Neighborhood House Incorporated - Full Filing- Nonprofit Explorer - ProPublica

efil	e Pu	ıblic Visı	ual Render	ObjectId: 202	234313934930504	4 - Submissio	on: 202	23-11	-09	T.	IN: 91-0568305
Form	00	20	Re	turn of Ora	anization Exe	mpt From	n Inco	ome	Tax	•	OMB No. 1545-0047
Form	33	0		on 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)					tions)	2022	
					I security numbers on t					,	
		f the Treasury nue Service	•	Go to <u>www.irs.gov</u>	<u>//Form990</u> for instru	ctions and the	latest ir	nform	ation.		Open to Public Inspection
A F	or th	ne 2022 c	alendar year,	or tax year beginn	ing 01-01-2022 , ar	nd ending 12-3	1-2022				
		applicable:	C Name of organ	ization DD HOUSE INC					D Employ	er identi	fication number
_		change							91-056	8305	
		hange eturn	Doing business	s as							
_		rn/terminated							E Telephor	ne number	
		d return ion pending	Number and st 1225 S WELLE		l is not delivered to street a	address) Room/sui	ite			61-8430	
- '	City or town, state or province, country, and ZIP or foreign postal code					(200)	01 0.00				
			SEATTLE, WA		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,				<b>G</b> Gross re	ceipts \$ 3	3,436,387
			F Name and JANICE DEGU	address of principal	officer:		H(a)	Is this	a group re	turn for	
			1225 S WELLE	ER ST 510					dinates? I subordinat	taa	🗆 Yes 🗹 No
<b>T</b> Toy		mpt status:	SEATTLE, WA	0				includ		les	🗆 Yes 🔲 No
		•	===(=)(=)	□ 501(c) ( ) ◀ (ir	nsert no.) 🗌 4947(a)(1	L) or 🗌 527					instructions.
JW	ebsi	te:► WW	W.NHWA.ORG					Group	exemption	number	•
<b>K</b> Forr	n of o	organization:	Corporation	Trust Associ	ation 🗌 Other 🕨		L Year o	f forma	tion: 1956	<b>M</b> State WA	of legal domicile:
Pa	art I	Sum	marv								
		Briefly des	cribe the organ		most significant activiti						
e		OPPORTUN		BUILDS COMMUNIT	Y AND INCREASES ACC	ESS TO HOUSIN	G, HEAL	IH, ED	OUCATION,	AND ECC	DNOMIC
anc											
lem											
Governance	_		s box 🕨 🗌	<u>.</u>							1
	3		2	5 5	body (Part VI, line 1a) be governing body (Pa			• •		3	11
ties	5		•	-	ndar year 2022 (Part V			•		5	398
Activities &	6			ers (estimate if nece	<i>,</i> , , , , , , , , , , , , , , , , , ,	,				6	728
Ac	7a				/III, column (C), line 12					7a	0
	b	Net unrel	ated business t	axable income from	Form 990-T, Part I, line	e11				7b	0
								Pric	or Year		Current Year
2	8	Contribut	ions and grants	(Part VIII, line 1h)					26,733,2	282	33,279,013
Revenue	9	-							115,5	569	126,462
Rev					nes 3, 4, and 7d)				15,5		30,912
					, 6d, 8c, 9c, 10c, and 1	-			-9,3 26,855,0		-24,444 33,411,943
					equal Part VIII, column						
					lumn (A), lines 1–3). umn (A), line 4) ...				2,167,0	0	1,715,627
ŝ					efits (Part IX, column (				19,159,2	Ŭ	23,946,736
ISe					n (A), line 11e)				-,,	0	0
Exp enses				Part IX, column (D), lin							
ă	17	Other exp	penses (Part IX,	column (A), lines 1	1a-11d, 11f-24e)				4,618,0	096	5,333,964
	18	Total exp	enses. Add lines	s 13–17 (must equa	l Part IX, column (A), li	ne 25)			25,944,3	354	30,996,327
	19	Revenue	less expenses.	Subtract line 18 fror	m line 12				910,7		2,415,616
Net Assets or Fund Balances	1						Begi	nning o	of Current Y	ear	End of Year
set	20	Total asse	ets (Part X. line	16)					23,181,2	238	31,066,251
t As vd B									5,132,0		10,758,052
Par	22	Net asset	s or fund balan	ces. Subtract line 21	L from line 20				18,049,1		20,308,199
							8				

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

							2023-11-06	
Sign	Sig	nature of officer					Date	
Paie								
		Print/Type prepar	er's name	Preparer's	signature	Date 2023-11-06		PTIN P02389255
	a Darer	Firm's name	JACOBSON JARVIS 8	CO PLLC			self-employed Firm's EIN P	91-2011386
	Only	Firm's address	200 1ST AVE W SUIT	F 200			Phone no. (206	5) 628-8000
			SEATTLE, WA 98119				110110-1101 (200	5, 020 0550
Mav t	he IRS disc				ee Instructions.			. 🗸 Yes 🗌 No
			Notice, see the se				No. 11282Y	Form <b>990</b> (2022)
					— Page 2 —			
Form	990 (2022)							Page <b>2</b>
Par	t III Sta	atement of Pro	ogram Service	Accomplis	hments			_
1		eck if Schedule O cribe the organiza		se or note to a	any line in this Par	t III		🗹
NEIGH	,	5		INCREASES A	CCESS TO HOUSI	IG, HEALTH, EDUCAT	TON, AND ECO	DNOMIC OPPORTUNITY.
2	Did the er	anization undert	aka any cignificant		visos during the vi	ar which were not lis	tod on	
2	•	5			5 ,			🗌 Yes 🔽 No
	-		services on Scheo					
3	Did the org	ganization cease o	conducting, or mak	ke significant (	changes in how it	conducts, any progra	m	
			nges on Schedule					. 🗌 Yes 🗹 No
4			2		its for each of its t	hree largest program	services as r	neasured by expenses.
-	Section 50	1(c)(3) and 501(		are required				hers, the total expenses,
4a	(Code:	)	(Expenses \$	12,859,067	including grants of	\$	) (Revenue \$	)
	EXPECTANT WELL AS HE SERVICES:	PARENTS TO THOSE AD START PRESCHO - 507 CHILDREN AN	E WITH CHILDREN (BI OOL, TO BUILD EARLY D THEIR FAMILIES WI	RTH TO 5 YEAR LITERACY AND ERE SERVED IN	S OLD). SERVICES IN SCHOOL READINESS EARLY HEAD START,	CLUDE EARLY HEAD STA . IN 2022, NEIGHBORHC 141 IN PARENTCHILD+,	ART AND PARENT OOD HOUSE PRO AND 368 IN HEA	LOW-INCOME FAMILIES, FROM TCHILD+ HOME VISITING, AS VIDED THE FOLLOWING AD START, FOR A TOTAL OF 1,016 VAL & CHILD HEALTH SERVICES
4b	(Code:	)	(Expenses \$	10 241 405	including grants of	¢ 1 225 200	) (Revenue \$	101,580)
40	HOUSING S	TABILITY, FAMILY SU	JPPORT AND COMMUN	NITY HEALTH - P		D HEALTH SERVICES TO	LOW-INCOME I	NDIVIDUALS AND FAMILIES IN
								CATION ASSISTANCE, EMERGENCY LE WITH DISABILITIES; LONG
								LTH SERVICES SUCH AS DRHOOD HOUSE ACHIEVED THE
								REFERRALS -105 ADULTS RE HELPED WITH HEALTH
	INSURANCE	ENROLLMENT -131	INDIVIDUALS RECEIV	/ED ASSISTANC	E WITH APPLYING FC	R SOCIAL SECURITY/SS	I BENEFITS -156	PEOPLE WERE CONNECTED WITH RMANENT HOUSING -301 HIV/STI
	SCREENING	AND COUNSELING		NDUCTED -223				E TOOK PARENTING CLASSES -08
4c	(Code:	)	(Expenses \$	3,032,969	including grants of	\$ 379,527	) (Revenue \$	)
								PREPARES YOUTH FOR ACADEMIC TENTION/ADVANCEMENT SUPPORT
						T, DRUG AND ALCOHOL EMENT, SOCIAL-EMOTIO		OGRAMS, VOCATIONAL TRAINING LDING, TUTORING AND
								EMPLOYMENT -51 INDIVIDUALS 12 ENGAGED IN AFTER-SCHOOL
								NG PEOPLE RECEIVED MENTORING
	(Code:	)	(Expenses \$	681,900	including grants of	\$ 200	) (Revenue \$	24,882 )
	•			-				NAL SERVICES TO COMMUNITIES.
4d	Other prog (Expenses		escribe in Schedule 681,900 includ	O.) ing grants of	\$	800 ) (Revenue s	\$	24,882)
4e	Total pro	gram service ex	penses	26,915,4	31			
								Form <b>990</b> (2022

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Pa	t IV Checklist of Required Schedules			1
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete		Yes Yes	No
-	Schedule A 😼	1	100	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. $rac{99}{2}$	2	Yes	
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> 😵	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II %	4	Yes	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 🗐 .	5		No
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</i> ,Part I <b>S</b> .	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 😼	9	Yes	
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>	10		No
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗐	11a	Yes	
	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>	11b		No
	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> 2	11c		No
	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>	11d	Yes	<b></b>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🐨	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🕲	12a	Yes	<u> </u>
ь 13	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> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	12b		No
		13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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>	14b		No
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>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
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>	18	Yes	<u> </u>
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>	19		No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	

https://projects.propublica.org/nonprofits/organizations/910568305/202343139349305044/full

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Pa	t IV Checklist of Required Schedules (continued)			T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	22	Yes Yes	No
23	column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $\$ .	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$ .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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</i> , Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🧐	29	Yes	
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V			$\square$
				$\cup$

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 on line 1a. Enter -0- if not applicable

1a	310
1b	0

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Yes

No

10/15/24, 7:55 PM

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с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	
	(gambling) winnings to prize winners?	1c	Yes	

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Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)? If "Yes," enter the name of the foreign country:	4a		No
U	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? $$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	71 7g		NO
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
tps://p	projects.propublica.org/nonprofits/organizations/910568305/202343139349305044/full			

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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?	15		No		
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		No		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17				
	Form <b>990</b> (2022)					

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	t VI       Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 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			Page
Se	ction A. Governing Body and Management	· ·	<u>· ·</u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $\cdot$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		T
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			1
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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			l

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	status with respect to such arrange	a applicable reactal a		, unu unt ocep								
Se	ction C. Disclosure									105		<u> </u>
17	List the states with which a copy of	this Form 990 is requ	ired t	o be filed►	WA							
18	Section 6104 requires an organizati 501(c)(3)s only) available for public				A, if					section		
	🗌 Own website 🛛 Another's w	•	•	🗌 Other (e					,			
19	Describe in Schedule O whether (ar policy, and financial statements ava				veri	ning	docu	men	ts, conflict of int	erest		
20	State the name, address, and telep JANICE DEGUCHI 1225 S WELLER	hone number of the p	erson	who possesses			ganiza	ition	's books and rec	ords:		
										F	orm <b>99</b>	<b>0</b> (2022)
				Page 7 —								
Form	990 (2022)											Page <b>7</b>
Par	t VII Compensation of Offic	ers, Directors,Tru	istee	s, Key Emp	loye	ees	, Hig	hes	t Compensat	ed Employee	es,	
	and Independent Cont											
	Check if Schedule O contains											$\cup$
_	ction A. Officers, Directors, T		-									/- +
year.	omplete this table for all persons req	uirea to be listea. Rep	ort co	mpensation to	r the	e ca	iendar	- yea	ir ending with or	within the orga	nization	is tax
	List all of the organization's <b>current</b> mpensation. Enter -0- in columns (D)					als c	or orga	aniza	ations), regardle	ss of amount		
	ist all of the organization's current l											
who r	ist the organization's five <b>current</b> hi received reportable compensation (bo rganization and any related organiza	ox 5 of Form W-2, box									n \$100,0	000 from
of rep	ist all of the organization's <b>former</b> o portable compensation from the orga	nization and any relat	ed or	ganizations.							00	
	ist all of the organization's <b>former d</b> iization, more than \$10,000 of report									trustee of the		
-	he instructions for the order in which	•				. ,			<u>J</u>			
	Check this box if neither the organiza	tion nor any related o	organiz	zation compens	sate	d an	ıy curi	rent	officer, director,	or trustee.		
	(A) Name and title	(B) Average hours per week (list	Pos one	(C) ition (do not cl box, unless pe fficer and a dire	) neck ersoi	mo nis	re tha both a	ın	(D) Reportable compensation from the	(E) Reportable compensation from related	Esti amo	( <b>F)</b> mated ount of ther
		any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	fror orgar and	ensation n the nization related izations

