2949205809717 OMB No 1545-0047 **Short Form Return of Organization Exempt From Income Tax**

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

Department of the Treasury Internal Revenue Service

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

lacktriangle Go to www.irs.gov/Form990EZ for instructions and the latest information. lacktriangle

Open to Public Inspection

Ā			endar year, or tax year beginning	and ending		······································	
B	Check applica	if able	C Name of organization	1	D Employer	identification number	
Ĺ	Add	dress change					
Ē	Nar	ne change	<u>City</u> House	41-1731577			
	lnıtı	al return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	e number	
Ĺ	Fina	al return/ ninated	1730 New Brighton Blvd #253		(612	2)750-8987	
[Am	ended return	City or town, state or province, country, and ZIP or foreign postal code		F Group Ex	emption	
, <u>[</u>	Appl	lication pending	Minneapolis, MN 55413-1248		Number	>	
G		unting Meth			H Check	If the organization is	
1	Webs	site: 🕨 <u>W</u>	ww.city-house.org		not requi	red to attach Schedule B	
J	Tax-e	exempt stat		7(a)(1) or 527	(Form 99	0, 990-EZ, or 990-PF).	
K		of organiza	<u> </u>				
L			and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	r if total assets (Part II	,		
			S500,000 or more, file Form 990 instead of Form 990-EZ		▶ 8	91,864.	
F	Part I	∐ Reve	nue, Expenses, and Changes in Net Assets or Fund Balar	nces (see the instru	ctions for Pa	art I)	
_		Check	f the organization used Schedule O to respond to any question in this Part I			X	
	1	Contribut	ions, gifts, grants, and similar amounts received		1	90,405.	
	2	Program	service revenue including government fees and contracts		2	1,320.	
	3	Members	hip dues and assessments		3		
	4	Investme	nt income See Sc	hedule O	4	139.	
	5a	Gross am	ount from sale of assets other than inventory 5a				
	b		t or other basis and sales expenses 5b				
17 07	0		oss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c		
7	6	-	nd fundraising events:	_			
<u>~ 9</u>	a	Gross inc	ome from gaming (attach Schedule G if greater than	F	3HC	IVED	
SEP 07 Revenue	-	\$15,000)	6a		$\stackrel{\cdot}{=}$	TVEU	
규 항	þ		ome from fundraising events (not including \$ of contri	ibutions \$600	NOV 0	2000 781	
آم			Iraising events reported on line 1) (attach Schedule G if the sum of such	ŏ	ייט איטיי.	2020 SOS	
Ö			ome and contributions exceeds \$15,000)		\tau		
불	0		ct expenses from gaming and fundraising events 6c		写)E	N. UT -1	
Z	_ d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line	6c)	-6d		
SCANNED	7a		es of inventory, less returns and allowances 7a				
<u>7</u>	þ		t of goods sold 7b				
	C		fit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c		
	8		enue (describe in Schedule 0)		8	04 054	
_	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	91,864.	
	10		d similar amounts paid (list in Schedule 0)		10		
	111		and to or for members	•	11	67.000	
Ses	12		other compensation, and employee benefits		12	67,092.	
Expenses	13		nal fees and other payments to independent contractors		13	7,430.	
EXT	14	-	y, rent, utilities, and maintenance		14	2.016	
_	15		publications, postage, and shipping	hodula o	15	2,016.	
	16			hedule O	16	16,797.	
_			enses. Add lines 10 through 16		17	93,335.	
əts	18		(deficit) for the year (subtract line 17 from line 9)		18	<1,471.>	
388	19		s or fund balances at beginning of year (from line 27, column (A))		1	40 202	
Net Assets	20		ee with end-of-year figure reported on prior year's return)		19	49,203.	
ž	20		nges in net assets or fund balances (explain in Schedule 0) s or fund balances at end of year. Combine lines 18 through 20		20	47,732.	
1 6			k Reduction Act Notice, see the separate instructions.	016	21		
ᄕ	i/\ 10	· · ahcimon	ת הנפשטיוטה אטר מטווטב, פכב עוב פבףמומנב ווופנוטנוטווצ.	Ulha	コフ	Form 990-EZ (2019)	
				732	4	- 111	
	0474			/		15	

