•	000
Form	990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

2016

Openito Public

OMB No. 1545-0047

Dep:	artment of th naf Revenue	e Treasury Service	-	Information	about Form 99	0 and its instru	ctions is at w	ww.irs.gov/f	orm990.	11/00	1	Inspection
Ā	For the 2	2016 calendar	year, or tax	year begin	ning 10/0	1	, 2016	, and ending	9/3	30	······································	2017
В	Check if app	phoable C							<u></u>	D Employ	er ident	fication number
	Addres	s change NE	EIGHBORH	OOD HOU:	SING SER	VICES OF	PUEBLO	0	1	84-	0747	226
	Name	change DE	BA NEIGH	BORWORK	S SOUTHE				1	E Telephi	one numb	190
	Initial		241 E RO		NUE]	719	-544	-8078
	Final ret	lurn/terminated PU	JEBLO, C	0 81004					1			
	Ameno	ded return							j	G Gross	eceipts	\$ 1,288,516.
	Applic	ation pending F	Name and addr	ress of principa	l officer			H	a) is thus a	group retu	n for sub	
		SI	AME AS C	ABOVE				H	tis era (d)	subordinate: attach a list	included	17 Yes No
ī	Tax-exer	npt status X	501(c)(3)	501(c) () - (ır	isert no)	4947(a)(1) o	ıı		attacij b jigi	(300 113	in the dyridy
J	Websi		NWSOCO.	ORG				Н	(c) Group e	exemption n	umber 🕨	•
K			Corporation	Trust	Association	Other >	ļL	Year of formation	197	7 M	State of I	egal domicile CO
Pa	irt I	Summary					1					
	1 Br	efly describe	the organiza	tion's missi	on or most	significant ac	tivities.NE	IGHBORWO	RKS_S	OUTHER	N CO	LORADO
ø	P!	ROMOTES H						<u>RVES AS T</u>	<u>HE_FI</u>	RST_C	HOICI	FOR
ä	<u>H</u> (<u>OMEBUYER</u>	RESOURCE	<u>ES IN SO</u>	DUTHERN	COLORADO)					
Governance	2 5								- = = =	EV - 7 .T.		
ğ	2 Ch	neck this box imber of votin						posed of more	e man z	3 % OI IIS	3	12
		imber of indep							•	•••	4	12
ties	5 To	ital number of				ear 2016 (Pa	rt V, line 2	a)			5	12
Activities &	6 To	ital number of					•				6	160
¥	1	ital unrelated				. ,,				, .,	7a	0.
	b Ne	et unrelated bi	usiness taxa	ble income	from Form S	190-1, line 34	ł		····		7b	<u>0</u> .
		antributions on	ad arrests (D)	art VIII. Iraa	161				P	rior Year		Current Year
9		ontributions ar ogram service			-		-	* *		536,		561,185.
Revenue	4	vestment inco			-	and 7d)	•	•		533,	520.	444,759.
듄		ther revenue (nd 11e)		 	100,		154,126.
	•	tal revenue -							1	,181,		1,160,070.
	13 Gr	rants and simi	lar amounts	paid (Part	IX. column (A), lines 1-3)			4.5		
	14 Be	enefits paid to alaries, other	or for mem	सार ग्राप	/ Edlumn (/	(), line 4).		• •				
_	15 Sa	alaries, other	compensatio	a employe	e benefits	art IX, colur	nn (A), line	es 5-10)		320,	352.	522,040.
Expenses	16a Pr	rofessional fur	ndraising fee	s (Part IX,	column (A)	yhe 11e) .						
De C	. b To	otal fundraisin	1001					31,019.		1	- ÷ ·	3 . " John 19
ă	17 0	ther expenses	II VI	• • • •	11	<u> </u>				812,	902	699,559.
		otal expenses.				- 1				,133,		1,221,599.
	19 R	evenue less e	xpensos, Su	btract line	6 from line	12					135.	-61,529.
8			·				······································		Beginnin	ng of Curre		End of Year
Ę.	20 To	otal assets (Pa	art X, line 16	5)						2,683,		2,724,592.
Age of	21 To	otal liabilities	(Part X, line	26)						230,		333,470.
2,	22 N	et assets or fu	und balances	s. Subtract I	ine 21 from	line 20 .		, , ,	2	2,452,	651.	2,391,122.
P	art II	Signature	Block									
Uni	der penalties	s of perjury, I decla	ere that I have ex	camined this ret	urn, including ac	companying sch	edules and sta	tements, and to th	e best of n	ny knowledg	e and be	lief, it is true, correct, and
- COI	mpiete Deci	aration of preparer	(other than onic	en is based on	all illiormation	or which prepare	r nas any know	vieage		2/2	1-	
		July 1	Mes 1	X XX	an					3/1	120) /8
Si	gn	Signature	1 4	111	. <^	CVO	. fr	7. Du	^	ate		
n	ere	7/ S	int name and by	hW/	nah	, que	uti	C DV	e Cta			
		Print/Type pre	/_	<u> </u>	Prepater's sig	Inature	1 1	Date		Touri		PTIN
_					Exam	D CT.	Land.	02/22/2	018	Check	∐."	ł
	aid reparer	LYMAN H		THE RAID		TAMBLIN				self-emplo	yeo	P01701322
U	se Only	Fum's address	HAMBL 23720		ASSOCIATE PLACE					Firm's Ell	A.C	-1770572
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_				IN, CU O	0401					Phone no.	<u> </u>	<u>-694-2727</u>