1.00 (1) CYNTHIA WANG ..... Х 0 0 Х PRESIDENT (OUTGOING) 1.00 (2) MAILE HADLEY PRESIDENT (INCOMING) Х Х 0 ..... 0 1.00 (3) ED PRINCE ..... Х Х 0 0 VICE PRESIDENT 1.00 (4) MICHAEL MEAD TREASURER Х ..... Х 0 0 1.00 (5) BARNEY HERRERA ..... Х Х SECRETARY 0 0 1.00 (6) AZMACH BEKELE ..... Х 0 0 BOARD MEMBER 1.00 (7) JOANNE KALAS BOARD MEMBER ..... Х 0 0 1.00 (8) HANNAH LOCKE ..... Х 0 0 BOARD MEMBER

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(9) LINDA MILLS	1.00						
BOARD MEMBER		Х			0	0	0
(10) MOJDEH HOORBAKHT	1.00				0	0	0
BOARD MEMBER		Х			U	0	0
(11) TERESA OLYMPIO	1.00	х			0	0	0
BOARD MEMBER		^			U	U	U
(12) JANICE DEGUCHI	40.00		v		105 510	0	12 211
EXECUTIVE DIRECTOR	-		х		185,510	0	13,211
(13) CALLAHAN MCKENZIE	40.00		x		126,131	0	11 572
FINANCE DIRECTOR			Â		120,131	U	11,572
(14) MILLION SHIFERAW	40.00			v	117 906	0	11 220
DIRECTOR CHILD DEVELOPMENT				х	117,806	0	11,238
(15) NATHAN BUCK	40.00			v	126 201	0	15 021
DIRECTOR EDUCATION AND COM				х	126,381	0	15,031
(16) ANNA SULLIVAN	40.00			v	105 700	0	6.015
DIRECTOR HUMAN RESOURCES				х	125,736	0	6,015
(17) FARHAD HYDER	40.00				104.005		14
DIRECTOR IT				х	124,925	0	14,770

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Form 990 (2022)

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

(A) Name and title	(B) Average hours per week (list	Positio box,	(C) on (do not cheo unless person i and a directo	:k m s bo	oth a	n offic	ne er	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W- 2/1099- MISC/1099-NEC)	organizations (W-2/1099- MISC/1099-NEC)	from the organization and related organizations
						•	_			
c Total from continuation sheet https://projects.propublica.org/nonprofits/o	-			5044	1/fu11	►	1	I		

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d	Total (add lines 1b and 1c)							806,489	0		71,837
2	Total number of individuals (including bu of reportable compensation from the or				hose lis	ted above) who	rece	eived more than \$100,00	00		
										Yes	No

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

#### 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 recompensation from the organization $\blacktriangleright 0$	eceived more than \$100,000 of	
			E 000 (2022)

Form 990 (2022)

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Form 990 (20	)22)						Page <b>9</b>
Part VIII	Statement of Rev	venue					
	Check if Schedule O	contains a res	ponse or note to any	/ line in this Part VIII			🗆
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Federate	d campaigns	1a					•
Contributions							
<del>Gifts, Grants,</del> and Members	ship dues	1b					
DtherAmt							
Similar Ar <b>G</b> oEungdrais	ing events	1c					
	2,280						
d Related	organizations	1d					
e Governme	ent grants (contributions)	1e					
28,62	7,267						
<b>f</b> All other o	ontributions, gifts, grants, r amounts not included	1f					
1.88	3,699						
	contributions included in	1g					
37	8,511						
	dd lines 1a-1f		. 33,279,013				
<u> </u>			Business Code				
D- DENT	AL INCOME			101,580	101,580		
			531120		. ,		
Bervice Revenue	L MANAGEMENT		900099	24,882	24,882		
æ							
ce							
erv							1
<u>د</u>							
dram .							
<b>.</b>	11		105(0005/0000101000	10205044/6-11	I		I

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ġ	5								1
à									
	<b>f</b> All other program s	servi	ce revenue.						
	<b>9 Total.</b> Add lines 2	a–2f		•	126,462	2			
	3 Investment income similar amounts) .	•		•	•	30,912			30,912
	4 Income from investr								
	5 Royalties								
	I	1	(i) Rea	11	(ii) Personal	-			
	6a Gross rents	6a							
	<b>b</b> Less: rental expenses	6b							
	c Rental income	60							
	or (loss)	6c				4			
	<b>d</b> Net rental income			• •					
		.	(i) Secur	ities	(ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory	7a							
e in	· · · · ·								
Revenu	other basis and sales expenses	7b							
å	Suice expenses								
٩r	Gain or (loss)	7c							
Other	<b>d</b> Net gain or (loss)	•		· ·	· · · •				
0	Gross income from fur (not including \$		sing events 102,280 of						
	contributions reported								
	See Part IV, line 18	•		8a	0				
	<b>b</b> Less: direct expense	ses		8b	24,444				
	<b>c</b> Net income or (loss	s) fro	om fundraisi	ng eve	ents 🕨	-24,444			-24,444
	9a Gross income from g See Part IV, line 19								
				9a		-			
	<b>b</b> Less: direct expenses			9b					
	<b>c</b> Net income or (loss	5) 110	oni yanning a		es				
	10aGross sales of inve	ntory	v, less						
	returns and allowa	nces	•••	10a					
	<b>b</b> Less: cost of goods	s solo		10b					
	<b>c</b> Net income or (loss	s) fro	om sales of i	nvento	ory 🕨	-			
		-			Business Code				
	11a								
	b								
	c								
Oth	er <b>f</b> evenueMiscAmt								
	<b>d</b> All other revenue								ļ
	e Total. Add lines 11	La-1	1d	• •	· · •				
	12 Total revenue. Se	e ins	structions			33,411,943	126,462	0	6,468

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Form 990 (2022)

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).

/ D

Check if Schedule O contains a response or note to any line in this  $\ensuremath{\mathsf{Part}}\,\ensuremath{\mathsf{IX}}\,$  .

<u>/ ٦ )</u>

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Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	رع) Program service expenses	Management and general expenses	ریں) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	123,147	123,147	5	- <b>F</b>
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	1,592,480	1,592,480		
<b>3</b> 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				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	298,722	18,522	280,200	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	19,179,270	16,757,021	2,044,956	377,293
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	585,402	497,212	77,813	10,377
9 Other employee benefits	2,145,246	1,880,785	219,454	45,007
10 Payroll taxes	1,738,096	1,509,702	197,010	31,384
11 Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	11,754	6,166	5,588	
<b>c</b> Accounting	50,650	.,	50,650	
d Lobbying	50,000		50,000	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	710,779	597,741	92,841	20,197
12 Advertising and promotion	153,241	152,741		500
<b>13</b> Office expenses	774,126	707,822	63,229	3,075
14 Information technology	481,762	294,943	172,681	14,138
15 Royalties				,
<b>16</b> Occupancy	1,458,818	1,314,444	117,224	27,150
	149.095	133,566	15,268	261
<ul><li>17 Iravel</li><li>18 Payments of travel or entertainment expenses for any</li></ul>	149,093	135,500	15,200	201
federal, state, or local public officials	22.466	16 706	4.554	014
<b>19</b> Conferences, conventions, and meetings	22,166	16,796	4,556	814
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	542,496	519,800	21,652	1,044
23 Insurance	133,517	88,057	44,043	1,417
<b>24</b> 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 0.)				
a IN-KIND GOODS	298,211	220,567	76,481	1,163
<b>b</b> EMPLOYEE RECRUITMENT	159,649	147,730	11,662	257
c TRAINING	154,942	130,802	12,946	11,194
d PROGRAM BROADBAND	62,302	62,302		
e All other expenses	170,456	143,085	23,616	3,755
<b>25 Total functional expenses.</b> Add lines 1 through 24e	30,996,327	26,915,431	3,531,870	549,026
<b>26</b> 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 <b>F</b> if following SOP 98-2 (ASC 958-720).				

Form 990 (2022)

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Form 990 (2022)

**Balance Sheet** 

Part X

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		Check if Schedule O contains a response or not	e to ar	y line in this Part IX			🗆
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			2,258,268	1	3,240,662
	2	Savings and temporary cash investments .		[	25	2	25
	3	Pledges and grants receivable, net		· [	5,613,745	3	6,783,942
	4	Accounts receivable, net		[	191,240	4	261,763
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial	contributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$ , and persons described in section				6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
S	9	Prepaid expenses and deferred charges		· · [	496,407	9	585,158
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	21,996,285			
	b	Less: accumulated depreciation	10b	6,566,231	13,317,622	10c	15,430,054
	11	Investments—publicly traded securities .			1,303,931	11	1,162,350
	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		[	0	15	3,602,297
	16	Total assets. Add lines 1 through 15 (must equ	ual line	33)	23,181,238	16	31,066,251
	17	Accounts payable and accrued expenses			2,608,422	17	3,063,183
	18	Grants payable				18	
	19	Deferred revenue			2,592	19	41,690
	20	Tax-exempt bond liabilities		· · .		20	
ŝ	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons .	butor, o	or 35% controlled entity		22	
Ë	23	Secured mortgages and notes payable to unrela	ted thi	rd parties	2,521,047	23	4,034,394
	24	Unsecured notes and loans payable to unrelated		· · –		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,	0	25	3,618,785
	26	Total liabilities. Add lines 17 through 25 .			5,132,061	26	10,758,052
or Fund Balances		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	neck h	ere 🕨 🗹 and			
ala	27	Net assets without donor restrictions	•		16,631,112	27	19,028,964
a b	28	Net assets with donor restrictions	• •	· · · · · · _	1,418,065	28	1,279,235
r Fun		Organizations that do not follow FASB ASC complete lines 29 through 33.		heck here 🕨 🗌 and			
0	29	Capital stock or trust principal, or current funds		· · · · _		29	
ete	30	Paid-in or capital surplus, or land, building or ec				30	
Ass	31	Retained earnings, endowment, accumulated inc	come,	or other funds		31	
Net Assets	32	Total net assets or fund balances	•		18,049,177	32	20,308,199
ž	33	Total liabilities and net assets/fund balances .	•		23,181,238	33	31,066,251
							E 000 (2022

## Form **990** (2022)

#### Form 990 (2022) Page **12 Reconcilliation of Net Assets** Part XI Check if Schedule O contains a response or note to any line in this Part XI . . . $\Box$ . . . 1 Total revenue (must equal Part VIII, column (A), line 12) . . . . . 1 33,411,943 . . . . https://projects.propublica.org/nonprofits/organizations/910568305/202343139349305044/full

– Page 12 –

<ul> <li>3 Rever</li> <li>4 Net a</li> <li>5 Net u</li> <li>6 Dona</li> <li>7 Inves</li> <li>8 Prior</li> <li>9 Other</li> </ul>	Il expenses (must equal Part IX, column (A), line 25)	2 3 4 5 6 7 8 9 10		2 18	,996,327 ,415,616 ,049,177 -156,594
<ol> <li>4 Net a</li> <li>5 Net u</li> <li>6 Dona</li> <li>7 Inves</li> <li>8 Prior</li> <li>9 Other</li> <li>10 Net a</li> </ol>	assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 5 6 7 8 9		18	,049,177
<ul> <li>5 Net u</li> <li>6 Dona</li> <li>7 Inves</li> <li>8 Prior</li> <li>9 Other</li> <li>10 Net a</li> </ul>	unrealized gains (losses) on investments	5 6 7 8 9			
<ul> <li>6 Dona</li> <li>7 Inves</li> <li>8 Prior</li> <li>9 Other</li> <li>10 Net a</li> </ul>	ated services and use of facilities	6 7 8 9			-156,594
<ul> <li>7 Inves</li> <li>8 Prior</li> <li>9 Other</li> <li>10 Net a</li> </ul>	estment expenses	7 8 9			
<ul><li>8 Prior</li><li>9 Other</li><li>10 Net a</li></ul>	r period adjustments . er changes in net assets or fund balances (explain in Schedule O)	8 9			
<ul><li>9 Other</li><li>10 Net a</li></ul>	er changes in net assets or fund balances (explain in Schedule O)	9			
<b>10</b> Net a	assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Financial Statements and Reporting				
	Financial Statements and Reporting	10			0
Part XII				20	,308,199
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
<b>1</b> Accou	punting method used to prepare the Form 990: 🛛 🗆 Cash 🗹 Accrual 🗌 Other				
If the	le organization changed its method of accounting from a prior year or checked "Other," explain on edule O.				
	e the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	es,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or arate basis, consolidated basis, or both:	n a			
	Separate basis Consolidated basis Both consolidated and separate basis				
<b>b</b> Were	e the organization's financial statements audited by an independent accountant?		2b	Yes	
	es,' check a box below to indicate whether the financial statements for the year were audited on a separate b solidated basis, or both:	oasis,			
<ul> <li>✓</li> </ul>	Separate basis Consolidated basis Both consolidated and separate basis				
c If "Ye of the	'es," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight ne audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
If the	e organization changed either its oversight process or selection process during the tax year, explain in Sched	lule O.			
	result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uni dance, 2 C.F.R. Part 200, Subpart F?	iform	3a	Yes	
b If "Ye audit	'es," did the organization undergo the required audit or audits? If the organization did not undergo the requir it or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	3b	Yes	
			ŀ	orm <b>99</b>	<b>0</b> (2022)

