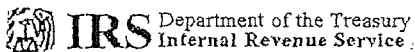
Total Other Current Liabilities \$ 346,645

Total Current Liabilities \$ 349,894

Total Liabilities \$ 349,894

Equity \$ 1,954,844

TOTAL LIABILITIES & EQUITY \$ 2,304,738



Department of the Treasury
Internal Revenue Service

Cincinnati Service Center
CINCINNATI OH 45999-0038

In reply refer to: 0752161033
Feb. 11, 2013 LTR 4168C 0
61-0445842 000000 00

00014734

BODC: TE

NEIGHBORHOOD HOUSE
201 N 25TH ST
LOUISVILLE KY 40212

Employer Identification Number: 61-0445842
Person to Contact: Mr. Perkins
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 31, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1972.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

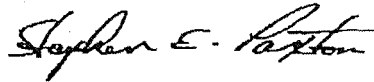
Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

NEIGHBORHOOD HOUSE
201 N 25TH ST
LOUISVILLE KY 40212

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Stephen E. Paxton
Operations Manager, AM Operations 3



August 18, 2020

Neighborhood House
201 N. 25th Street
Louisville, KY 40212
Attn: Martha Fuson

RE: replace heating boiler

Per your request Schardein is pleased to submit the following proposal for your approval.


Replace one heating boiler for the building. Quote includes the following:

- 1) Shut off water to the existing boiler so boiler can be removed. Note: if shut off valves do not shut off and have to be replaced the cost to replace valves will be extra and is not included in this quote. NOTE: there is a 1-week lead time to get the boiler to Louisville after order is placed.
- 2) Demo the existing heating boiler and dispose of.
- 3) Supply one LOCHINVAR CHN0992 Boiler with smart system and install where the removed boiler sat. Also supply one 100133603 boiler pump.
- 4) Connect the new boiler to the existing supply and return water piping.
- 5) Connect the new boiler to the existing natural gas piping.
- 6) Connect the new boiler to the existing sheet metal flue that will be reused.
- 7) Connect the new boiler to the existing boiler controls in the boiler room.
- 8) Start boiler and check operation.
- 9) Kentucky State Boiler permit is included.
- 10) All work will be completed Monday through Friday 7:30 AM to 4:00 PM.

Total cost to complete the above work: \$23,771.00.

If you have any questions or need additional information, please contact my office.

Respectfully Submitted,



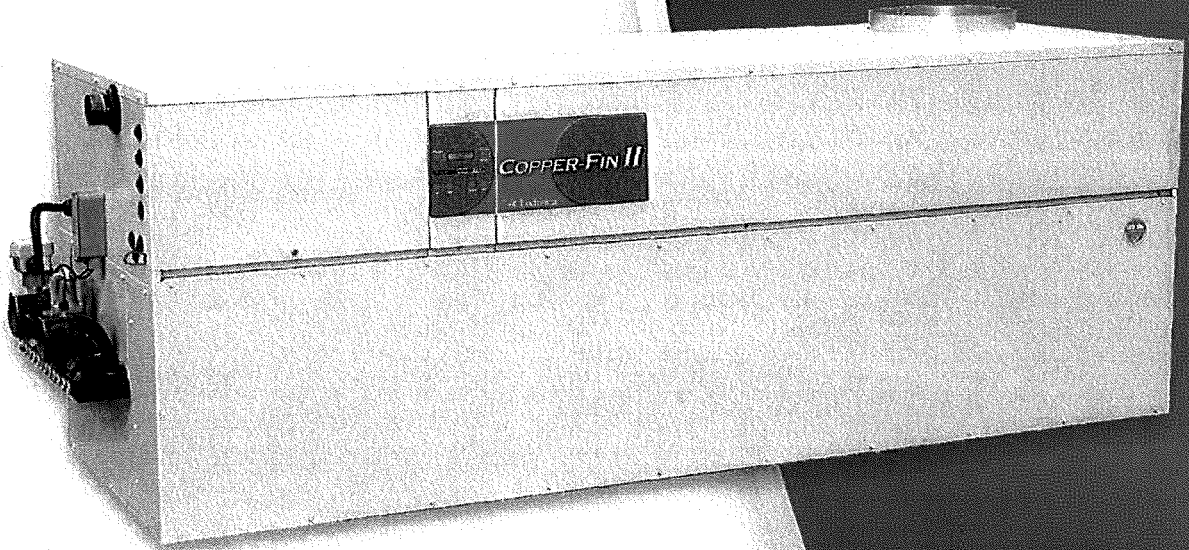
Gary Schardein

This quote is valid for 30 days from above date. Our terms are net 30 days from completion of work. If terms are acceptable, please sign and return to Schardein.

Acceptance _____ Date _____

HIGH EFFICIENCY COMMERCIAL BOILERS

COPPER-FIN II[®]



SMART SYSTEM™

ADVANCED OPERATING CONTROL
FEATURING A BUILT-IN CASCADING SEQUENCER

9 MODELS - 400,000 - 2,070,000 BTU/HR

PROPORTIONAL FIRING UP TO 4:1

LESS THAN 20 ppm NO_x

VENT FLEXIBILITY TO 100 FEET

85% **AHRF CERTIFIED**
THERMAL EFFICIENCY



Lochinvar[®]
HIGH EFFICIENCY BOILERS & WATER HEATERS

DESIGNED ★ ENGINEERED ★ ASSEMBLED

USA

Lochinvar.com

COPPER-FIN II®

THE FOUNDATION OF LOCHINVAR BECOMES STRONGER

Copper-finned tube, non-condensing appliances are the foundation of Lochinvar's success. In 1993, Lochinvar introduced the Copper-Fin II, the first horizontal chassis, copper-finned tube boiler to operate with fan-assisted combustion. Now, the Copper-fin II is even better. Along with high thermal efficiency, gasketless heat exchangers and multiple venting options we have added Lochinvar's exclusive SMART SYSTEM™ control.