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Form	n 990-EZ (2019) City House			, 11 -	17315	
	art II Balance Sheets (see the instructions for Part II)			41	1/313	- rage a
	Check if the organization used Schedule O to res	nond to any questio	n in this Part II			(□
	Oncok ii the organization adda concadio o to red		(A) Beginning of year	Τ	(B) E	nd of year
22	Cash, savings, and investments	<u> </u>	49,203	• 22	1	47,732.
23	Land and buildings	• —		23		
24	Other assets (describe in Schedule O)			24	 	
25	,		49,203			47,732.
26		*	0		 	0.
27	•		49,203		<u> </u>	47,732.
	art Statement of Program Service Accomplishme	nts (see the instruct		<u> </u>	F	xuenses
	Check if the organization used Schedule O to res		•	\mathbf{X}	(Required	for section
Wha	at is the organization's primary exempt purpose? See Schedule (THE COLUMN			and 501(c)(4) ons; optional for
	vibe the organization's program service accomplishments for each of its three largest program		us. It a clear and sproup		others)	ons, optional to
	ribe the digamization's program as vice accomplishments for each of its times largest program for, doccribe the services provided, the number of persons benefited, and other relevant inform		es in a clear and concise			
28	See Schedule O				 	
	(Grants \$) If this amount includes foreign	grants, check here		$\overline{}$	28a	
29	Total to a mount mounds foreign	grante, enconnero				
		•		—	1 1	
	(Grants \$) If this amount includes foreign	grants check here			29a	
30	7 it this amount moudes foreign	grants, check fiere		<u> </u>		
••						
	- 111 - 111					
	(Grants \$) If this amount includes foreign	grants check here		\Box	30a	
	Other program services (describe in Schedule O)	granto, oncon noro		_	1	
	, •				1	
	(Grants 5) If this amount includes toreign	grants, check here		1 1	131al	
	(Grants \$) If this amount includes foreign Total program service expenses (add lines 28a through 31a)	grants, check here	<u> </u>		31a 32	0.
32	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key I		even if not compensated -	see the	32	
32	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key I	Employees (list each one		see the	32	
32	Total program service expenses (add lines 28a through 31a)	Employees (list each one	n in this Part IV	(d) не	32 instructions that the benefits,	
32	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key I	mployees (list each one pond to any question	(c) Reportable compensation (Forms	(d) He conti emple	alth benefits, ributions to byee benefit	for Part IV)
32	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key I Check if the organization used Schedule O to res	inployees (list each one) pond to any question (b) Average hours	n in this Part IV	(d) He conti emple plans,	alth benefits,	for Part IV) (e) Estimated
32 Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key I Check if the organization used Schedule O to res	mployees (list each one pond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti emple plans,	alth benefits, ributions to oyee benefit and deferred	(e) Estimated amount of other
Pa Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title	Employees (list each one) pond to any question (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti emple plans,	alth benefits, ributions to oyee benefit and deferred	(e) Estimated amount of other compensation
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Pa An Bo Br	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title ne Johnson ard President	pond to any question (b) Average hours per week devoted to position	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (rf not paid, enter -0-)	(d) He conti emple plans,	alth benefits, ributions to oyee benefit and deferred opensation	(e) Estimated amount of other compensation
Pa Pa An Bo Br Bo	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title are Johnson ard President yan Kuzel ard Vice President	Employees (list each one) pond to any question (b) Average hours per week devoted to position	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) He conti emple plans,	alth benefits, ributions to yoyee benefit and deferred appensation	(e) Estimated amount of other compensation
An Bo Br Bo Ma	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title me Johnson ard President yan Kuzel	pond to any question (b) Average hours per week devoted to position 5.00 3.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) He conti emple plans,	allth benefits, ributions to object benefit and deferred ppensation 0.	(e) Estimated amount of other compensation 0 .