Form 990 (2022)

**Additional Data** 

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Decoription

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**Return to Form** 

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Second Control of Second Seco	Forr	<b>n 990</b> ) ment of t	he Treasury		nplete if the o	rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 0-EZ.	a section	Open to Public
Part 1         Reason for Public Charity Status (All organizations must complete his part). See instructions.           Image: Character C									Employer identif	ication number
te organization is not a private foundation because it is: (Por Ines 1 through 12, check only one hox.)  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (rorm 990).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A check classesh or organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's memo, city, and state: 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)(vi). A faderal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). A faderal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). A faderal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). A faderal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). A faderal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). A faderal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). A norganization that normally receives a substantial part of its support from contributions, membership (less, and grass receipts from activities related to the sevent (introdins—bublet to certain exceptions, and (2) no more than 33 1:% of its support from contributions, membership (less, and grass receipts from activities related to local cuiselve) it to test for public safety. See section 509(a)(2). Check the boxe of a cuisal cuisal state is active in the local cuisal of a cuisal cuisal state is active in the local cuisal of any activation generated in control (1) or generation of or to carry out the purposes of one or more publicly augmint or regularity and point or relate a majority of the directors or trustees of the supporting organization. Supporting organization (3) or to carry out the purposes of one or more publicly supporting organization super	.101	IDORITO	-							
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).         A school described in section 170(b)(1)(A)(ii), (Attach Schedule [(from 190).)         A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).         A medical research organization operated in conjunction with a hospital describe in section 170(b)(1)(A)(iii).         A medical research organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v).         A community trust describes a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v).         A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         A an agricultural research organization described in 170(b)(1)(A)(v). (Complete Part II.)         A an agricultural research organization described in 170(b)(1)(A)(v). (Complete Part II.)         A an agricultural research organization described in 170(b)(1)(A)(v). (Complete Part II.)         A community trust describes the trust of the the name, city, and state of the college or university: a more rescription from activities related to its evenpt functions—subplet to certain sexeptions, and (2) on more than 33 (v) <sup>(1)</sup> of its support from agricultural sections 170(b)(1)(A)(v). Complete Part II.)         A community trust describes the type of supporting organization and complete Ines 12e, 12d, and 12d.         Type I.1       A community trust describes the type of supporting organization operated in connection with a supported organization operat			Reason	for Public	Charity Stat	us (All organization	s must comple	te this part.) S	See instructions.	
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)         A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).         A modular cooperate in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's meme, city, and state:         A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(vi).         A conganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(vi).         A conganization operated for the benefit of a college or university or form a governmental unit described in section 170(b)(1)(A)(vi).         A conganization the normally receives a subbantial part of its support from agovernmental unit or from the general public described in section 170(b)(1)(A)(Vi).         A conganization that normally receives a subbantial part of its support from constructions. There is an digrass organization described in section 501(b)(A)(Vi).         A conganization that normally receives a subcatint part of the support from constructions of the ago agree or university:         A norganization organization described in section 509(a)(1)(A) (Vi).         A conganization organization described in section 509(a)(1) or section 509(a)(2).         A conganization organization described in section 509(a)(1) or section 509(a)(2).         A conganization organization described in section 509(a)(1) or section 509(a)(2).         A corganization organization described in section 509(a)(1) organizati									(A)(i).	
Abspital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).     A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's     An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section     170(b)(1)(A)(iv). (Complete Fart II.)     A norganization 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)(iv). (Complete Part II.)     A community trust described in section 170(b)(1)(A)(vi).     A community trust described in section 170(b)(1)(A)(vi).     A community trust described in 170(b)(1)(A)(vi).     A community crusteles: 1 (1) more than 33/v/0 vi fts support from organization organization described in 50(a)(1) are section 509(a)(2).     An organization organization described in 150(b)(1) are section 509(a)(2).     An organization organization described in 509(a)(1) are section 509(a)(3).     A community crusteles: 1 (1) are section 509(a)(3).     Type II and 120.     Type II anon-dimeter A supporting organization operated in c										
Anonext and the experimentation operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's     anne, city, and state:     A organization operated for the banefit of a college or university owned or operated by a governmental unit described in section     170(b)(1)(A)(N). (Complete Part II.)     A dedreil, state, or local government or governmental unit described in section 170(b)(1)(A)(V).     An organization operated in section 170(b)(1)(A)(V). (Complete Part II.)     A community trust described in section 170(b)(1)(A)(V). (Complete Part II.)     A community trust described in 170(b)(1)(A)(V). (Complete Part II.)     An organization that normally receives:     (1) more than 331/% of its support from contributions, membership fees, and gross receipts     from activities related to lusices taxable income (less section 511 tax) from businesses acquired by the organization after 2 units     An organization organization departed exclusively for the benefit of to perform the functions of or to carry out the purposes of one or     more publicly supported organization operated, supporting organization and complete inter 2 units     on long andization organization operated, supporting organization and complete inter 2 units     (1) Type I. A supporting organization specifies the type of supporting organization(s), typically by giving the supported     organization organization operated, supporting organization and complete into 2 units     (1) Type I. A supporting organization specifies the type of supported organization(s), typically by giving the supported     organization organization operated, supporting organization and complete into 2 units     (2) Type I. A supporting organization specifies or controlled by its supported organization(s), by having torter)     or more publicly supported organization specifies or controlled in connection with its supported organization(s). You must     complete Part IV, Sections A and C     (1) Tell functionally integrated. A supporti	3						-		iii).	
	4		•	•	•	-			2	Enter the hospital's
							•			
6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V).         7       An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(V).         8       A community trust described in section 170(b)(1)(A)(V).       Complete Part II.)         9       An organization that normally receives: See instructions. Enter the name, city, and state of the college or university: or non-inad grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: from activities related to its evenpt functions—subject to certain exceptions, and (2) no more than 30.1% of its support from gransities and unrelated business taxable income (less section 509(a)(1) or section 509(a)(4).         10       An organization and unrelated business taxable income (less section 509(a)(1) or section 509(a)(2).         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box on lines 12a trivog and public described in section 509(a)(1) or section 509(a)(2).         12       An organization organization supervised or controlled in connection with its supported organization. You must complete Part IV. Sections A and C.         13       Type II. A supporting organization supervised or controlled in connection with its supported organizations?         14       Organization supervised a supporting organization and complete part IV. Sections A and C.         15       Type II. A supporting organization supervised organization organization super	5						rsity owned or op	perated by a gov	ernmental unit desc	ribed in <b>section</b>
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(V). (Complete Part II.)         An agricultural research organization described in 170(b)(1)(A)(V). (Complete Part II.)         An organization that normally receives: (1) more than 33.u% of its support from contributions, membership fees, and gross receipts from achilter bases acquired by the organization after Jun 30, 1975. See section 509(a)(2). Complete Part II.)         An organization organization described in sections of the test for productions and (2) no more than 33.u% of its support from gross investment income and unrelated business tasable income (less section 511 tas) from businesses acquired by the organization after Jun 30, 1975. See section 509(a)(2) complete Part II.)         An organization organization ad operated exclusively to test for public safety. See section 509(a)(2). Correct the public operation functions of, or to carry out the purposes of one or more publicly supported organization organization advectible they top supporting organization and complete ines 12a, 127, and 12g.         Type I. A supporting organization supervised or controlled by its supported organization(5), by baving control or management of the supporting organization operated, supported organization(5), by wing the supported organization(5) (see instructions). You must complete Part IV, Sections A and B.         Type III functionally integrated. A supporting organization operated in connection with its supported organization(5), but is under the support of organization (see instructions). You must complete Part IV, Sections A and D, and Part V.         Type III functionally integrated. A supporting organization operated in connection with a supporte	6	$\square$			•		scribed in <b>sectio</b>	on 170(b)(1)(A	)(v).	
section 170(b)(1)(A)(vi). (Complete Part II.)     A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)     A community trust described in 170(b)(1)(A)(vi). (Complete Part II.)     A agricultural research organization described in 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:     A agricultural research organization that normally reserves: (1) more than 33.0% of its support from gross limestimet income and unrelated buildiness taxable income (less section 511 tax) from businesses acquired by the support from gross limestimet income and unrelated business taxable income (less section 509(a)(2). Complete Part III.)     An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Coencylete Part III.)     An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(2). Coencylete Organization section 509(a)(1) or section 509(a)(2). See section 509(a)(2). Coencylete Organization section 509(a)(1) or section 509(a)(2). See section 509(a)(2). Coencylete Organization section 509(a)(1) or section 509(a)(2). See section 509(a)(2). Coencylete Organization section 509(a)(2) or section 509(a)(2). See section 509					5	5				ral public described in
Image: Construction of the image of a provide of the image of the	0					,		- T \	2	
In on-land grant college of agriculture. See instructions. Enter the name, div, and state of the college or university:     In organization that normally receives: (1) more than 33.u% of its support from gross     from activities related to its event functions—subject to certain exceptions, and (2) no more than 33.u% of its support from gross     investment income and unrelated business taxabile income (less section 509(a)(4).     An organization organizated and operated exclusively to test for public safety. See section 509(a)(2). (Complete Part III.)     An organization organizated and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(2). Check the box     on lines 12a through 12d that describes the type of supporting organization and complete lines 12d, and 12g.     Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), by plaving the supporting     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.     Type II. A supporting organization operated in connection with its supported organization(s). You     masagement of the supporting organization operated in connection with its supported organization(s). You     must complete Part IV, Sections A and C.     Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not     functionally integrated. A supporting organization operated in connection with its support for organization(s) that is not     functionally integrated. A supporting organization operated in connection with its support dorganization(s) that is not     functionally integrated. A supporting organization operated in connection with its support dorganization(s) that is not     functionally integrated. A supporting organization operated in connection with its support dorganization (s)     instructions). You must com									with a law diamant an	
from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 us% of its support form gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after Jun 30, 1975. See section 509(a)(2). (Complete Part III.)         1       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         2       An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through J2d that describes the type of supporting organization and complete lines 12e, 12f, and 13g.         a       Type I. A supporting organization and complete lines 12e, 12f, and 13g.         b       Type I. A supporting organization overtide or output of supporting organization and complete lines 12e, 12f, and 13g.         b       Type I. A supporting organization overted in the same persons that 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 its supported organization(s) that is not functionally integrated. A supporting organization organization from the ISs that it is a Type II functionally integrated with its relevance with exclusions.         c       Type III non-functionally integrated supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization organization from the ISs that it is a Type II, Type III functionaly integrate	9	$\cup$	non-land g	rant college o	organization di of agriculture. S	See instructions. Enter	the name, city, a	ind state of the c	college or university:	liege of university of a
2       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization describes the type of supporting organization and complete lines 12a, 112, and 12g.         3       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s) by paving describes the type of supporting organization(s), typically by giving the supported complete Part IV, Sections A and B.         4       Type I. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated. Nour operated in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated with, its supported organization(s) the site instructions). You must complete Part IV, Sections A and C.         c       Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. Type organization requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organizations everted samptring organization.         f       Finet the number of supported organizations is comported organization.         f       (ii) Name of supported organizations.         f       In organization (iii) Type of organization organization.         f       (iv) Amount of monetary support (see instructions).         instructions))       (iv) Amount of	0		from activit investment 30, 1975. S	ties related to income and See <b>section</b>	o its exempt fur unrelated busir 509(a)(2). (Co	nctions—subject to cer ness taxable income (le omplete Part III.)	tain exceptions, a ess section 511 ta	and (2) no more ax) from busines	than 33 1/3% of its ses acquired by the	support from gross
more publicly supported organizations describes the type of supporting organization and complete lines 12a, 112, and 12g.         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.         Type I. 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 the competer bare support organization(s). You must complete Part IV, Sections A and C.         C       Type II. A supporting organization supervised or controlled in connection with its supported organization(s). You must complete Part IV, Sections A and C.         C       Type III 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 Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type III non-functionally integrated supporting organization.         f       (ii) EIN       (iii) Type of organization.       (v) Amount of organization (describes the supporting organization.         f       Internet on under support doggenizations.       (vi) Amount of organization (described in support doggenization (see instructions))       (vi) Amount of organization				-	•					
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       Supported organization supervised or controlled in connection with, and functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization (s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Inter the number of supported organizations.         f       (i) Name of supported organizations.         g       (ii) EIN       (iii) Type of organization listed in your governing document or granization is organization organization (see instructions))       (v) Amount of other support (see instructions)         in your governing document       (v) Amount of other support (see instructions))       (v) Amount of other support (see instructions)         organization       (ii) EIN       (iii) Type of organization supported organization for the type organise support (see instructions))			more public on lines 12 <b>Type I.</b> A so organizatio	cly supported a through 12 supporting or n(s) the pow	l organizations d that describe ganization oper er to regularly	described in <b>section 5</b> s the type of supportin rated, supervised, or c appoint or elect a majo	<b>i09(a)(1)</b> or <b>se</b> ig organization a ontrolled by its s	ction 509(a)(2) nd complete line upported organiz	). See <b>section 509</b> s 12e, 12f, and 12g. zation(s), typically b	(a)(3). Check the box y giving the supported
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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations         9 Provide the following information about the supported organization(s).       (iv) Is the organization listed organization(s).       (v) Amount of monetary support (see instructions)         (i) Name of supported organization (described on lines 1 - 10 above (see instructions))       (iv) Is the organization       (v) Amount of other support (see instructions)         organization       (ii) EIN       (iii) Type of organization for Cat. No. 11285F       Schedule A (Form 990) 202         Page 2       Page 2       Page 2       Page 2       Page 2         thedule A (form 990) 2022       Page 2       Page	b		Type II. A manageme	supporting on t of the sup	organization sup porting organiz	pervised or controlled i ation vested in the sar				
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 supporting organization.         f       Enter the number of supported organizations         g       Provide the following information about the supported organization(s).         (i) Name of supported organization       (iii) Type of organization (described on lines 1 - 10 above (see instructions))         i + 10 above (see instructions))       Yes         ves       No         otal	с		Type III f	unctionally	integrated. A	supporting organizatio				rated with, its
instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Fenter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) EIN (iii) Type of organization (described on lines 1 - 10 above (see instructions)) Yes No (v) Amount of other support (see instructions) Yes No (vi) Amount of other support (see instructions)) Yes No (cat. No. 11285F Schedule A (Form 990) 2022 Page 2 Page 2 Page 2 Page 2 Page 1 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.)	d		Type III n	on-function	ally integrate	d. A supporting organ	ization operated	in connection wit	th its supported orga	
f       Enter the number of supported organizations         9       Provide the following information about the supported organization(s).         (i) Name of supported organization       (ii) EIN         (iii) Type of organization       (iii) EIN         (iii) Type of organization       (iii) EIN         (iii) Type of organization       (iv) Is the organization listed in your governing document?         (becarribed on lines       1-10 above (see instructions))         Yes       No         Version       Version         organization       Cat. No. 11285F         Schedule A (Form 990) 2022       Page 2	e		instructions Check this	s). <b>You mus</b> t box if the org	t complete Par ganization recei	rt IV, Sections A and ved a written determin	<b>D, and Part V.</b> Nation from the I			
Provide the following information about the supported organization (s).       (ii) Name of supported organization (iii) EIN       (iii) Type of organization (described on lines 1 - 10 above (see instructions))       (iv) Is the organization (see instructions)       (v) Amount of monetary support (see instructions)         Yes       No       Yes       No       (v) Amount of monetary support (see instructions)       (vi) Amount of other support (see instructions)         Yes       No       Yes       No       Image: Second Seco	f	Enter					-			
(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 monetary support (see instructions)         Yes       No       Yes       No       Image: See instructions)       Yes       No       Image: See instructions)									· · · · · · · · -	
otal       Image: Cat. No. 11285F       Schedule A (Form 990) 2022         Page 2       Page 2         Part II       Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.)		(i) N			(ii) EIN	organization (described on lines 1- 10 above (see			monetary support	other support (see
or Paperwork Reduction Act Notice, see the Instructions for pressure of the set							Yes	No		
or Paperwork Reduction Act Notice, see the Instructions for pressure of the set										
or Paperwork Reduction Act Notice, see the Instructions for pressure of the set	ota	I								+
Page 2         Part II       Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)         (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)				tion Act Not	tice, see the I	nstructions for	Cat. No. 11285	δF	Schedul	e A (Form 990) 2022
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 failed to qualify under the tests listed below, please complete Part III.)						Pa	ge 2			
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)										
(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 failed to qualify under the tests listed below, please complete Part III.)	che	dule A	-							Page <b>2</b>
	Pa	rt II	(Comple	ete only if y	ou checked t	he box on line 5, 7,	or 8 of Part I of	or if the organi	zation failed to qu	
			A. Public				, p.		,	
Palendar year ps://projects.propublica.org/nonprofits/organizations/910568305/202343139349305044/full				rg/nonprofits/c	∎ organizations/910	568305/20234313934930	)5044/full	I	ľ	•