Nine models from 399,999 to 2,070,000 Btu/hr input provide you with exceptional products with a long list of new features in addition to the established features which redefined the industry. The Copper-fin II was the first proportional fired, fan-assisted boiler on the market. Every model features a small footprint for easy passage through a 36" door, low NOx – third party tested to less than 20 PPM, Stack Frames that can put twice the Btu/hr input in the same space and vent diameters up to 8" smaller than conventional atmospheric boilers.

THERMAL EFFICIENCY

Copper-Fin II boilers offer a remarkably high 85% thermal efficiency. This means that 85¢ out of every fuel dollar goes into heating the water, dramatically reducing the operating cost of the equipment. Copper-Fin II achieves this efficiency through the combination of an advanced fan assisted combustion system and gasketless heat exchanger. The heat energy from the combustion process is transferred to the water as it passes through the solid copper finned tube heat exchanger. The sealed combustion design of the Copper-Fin II eliminates external heat losses, this means that the energy dollars heat the water, not the mechanical room.

GASKETLESS HEAT EXCHANGER

In 1989, Lochinvar was the first water heater manufacturer to offer gasketless cast iron & copper-finned tube heat exchangers. Our unique gasketless design enhances reliability by eliminating o-rings and gaskets found on other brands. The heat exchanger features glass lined headers and copper-finned tubes with extruded integral fins spaced 7-fins per inch for exceptional heat transfer. The heat exchanger is built to ASME construction standards for 160 psi working pressure and is backed by a ten year limited warranty.

SPACE SAVING, SERVICE FRIENDLY DESIGN

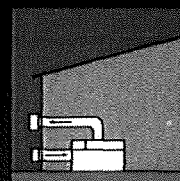
Our enhanced Copper-fin II models offer the same reliable operation in a new service friendly design. The gas inlet, internal controls and Building Management connections have been repositioned to the front of the appliance for easier service and simpler installation. The built-in air filter reduces maintenance and improves performance with a field convertible option to install the air intake on the rear or the right side of the boiler. In addition, Lochinvar was the first manufacturer to offer factory welded Stack Frames that allow you to put two boilers in the space for one.

**STACK
FRAME**

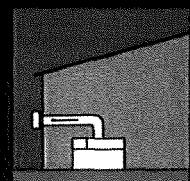
MULTIPLE VENTING OPTIONS

The Copper-fin II offers **eight venting options** to meet the most challenging installation requirements. The Copper-fin II can vent vertically in Category I with double wall "B" vent or horizontally in Category IV with AL29-4C stainless steel vent material. Vent termination can be Rooftop or Sidewall with combustion air drawn naturally from the equipment room or via dedicated air intake piping. And if floor space is limited, the Copper-fin II boiler can be installed outdoors with an optional Outdoor Vent Cap.

Aire-Lock® Direct Vent



Sidewall



High Efficiency Commercial Boilers



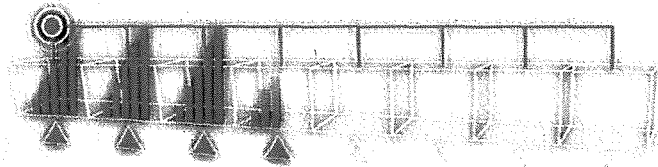
REFINED DESIGN PUTS MORE CONTROL AND INFORMATION AT YOUR FINGERTIPS

The most exciting addition to the Copper-Fin II is the SMART SYSTEM™ control. The SMART SYSTEM is an advanced, state of the art integrated operating control. We introduced the SMART SYSTEM control in 2005 and it has delivered proven operation in thousands of demanding commercial applications. The control provides the installer, owners and operators with precise temperature control and diagnostic information.

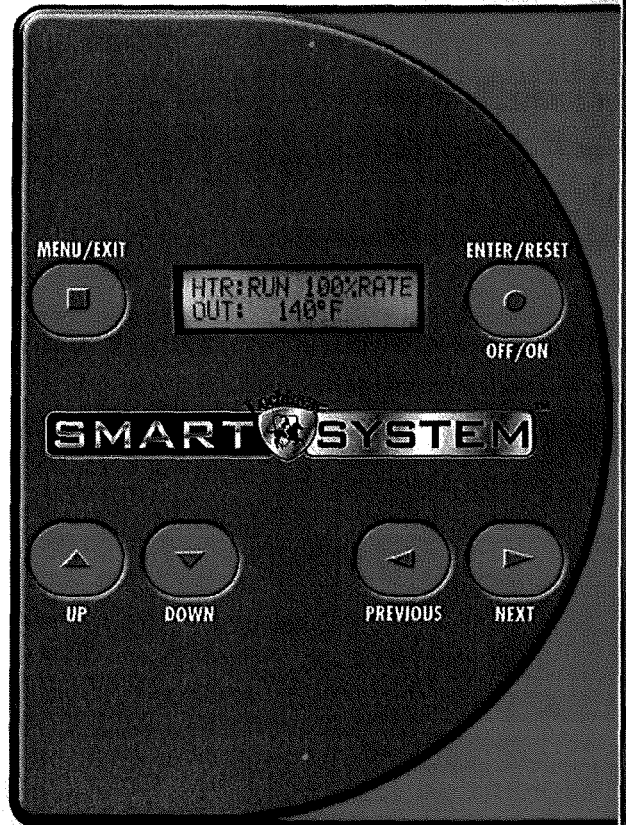
Advanced features include:

- 2-LINE, 16 CHARACTER LCD DISPLAY OF SETUP, SYSTEM STATUS AND DIAGNOSTIC DATA IN WORDS, NOT CODES
- BUILT-IN CASCADE SEQUENCER CONTROLLING UP TO 8 BOILERS
- FRONT END LOADING CAPABILITY WITH CREST OR KNIGHT BOILERS
- OUTDOOR RESET ADJUSTS SETPOINT BASED ON RESET CURVE
- DOMESTIC HOT WATER PRIORITIZATION ALLOWS THE BOILER TO PROVIDE SPACE HEATING AND PRODUCE DOMESTIC HOT WATER ALL IN ONE SYSTEM
- 0-10 VDC BMS INPUT TO CONTROL BOILER OPERATION
- MODBUS PROTOCOL - OPTIONAL

CASCADE OPTIONS



The "lead unit" boiler modulates with demand to capacity. As demand increases, additional boilers fire and modulate to capacity. This continues, with additional boilers firing and modulating to capacity until all units are operating. Every 24 hours, the SMART SYSTEM automatically shifts the lead boiler role to the next in the sequence, distributing lead-lag runtimes equally.