An Bo Br Bo Ma Bo	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key IV Check if the organization used Schedule O to res (a) Name and title ard President yan Kuzel ard Vice President rgaret Mannix ard Treasurer	pond to any question (b) Average hours per week devoted to position	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) He conti emple plans,	alth benefits, ributions to yoyee benefit and deferred appensation	(e) Estimated amount of other compensation 0 .
An Bo Br Bo Jo	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title are Johnson ard President yan Kuzel ard Vice President rgaret Mannix ard Treasurer byce Finch	pond to any question (b) Average hours per week devoted to position 5.00 3.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (rf not paid, enter -0-) 0.	(d) He conti emple plans,	allth benefits, ributions to oyee benefit and deferred appensation 0.	(e) Estimated amount of other compensation 0.
An Bo Ma Bo Jo Bo	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key IV Check if the organization used Schedule O to res (a) Name and title me Johnson ard President yan Kuzel ard Vice President rgaret Mannix ard Treasurer byce Finch ard Secretary	pond to any question (b) Average hours per week devoted to position 5.00 3.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) He conti emple plans,	allth benefits, ributions to object benefit and deferred ppensation 0.	(e) Estimated amount of other compensation 0 .
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An Bo Bo Ca Bo Ro Ro Re Re	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key is Check if the organization used Schedule O to res (a) Name and title the Johnson and President yan Kuzel and Vice President rgaret Mannix and Treasurer byce Finch and Secretary thy Edwards and Member chael Crawford and Member lf Lowenberg-DeBoer ecutive Director and Turnham	mployees (list each one pond to any question (b) Average hours per week devoted to position 5.00 3.00 5.00 3.00 3.00 3.00 3.00 3.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (rf not paid, enter -D-) 0. 0. 0. 0. 50.	(d) He conti emple plans,	alath benefits, ributions to opee benefit and deferred upensation O. O. O.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0.
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An Bo	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key IV Check if the organization used Schedule O to res (a) Name and title The Johnson Find President Find Vice President Find Treasurer Finch Find Secretary Finch Find Secretary Finch Find Secretary Find Member Find Me	mployees (list each one pond to any question (b) Average hours per week devoted to position 5.00 3.00 5.00 3.00 3.00 3.00 3.00 3.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (rf not paid, enter -D-) 0. 0. 0. 0. 50.	(d) He conti emple plans,	alath benefits, ributions to opee benefit and deferred upensation O. O. O.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0.
An Bo Bo Bo Bo Bo Ro Ro Re Pr Wa Ad Na	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key IV Check if the organization used Schedule O to res (a) Name and title the Johnson and President yan Kuzel ard Vice President rgaret Mannix and Treasurer yee Finch and Secretary thy Edwards ard Member chael Crawford and Member lf Lowenberg-DeBoer secutive Director and Turnham ogram Director and Davies ministrative Manager arcy Twidwell	Employees (list each one pond to any question (b) Average hours per week devoted to position 5.00 3.00 5.00 3.00 1.00 32.00 4.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (ff not paid, enter -0-) 0. 0. 0. 1,514. 4,322.	(d) He conti emple plans,	allth benefits, ributions to object benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
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An Bo	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key II Check if the organization used Schedule O to res (a) Name and title Ine Johnson and President yan Kuzel ard Vice President rgaret Mannix and Treasurer yee Finch and Secretary thy Edwards and Member chael Crawford and Member If Lowenberg-DeBoer secutive Director na Turnham ogram Director nda Davies ministrative Manager ncy Twidwell and Member thn Buzza	mployees (list each one pond to any question (b) Average hours per week devoted to position 5.00 3.00 3.00 3.00 3.00 4.00 4.00 1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (rf not paid, enter -0-) 0. 0. 0. 1,514. 4,322.	(d) He conti emple plans,	allth benefits, ributions to oyee benefit and deferred and deferred opensation 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0