	/24, 7:55 PM	Neighb	orhood House Incor	porated - Full Filling-	- Nonprofit Explorer	- ProPublica	
	fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") .	20,495,550	20,845,609	26,109,899	26,733,282	33,279,013	127,463,353
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
-	The value of services or facilities furnished by a governmental unit to						
	the organization without charge <b>Total.</b> Add lines 1 through 3	20,495,550	20,845,609	26,109,899	26,733,282	33,279,013	127,463,353
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).						
	Public support. Subtract line 5 from line 4.						127,463,353
	ection B. Total Support endar year	(-) 2010	(1) 2010	(-) 2020	(4) 2021	(-) 2022	
(or	fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest,	20,495,550	20,845,609	26,109,899	26,733,282	33,279,013	127,463,353
0	dividends, payments received on securities loans, rents, royalties and income from similar sources	22,337	21,974	18,646	15,544	30,912	109,413
9	Net income from unrelated business activities, whether or not the business is regularly carried on 						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	622	16,248	3,964			20,834
11	<b>Total support.</b> Add lines 7 through 10						127,593,600
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	687,672
13	First 5 years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organ	ization, check
	this box and <b>stop here</b>					► 🗆	
-	ection C. Computation of Publi	ic Support Per	centage				
	-		-				
14	Public support percentage for 2022 (I	ine 6, column (f) c	livided by line 11,			14	99.900 %
14 15	Public support percentage for 2022 (I Public support percentage for 2021 S	ine 6, column (f) c chedule A, Part II,	livided by line 11, line 14			15	99.900 %
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	not an unrelated trade or pusiness	1	Ī	Ī	1	1	1		
-	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 disgualified persons								
b	Amounts included on lines 2 and 3								
5	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
-	13 for the year. Add lines 7a and 7b.						-		
8	Public support. (Subtract line 7c								
0	from line 6.)								
Se	ction B. Total Support	•				•			
	endar year	(-) 2010	(1-) 2010	(-) 2020	(4) 2021	(-) 2022	(6)	T- 4 - 1	
	fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(1)	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.								
с	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included on line 10b,								
	whether or not the business is								
10	regularly carried on. Other income. Do not include gain or								
12	loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
	11, and 12.) First 5 years. If the Form 990 is for t	ho organization's	first second thir	d fourth or fifth	tax year as a sec	tion $501(c)(2)$ or	ionizati	ion ch	ock
14	this box and <b>stop here</b>	-			-				_
	This not and <b>stop nere</b>								
								-	
	ection C. Computation of Public	Support Perce	entage						
15	ection C. Computation of Public Public support percentage for 2022 (lin	Support Perce ne 8, column (f) d	entage livided by line 13,	column (f))		15			
15 16	Public support percentage for 2022 (lin Public support percentage for 2021 States and St	Support Perce ne 8, column (f) d Schedule A, Part I	<b>entage</b> livided by line 13, II, line 15	column (f))					
15 16 Se	ection C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 section D. Computation of Invest	Support Perce ne 8, column (f) d Schedule A, Part I ment Income	entage livided by line 13, II, line 15 Percentage	column (f))		15 16			
15 16 Se	ection C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 S ection D. Computation of Invest Investment income percentage for 20	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu	ivided by line 13, II, line 15 Percentage mn (f) divided by	column (f))	f))	15 16 17			
15 16 Se	ection C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 section D. Computation of Invest	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu	ivided by line 13, II, line 15 Percentage mn (f) divided by	column (f))	f))	15 16			
15 16 <u>Se</u> 17 18	ection C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 S ection D. Computation of Invest Investment income percentage for 20	Support Percenne 8, column (f) d Schedule A, Part I Schedule A, Part I Schedule A, Part I Content Schedule A, Colu Schedule A, Schedule A,	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .	column (f))	f))	15 16 17 18			
15 16 <u>Se</u> 17 18	ection C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 s ection D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	Support Percenne 8, column (f) d Schedule A, Part I Schedule A, Part I Schedule A, Part I Schedule A, Part I Schedule A, Columnation Columnation Schedule A, Schedule A, Sched	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box	column (f))	f))	15 16 17 18 an 33 1/3%, and lin	ne 17 is	s not	
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15 16 5 17 18 19a b 20 Sche Pai	ection C. Computation of Public         Public support percentage for 2022 (lin         Public support percentage from 2021 3         ection D. Computation of Invest         Investment income percentage for 20         Investment income percentage for 20         Investment income percentage from 2         33 1/3% support tests-2022. If the         more than 33 1/3%, check this box and         33 1/3% support tests-2021. If the         note than 33 1/3%, check this box and         33 1/3% support tests-2021. If the         note than 33 1/3%, check this box and         33 1/3% support tests-2021. If the         note than 33 1/3%, check this box         Private foundation. If the organization         (Complete only if you checked         box 12, of Part I, complete Section         Complete only if you checked         box 12, of Part I, complete Section         Are all of the organization's supported         If more 1, complete Section         Did the organization have any support         509(a)(1) or (2)? If "Yes," explain in I         describe in Part VI how the s         des	Support Percenne 8, column (f) d Schedule A, Part I Schedule A, Part I Schedule A, Part I Contemportation did r 22 (line 10c, colur 2021 Schedule A, organization did r d stop here. The e organization did a and stop here. The e organization did a and stop here. The e organization did a and stop here. The e organization did a box on line 12 of ections A and D, and co continuing relation and continuing relation organization descent a supported organization organization descent a supported organization descent a supported orga	antage         livided by line 13,         III, line 15         Percentage         mn (f) divided by         Part III, line 17.         not check the box         organization qual         not check a box of         The organization qual         not check a box of         The organization qual         not check a box of         The organization qual         not check a box of         Page 4         of Part I. If you che         syou checked box         omplete Part V.)         at does not have         organization determination of the section for         at does not have         organization qualified u	column (f))	f))	15         16         17         18         an 33 1/3%, and linitization	ne 17 is 	s not d line 1 <b>0</b> <b>990)</b> 2 Pa	18 is 2022

the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the

	Ir "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	_		
		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or			
	supervised by or in connection with its supported organizations.	4b		
с	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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b			
	and 5c below (if applicable). Also, provide detail in <b>Part VI,</b> 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).	5a		
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?	5b		
с	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	50 50		
6				
0	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 <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in			
	section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).			
	complete Part 1 of Schedule L (Form 990).	8		
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 <b>Part VI</b> .			
		9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets	90		
Ľ	in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"			
	answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	104		
U	the organization had excess business holdings).	10b		
	Schedule A	(Form	1 990)	2022
	Page 5			
Sche	dule A (Form 990) 2022		I	Page 5
Par	t IV Supporting Organizations (continued)			J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
11				
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			1

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

1

2

3b

Sche	dule A (Form 990) 2022		F	Page 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, 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 <b>Part VI</b> 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.			