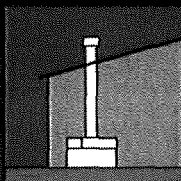


PROPORTIONAL FIRING

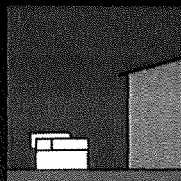
Proportional firing divides a single manifold of multiple burners into smaller, independent stages.

With up to four stages of individual operation, the Smart System control can reduce the firing rate down to approximately 25% Btu/hr input. This simple but effective design matches the boiler's firing capacity to the constantly changing system demand. Full Fire or On/Off combustion systems often fire the entire gas train in short, inefficient bursts. Stage firing delivers the Btu's required in smoother and longer burn cycles which will improve operation and reduce component fatigue.

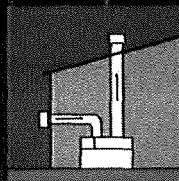
Conventional



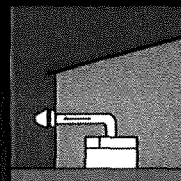
Outdoor



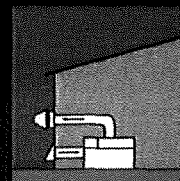
Direct Aire Vertical w-sidewall Inlet



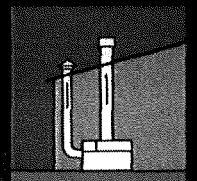
Powered Sidewall



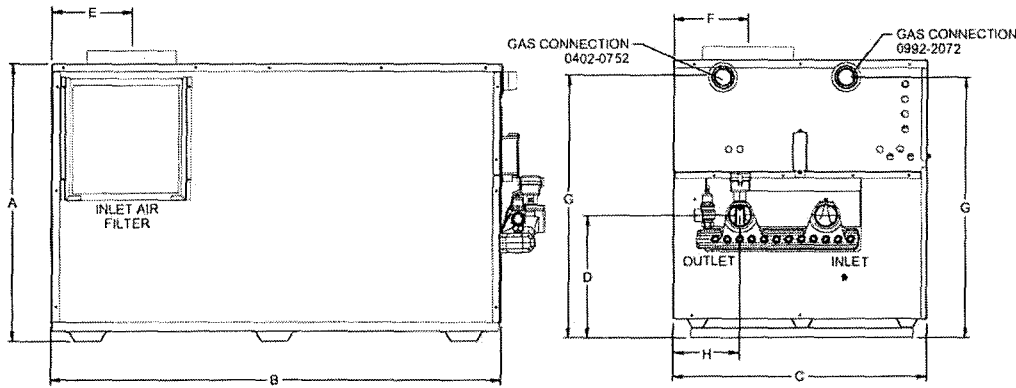
Power Direct Aire Horizontal



Direct Aire Vertical



COPPER-FIN II[®] Commercial Gas Boiler Dimensions & Specifications



Copper-Fin II Heating Boiler <small>ASME DERIVED</small>					Dimensions & Specifications											
Model Number	Input MBH	Thermal Efficiency	Output MBH	Rating MBH	A	B	C	D	E	F	G	H	Vent Size	Air Inlet	Gas Conn	Ship Weight
CHN0402	399	85%	399	295	31-1/2"	37-3/4"	22-1/4"	12-1/2"	7"	7"	29"	6-1/2"	6"	6"	1-1/4"	378
CHN0502	500	85%	425	370	31-1/2"	45-1/2"	22-1/4"	12-1/2"	7"	7"	29"	6-1/2"	6"	6"	1-1/4"	414
CHN0652	650	85%	553	481	31-1/2"	56-3/4"	22-1/4"	12-1/2"	8-1/2"	8-1/4"	29"	6-1/2"	8"	8"	1-1/4"	500
CHN0752	750	85%	638	555	31-1/2"	64"	22-1/4"	12-1/2"	8-1/2"	8-1/4"	29"	6-1/2"	8"	8"	1-1/4"	543
CHN0992	990	85%	842	732	36"	48-1/4"	33-1/2"	15-3/4"	8-1/2"	8-1/2"	33-3/4"	8-3/4"	10"	10"	2"	773
CHN1262	1,260	85%	1,071	931	36"	58-1/2"	33-1/2"	15-3/4"	10-1/2"	9-1/2"	33-3/4"	8-3/4"	12"	12"	2"	863
CHN1442	1,440	85%	1,224	1,064	36"	68-3/4"	33-1/2"	15-3/4"	10-1/2"	10-1/2"	33-3/4"	8-3/4"	12"	12"	2"	965
CHN1802	1,800	85%	1,530	1,330	36"	82-1/4"	33-1/2"	15-3/4"	11"	11"	33-3/4"	8-3/4"	14"	12"	2"	1,100
CHN2072	2,070	85%	1,760	1,530	36"	92-1/2"	33-1/2"	15-3/4"	11"	11"	33-3/4"	8-3/4"	14"	12"	2"	1,219

Notes: Change 'N' to 'L' for LP gas models. No deration on LP models. Water connections for models CH 0402-0752 are 2" NPT on 6-1/2" centers. Header increases "B" dimension 3-1/2" for models CH 0402-0752 and 6-1/4" for models CH 0992-2072. Water connections for models CH 0992-2072 are 2-1/2" NPT on 11-1/4" centers.