May the IRS discuss this return with the preparer shown above? (see instructions). . .

X Yes

Form 990 (2016

Form	990 (2016) NEIGHBORHOOD HOUSING SERVICES OF PUEBLO	84-0	7472	26	Р	age 2
Paf	MILE Statement of Program Service Accomplishments		-			
	Check if Schedule O contains a response or note to any line in this Part III					
1	Briefly describe the organization's mission					
	NEIGHBORWORKS SOUTHERN COLORADO PROMOTES HEALTHY, VIBRANT NEIGHBOTHE FIRST CHOICE FOR HOMEBUYER RESOURCES IN SOUTHERN COLORADO.	ORHOOD:	S <u>AN</u> I	O SEI	RVES	AS
						· -
2	Did the organization undertake any significant program services during the year which were not listed on the pri	or				
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O		_		_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program self 'Yes,' describe these changes on Schedule O.	rvices?	Ц	Yes	X	No
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported	rices, as r ns to othe	neasur rs, the	ed by (total e	expen xpens	ses ies,
4 a	(Code) (Expenses \$ 1,074,980. including grants of \$ 296,352.) (F	Revenue	\$	59	8,88	85.)
	NEIGHBORWORKS SOUTHERN COLORADO'S LINE OF BUSINESS AND PROGRAMS	INCLUD	E TH	FOI	LOW	ING:
	EDUCATION- FINANCIAL CAPABILITIES, HOMEBUYER DEVELOPMENT, HOMEBU					
	FORECLOSURE MITIGATION; LENDING- SMALL BUSINESS LENDING, MORTGAGE			DOW	<u> </u>	
	PAYMENT ASSISTANCE, ENERGY EFFICIENCY PROGRAM; REAL ESTATE- COMMI					
	RESIDENTIAL RENTALS, COMMERCIAL AND RESIDENTIAL REHABILITATION, 1					. _
	COMMUNITY DEVELOPMENT- PROMOTE LOCAL FOOD, ASSIST WITH NEIGHBORH	OOD RE	DEVE:	<u> TODMI</u>	ENT.	
						. – – –
				- <i></i>		· – – -
		- -				
4 b	(Code) (Expenses \$including grants of \$) (F	Revenue	\$			
				-	-	
					-	
						· -
						. – – –
						. – – –
4 c	(Code) (Expenses \$ including grants of \$) (F	Revenue	\$)
	~					
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
						. <b>_</b>
						. – – –
						· <b>-</b>
				<b>-</b>		
						·
4 d	Other program services (Describe in Schedule O.)					
	(Expenses \$ including grants of \$ ) (Revenue \$				)	
4 e	Total program service expenses ► 1,074,980.					
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~			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
ā	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a		
ŀ	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
(	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
•	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
t	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b	х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule $E$	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ.,	X
ŀ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
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		х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G. Part III.	19		х