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that 2 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	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 <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

#### Section D. All Type III Supporting Organizations

			Yes	No
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?	1		
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? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>			
	organization maintaineu a ciose anu continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	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**  $\square$  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 lines 2a and 2b below.

			res	ОN
	<b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain</i> 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.	2a		
	<b>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			
	organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in <b>Part VI</b> .	3а		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard.	3b		
		1.5		2022

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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Vee Ne

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	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):	1		
a	Average monthly value of securities	1a		
Ŀ	• Average monthly cash balances	1b		
	: Fair market value of other non-exempt-use assets	1c		1

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d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in <b>Part VI</b></i> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	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	<b>Distributable Amount.</b> 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-instructions)	integrat	ed Type III supporting	organization (see

Schedule A (Form 990) 2022

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Schedule A (	Form	990)	2022	
Schedule A	(101111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2022	

Р	art V Type III Non-Functionally Integrated	l 509(a)(3) Supporting	Organizations (cor	ntinued	)
S	ection D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers e excess of income from activity	exempt purposes of supported	organizations, in	2	
3	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval require	d - provide details in <b>Part VI</b> )		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructio	ns		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	ich the organization is respon	sive ( <i>provide</i>	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by Line 9 amount			10	
			(ii)		(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1			Underdistributio	ns	Distributable
	(see instructions)		Underdistributio	ns	Distributable
2	(see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i> ).		Underdistributio	ns	Distributable
2	(see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i> ). See instructions.		Underdistributio	ns	Distributable
2 3 a	(see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i> ). See instructions. Excess distributions carryover, if any, to 2022: From 2017 From 2018		Underdistributio	ns	Distributable
2 3 a b c	(see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i> ). See instructions. Excess distributions carryover, if any, to 2022: From 2017 From 2018 From 2019		Underdistributio	ns	Distributable
2 3 a b c d	(see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i> ). See instructions. Excess distributions carryover, if any, to 2022: From 2017 From 2018 From 2019 From 2020		Underdistributio	ns	Distributable
2 3 a b c d	(see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i> ). See instructions. Excess distributions carryover, if any, to 2022: From 2017 From 2018 From 2019 From 2020 From 2021		Underdistributio	ns	Distributable
2 3 a b c d f	(see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i> ). See instructions. Excess distributions carryover, if any, to 2022: From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through e		Underdistributio	ns	Distributable
2 3 a b c d d f g	(see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i> ). See instructions. Excess distributions carryover, if any, to 2022: From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through e Applied to underdistributions of prior years		Underdistributio	ns	Distributable
2 3 a b c c d d f f	(see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i> ). See instructions. Excess distributions carryover, if any, to 2022: From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2022 distributable amount		Underdistributio	ns	Distributable
2 3 a b c c d d f f	(see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i> ). See instructions. Excess distributions carryover, if any, to 2022: From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through e Applied to underdistributions of prior years		Underdistributio	ns	Distributable
2 3 a b c d e f i j	(see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i> ). See instructions. Excess distributions carryover, if any, to 2022: From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see		Underdistributio	ns	Distributable

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	\$		1
а	Applied to underdistributions of prior years		
b	<ul> <li>Applied to 2022 distributable amount</li> </ul>		
c	: Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
а	Excess from 2018		
b	Excess from 2019		
C	Excess from 2020		
C	Excess from 2021		
e	Excess from 2022		
		Sc	hedule A (Form 990) (2022)

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#### Schedule A (Form 990) 2022

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).

 Facts And Circumstances Test

 Return Reference
 Explanation

 Schedule A (Form 990) 2022

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efile Public Visual Render	Objectld: 202343139349305044 - Submission: 2023-11-09		TIN: 91-0568305
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service		2022	
Name of the organization NEIGHBORHOOD HOUSE INC		Employer ic	lentification number
		91-0568305	
Organization type (check or	ne):		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private found	dation	
	□ 527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	□ 4947(a)(1) nonexempt charitable trust treated as a private foundation	n	
	$\Box$ 501(c)(3) taxable private foundation		

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

#### **General Rule**

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

#### **Special Rules**

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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

Cat. No. 30613X

Schedule B (Form 990) (2022)

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Name of organization NETCHROPHOD HOUSE INC https://projects.propublica.org/nonprofits/organizations/910568305/202343139349305044/full

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Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			<ul><li>Person</li><li>Payroll</li></ul>
	,	\$ RESTRICTED	Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contribution
-		\$	Person      Payroll      Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person       Payroll       Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person     Payroll     Noncash     (Complete Part II for noncash     contributions.)     Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

– Page 3 –

Schedule E	IBORHOOD HOUSE INC     91-0568305       II     Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.       )     (b)       (c)       FMV (or estimate)	Page 3		
		Employer identification number 91-0568305		
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I		FMV (or estimate)	(d) Date received	

https://projects.propublica.org/nonprofits/organizations/910568305/202343139349305044/full

10/15/24, 7:5	5 PM Neig	hborhood House I	ncorporated - Full Filir	ng- Nonprofi	it Explorer - ProPub	olica
-					\$	
(a) No. from Part I	(b) Description of noncash	property give			(C) or estimate) instructions)	(d) Date received
<u>- Fartr</u>				(366	\$	
(a) No. from Part I	(b) Description of noncash	property give	n		(C) or estimate) instructions)	(d) Date received
-				\$		
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) instructions)	(d) Date received
-					\$	
(a) No. from Part I	. from Description of noncash property given			(C) or estimate) instructions)	(d) Date received	
-				\$		
(a) No. from Part I	(b) Description of noncash	rash property given			(C) or estimate) instructions)	(d) Date received
-					\$	
		P	age 4			Schedule B (Form 990) (2022)
Schedule Name of or	B (Form 990) (2022)				Employer ider	Page 4
	HOOD HOUSE INC				91-0568305	
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter th year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Compl e total of exclus structions.)	ete columns (a) th sively religious, ch	rough (e)	and the followin	ig line entry. For
(a) No. from Part I	(b) Purpose of gift	(	(c) Use of gift		(d) Descri	ption of how gift is held
-						
-	Transferee's name, address, and		) Transfer of gift R	Relationshi	p of transferor to	o transferee
(a)					( ) =	
No. from Part I	(b) Purpose of gift	(	(c) Use of gift		(d) Descri	ption of how gift is held
-			) Transfer of gift			
ŀ	Transferee's name, address, and			Relationshi	p of transferor to	o transferee

(a) https://projects.propublica.org/nonprofits/organizations/910568305/202343139349305044/full

0/15/24, 7:55 PM	Ne	ighborhood House Incorporated	l - Full Filing- Nonpi	rofit Explorer - ProPublica
Part I	(b) Fulpose of glit	(0) 058 0	i yiit	(a) Description of now gift is neig
·		(e) Transfe		
	Transferee's name, address, an		Relations	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
·  =		(e) Transfe		
	Transferee's name, address, an	d ZIP 4	Relations	ship of transferor to transferee
				Schedule B (Form 990) (2022

## **Additional Data**

**Return to Form** 

efile Public Visual	Dondor	ObjectId: 2022/21202	49305044 - Submission: 20	22-11-00	TIN: 01-0560205
,	Kender				<b>TIN: 91-0568305</b> OMB No. 1545-0047
SCHEDULE C (Form 990)	For Orga		In and Lobbying Act		2022
Department of the Treasury Internal Revenue Service			ibed below. ►Attach to Form 99 for instructions and the latest i		Open to Public Inspection
<ul> <li>Section 501(c)(3) or</li> <li>Section 501(c) (other section 527 organization ans</li> <li>Section 501(c)(3) or</li> </ul>	ganizations: ( er than sectic zations: Com swered "Yes' rganizations	Complete Parts I-A and B. Do n on 501(c)(3)) organizations: Cor plete Part I-A only. <b>" on Form 990, Part IV, Line 4</b> that have filed Form 5768 (elec	, or Form 990-EZ, Part V, line 46 ( not complete Part I-C. mplete Parts I-A and C below. Do no , or Form 990-EZ, Part VI, line 47 tion under section 501(h)): Complet (election under section 501(h)): Co	ot complete Part I-B. (Lobbying Activities), te Part II-A. Do not com	<b>then</b> plete Part II-B.
(Proxy Tax) (see separ	ate instructi		(Proxy Tax) (see separate instruc	ctions) or Form 990-E2	Z, Part V, line 35c
Name of the organizat	ion			Employer identi	fication number
NEIGHBORHOOD HOUSE	INC			91-0568305	
Part I-A Complet	e if the or	ganization is exempt une	der section 501(c) or is a se	ction 527 organiza	tion.
1 Provide a descript "political campaig	tion of the or In activities."	ganization's direct and indirect	political campaign activities in Part	IV. See instructions for	
_				-	
			ons	·····	
		ganization is exempt und			
			ion under section 4955 managers under section 4955		
			managers under section 4555	-	
-		·			Yes No
					🗆 Yes 🛛 No
b If "Yes," describe Part I-C Complet		appization is event un	der section 501(c), except s	ection $E01(c)(3)$	
			for section 527 except s		
2 Enter the amount	of the filing	organization's funds contribute	d to other organizations for section	527 exempt	
<b>3</b> Total exempt fund	tion expendi	tures. Add lines 1 and 2. Enter	here and on Form 1120-POL, line 1		
			, ,	Ψ.	🗌 Yes 🗌 No
5 Enter the names, organization mad of political contrib	addresses ar e payments. outions receiv	nd employer identification numl For each organization listed, er red that were promptly and dire	ber (EIN) of all section 527 political hter the amount paid from the filing ectly delivered to a separate politica e is needed, provide information in f	organizations to which organization's funds. A al organization, such as	the filing lso enter the amount
(a) Name	(1	) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
4					
5					
6					
For Paperwork Reduction	n Act Notice, s	ee the instructions for Form 990	- Cat. No. 5	0084S Sche	dule C (Form 990) 2022

Schedule C (Form 990) 2022

Page **2** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under Part II-A

	Section 301(11)).			
A	Check <b>•</b> if the filing organization belongs to an expenses, and share of excess lobbying	affiliated group (and list in Part IV each affiliated gexpenditures).	group member's name	, address, EIN,
В	Check <b>b</b> if the filing organization checked box A	A and "limited control" provisions apply.		
	Limits on Lobbying (The term "expenditures" means	g Expenditures	<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinio	on (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)	1,811	
с	Total lobbying expenditures (add lines 1a and 1b)		1,811	
d	Other exempt purpose expenditures		31,120,891	
е	Total exempt purpose expenditures (add lines 1c and	l 1d)	31,122,702	
f	Lobbying nontaxable amount. Enter the amount fron columns.	n the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
		·		
g	Grassroots nontaxable amount (enter 25% of line 1f	)	250,000	
h	Subtract line 1g from line 1a. If zero or less, enter -	)	0	
i	Subtract line 1f from line 1c. If zero or less, enter -0		0	

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

#### 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditu	res During 4-	Year Averagin	ng Period	_	
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	<b>(d)</b> 2022	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
с	Total lobbying expenditures	7,959	894	3,046	1,811	13,710
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

🗌 Yes 🗌 No

Page 3

Schedule C (Form 990) 2022 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) (a) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes | No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? ..... а Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ...... b С Media advertisements? ..... d Mailings to members, legislators, or the public? ..... Publications or nublished or broadcast statements?

https://projects.propublica.org/nonprofits/organizations/910568305/202343139349305044/full