The Net AHRI Water Ratings shown are based on an allowance of 1.15. Lochinvar should be consulted before selecting a boiler for installations having unusual piping and pickup requirements, such as intermittent system operation, extensive piping systems, etc. *The ratings have been determined under the provisions governing forced draft burners.

STANDARD FEATURES

- 85% Thermal Efficiency (AHRI Certified)
- Proportional Firing up to 4:1 Turndown
 - Hot Surface Ignition
 - Low NOx Operation
 - Sealed Combustion
 - Low Gas Pressure Operation
- Vertical & Horizontal Venting
 - Category I Venting
 - Double Wall "B" Vent Material
 - Category IV Venting
 - AL29-4C Stainless Steel Vent Material
- ASME Copper Finned Tube Heat Exchanger
 - ASME Certified, "H" Stamped
 - Gasketless design
 - 160 psi working pressure
- On/Off Switch
- Combustible Floor Rated (CH 0992 - 2072)
- Adjustable High Limit w/ Manual Reset
- Flow Switch
- Low Air Pressure Switch
- Inlet & Outlet Temperature Sensors
- Easy Access Terminal Strips
- Downstream Test Cocks
- 50 psi ASME Pressure Relief Valve
- Temperature & Pressure Gauge
- 1 Year Warranty on Parts (See Warranty for Details)
- 10 Year Limited Warranty (See Warranty for Details)

OPTIONAL EQUIPMENT

- Alarm
- High & Low Gas Pressure Switches w/ Manual Reset
- Cupro-Nickel Heat Exchanger
- Low Water Cut Off, Probe Type w/ Manual Reset & Test
- Modbus Communications
- BMS Gateway - BACnet or LonWorks
- Combustible Floor Kit (CH 0402-0752)
- Stack Frame
- Low Temperature Protection Valve

SMART SYSTEM™ FEATURES

- SMART SYSTEM™ Operating Control
 - 2 Line/16 Character LCD Display
 - Built in Cascading Sequencer for up to 8 boilers
 - Front End Loading Capability with Crest or Knight Boilers
 - Building Management System Integration with 0-10 VDC Input
 - Outdoor Reset Control with Outdoor Air Sensor
 - Password Security
 - Domestic Hot Water Prioritization
 - Low Water Flow Control & Indication
 - Inlet & Outlet Temperature Readout
 - Freeze Protection
 - Service Reminder
 - Time Clock
 - 0-10 VDC Rate Output
 - Condensing Protection
 - 0-10 VDC System Pump Speed Input
- Data Logging
 - Hours Running, Space Heating
 - Hours Running, Domestic Hot Water
 - Ignition Attempts
 - Last 10 Lockouts
- Programmable System Efficiency Optimizers
 - Night Setback
 - Anti-Cycling
 - Outdoor Air Reset Curve
 - Boost Temperature & Time

FIRING CODES

- M7 Firing Code - California Code
- M9 Firing Code - Hot Surface Ignition with Electronic Supervision
- M13 Firing Code - CSD1 / Factory Mutual / GE Gap

CERTIFICATIONS

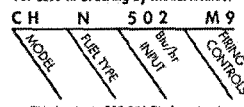
- ANSI Z21.13/CSA 4.9 certified
- South Coast Air Quality Management District
- Texas Commission on Environmental Quality

Three Pump Control

- System Pump
- Boiler Pump
- Domestic Hot Water Pump
- High Voltage Terminal Strip
 - 120 VAC / 60 Hertz / 1 Phase Power Supply
 - Pump Contacts with Pump Relay
- Low Voltage Terminal Strip
 - 24 VAC Auxiliary Device Relay Output - Louvers
 - Auxiliary Proving Switch Contacts - Louvers
 - 3-way Valve Contacts for Low Temperature Protection
 - Alarm on Any Failure Contacts
 - 0-10 VDC System Pump Speed Contacts
 - Runtime Contacts
 - DHW Thermostat Contacts
 - DHW Tank Sensor Contacts
 - Unit Enable/Disable Contacts
 - System Sensor Contacts - Supply and Return
 - Outdoor Air Sensor Contacts
 - Contacts for Air Louvers
 - Contacts on Any Failure
 - Cascade Contacts
 - 0-10 VDC BMS External Control Contact
 - 0-10 VDC Rate Contacts

Registered under U.S. Patent # 5,989,020

For Ease In Ordering By Model Number



This heater is 500,000 Btu/hr natural gas Copper-Fin® II boiler. It has M9 firing controls



Lochinvar, LLC
300 Maddox Simpson Parkway
Lebanon, Tennessee 37090
P: 615.889.8900 / F: 615.547.1000
lochinvar.com





Non-Condensing Boiler Protection for Low Temperature Systems

Motorized Low Temperature Valve

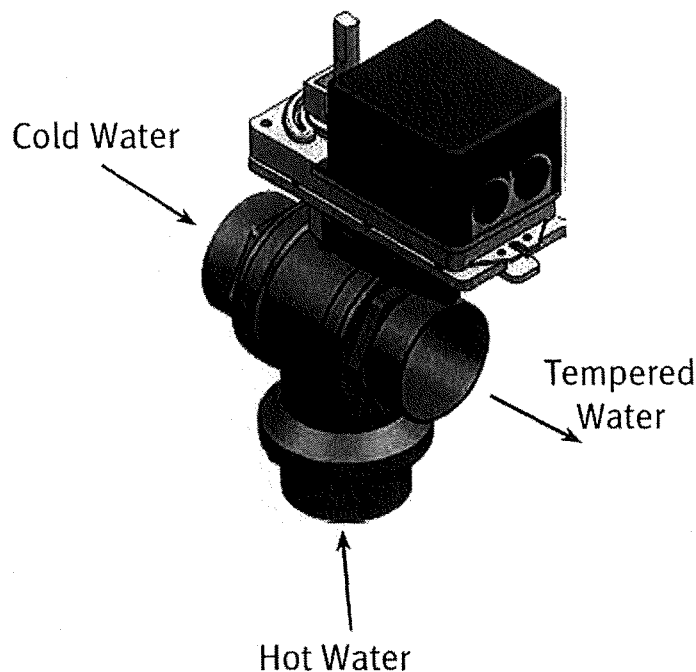
Designed for use with Power-Fin and Copper-Fin II Boilers

When designing a boiler system with return water temperatures below 130°F it is necessary to protect the boiler from heat exchanger condensation. All non-condensing boilers will develop operational problems if they are continually exposed to system return water temperatures below 130°F.