Form **990-EZ** (2019)

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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	s Pan		X
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		Yes	No
33	activity in Schedule 0	33	ŀ	х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	33	 	-
•	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported		\vdash	
	on lines 2, 6a, and 7a, among others)?	35a		x
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:]	: 1	
a	Initiation fees and capital contributions included on line 9		, }	
þ	Gross receipts, included on line 9, for public use of club facilities]		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		i	
	section 4911 ▶ 0 . ; section 4912 ▶ ; section 4955 ▶ 0 .		.	
þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on		. 1	
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		. 1	l
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization			i
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
44	transaction? If "Yes," complete Form 8886-T	40e		_X
41	List the states with which a copy of this return is filed MN The organization's books are in care of City House Telephone no. (612)7	50-	000	7
42 a		541		
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority			240
٠	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ſ	Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		- 1	ı
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	-	X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		_	
_	Form 990-EZ	44a		_X_
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		_	
	of Form 990-EZ	44b		<u> </u>
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
D	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		0010
	· · · · · · · · · · · · · · · · · · ·	Form 99	JU-EZ (∄	2019)

Form	1 990-EZ (2	2019)	City Ho	ouse						41-17	<u> 7315'</u>	77	Page 4
												Ye	s No
46				or indirectly, in poli	itical campaign activitie	es on behalf of	or in opposition	on to cand	didates for pu	iblic office			
Da			hedule C, Part I	Organizations	Only						4	6 .	X
Pa				•	nswer questions 47	' 40h and 50	and comple	ta tha ta	bloc for line	o EO and	E4		
					O to respond to any			te trie ta	Dies for lifte	is 50 and	31		
		Officer is ti	ne organization	Tuseu ochedule	O to respond to any	y question in t	ilis i dit vi	•	· · · · · · · · · · · · · · · · · · ·	-	····	Ye	s No
47	Did the or	roanization	engage in lobby	ing activities or have	e a section 501(h) elec	ction in effect di	uring the tax v	ear? If "Y	es." complete	Sch. C. P	art II 4	7	X
48		_		=	(b)(1)(A)(II)? If "Yes," c				,,			8	X
49 a	_				on-charitable related or						4	9a	X
b	If "Yes," w	as the relat	ed organization	a section 527 organ	nization?						4	9b	
50	Complete	this table f	or the organizati	on's five highest co	mpensated employees	s (other than of	ficers, directoi	rs, trustee	es, and key e	nployees)	who eacl	1 receive	d more
	than \$100	0,000 of co	mpensation fron	n the organization. I	f there is none, enter "	None."							
		(a) Name and title	of each employee			age hours		Reportable sation (Forms	(d) Health I contributi		(e) Esti	
				MOM	T-1		devoted to ition	W-2/	1099-MISC)	employee plans, and	deferred	amount o compen	
				NON	E			 		compens	sation		
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						1		1					
	*								·		İ		
f				d over \$100,000	•								
51	Complete	this table f	or the organizati		mpensated independe	ent contractors v	who each rece	eived mor	e than \$100,	000 of con	npensatio	n from tl	ne
			ıs none, enter "I			· · · · · · · · · · · · · · · · · · ·							
	(a) N	ame and bi	usiness address	of each independer	nt contractor		<u> </u>) Type of	service		(c) Coi	npensati	on
											.		 -
													