Grants to other organizations for Direct contact with legislators, a Rallies, demonstrations, semina Other activities?	boundation statements?				Yes	
Rallies, demonstrations, semina Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause If "Yes," enter the amount of an If "Yes," enter the amount of an If the filing organization incurre <b>III-A Complete if the o</b> <b>501(c)(6).</b> Were substantially all (90% or Did the organization make only Did the organization agree to c	ars, conventions, speeches, lectures, or any similar means? e the organization to be not described in section 501(c)(3)? hy tax incurred under section 4912 hy tax incurred by organization managers under section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), more) dues received nondeductible by members? in-house lobbying expenditures of \$2,000 or less?				Yes	
Rallies, demonstrations, semina Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause If "Yes," enter the amount of an If "Yes," enter the amount of an If the filing organization incurre <b>III-A Complete if the o</b> <b>501(c)(6).</b> Were substantially all (90% or Did the organization make only Did the organization agree to c	ars, conventions, speeches, lectures, or any similar means? e the organization to be not described in section 501(c)(3)? hy tax incurred under section 4912 hy tax incurred by organization managers under section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), more) dues received nondeductible by members? in-house lobbying expenditures of \$2,000 or less?				Yes	
Total. Add lines 1c through 1i Did the activities in line 1 cause If "Yes," enter the amount of an If "Yes," enter the amount of an If the filing organization incurre <b>III-A Complete if the o</b> <b>501(c)(6).</b> Were substantially all (90% or Did the organization make only Did the organization agree to c	e the organization to be not described in section 501(c)(3)? ny tax incurred under section 4912 ny tax incurred by organization managers under section 4912 ed a section 4912 tax, did it file Form 4720 for this year? organization is exempt under section 501(c)(4), section 501(c)(4) more) dues received nondeductible by members? in-house lobbying expenditures of \$2,000 or less?				Yes	No
Did the activities in line 1 cause If "Yes," enter the amount of an If "Yes," enter the amount of an If the filing organization incurre <b>III-A Complete if the of</b> <b>501(c)(6).</b> Were substantially all (90% or Did the organization make only Did the organization agree to complete the organization of t	e the organization to be not described in section 501(c)(3)? ny tax incurred under section 4912 ny tax incurred by organization managers under section 4912 ed a section 4912 tax, did it file Form 4720 for this year? organization is exempt under section 501(c)(4), section 501(c)(4) more) dues received nondeductible by members? in-house lobbying expenditures of \$2,000 or less?				Yes	No
If "Yes," enter the amount of an If "Yes," enter the amount of an If the filing organization incurre III-A Complete if the of 501(c)(6). Were substantially all (90% or Did the organization make only Did the organization agree to co	ny tax incurred under section 4912 ny tax incurred by organization managers under section 4912 ed a section 4912 tax, did it file Form 4720 for this year? organization is exempt under section 501(c)(4), section 501(c)(4) more) dues received nondeductible by members? in-house lobbying expenditures of \$2,000 or less?				Yes	No
If "Yes," enter the amount of an If the filing organization incurre III-A Complete if the of 501(c)(6). Were substantially all (90% or Did the organization make only Did the organization agree to c	hy tax incurred by organization managers under section 4912 ad a section 4912 tax, did it file Form 4720 for this year? brganization is exempt under section 501(c)(4), section 501(c)(4) more) dues received nondeductible by members? in-house lobbying expenditures of \$2,000 or less?				Yes	No
If the filing organization incurre III-A Complete if the of 501(c)(6). Were substantially all (90% or Did the organization make only Did the organization agree to complete Did the organization agree t	a section 4912 tax, did it file Form 4720 for this year? brganization is exempt under section 501(c)(4), section 501(c)(4) more) dues received nondeductible by members? in-house lobbying expenditures of \$2,000 or less?				Yes	No
III-A Complete if the complete is the complete	more) dues received nondeductible by members? in-house lobbying expenditures of \$2,000 or less?				Yes	No
<b>501(c)(6).</b> Were substantially all (90% or Did the organization make only Did the organization agree to c	more) dues received nondeductible by members? in-house lobbying expenditures of \$2,000 or less?				Yes	No
Were substantially all (90% or Did the organization make only Did the organization agree to c	in-house lobbying expenditures of \$2,000 or less?				Yes	No
Did the organization make only Did the organization agree to ca	in-house lobbying expenditures of \$2,000 or less?					
Did the organization agree to ca	, 5 1			1		
5 5	arry over lobbying and political expenditures from the prior year?	••••		2		
III-B Complete if the a	arry over lobbying and pointed expenditures norm the prior year.			ε		
Section 162(e) nondeductible lo	obbying and political expenditures (do not include amounts of political	-				
		2a				
Carryover from last year		2b				
Total		2c				
		3				
the organization agree to carry	over to the reasonable estimate of nondeductible lobbying and political	4				
Taxable amount of lobbying and	d political expenditures. See Instructions	5				
rt IV Supplemental In	formation	1 1				
		Part II-A	A, lines 1	and	l 2 (se	e
Return Reference	Explanation					
II-A, LINE 1B:	ADVOCATED FOR POLICIES AND INVESTMENTS THAT SUPPORT THE HEALTH A INCOME PEOPLE AND COMMUNITIES.	AND WE	LL-BEIN	G O	LOW	-
		Schedu	ule C (Fo	orm	990)	2022
	Dues, assessments and similar Section 162(e) nondeductible lo <b>expenses for which the sect</b> Current year Carryover from last year Total Aggregate amount reported in a If notices were sent and the an the organization agree to carry expenditure next year? Taxable amount of lobbying and <b>t IV</b> Supplemental In de the descriptions required for actions), and Part II-B, line 1. A Return Reference	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); actions), and Part II-B, line 1. Also, complete this part for any additional information. Return Reference Explanation I-A, LINE 1B: ADVOCATED FOR POLICIES AND INVESTMENTS THAT SUPPORT THE HEALTH A INCOME PEOPLE AND COMMUNITIES.	Dues, assessments and similar amounts from members       1         Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).       2a         Current year       2b         Carryover from last year       2b         Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .       3         If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?       4         Taxable amount of lobbying and political expenditures. See Instructions       5         t IV       Supplemental Information         de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-J (actions), and Part II-B, line 1. Also, complete this part for any additional information.         Return Reference       Explanation         I-A, LINE 1B:       ADVOCATED FOR POLICIES AND INVESTMENTS THAT SUPPORT THE HEALTH AND WE INCOME PEOPLE AND COMMUNITIES.	Dues, assessments and similar amounts from members       1         Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).       2a         Current year       2b         Carryover from last year       2b         Total       2c         Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .       3         If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures. See Instructions       4         Taxable amount of lobbying and political expenditures. See Instructions       5         t IV       Supplemental Information         de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1         ictions), and Part II-B, line 1. Also, complete this part for any additional information.         Return Reference       Explanation         I-A, LINE 1B:       ADVOCATED FOR POLICIES AND INVESTMENTS THAT SUPPORT THE HEALTH AND WELL-BEING INCOME PEOPLE AND COMMUNITIES.	Dues, assessments and similar amounts from members       1         Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).       2a         Current year       2b         Carryover from last year       2b         Total       2c         Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .       3         If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures. See Instructions       4         Taxable amount of lobbying and political expenditures. See Instructions       5         t IV       Supplemental Information         de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and uctions), and Part II-B, line 1. Also, complete this part for any additional information.         Return Reference       Explanation         I-A, LINE 1B:       ADVOCATED FOR POLICIES AND INVESTMENTS THAT SUPPORT THE HEALTH AND WELL-BEING OF INCOME PEOPLE AND COMMUNITIES.	Dues, assessments and similar amounts from members       1         Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).       2a         Current year       2b         Carryover from last year       2b         Total       2c         Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .       3         If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures. See Instructions       4         Taxable amount of lobbying and political expenditures. See Instructions       5         t IV       Supplemental Information         de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (se incloss), and Part II-B, line 1. Also, complete this part for any additional information.         Return Reference       Explanation         I-A, LINE 1B:       ADVOCATED FOR POLICIES AND INVESTMENTS THAT SUPPORT THE HEALTH AND WELL-BEING OF LOW-

## **Additional Data**

**Return to Form** 

Neighborhood House Incorporated - Full Filing- Nonprofit Explorer - ProPublica

efi	e Public Visua	l Render	ObjectId: 2023431	.39349305044 - Submission	: 2023-11-0	)9	TIN: 91-0568305			
SC	HEDULE D		Sunnlomor	tal Financial Statem	onte		OMB No. 1545-0047			
(For	n 990)						2022			
				ganization answered "Yes," on F LO, 11a, 11b, 11c, 11d, 11e, 11f,			2022			
	ment of the Treasury			Attach to Form 990.			Open to Public Inspection			
_	Internal Revenue Service FGO to <u>www.irs.gov/Form990</u> for instructions and the latest information. Employer identi									
NEIGHBORHOOD HÕUSE INC										
Da	rt I Organi	zations Mai	intaining Donor Advi	sed Funds or Other Similar F	-	0568305				
Fd				s" on Form 990, Part IV, line 6.		counts.				
				(a) Donor advised funds		(b) Funds a	nd other accounts			
1			· · · · · · · · ·							
2			ns to (during year)							
3 4	Aggregate value	-								
5				rs in writing that the assets held in	donor advisod	funds are the	2			
5				clusive legal control?			 Yes No			
6				onor advisors in writing that grant fu						
				or donor advisor, or for any other p		ring impermis				
Do		vation Ease					🗆 Yes 🗌 No			
Fa				s" on Form 990, Part IV, line 7.						
1	Purpose(s) of co	onservation ea	sements held by the organ	nization (check all that apply).						
	Preservation	on of land for I	public use (e.g., recreation	n or education) 🛛 🗌 Preservati	on of an histo	rically import	ant land area			
	Protection	of natural hab	vitat	Preservati	on of a certifie	ed historic str	ucture			
	Preservation	on of open spa	ice							
2				qualified conservation contribution i	n the form of					
_	easement on the	•			1.2-	Held at t	he End of the Year			
a b					2a 2b					
c	2			c structure included in (a)						
d				red after July 25, 2006, and not on						
_			National Register							
3	Number of const tax year <b>b</b>	ervation easer	ments modified, transferre	d, released, extinguished, or termin	ated by the or	ganization di	uring the			
4	Number of state	es where prope	erty subject to conservation	n easement is located <b>&gt;</b>						
5	Does the organi and enforcemen	zation have a It of the conse	written policy regarding the rvation easements it holds	ne periodic monitoring, inspection, h	andling of viol	ations,	Yes 🗌 No			
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of violations, and enf	orcing conserv	ation easem	ents during the year			
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforcing	g conservation	easements o	during the year			
8				above satisfy the requirements of s			Yes 🗌 No			
9	balance sheet, a	and include, if		ervation easements in its revenue a footnote to the organization's finan ts.		atement, and	I			
Par				of Art, Historical Treasures,	or Other Si	imilar Asse	ets.			
1a				s" on Form 990, Part IV, line 8. C 958, not to report in its revenue s	statement and	balance shee	et works of art			
Id	historical treasu Part XIII, the te	res, or other s xt of the footn	imilar assets held for pub ote to its financial statem	lic exhibition, education, or research ents that describes these items.	in furtherance	e of public se	rvice, provide, in			
b		res, or other s	similar assets held for pub	C 958, to report in its revenue state lic exhibition, education, or research						
(	i) Revenue includ	led on Form 99	90, Part VIII, line 1			▶\$				
<b>(</b> i	i)Assets included	in Form 990,	Part X			. ►\$				
2				cal treasures, or other similar assets ASC 958 relating to these items:	s for financial o	gain, provide	the			
а	Revenue include	ed on Form 99	0, Part VIII, line 1			. ▶\$				
b							11,547			
For	Paperwork Redu	ction Act No	tice, see the Instruction	ns for Form 990.	Cat. No. 5228	3D Sched	ule D (Form 990) 2022			

		Pa	age 2			
Scho	dula D. (Form 000) 2022		5			
	dule D (Form 990) 2022 t III Organizations Maintaining Co	llactions of Art. H	istorical Tr		- Other Similar Ac	Page :
3	Using the organization's acquisition, accessio					
а	items (check all that apply):		d 🗆			
	Public exhibition			Loan or excha	ange programs	
ь	Scholarly research		e 🗌	Other		
с	Preservation for future generations					
4	Provide a description of the organization's co	llections and explain h	now they furth	er the organiz	ation's exempt purpos	se in
5	Part XIII. During the year, did the organization solicit o	r roceive denstions of	art historical	troscuros or	othor cimilar	
5	assets to be sold to raise funds rather than to					🗌 Yes 🗹 No
Par	t IV Escrow and Custodial Arrange Complete if the organization answ line 21.		m 990, Part I	V, line 9, or	reported an amour	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					🗹 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII	•	5		1c A	mount
c d	Beginning balance				1d	
e	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow	or custodial a	ccount liability?	🗌 Yes 🛛 Vo
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	planation has	been provideo	d in Part XIII	
Ра	rt V Endowment Funds.					
	Complete if the organization answ	wered "Yes" on Forr (a) Current year	n 990, Part 1 (b) Prior year		ears back (d) Three yea	ars back (e) Four years back
1a	Beginning of year balance		(-)	(0)		
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
	Other expenditures for facilities and programs					
	Administrative expenses					
g	End of year balance					
2 a	Provide the estimated percentage of the curr Board designated or quasi-endowment	ent year end balance	(line 1g, colun	n (a)) held a	s:	
b	Permanent endowment ►					
с	Term endowment ►					
	The percentages on lines 2a, 2b, and 2c shou	-				
3a	Are there endowment funds not in the posses organization by:	ssion of the organizati	on that are he	ld and admin	istered for the	Yes No
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					3a(ii)
b	If "Yes" on 3a(ii), are the related organization	•				3b
4 	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipme	-	/ment runds.			
rai	Complete if the organization answ		n 990, Part I	V, line 11a.	See Form 990, Par	t X, line 10.
	Description of property (a) Cost or ot (investme		or other basis (o	her) (c) Acc	umulated depreciation	(d) Book value
1a	Land		3,014	4,074		3,014,074
b	Buildings		13,43	7,723	4,822,333	8,615,390
с	Leasehold improvements		1,37	7,294	721,394	655,900
d	Equipment			5,679	953,621	333,058
	Other			0,515	68,883	2,811,632
	Other	equal Form 990, Part		-		2,811,6 15,430,0

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities.	Dowt IV	ling 11h Cas Fa		art V line 12
	Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Metho	d of valuation: -year market value
2) Closely-	al derivatives				
A)					
B)					
C)					
D)					
E)					
F)					
(G)					
H)					
otal. (Colum Part VIII	Investments - Program Related.				Dert V. line 12
	Complete if the organization answered 'Yes' on Form 990, (a) Description of investment	Part IV,	(b) Book value	(c	) Method of valuation:
1)				Cost o	r end-of-year market value
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)	►			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, F	Part IV, I	ine 11d. See Fo	rm 990, P	
1)RIGHT C	(a) Description				(b) Book value 3,602,2
1)					
2)					
3)					
4)					
5)					
6)					
(7)					
(8)					
(9)					