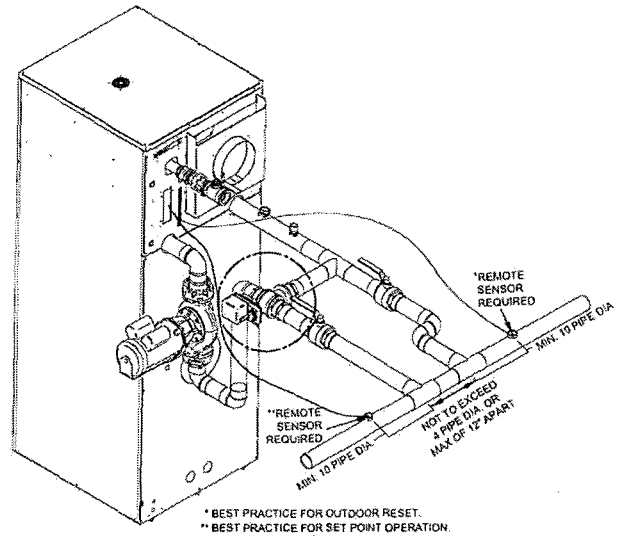
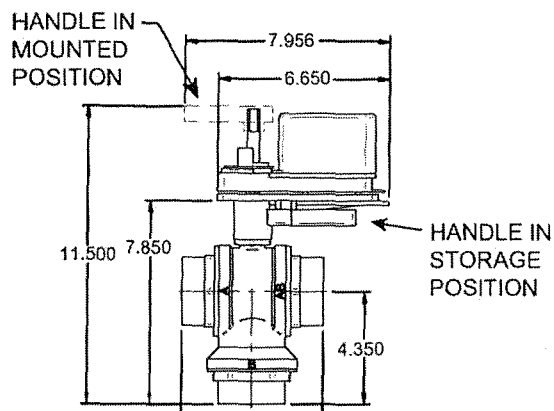
Typical systems that require this protection are water source heat pump systems, in-floor radiant heat systems, greenhouse heating, soil heating, process operations and manufacturing operations. Additionally, heating systems that utilize nighttime setback, night/weekend shutdown or outdoor reset control strategies should incorporate low water temperature protection.

To prevent low return water temperatures to the boiler and combat operational problems, the system should be piped in a primary secondary piping arrangement with a low temperature bypass. Manual bypass systems however are not the ideal solution due to varying flow rates and firing rate of the boiler.

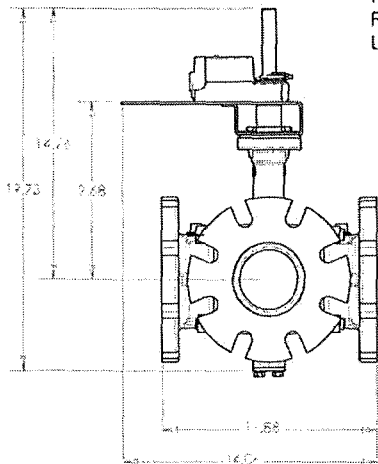
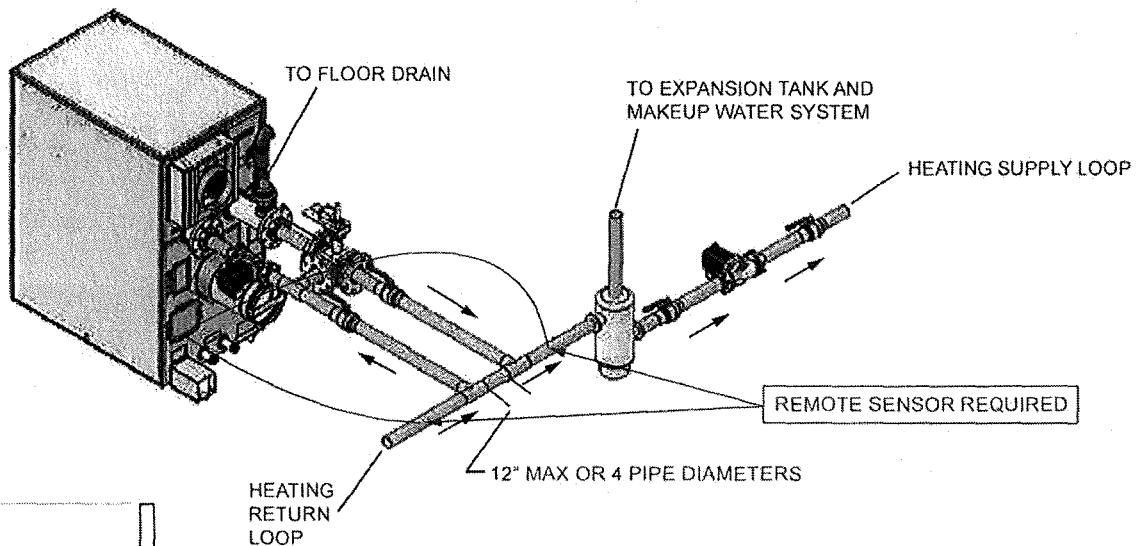
A better alternative to use is Lochinvar's Motorized Low Temperature Valve, which is a motorized valve electronically controlled by the Smart System® control.