_,_			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
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		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2 ^o If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24 a	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		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	* \( \( \)		ζ,
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II .	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
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		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf '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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (	(2016)

Form 990 (2016) NEIGHBORHOOD HOUSING SERVICES OF PUEBLO	84-0747226		P	age
Part V Statements Regarding Other IRS Filings and Tax Compliance				<u></u>
Check if Schedule O contains a response or note to any line in this Part V				
1000 5 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. I		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 2			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0	-	- }	
c Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?	eportable gaming	1 c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		٦		
ments, filed for the calendar year ending with or within the year covered by this return	2a 12			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment		2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in:	·			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year	r ⁷	3 a		Х
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	-	3ь		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account.)	r authority over, a nancial account)?	4 a		Х
<b>b</b> If 'Yes,' enter the name of the foreign country				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	` '		-	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	<del>_</del>	5 a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<u> </u>	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?	ons or gifts were	6 b		
7 Organizations that may receive deductible contributions under section 170(c).	Ī	.*	^,	<u> </u>
a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	artly for goods and	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?	vas required to file	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	7 f		Х
g if the organization received a contribution of qualified intellectual property, did the organization file f as required?	Form 8899	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained organization have excess business holdings at any time during the year?	by the sponsoring	8	******	
9 Sponsoring organizations maintaining donor advised funds.	}-	<del>-  </del>		
a Did the sponsoring organization make any taxable distributions under section 4966?	}-	9a		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	500?	9 b		
10 Section 501(c)(7) organizations. Enter	_	-		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	- (		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	l		
11 Section 501(c)(12) organizations. Enter:		ł		
a Gross income from members or shareholders	11 a			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	116	-		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		12 a		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	126			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	····	ļ	- {	
a is the organization licensed to issue qualified health plans in more than one state?		13a	- {	
Note. See the instructions for additional information the organization must report on Schedul	e O.			
b Enter the amount of reserves the organization is required to maintain by the states in	321	j	1	
which the organization is licensed to issue qualified health plans	13b	1		
c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?	13c	ا ، ،	j	Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in the services during the tax year?	<u>L</u>	14a 14b		
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Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 12 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 Ñ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х  $\overline{X}$ 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 X 7 a 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? Х 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? Я a **b** Each committee with authority to act on behalf of the governing body? 8 b X Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No  $\overline{X}$ 10 a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE Q Schedule O how this was done 120 X X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 X 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? X a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O 15 a X **b** Other officers or key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records: NATASHA LESLIE 1241 E ROUTT AVENUE PUEBLO CO 81004 719-544-8078

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## Partivil Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any relat	ed organiz	ation	con	npen	sate	ed any	/ cu	rrent officer, direct	or, or trustee.	
				(C)	)					
(A) Name and Title	(B) Average hours per	IS	both dir	an c ector	officer /truste		- (	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) DON LEARNED	2									
PRESIDENT	0	Х		Х			- 1	0.	0.	0.
(2) JODY SANDERS	2									
VICE PRESIDENT	0	Х		Х				0.	0.	0.
(3) RICK THOMAS	2									
TREASURER	0	Х		Х			- 1	0.	0.	0.
(4) ANDREA DELAGARZA	2						_			
SECRETARY	0	Х		X				0.	0.	0.
(5) BRENDA AUSTIN	2									
DIRECTOR	0	X						0.	0.	0.
(6) KATHERINE COX	2					Π				<del></del>
DIRECTOR	0	Х						0.	0.	0.
(7) WILLY FARIS	2									
DIRECTOR	0	X						0.	0.	0.
(8) R. KENNETH O'NEAL II	22							ı	<u>-</u>	
TREASURER	0	Х						0.	0.	0.
(9) BRUCE C. RAYMOND	2									
DIRECTOR	0	Х						0.	0.	0.
(10) ALBERT SPINUZZI JR.	2	ļ					ļ		,	
DIRECTOR	0	X						0.	0.	0.
(11) ANTHONY CARBAJAL	2					] ]				
DIRECTOR	0	X			<u>L</u>	$oxed{oxed}$		0.	0.	0.
(12) RONI KIMBREL	2		i		ļ		l			
DIRECTOR	0	X						0.	0.	0.
(13) ASHLEIGH WINAN	40_					( (				
EXECUTIVE DIR.	0	X						82,500.	0.	0.
(14)						( (				,
	<u> </u>		لسا		<u> </u>		لـــا	<u> </u>		