**Other Liabilities.** 

(b) Book value

Part X

(1) Federal income taxes						
OPERATING LEASE PAYABLE		3,618,785				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	3,618,785				
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's fi	nancial statements that	t reports the				
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the foc	footnote has been provided in Part XIII					

Page 4

Schedule D (Form 990) 2022

Scheo	dule D (Form 990) 2022		Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	1	22 (01 007
		1	33,601,807
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a -156,594		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)         .         .         .         .         2d         24,444		
e	Add lines <b>2a</b> through <b>2d</b>	2e	189,864
3	Subtract line <b>2e</b> from line <b>1</b>	3	33,411,943
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.)		
с	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	33,411,943
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	Return.	
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	21 242 705
		-	31,342,785
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)         .         .         .         .         .         2d         24,444		
е	Add lines <b>2a</b> through <b>2d</b>	2e	346,458
3	Subtract line <b>2e</b> from line <b>1</b>	3	30,996,327
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	5	30,996,327
Par	t XIII Supplemental Information		
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4; Pa	art X, line 2; Part XI,
	Return Reference Explanation		
PART	III, LINE 4: SCULPTURE IS ON DISPLAY AT THE RAINIER VISTA COMMU SERVICES TO LOW INCOME FAMILIES	INITY CENT	ER WHICH PROVIDES

PART IV, LINE 1B:

NH ACTS AS FISCAL SPONSOR FOR THE SEATTLE HUMAN SERVICES COALITION (SHSC), A MEMBERSHIP ORGANIZATION WHICH IS NOT LEGALLY SEPARATE FROM NH. SHSC'S TWO EMPLOYEES ARE EMPLOYEES AT NH; ALL ACTIVITY IS RUN THROUGH NH'S BOOKS UNDER ITS OWN DEPARTMENT. THOUGH NOT A SEPARATE ENTITY, SHSC OPERATES AS IF IT WERE (I.E., MAINITAINS SEPARATE OFFICES HAS AN EXECUTIVE DIRECTOR. DOES ITS OWN EUNDRAISING)

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	NH DOES INCLUDE IT IN THEIR OPERATING BUDGET. ANNUAL EXPENDITURES ARE APPROXIMATELY \$185K.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 24,444.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 24,444.

Schedule D (Form 990) 2022

## **Additional Data**

**Return to Form** 

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efile Public Visual R	ender	ObjectId: 202	234313	934930	5044 - Submission	: 2023-1	1-09	TIN: 91-0568305
SCHEDULE G (Form 990)					ormation Rega	-		OMB No. 1545-0047
	Co				Gaming Activi on Form 990, Part IV, lines		), or if the	2022
Department of the Treasury Internal Revenue Service			► Atta	ch to Form	n \$15,000 on Form 990-EZ, 990 or Form 990-EZ. instructions and the latest i			Open to Public Inspection
Name of the organization NEIGHBORHOOD HOUSE I	NC						<b>Employer ide</b> 91-0568305	entification number
	-	t <b>ies.</b> Complete if re not required to	-		answered "Yes" on F part.	orm 990,	Part IV, line 1	.7.
1 Indicate whether the	e organiza	tion raised funds th	rough an	y of the f	ollowing activities. Check	k all that ap	oply.	
a 🗌 Mail solicitations					Solicitation of nor	n-governme	ent grants	
<b>b</b> 🗌 Internet and ema	ail solicitat	ions		1	f 🗌 Solicitation of gov	vernment g	rants	
c 🗌 Phone solicitation	าร			ģ	🛛 🗌 Special fundraisir	ig events		
<b>d</b> 🗌 In-person solicita	ations							
					vidual (including officers on with professional fund			es 🗌 No
<b>b</b> If "Yes," list the 10 h to be compensated a	nighest pai at least \$5	d individuals or ent ,000 by the organiz	ities (fun ation.	draisers)	pursuant to agreements	under whi	ch the fundraise	r is؛
(i) Name and address of i or entity (fundraise		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(or re fundra	ount paid to stained by) iser listed in sol. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
				•				
<b>3</b> List all states in which licensing.	the organ	ization is registered	l or licen	sed to sol	icit contributions or has	been notifi	ed it is exempt	from registration or
For Paperwork Reduction A	ct Notice, s	see the Instructions	for Form		0-EZ. Cat. No	. 50083H	S	chedule G (Form 990) 2022
Schedule G (Form 990) 20	22							Page <b>2</b>
Part II Fundraisin	ng Event				inswered "Yes" on For gross income on Forr			, or reported more
gross recei	pts great	er than \$5,000.						

0/15/	24, 7:55 PM	Neighborhood House In	corporated - Full Filing- Non	profit Explorer - ProPublica	
		(a)Event #1 WHAT MATTERS	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through col. (c))
		MOST (event type)	(event type)	(total number)	
Revenue					
	<b>1</b> Gross receipts	102,280			102,280
	<ul> <li><b>2</b> Less: Contributions</li> <li><b>3</b> Gross income (line 1 minus line 2)</li></ul>	102,280			102,280
	<b>4</b> Cash prizes				
s	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
Å	7 Food and beverages				
ect	8 Entertainment				
à	<b>9</b> Other direct expenses	24,444			24,444
	<b>10</b> Direct expense summary. Add lines 4 t	hrough 9 in column (d)		🕨	24,444
_	<b>11</b> Net income summary. Subtract line 10			· · · · •	-24,444
Pa	t III <b>Gaming.</b> Complete if the orgation on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	v, line 19, or reported	more than \$15,000
Revenue		<b>(a)</b> Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	<ul> <li>(d) Total gaming (add col.</li> <li>(a) through col.(c))</li> </ul>
	1 Gross revenue				
sesue	<b>2</b> Cash prizes				
Expens	3 Noncash prizes				
Direct	4 Rent/facility costs				
ā	5 Other direct expenses				
	<b>6</b> Volunteer labor	<ul> <li>Yes%</li> <li>No</li> </ul>	<ul> <li>☐ Yes%</li> <li>☐ No</li> </ul>	<ul> <li>☐ Yes%</li> <li>☐ No</li> </ul>	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)		🕨	
	8 Net gaming income summary. Subtract	t line 7 from line 1, colum	n (d)	🕨	
9 a b	Enter the state(s) in which the organizati Is the organization licensed to conduct ga If "No," explain:	aming activities in each of	these states?		
10a b	Were any of the organization's gaming lic If "Yes," explain:	enses revoked, suspended	l or terminated during the	e tax year?	Yes No

Schedule G (Form 990) 2022

Sche	dule G (Form 990) 2022 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility         .         .         .         .         .         13a         %
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 🕨
15a	Address   Addres
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$
С	If "Yes," enter name and address of the third party:
	Name 🕨
	Address 🕨
16	Gaming manager information: Name Gaming manager compensation \$
	Description of services provided
	Director/officer
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?
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$
Par	<b>Supplemental Information.</b> 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.
	Return Reference Explanation
	Schedule G (Form 990) 2022

**Additional Data** 

**Return to Form** 

0/15/24, 7:55 PM			Neighborhood H	iouse Ind	corporated - Full	Filing- Nonprofit Expl	lorer - ProPublica	
efile Public Visual Render	ObjectIc	i: 20234313934	49305044 - Submiss	ion: 202	23-11-09			TIN: 91-0568305
Note: To capture the full c						en printing.	I	
Schedule I		Grants	and Other Assi	stanc	e to Organiz	ations.		OMB No. 1545-0047
(Form 990)			ents and Indivi		-	•		2022
			organization answered	"Yes," o	n Form 990, Part I			Open to Public
Department of the Treasury		► G	Attach o to <u>www.irs.gov/Form</u>			ion.		Inspection
Name of the organization							Employer ide	ntification number
IEIGHBORHOOD HOUSE INC							91-0568305	
Part I General Inform	ation on Gra	nts and Assista	ince					
<ol> <li>Does the organization main the selection criteria used to</li> </ol>	ntain records to	substantiate the ar	nount of the grants or ass	istance, tl	ne grantees' eligibilit	y for the grants or assistant	ce, and	<b>•</b> •• • • •
<ul> <li>Describe in Part IV the organic</li> </ul>								🗹 Yes 🗌 No
Part II Grants and Other	Assistance to I	Domestic Organiz	ations and Domestic Go	overnmer		organization answered "Yes	" on Form 990, Part IV,	line 21, for any recipient
(a) Name and address of	(b) EIN	rt II can be duplica (c) IRC se	ted if additional space is r ection (d) Amount		(e) Amount of non-	(f) Method of valuation	(g) Description of	of (h) Purpose of grant
organization or government	(b) Liv	(if applica			cash assistance	(book, FMV, appraisal, other)	noncash assistanc	
(1) 160 DRIVING ACADEMY 500 DAVIS ST EVANSTON, IL 60201				12,000		0		TUITION AND BOOKS FOR CLIENTS
(2) 5TH WHEEL COMMERCIAL DRIVING SCHOOL 1819 CENTRAL AVE S KENT, WA 98032				9,500		0		TUITION AND BOOKS FOR CLIENTS
(3) COMMERCIAL DRIVER SCHOOL 11000 34TH AVE S				9,000		0		TUITION AND BOOKS FOR CLIENTS
LAKEWOOD, WA 98499 (4) JAY-B & SONS TRUCK DRIVING SCHOOL LLC 19801 78TH AVE S				16,250		0		TUITION AND BOOKS FOR CLIENTS
KENT, WA 98032 (5) NEW SOUND TRUCKING SCHOOL LLC 7495 26TH ST E				29,875		0		TUITION AND BOOKS FOR CLIENTS
FIFE, WA 984243936 (6) PIMA MEDICAL INSTITUTE 555 S RENTON VILLAGE PLACE SUITE				7,279		0		TUITION AND BOOKS FOR CLIENTS
150 RENTON, WA 98057 (7) SKILLSPIRE LLC				10,998		0		TUITION AND BOOKS FOR CLIENTS
2265 116TH AVE NE STE 210-7 BELLEVUE, WA 98004 (8) SKYLINE CDL SCHOOL LLC 1302 26TH ST NW				11,253		0		TUITION AND BOOKS FOR CLIENTS
AUBURN, WA 98001 (9) TORO TRUCKING ACADEMY WASHINGTON				10,912		0		TUITION AND BOOKS FOR CLIENTS
1321 109TH ST E TACOMA, WA 98445 2 Enter total number of secti	on 501(c)(3) an	d government orga	nizations listed in the line	a 1 table			 · · · ▶	
3 Enter total number of othe		5						9
or Paperwork Reduction Act Notic					Cat. No. 5005			Schedule I (Form 990) 2022
			– Page 2 –––––					
ichedule I (Form 990) 2022								Page <b>2</b>
Part III Grants and Other A Part III can be dupli			Jals. Complete if the orga	nization a	nswered "Yes" on Fo	m 990, Part IV, line 22.		
(a) Type of grant or assist		(b) Number of	f (c) Amoun	t of	(d) Amount of	(e) Method of valuation	(book, (f) Descrip	tion of noncash assistance
		recipients	cash grar	nt	noncash assistance	FMV, appraisal, othe	r)	
(1) DENTAL/HEALTH/HYGIENE	SUPPLIES	230	3,923					
(2) FOOD ASSISTANCE (3) LICENSE/FEE		35 119	2,314 7,213					
(4) OTHER SUPPORT		119	13,646					
(5) RENT ASSISTANCE		651	1,313,600					
(6) TRAVEL FOR JOB SEARCH/T	RAINING	288	9,579					
(7) TRAVEL FOR JOB SEARCH/T BUS TICKETS	RAINING -	21	711					
(8) UTILITY ASSISTANCE		25	1,090					
(9) WORK CLOTHES/SUPPLIES		23	6,992					
(10) STIPENDS AND INCENTIV	ES	976	231,149					
(11) VEHICLE REPAIR / MAINTE		7	2,263					
Part IV Supplementa	l Informatio	n. Provide the in	formation required in F	art I, lin	e 2; Part III, colur	nn (b); and any other a	dditional informatior	1.
Return Reference	Explanatio							
PART I, LINE 2:	INDIVIDUA PAYABLE AC FORM IS KE SIGNS THE	L ALSO SIGNS THE COUNTANT AND A PT IN A/P WITH A	FORM. THE PROGRAM MA CHECK IS CUT AND SIGN CHECK STUB COPY. THE C TO RECEIPT OF THE CHEC	ANAGER RI IED BY TH CHECK AN	EVIEWS AND SIGNS E EXECUTIVE DIREC D FORM ARE SENT B	THE FORM AUTHORIZING 1 FOR OR FINANCE DIRECTO ACK TO THE CASE MANAGE	THE PAYMENT. THIS FO R, OR A PRE-APPROVED R FOR DISTRIBUTION	FOR THE INDIVIDUAL AND T RM IS GIVEN TO THE ACCOUN D BACKUP SIGNER. A COPY OF TO THE CLIENT AND THE CLIE ANT GETS THE ORIGINAL TO