2-1/2" LTV Valve Dimensions - 100171920



4" LTV Valve Dimensions - 100275913



AMENDED ARTICLES OF INCORPORATION.

The undersigned, Lucy Belknap, Melchon B. Barrat, Bertha K. Sachs, Emily F. Himmigerode, Emil S. Tachau, Henry Klauber, Lafon Allen, Edward Sachs, Bernard Flexner, Leon P. Lewis, Bernard Selligman and Percy H. Booth, being all of the members of the Board of Trustees or Managers of "Neighborhood House," a corporation heretofore established in conformity to section 879 of the Kentucky Statutes, do hereby amend their articles of incorporation which have been filed in the office of the County Clerk of Jefferson County and in the office of the Secretary of State of Kentucky by adding thereto the following provisions and by giving said corporation the additional powers hereinafter enumerated.

Said corporate body shall have power to borrow money with which to pay for property obtained by purchase or with which to carry on its purposes generally and shall have power to pledge or mortgage its property, real or personal, to secure the payment of the money so borrowed or to secure the fulfillment of any of its contracts. No pledgee or mortgagee or other creditor of said corporation shall be bound to look to the application of the proceeds of any loan made to said corporation. The corporators above named and their associates and successors shall be and remain the Board of Trustees of Neighborhood House.

In witness of these purposes we have affixed our signatures to these articles of incorporation in duplicate on this 19th day of January, 1912, that they may be filed in the office

of the Secretary of State of Kentucky and recorded in the office of the County Clerk of Jefferson County.

Lucy Bell Knapp
Melchen B. Barret
Bertha E. Sachs
Emily R. Minnigerode
Emil S. Fichau
Henry Klauber
Lafon Allen
Edward Sachs
Bernard Flexner
Leon P. Lewis
Bernard Selligman
Percy N. Booth

STATE OF KENTUCKY : SCT.
COUNTY OF JEFFERSON :

I, Katherine M. Neale, a notary public in and for the county and state aforesaid, do certify that the foregoing instrument of writing was on the 18th day of January, 1912, produced to me in my office and acknowledged and delivered by Lucy Bellknapp, Melchen B. Barret, Bertha E. Sachs, Emily R. Minnigerode, Emil S. Fichau, Henry Klauber, Lafon Allen, Bernard Flexner, Leon P. Lewis, Bernard Selligman and Percy N. Booth, parties thereto, to be their act and deed and the act and deed of each of them, and that said instrument of writing was also produced to me in my office on the 20th day of January, 1912, and acknowledged and delivered by Edward Sachs, party thereto, to be his act and deed.

My commission expires on the 18th day of March 1912, Witness my hand and notarial seal this 20th day of

January, 1912.

Katherine M. Neale
N. P. J. C., Ky.



I, P. S. Ray, Clerk of the County Court of Jefferson County in the State of Kentucky, do certify that on this day of 10⁵⁸ O'clock AM the foregoing ^{amended} articles of incorporation were produced to me in my Office and that I have recorded them, this and the foregoing certificate in my said office.

Witness my hand this 10 day of Jan 1912
P. S. Ray Clerk

A Copy Attest
P. S. Ray Clerk
By W. C. Moore A.D.

A M E N D M E N T
TO
ARTICLES OF INCORPORATION
OF
NEIGHBORHOOD HOUSE

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, MARSHALL P. ELDRED, MRS. THOMAS A. BALLANTINE, WILLIAM M. COTTON, MRS. CARL BERG, MRS. KERVIN BULLITT, MRS. GEORGE COHN, MRS. J. DONALD DINNING, ASA W. FULLER, A. READ HENRY, RUTH HIGGINS, WILLIAM H. LANGLEY, FRANCIS J. PEAK, P. EUGENE SANFORD and MRS. HUGH SHWAB, JR., being members of the Board of Trustees of NEIGHBORHOOD HOUSE, 428 South First Street, Louisville, Kentucky, a charitable corporation heretofore organized under the laws of the Commonwealth of Kentucky, do hereby amend the Articles of Incorporation of said NEIGHBORHOOD HOUSE in the following particular, to-wit:

The affairs of this Corporation shall be conducted by a Board of Directors which shall consist of not less than seven (7) nor more than twenty-five (25), to be determined in the discretion of said Board. Said Board of Directors shall have the power and authority heretofore vested in the Board of Trustees or Board of Managers of the said NEIGHBORHOOD HOUSE, together with such other power and authority as may be given by law.

IN WITNESS WHEREOF, the undersigned have set their hands this 21 day of March, 1955

Marshall P. Eldred
Marshall P. Eldred

Mrs. Thomas A. Ballantine
Mrs. Thomas A. Ballantine

William M. Cotton
William M. Cotton

Mrs. Carl Berg
Mrs. Carl Berg

Mrs. Kervin Bullitt
Mrs. Kervin Bullitt

Mrs. George Cohn
Mrs. George Cohn

Mrs. J. Donald Dinning
Mrs. J. Donald Dinning

Asa W. Fuller
Asa W. Fuller

A. Read Henry
A. Read Henry

Ruth Higgins
Ruth Higgins

(R.W.) William H. Langley
William H. Langley

Francis J. Peak
Francis J. Peak

F. Eugene Sanford
F. Eugene Sanford

Mrs. Hugh Shwab, Jr.
Mrs. Hugh Shwab, Jr.

COMMONWEALTH OF KENTUCKY
COUNTY OF JEFFERSON : SS

I, the undersigned Notary Public in and for the State and County aforesaid, do hereby certify that the foregoing AMENDMENT TO ARTICLES OF INCORPORATION of NEIGHBORHOOD HOUSE was this day produced before me in my county by MARSHALL P. ELDRED, MRS. THOMAS A. BALLANTINE, WILLIAM M. COTTON, MRS. CARL BERG, MRS. KERVIN BULLITT, MRS. GEORGE COHN, MRS. J. DONALD DINNING, ASA W. FULLER, A. READ HENRY, RUTH HIGGINS, WILLIAM H. LANGLEY, FRANCIS J. PEAK, F. EUGENE SANFORD and MRS. HUGH SHWAB, JR., who acknowledged same to be their true act and deed for the uses and purposes therein set out.