BAA

	(A) Name and title	(B)  Average hours per week	(do box	not o unle	Pos check	sition more erson direct	the body Highest compensated	one h an lee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W 2/1099 MISC)	E amo con f orc	(F) stimated unt of oil ppensatir rom the annizatio d relate annizatio	i ther on on d
(15)						-							
(16)			-			-							
(17)			-			-							
(18)			-										
(19)					-	-	-			<del></del>			
(20)					_	-				<del> </del>			
(21)					-		-						
(22)			-			-	-						<del></del> -
(23)		<b></b>	-						<del> </del>				
(24)													
(25)												- <del></del>	
11	Sub-total	L	<u> </u>	L		<u> </u>		<b>•</b>	82,500.	0.			0.
(	Total from continuation sheets to Part VII, Secti	on A						<b>•</b>	0.	0.			0.
	Total (add lines 1b and 1c)							<b>&gt;</b>	82,500.	0.			0.
2	Total number of individuals (including but not limited	to those I	ısted	abo	ve) ı	who	recei	ved	more than \$100,00	0 of reportable com	pensatio	n	
	from the organization D											Yes	I No
3	Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru h <i>individu</i>	stee, al	key	y en	nplo	yee,	or h	nighest compensa	ted employee	3	res	X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	f reportab er than \$1	le co 50,00	mpe	ensa If '\	ation Yes,	and com	oth ple	ner compensation te Schedule J for	from	4		X
5	Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen	satio	n fr	om	any	unre	late	ed organization or	individual	5		X
Sec	tion B. Independent Contractors	, compic		.,,,,,,		J 10	7 300	,,, p	crson			L	1 4
1	Complete this table for your five highest compen compensation from the organization. Report compen	sated indi	epen	den	t co	ntra	ctors	tha	it received more t	han \$100,000 of			
	(A) Name and business add			<u> </u>		your	Cria	<u>g</u> .	Description			C) ensatio	
				_				_					
				_	_			_					
2	Total number of independent contractors (including t		ited to	o the	ose	liste	abo	ve)	who received more	than			
DAA	\$100,000 of compensation from the organization	- 0											