				 		-							
		·											
_													
đ	Total nun	ber of othe	er independent c	ontractors each rec	eiving over \$100,000			>					
52	Did the oi	ganization	complete Sched	ule A? Note: All sec	ction 501(c)(3) organiz	ations must att	ach a					_	
		d Schedule			<u> </u>						X		No
	•	. /\-	/ 1 / 1 / 1		return, including acco			-		-	nowledge	and beli	ef, it is
true,	correct, a	nd complete	. Declaration of		n officer) is based on a	all information of	of which prepa	irer has a	ny knowledg	e.			
		Signature	t officer	MINI	/			_		Date	· w		
Sig	n '	ū		,	M								
He		Type or pri	nt name and title	innix, Bo	ard Treasu	irer							
			e preparer's nar	ne	Preparer's signature		Date	Т	Check	if PT	'IN		
_] ''''' ''	o proparci Stall						self- employ	_			
Pai	-	Kenne	eth J. H	Tromm	Karech 1 7	<u></u>	A 02/2	2/20	oon omplo	· i	0091	001	3
	parer			sen & Fr			- 04/4	-, <u>-</u> 0	Firm's EIN				
Use	e Only					Suite	112		Phone no.		3)512		90
Firm's address > 1405 N. Lilac Drive, Suite 112 Golden Valley, MN 55422-4528						, , ,							
Mav	the IRS di	scuss this r			re? See instructions						X	Yes	No
													Z (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization Employer identification number City House 41-1731577 Part Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Lype 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 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 City House 41-1731577 Page 2 | Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support	• • • • • • • • • • • • • • • • • • • •			-			
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Gifts, grants, contributions, and	(2) 23 13	(5)25.5	(6) 25 17	,	(0) 20.10	(1) 1014.	
•	membership fees received. (Do not				-		-	
	include any "unusual grants.")	49,662.	62,592.	50,265.	70,142.	90,405.	323,066.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to		İ					
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to			į				
	the organization without charge							
4	Total. Add lines 1 through 3	49,662.	62,592.	50,265.	70,142.	90,405.	323,066.	
5	The portion of total contributions							
	by each person (other than a						n.	
	governmental unit or publicly		Í			ĺ		
	supported organization) included		İ					
	on line 1 that exceeds 2% of the		ļ					
	amount shown on line 11,		-					
	column (f)						20,684.	
6	Public support. Subtract line 5 from line 4						.302,382.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016 ·	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	49,662.	62,592.	50,265.	70,142.	90,405.	323,066.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,			1				
	and income from similar sources	3.	13.	29.	. 58.	139.	242.	
9	Net income from unrelated business							
	activities, whether or not the					ŕ		
	business is regularly carried on				* *			
10	Other income Do not include gain			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
	or loss from the sale of capital			. 1		, ,		
	assets (Explain in Part VI)				, .,			
11	Total support. Add lines 7 through 10			· · · · · · · · · · · · · · · · · · ·			323,308.	
12		etc. (see instruction	ons)	,		12	30,129.	
	First five years. If the Form 990 is for	-		 I. fourth. or fifth ta	x vear as a sectio	n 501(c)(3)	······	
	organization, check this box and stor	-			,			
Sec	ction C. Computation of Publ		rcentage					
14	Public support percentage for 2019 (line 6, column (f) di	vided by line 11, co	olumn (f))		14	93.53 %	
	Public support percentage from 2018	• • •				15	91.62 %	
16a	33 1/3% support test - 2019. If the o	organization did no			4 is 33 1/3% or n	nore, check this bo	x and	
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright X$	
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box	
	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "fac	-						
	meets the "facts-and-circumstances"			•	•	- · · · · · - · · · · · · · · · · · · ·	▶□	
b	10% -facts-and-circumstances tes	_	•		•	17a, and line 15 is	10% or	
_								
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization			•	• • •		s	
<u> </u>		s.cc. oncon a		1		dula A (Farm 000		

Schedule A (Form 990 or 990-EZ) 2019 City House Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qu

	(Complete only if you checked			organization failed	to quality under	Part II. If the organiza	tion fails to
Se	qualify under the tests listed to ction A. Public Support	below, please com	piete Part II.)				/
Cal	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf			/			-
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and 3 received from disqualified persons						
i	3 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support	<u> </u>		<u> </u>			
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
				19,==:	(4) 20.0	(0) 23.0	(i) Total
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	/					
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 100 11, and 12)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organizati	on,
5	check this box and stop here ction C. Computation of Publ	ic Support Pa	roontage	·		_·	<u>.</u> ▶□
	Public support percentage for 2019 (Public support percentage from 2018			column (t))		15	<u>%</u>
Se	ction D. Computation of Inve	stment Incom	e Percentage				
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from:					18	%
19a	a 33 1/3% support tests - 2019. If the more than 33 1/3%, check this box a						s not
b	33 1/3% support tests - 2018. If the						 t
,	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly supp	orted organization	ightharpoons
<u>20</u>	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see in	structions	▶□

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

-	<u> </u>	r
	Yes	No
1		
2		
3a	-	
J.		
	_	
3b		
		-
3c	_	<u> </u>
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9c		,
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10a		
	-	
10b		L