WITNESS my hand and notarial seal, this 21 day of March, 1955.

My commission expires Feb 4 - 1958

ORIGINAL COPY
FILED AND RECORDED

OCT 3 - 1955

Elizabeth M. Reiss
Notary Public
Jefferson County
Kentucky

Charles R. ...
Raymond ...

ARTICLES OF AMENDMENT
TO
THE ARTICLES OF INCORPORATION
OF
NEIGHBORHOOD HOUSE

SECRETARY OF STATE

RECORDED
181973

CR 4.00

THIS AMENDMENT, dated 26 September 1972, to the Articles of
Incorporation of Neighborhood House, Commonwealth of Kentucky

WITNESSETH:

WHEREAS, it has become necessary and proper to amend the
Articles of Incorporation of Neighborhood House, a charitable and educational
corporation of Louisville, Kentucky, in the manner hereinafter set forth, and

WHEREAS, there are no shareholders in the corporation and no members
entitled to vote upon such amendments;

NOW, THEREFORE, we, the President and Secretary, respectively,
of Neighborhood House, do hereby certify that by a vote of and by resolution of
the majority of the directors in office at their regular meeting held on 19 September
1972, Neighborhood House duly amended its Articles of Incorporation in the follow-
ing respects:

1. The word, "exclusively," is added to the description of the purposes
of the corporation, so that they now read "... form a corporation for charitable
and educational purposes exclusively...";

2. A new paragraph is added to the said Articles, which provides:

Upon dissolution or liquidation of the corporation, the directors
shall, after paying or making provision for the payment of all the liabilities of
the corporation, dispose of all of the assets of the corporation exclusively for
the purposes of the corporation and in such a manner or to such organization(s)
as shall at the time qualify as exempt under section 501(c)(3) of the Internal
Revenue Code of 1954 (or the corresponding provision of any future United States'
Internal Revenue Law). Any assets not so disposed of shall be disposed of by
any court having proper jurisdiction in accordance with the purposes of the
corporation and exclusively to such organizations as are described in the pre-
ceding sentence.

IN TESTIMONY WHEREOF, the President and Secretary of Neighbor-
hood House have hereunto signed their names; and Neighborhood House has caused
these Articles of Amendment to be signed by its President and Secretary, all this
28th day of September 1972.

John E. H. Lawrence
President

Ruth C. Higgins
Secretary

NEIGHBORHOOD HOUSE
By *John E. H. Lawrence*
President

Attest: *Ruth C. Higgins*
Secretary

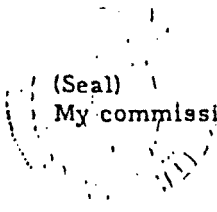
COMMONWEALTH OF KENTUCKY)

COUNTY OF Jefferson) 88

I, Mary M. Keith, a Notary Public in and for the County and Commonwealth aforesaid, do hereby certify that the foregoing Articles of Amendment to the Articles of Incorporation of Neighborhood House were produced before me in the County and Commonwealth aforesaid by John St. Lawrence and Ruth Higgins, President and Secretary, respectively, of Neighborhood House, and were acknowledged by them to be their act and deed; and to be the act and deed of Neighborhood House.

Witness, my hand and seal, this 21 day of September, 1972.

Mary M. Keith
Notary Public
Jefferson County, Kentucky



(Seal)
My commission expires: August 12, 1974

ORIGINAL COPY
FILED
SECRETARY OF STATE OF KENTUCKY

MAY 18 1973

Thomas L. Howell
Secretary of State
LH

This document was prepared by Charles M. Hassett, Attorney at Law, whose address is 2114 Edgehill Road, Louisville, Kentucky 40205.

Charles M. Hassett
Charles M. Hassett

BUNDLE

BOX

County

Amended Articles of Incorporation

OF

Jefferson

Increasing its Capital Stock from

Twenty to Fifty

Organization Tax on increase

issued and Certificate issued

24th day of

Recording Fee

SECRETARIUS

Secretary of State

E. M. ...

Recorded in Corporation

Book No. *116*

Page *108*

Recorded

J. B. ...

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Neighborhood House

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **501c3 Organization**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
201 North 25th Street

6 City, state, and ZIP code
Louisville, Kentucky 40212

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-					
--	--	--	---	--	--	--	--	--

or

Employer identification number

6	1	-	0	4	4	5	8	4	2
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *Beverly Jones* Date ▶ *9/23/19*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

NEIGHBORHOOD HOUSE

General Information

Organization Number	0037626
Name	NEIGHBORHOOD HOUSE
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	5/9/1902
Organization Date	5/9/1902
Last Annual Report	2/12/2020
Principal Office	201 NORTH 25TH. ST. LOUISVILLE, KY 40212-1401
Registered Agent	JENNIE JEAN DAVIDSON 201 NORTH 25TH STREET LOUISVILLE, KY 40212

Current Officers

President	Ted Nixon
Vice President	Debbie Held
Secretary	Carol Mattix
Treasurer	Kevin Everwine
Director	Kevin Fuqua
Director	Allison Stack
Director	Kelly Morris

Individuals / Entities listed at time of formation

Director	MARSHALL P ELDRED
Director	MRS THOMAS A BALLANTIN
Director	WM M COTTON
Director	MRS CARL BERG
Director	MRS KERVIN BULLITT
Incorporator	LUCY BELKNAP
Incorporator	LANA DUPONT
Incorporator	PATTY B SEMPLE
Incorporator	REBECCA R JUDAH
Incorporator	PATTY S HILL