<del></del>	Check if Schedule O contains a	response or note to any	y line in this Part VI	HL		
; ;	3		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns b Membership dues c Fundraising events	1 a 1 b 1 c		Teveriue		312-314
ons, Gifte Similar A	d Related organizations e Government grants (contributions)	1d 1e 541,624.				
ntributic d Other	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1	1f 19,561.				
<u>ප</u> දි	h Total. Add lines 1a-1f	<u></u>	561,185.		· · · · · · · · · · · · · · · · · · ·	
J.		Business Code				
Program Service Revenue	2a SPECIAL PROJECTS b EDUCATION	531390	353,657. 67,739.	353,657. 67,739.		
ice	c LENDING CONSULTING FE	EES 531390	13,583.	13,583.		
Sen	d PROGRAM INTEREST		9,553.	9,553.		
Ē	e REAL ESTATE DEVELOPME	ENT 531390	227.	227.		
g.	f All other program service revenue					
P	g Total. Add lines 2a-2f	•	444,759.	,		
	3 Investment income (including divi other similar amounts)	dends, interest and				
	4 Income from investment of tax-ex	cempt bond proceeds				<u> </u>
	5 Royalties	<u></u>				
	(ı) Re	al (ii) Personal	,			
	6a Gross rents 104,	383.	,			,
	<b>b</b> Less rental expenses					, ,
Ì	c Rental income or (loss) 104,	383.				
	d Net rental income or (loss)	<b>&gt;</b>	104,383.	104,383.		
	7 a Gross amount from sales of assets other than inventory (i) Secur	ities (ii) Other			•	
	b Less cost or other basis and sales expenses					٠
	c Gain or (loss) d Net gain or (loss)					
Other Revenue	8a Gross income from fundraising even (not including \$ of contributions reported on line 1					
₩.	See Part IV, line 18	a				
Ę i	<b>b</b> Less direct expenses	b				
₹	c Net income or (loss) from fundrai	sing events	- · ·			
 i	9a Gross income from gaming activit See Part IV, line 19	ties.				
	<b>b</b> Less direct expenses	p				
	c Net income or (loss) from gaming					ļ
	10a Gross sales of inventory, less retu and allowances	a 177,097.				
	b Less. cost of goods sold	b 128,446.	_			ļ
	c Net income or (loss) from sales o	Business Code	48,651.			48,651.
	11a MISCELLANEOUS	531390	1,092.	1,092.	<del></del>	<del> </del>
	b	· <del>   </del>	<del> </del>	<del></del>	<del></del>	<del> </del>
	d All other revenue		<del> </del>		<del></del>	<del> </del>
	-					
	e Total. Add lines 11a-11d		1,092.		<del></del>	<del> </del>
	12 Total revenue. See instructions.	<u> </u>	1,160,070.	550,234.	0.	48,651.

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

6b, 7	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B)	(C)	(D)
_		í	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				<del></del>
2	Grants and other assistance to domestic individuals See Part IV, line 22.				
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				,
5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	70,000.	21,585.	39,100.	9,315.
·	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	325,733.	306,873.	12,345.	6,515.
•	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,002.	20,733.	3,171.	1,098.
	Other employee benefits	58,762.	49,339.	7,300.	2,123.
	Payroll taxes	42,543.	35,311.	5,531.	1,701.
11	Fees for services (non-employees)				
а	Management	1			
b	Legal	3,390.	2,882.	440.	68.
С	Accounting	70,088.	60,592.	8,230.	1,266.
þ	Lobbying				
е	Professional fundraising services. See Part IV, line 17		, ,	1 1 1	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column	28,342.	22,590.	4,985.	767.
	(A) amount, list line 11g expenses on Schedule 0 ) Advertising and promotion	21,906.	18,620.	2,848.	438.
	Office expenses	31,407.	26,696.	4,083.	628.
	Information technology	31,401.	20,030.	4,005.	020.
	Royalties		·		· <del>- · · · · · · · · · · · · · · · · · ·</del>
	Occupancy	10,453.	8,885.	1,359.	209.
	Travel	10, 133.	0,000.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	46,104.	39,188.	5,994.	922.
20	Interest .	2,309.	1,963.	254.	92.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	37,445.	31,828.	3,745.	1,872.
	Insurance	25,291.	21,497.	2,782.	1,012.
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
	SPECIAL PROJECTS	296,352.	296,352.		
	MAINTENANCE & REPAIRS	65,129.	55,360.	8,467.	1,302.
	UTILITIES	31,047.	25,721.	4,084.	1,242.
	MISCELLANEOUS	16,641.	15,310.	882.	449.
	All other expenses	13,655.	13,655.		
	Total functional expenses. Add lines 1 through 24e	1,221,599.	1,074,980.	115,600.	31,019.
	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  if following SOP 98-2 (ASC 958-720).				
BAA	COL 30-2 (100 300-720)	TEEA0110L 11/			Form <b>990</b> (2016)