His the organizations accepted a gift or contribution from any of the following persons? A person who develoy or discusped contribution from any of the following persons? A person who develoy or discusped contribution from any of the following persons? A person who develoy or discusped contribution from any of the following persons? B A family member of a person described in (a) above? B A family member of a person described in (a) above? B A family member of a person described in (a) above? B A family member of a person described in (a) above? B A family member of a person described in (a) above? D A family member of a person described in (a) or (b) above? D A family member of a person described in (a) or (b) above? D A family member of a person described in (a) or (b) above? D A family member of a person described in (a) or (b) above? D A family member of a person described in (a) or (b) above? D A family member of a person described in (a) or (b) above? D A family member of a person described in (a) or (b) above? D A family member of a person described in (a) or (b) above? D A family member of a person described or or more supported organizations and what conditions is the appropriation and more than the supported organization or described in the powers of the powers of a power and what conditions is measured. If the contribution of the powers is appoint and/or more directors or trustees were allocated among the supported organization organization or evanitions, if any appelled organization of the apportance organization organizatio	Sche	dule A (Form 990 or 990 EZ) 2019 City House	41-173	157	7 Pa	age 5
11. Has the organization accepted a gift or contribution from any of the following persons? 2. A person who directly or indirectly controls, either a cline or together with persons described in (b) and (c) below; the governing body of a supported organization? 3. A pasin, who directly or indirectly controls, either a cline or together with persons described in (b) and (c) below; the governing body of a supported organization? 5. A 14mily remitted or a person described in (a) or (b) above?! If "Yes" to a, b, or c, provide detail in Part VI. 5. A 25% controlled entity of a person described in (a) or (b) above?! If "Yes" to a, b, or c, provide detail in Part VI. 5. A 25% controlled entity of a person described in (a) or (b) above?! If "Yes" to a, b, or c, provide detail in Part VI. 5. A 25% controlled entity of a person described in (a) or (b) above?! If "Yes" to a, b, or c, provide detail in Part VI. 5. B 25% controlled entity of a person of the controlled organization in Part VI. 6. B 26% controlled the supported organizations have the power to regulately appoint or elect at least a majority of the organization of the supported organization of controlled the supported organization of the tary year. 7. D 20 bl the organization and provides of the supported organization of the tary year. 8. D 20 bl the organization supported organization of the than the supported organization of the tary have provided organization and the purposes of the supported organization(s) that operated, supparssed, or controlled the supported organizations. 8. D 20 bl the organization supported organizations of the supported organization or supported organizations or trustees of each of the organizations detectors or trustees during the tax year also a majority of the directors or trustees of each of the organizations of each of the organizations detectors or trustees of each of the organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organiza	Pa	rt IV Supporting Organizations (continued)				
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the powers to grow as supported organization? b A family member of a person discribed in (a) above? c A 35% controlled entity of a person discribed in (a) or (b) above? 8 A 55% controlled entity of a person discribed in (a) or (b) above? 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times oluming the tax year? If No. describe he part 10 how the supported organizations derectors or trustees at all times oluming the tax year? If No. describe he part 10 how the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization organizat			٠, -		Yes	No
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a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3					
trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each						
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				3a		
	b		<u> </u>			
		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		3b		

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

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

and 4c

Breakdown of line 7:

a Excess from 2015

b Excess from 2016

c Excess from 2017

d Excess from 2018

e Excess from 2019

Schedule A	(Form 990 or 990-EZ) 2019 City House	41-1731577 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional complete	i v. Section b. line re, Pari v.
	(See instructions.)	,
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Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open tô Public Inspection

Name of the organization

City House

Employer identification number 41-1731577

City House	41-1/315//
Form 990-EZ, Part I, Line 4, Other Investment Income:	
Description of Property:	Amount:
Bremer Bank - Interest Income	4.
Vanguard Brokerage - Interest Income	70.
Vanguard Brokerage - Bond Interest Income	65.
Total Included on Form 990-EZ, line 4	139.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
Auto Mileage	3,265.
Service Charges	1,306.
Professional Dues and Memberships	50.
Liability Insurance	2,729.
Program Expenses	1,125.
Office Supplies	1,692.
Website/Blog	40.
Event Expenses	6,560.
Filing Fees	25.
Meetings	5.
Total to Form 990-EZ, line 16	16,797.
Form 990-EZ, Part III, Primary Exempt Purpose - City Hous organization that offers hope, trust, and healing through	
listening with people who feel unseen and unheard in the	Twin Cities
metro area. Most of our participants are experiencing ver	y difficult
circumstances including homelessness, poverty, addiction,	mental