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Annual Report	2/12/2020	1 page	PDF
Registered Agent name/address change	6/21/2019 10:47:52 AM	1 page	PDF
Annual Report	4/18/2019	1 page	PDF
Registered Agent name/address change	2/8/2019 12:34:03 PM	1 page	PDF
Registered Agent name/address change	2/8/2019 11:18:46 AM	1 page	PDF

Annual Report	4/10/2018	1 page	PDF	
Annual Report	4/19/2017	1 page	PDF	
Annual Report	3/8/2016	1 page	PDF	
Annual Report	3/31/2015	1 page	PDF	
Annual Report	1/23/2014	1 page	PDF	
Annual Report	1/14/2013	1 page	PDF	
Annual Report	2/9/2012	1 page	PDF	
Annual Report	2/18/2011	1 page	PDF	
Annual Report	2/26/2010	1 page	PDF	
Annual Report	2/16/2009	1 page	PDF	
Annual Report	2/13/2008	1 page	PDF	
Annual Report	1/16/2007	1 page	PDF	
Annual Report	4/6/2006	1 page	tiff	PDF
Annual Report	5/23/2005	1 page	PDF	
Annual Report	7/6/2004	1 page	PDF	
Annual Report	5/13/2003	1 page	tiff	PDF
Annual Report	5/8/2002	1 page	tiff	PDF
Annual Report	7/23/2001	1 page	tiff	PDF
Annual Report	7/6/2000	1 page	tiff	PDF
Annual Report	7/19/1999	2 pages	tiff	PDF
Annual Report	7/23/1998	2 pages	tiff	PDF
Annual Report	7/1/1997	2 pages	tiff	PDF
Annual Report	7/1/1996	3 pages	tiff	PDF
Annual Report	7/1/1995	3 pages	tiff	PDF
Annual Report	7/1/1994	3 pages	tiff	PDF
Statement of Change	10/5/1993	1 page	tiff	PDF
Annual Report	7/1/1993	2 pages	tiff	PDF
Annual Report	7/1/1992	1 page	tiff	PDF
Annual Report	7/1/1991	5 pages	tiff	PDF
Annual Report	7/1/1990	2 pages	tiff	PDF
Annual Report	7/1/1989	1 page	tiff	PDF
Articles of Incorporation	5/9/1902	1 page	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	2/12/2020 12:14:33 PM	2/12/2020 12:14:33 PM	
Registered agent address change	6/21/2019 10:47:52 AM	6/21/2019 10:47:52 AM	
Annual report	4/18/2019 10:41:03 AM	4/18/2019 10:41:03 AM	
Registered agent address change	2/8/2019 12:34:03 PM	2/8/2019 12:34:03 PM	
Registered agent address change	2/8/2019 11:18:46 AM	2/8/2019 11:18:46 AM	
Annual report	4/10/2018 12:37:57 PM	4/10/2018 12:37:57 PM	
Annual report	4/19/2017 10:11:20 AM	4/19/2017 10:11:20 AM	
Annual report	3/8/2016 11:49:57 AM	3/8/2016 11:49:57 AM	
Annual report	3/31/2015 3:12:30 PM	3/31/2015 3:12:30 PM	
Annual report	1/23/2014 11:35:40 AM	1/23/2014 11:35:40 AM	
Annual report	1/14/2013	1/14/2013	

Annual report	1:02:07 PM 2/9/2012 11:17:22 AM	1:02:07 PM 2/9/2012 11:17:22 AM
Annual report	2/18/2011 7:28:56 AM	2/18/2011 7:28:56 AM
Annual report	2/26/2010 2:04:17 PM	2/26/2010 2:04:17 PM
Annual report	2/16/2009 10:00:30 AM	2/16/2009 10:00:30 AM
Annual report	2/13/2008 2:44:40 PM	2/13/2008 2:44:40 PM
Annual report	1/16/2007 11:46:23 AM	1/16/2007 11:46:23 AM
Annual report	4/6/2006 8:40:27 AM	4/6/2006
Annual report	5/23/2005	5/23/2005
Annual report	7/6/2004	7/6/2004
Registered agent address change	2/19/2004 11:30:45 AM	2/19/2004
Amendment - Change purpose	5/18/1973	5/18/1973
Amendment - Miscellaneous amendments	10/3/1955	10/3/1955
Amendment - Miscellaneous amendments	1/24/1912	1/24/1912

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	12/31/2004 2:11:27 PM	1 page
Statement of Change	2/19/2004	1 page
Annual Report	5/13/2003	1 page
Annual Report	5/8/2002	1 page
Annual Report	7/23/2001	1 page
Annual Report	7/6/2000	1 page
Annual Report	7/19/1999	2 pages
Annual Report	7/23/1998	2 pages
Annual Report	7/1/1997	2 pages
Annual Report	7/1/1996	3 pages
Annual Report	7/1/1995	3 pages
Annual Report	7/1/1994	3 pages
Statement of Change	10/5/1993	1 page
Annual Report	7/1/1993	2 pages
Annual Report	7/1/1992	1 page
Annual Report	7/1/1991	5 pages
Annual Report	7/1/1990	2 pages
Annual Report	7/1/1989	1 page
Statement of Change	5/27/1981	2 pages
Reinstatement	9/16/1980	3 pages
Revocation of Certificate of Authority	8/27/1979	2 pages
Revocation of Certificate of Authority	8/27/1979	2 pages
Six Month Notice	8/27/1979	1 page
Six Month Notice	2/26/1979	2 pages
Six Month Notice	2/26/1979	1 page
Amendment	5/18/1973	3 pages
Statement of Change	10/23/1959	2 pages
Amendment	10/3/1955	3 pages
Statement of Change	9/24/1953	2 pages
Annual Report	8/2/1942	3 pages
Statement of Change	9/16/1941	2 pages

Annual Report
Amendment
Articles of Incorporation

6/22/1941
1/24/1912
5/9/1902

26 pages
4 pages
4 pages