Schedule I (Form 990) 2022

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chedule J	al Render	ObjectId: 20234	3139349	305044 - Submission: 2023-	11-09	TIN: 9	1-056	<u>830</u>		
		Com	pensat	ion Information		OMB No. 1545-0047				
rm 990)	► Com	plete if the organiz	Compensa ation answ Attach	rustees, Key Employees, and Hi ated Employees rered "Yes" on Form 990, Part I\ to Form 990. instructions and the latest infor	/, line 23.		022			
nal Revenue Service ame of the organiz	ation				Employer iden		pectio			
EIGHBORHOOD HOUS					Employer iden	uncation	umbe	r		
					91-0568305					
art I Questi	ons Regardir	ng Compensation								
							Yes	N		
Check the appro 990, Part VII, S	ppiate box(es) if ection A, line 1a	the organization prov a. Complete Part III to	vided any of provide an	the following to or for a person list y relevant information regarding the	ed on Form ese items.					
First-clas	s or charter trave	/el		Housing allowance or residence for	personal use					
Travel for	companions			Payments for business use of perso	onal residence					
Tax idem	nification and gro	oss-up payments		Health or social club dues or initiat	ion fees					
Discretion	nary spending ac	ccount		Personal services (e.g., maid, chau	Iffeur, chef)					
If any of the bo	xes on Line 1a a	are checked, did the o	rganization	follow a written policy regarding pay	yment or					
				ve? If "No," complete Part III to exp or allowing expenses incurred by all		· 1b	-			
directors, truste	es, officers, incl	luding the CEO/Execu	tive Directo	r, regarding the items checked on Li	ne 1a?	. 2				
Indicate which,	if any, of the fol	llowing the filing orga	nization use	d to establish the compensation of t	:he					
				ot check any boxes for methods CEO/Executive Director, but explain	in Part III					
used by a relate	u organization t	to establish compensa	tion of the	CEO/Executive Director, but explain	III Part III.					
Compens	ation committee	2		Written employment contract						
Independ	ent compensatio	on consultant	<	Compensation survey or study						
Form 990	of other organiz	zations		Approval by the board or compens	ation committee					
		listed on Form 990, I	Part VII, See	ction A, line 1a, with respect to the t	filing organization	or a				
related organiza	ition:									
Receive a sever	ance payment o	r change-of-control p	ayment? .			4a		N		
	r receive payme	ent from, a supplemen	ital nonqual	ified retirement plan?		. 4b		N		
Participate in, o						. 40		IN		
Participate in, o			•	nsation arrangement?		40	-	-		
Participate in, o			•	nsation arrangement?	t III.		-	-		
Participate in, o If "Yes" to any o	of lines 4a-c, list	t the persons and prov	vide the app	licable amounts for each item in Pa	т III.		-	-		
Participate in, o If "Yes" to any o Only 501(c)(3	of lines 4a-c, list	t the persons and prov and 501(c)(29) orga	vide the app	nicable amounts for each item in Par must complete lines 5-9.	 t III.		-	-		
Participate in, o If "Yes" to any o Only 501(c)(3 For persons list	of lines 4a-c, list	t the persons and prov and 501(c)(29) orga , Part VII, Section A, I	vide the app	licable amounts for each item in Pa	rt III.		-	-		
Participate in, o If "Yes" to any o <b>Only 501(c)(3</b> For persons list compensation o	of lines 4a-c, list <b>(), 501(c)(4), a</b> ed on Form 990, ontingent on the	t the persons and prov and 501(c)(29) orga , Part VII, Section A, I e revenues of:	vide the app anizations	nicable amounts for each item in Par must complete lines 5-9.	т III.	40	-	N		
Participate in, o If "Yes" to any o Only 501(c)(3 For persons list compensation c The organizatio	of lines 4a-c, list <b>), 501(c)(4), a</b> ed on Form 990, ontingent on the n?	t the persons and prov and 501(c)(29) orga , Part VII, Section A, I e revenues of:	vide the app anizations	nicable amounts for each item in Par must complete lines 5-9.	t III.			-		
Participate in, o If "Yes" to any o <b>Only 501(c)(3</b> For persons list compensation o The organizatio Any related org	of lines 4a-c, list <b>), 501(c)(4), a</b> ed on Form 990, ontingent on the n?	t the persons and prov and 501(c)(29) orga , Part VII, Section A, I e revenues of:	vide the app anizations	nicable amounts for each item in Par must complete lines 5-9.		4c 5a		N		
Participate in, o If "Yes" to any o Only 501(c)(3 For persons list compensation c The organizatio Any related org If "Yes," on line For persons list	of lines 4a-c, list <b>()</b> , <b>501(c)(4), a</b> ed on Form 990, ontingent on the n? anization? . 5a or 5b, descri ed on Form 990,	t the persons and prov and 501(c)(29) org; , Part VII, Section A, I e revenues of:  ibe in Part III.	vide the app anizations ine 1a, did	nicable amounts for each item in Par must complete lines 5-9.		4c 5a		N		
Participate in, o If "Yes" to any o <b>Only 501(c)(3</b> For persons list compensation c The organizatio Any related org If "Yes," on line For persons list compensation c	of lines 4a-c, list b), <b>501(c)(4), a</b> ed on Form 990, ontingent on the n? anization? 5a or 5b, descri ed on Form 990, ontingent on the	t the persons and prov and 501(c)(29) org , Part VII, Section A, I e revenues of: ibe in Part III. , Part VII, Section A, I	vide the app anizations ine 1a, did	<pre>ilicable amounts for each item in Par must complete lines 5-9. the organization pay or accrue any </pre>		5a 5b		N		
Participate in, o If "Yes" to any o Only 501(c)(3 For persons list compensation c The organizatio Any related org If "Yes," on line For persons list compensation c The organizatio	of lines 4a-c, list b), <b>501(c)(4), a</b> ed on Form 990, ontingent on the n? anization? 5a or 5b, descri ed on Form 990, ontingent on the n?	t the persons and prov and 501(c)(29) org: , Part VII, Section A, I e revenues of: 	vide the app anizations ine 1a, did	<pre>ilicable amounts for each item in Par must complete lines 5-9. the organization pay or accrue any </pre>		. 4c 5a 5b 6a		N N N		
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Schedule J (Form 990) 2022

Page **2** 

Part II Officers, Directors, Trustees, Key Employees, and	Higl	hest Compensa	ted Employee	<ol> <li>Use duplicate</li> </ol>	copies if additio	nal space is ne	eded.	
For each individual whose compensation must be reported on Schedule J, reginstructions, on row (ii). Do not list any individuals that are not listed on Forr Note. The sum of columns (B)(i)-(iii) for each listed individual must equal th	m 990	), Part VII.	-		-			vidual.
(A) Name and Title			of W-2, 1099-MIS and/or 1099-NEC (ii) Bonus & incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 JANICE DEGUCHI EXECUTIVE DIRECTOR	(i) (ii)	180,710 0	4,800	0	3,574 0	9,637 0	198,721 0	0

,	0			1	0 1	1			
								Schedule J (Fo	orm 990) 2022
			F	Page 3 ———					
hedule J (Form 990) 2022									Page <b>3</b>
art III Supplemental Infor	mation								i age G
	or descriptions required for Part I, lines	1a,	1b, 3, 4a, 4b, 4c.	5a, 5b, 6a, 6b. 7. a	and 8, and for Part	II. Also complete	this part for any	additional info	rmation.
Return Reference			., ., .,,,		xplanation				
				=					

Schedule J (Form 990) 2022

Additional Data

Return to Form

efil	e Public Visua	l Render Ob	jectId: 20	02343139349305044 -	Submission: 2023-1	1-09	TIN: 91-	0568	305
	IEDULE M		N	Ioncash Contri		OMB No. 1	545-0	047	
(For	m 990)	► Complete if the ► Attach to Form	organizat	ions answered "Yes" on F		29 or 30.	20	22	
	ment of the Treasury Il Revenue Service			990 for the latest informa	tion.		Open to Inspe		
Nam	e of the organizat	ion				Employer iden			
NEIG	HBORHOOD HOUSE	INC				91-0568305			
Pa	rt I Types	of Property				-			
			<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determir ontribution a		s
2 3 4 5 6 7 8 9 10 11 12 13 14	Cars and other v Boats and planes Intellectual prop Securities—Publi Securities—Close Securities—Partr or trust interest Securities—Misco	easures							
	Food inventory Drugs and media Taxidermy Historical artifact Scientific specim Archeological art	cal supplies .  ts ens							
25	BABY Other ► ( <u>SUPPL</u>	IES)	х	1	151,75	ZEMV			
26	Other ► ( SOFTV		Х	3	130,74				
27	DEBT Other ► (FORGI	VEN )	х	1	80,30	0 PER LOAN DOC	UMENT		
28	Other ► ( EQUIP		Х	2	15,71	9 FMV			
29	Number of Form	s 8283 received by t	he organiza	ation during the tax year for 3, Part IV, Donee Acknowledg	contributions	29			
30a	During the year, hold for at least	did the organization three years from th	n receive by e date of th	v contribution any property re initial contribution, and wh	eported in Part I, lines 1 th	rough 28, that it	must <b>30a</b>	Yes	<b>No</b>
b	If "Yes," describ	e the arrangement i	n Part II.						
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the review	v of any nonstandard contri	ibutions?	31	Yes	
32a	Does the organi contributions?		ird parties	or related organizations to so	olicit, process, or sell nonce	ash	32a		No
b 33	If "Yes," describ	e in Part II. on didn't report an a	amount in c	olumn (c) for a type of prope	erty for which column (a) is	s checked,			
For P	aperwork Reduction	on Act Notice, see the	e Instructior	is for Form 990.	Cat. No. 51227J	Sche	dule M (Form	990) (	2022)
				Page 2 –					

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Schedule M (F	orm 990) (2022)	
Part II	Supplemental Information.	Provide the infor
	is reporting in Part I, column (b	o), the number of

rmation required by Part I, lines 30b, 32b, and 33, and whether the organization f contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Explanation

Return Reference PART I, COLUMN (B): NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) (2022)

### **Additional Data**

**Return to Form** 

Software ID:

Software Version:

efile Public	Visual	Render	ObjectId	: 20234	3139349	930504	4 - Su	bmissi	on: 2023	3-11	-09		TIN: 91-0568305
SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions 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 2022 Open to Public Inspection					
Name of the organization NEIGHBORHOOD HOUSE INC						<b>mploye</b> ı L-05683		fication number					
Return Reference						E	xplanat	ion					
FORM 990, PART VI, SECTION A, LINE 8B	THERE WERE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS.												
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 INFORMATION IS PROVIDED TO THE ORGANIZATION'S TAX PREPARERS FOR PREPARATION OF THE FORM 990. THE COMPLETED FORM IS REVIEWED BY THE CONTROLLER AND FINANCE DIRECTOR AND CHANGES MADE AS NEEDED. THE FINAL DRAFT FORM IS PRESENTED TO THE EXECUTIVE DIRECTOR AND BOARD MEMBERS FOR REVIEW PRIOR TO SENDING TO THE IRS. ANY COMMENTS OR QUESTIONS FROM THE BOARD ARE ADDRESSED. IF THERE ARE CONCERNS ABOUT THE INFORMATION PRESENTED, THESE ITEMS ARE REVIEWED AND UPDATED AS NECESSARY.												
FORM 990, PART VI, SECTION B, LINE 12C		ESSED IN BO						LOSUR	E FORMS	, REM	1INDERS	S TO BC	OARD MEMBERS,
FORM 990, PART VI, SECTION B, LINE 15		W OF UNITE ESSIONAL.	ED WAY ANI	O OTHER A	APPROPF	RIATE SA	LARY S	SURVEY	s, input	FROM	/I HUMA	N RESC	DURCE
FORM 990, PART VI, SECTION C, LINE 19	ALL DOCUMENTS ARE AVAILABLE ON REQUEST. THE ANNUAL REPORT INCLUDING FINANCIAL INFORMATION AND AUDITED FINANCIAL STATEMENTS ARE ON THE NEIGHBORHOOD HOUSE WEBSITE.												
FORM 990, PART XII, LINE 2C:	THE A	UDIT COMM	ITTEE HAS	NOT CHA	NGED HC	W IT RE	VIEWS	THE AU	IDITED FII	NANC	IAL STA	TEMEN	TS.
For Paperwork Reduc	ction Act N	lotice, see the Ins	structions for Fo	orm 990 or 99	0-EZ.		Cat. N	lo. 5105	6K				Schedule O (Form 990) 2022

## **Additional Data**

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