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
٦	1	Cash — non-interest-bearing	523,359.	1	294,423.
- (	2	Savings and temporary cash investments		2	
ı	3	Pledges and grants receivable, net		3	
- {	4	Accounts receivable, net	11,013.	4	117,348.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
2	7	Notes and loans receivable, net	308,207.	7	251,659.
Assets	8	Inventories for sale or use	864,110.	8	735,664.
A S	9	Prepaid expenses and deferred charges		9	10070011
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 1,746,780.		V	
- }	b	Less accumulated depreciation 10b 421, 282.	976,644.	10 c	1,325,498.
-	11	Investments – publicly traded securities		11	
-	12	Investments – other securities See Part IV, line 11	<del></del>	12	
- {	13	Investments - program-related See Part IV, line 11		13	<del></del>
	14	Intangible assets		14	
1	15	Other assets See Part IV, line 11		15	
ŀ	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,683,333.	16	2,724,592.
	17	Accounts payable and accrued expenses .	91,601.	17	45,056.
	18	Grants payable		18	
	19	Deferred revenue		19	
1	20	Tax-exempt bond liabilities		20	
es.	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	The second secon	22	
	23	Secured mortgages and notes payable to unrelated third parties	133,206.	23	280,089.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	5,875.	25	8,325.
_	26	Total liabilities. Add lines 17 through 25	230,682.	26	333,470.
Ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	Commenced Propping States and Propping States on the State S		a a successive performant rouge ye debrings again.
Ë	27	Unrestricted net assets	1,384,621.	27	1,536,692.
g	28	Temporarily restricted net assets		28	
핗	29	Permanently restricted net assets .	1,068,030.	29	854,430.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.	,		
2	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ĕ	33	Total net assets or fund balances .	2,452,651.	33	2,391,122.
	34	Total liabilities and net assets/fund balances .	2,683,333.	34	2,724,592.
BA	A				Form 990 (2016)

	1990 (2016) NEIGHBORHOOD HOUSING SERVICES OF PUEBLO 84-074722	26 Page 12
Par	t XI Reconciliation of Net Assets	
•	Check if Schedule O contains a response or note to any line in this Part XI	
1	Total revenue (must equal Part VIII, column (A), line 12)	1,160,070.
2	Total expenses (must equal Part IX, column (A), line 25)	1,221,599.
3	Revenue less expenses Subtract line 2 from line 1	-61,529.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2,452,651.
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities 6	
7	Investment expenses 7	
8	Prior period adjustments 8	
9	Other changes in net assets or fund balances (explain in Schedule O).	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	2,391,122.
Par	tiXII Financial Statements and Reporting	
	Check if Schedule O contains a response or note to any line in this Part XII	
		Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	_
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  Separate basis  Both consolidated and separate basis	
b	Were the organization's financial statements audited by an independent accountant?	2b X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis  X Consolidated basis  Both consolidated and separate basis	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c X
_	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a X
b	of If Yes, did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b
BAA		Form 990 (2016)

## SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NEIGHBORHOOD HOUSING SERVICES OF PUEBLO

Employer identification number

DBA NEIGHBORWORKS SOUTHERN COLORADO 84-0747226 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) 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(bX1XAXiii) Enter the hospital's 4 name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 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 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. 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. 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 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)) (v) Amount of monetary (ii) EIN (IV) Is the organization listed in your governing document? (vi) Amount of other support (see instructions) support (see instructions) Yes No (A) **(B)** (C) (D) (E)

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	tion A. Public Support							
begiı	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	1,092,657.	720,260.	696,140.	915,837.	914,842.	4,339,736.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
	Total. Add lines 1 through 3  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)	1,092,657.	720,260.	696,140.	915,837.	914,842.	4,339,736.	
6	<b>Public support.</b> Subtract line 5 from line 4						4,339,736.	
Sec	tion B. Total Support							
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total	
7	Amounts from line 4	1,092,657.	720,260.	696,140.	915,837.	914,842.	4,339,736.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,860.	13,541.	12,032.	9,520.	9,553.	55,506.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	·				,	0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,616.	37,242.	12,564.	17,721.	1,092.	70,235.	
11	<b>Total support.</b> Add lines 7 through 10						4,465,477.	
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	0.	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3)	<b>▶</b> □	
	tion C. Computation of Pu							
	Public support percentage for 20	•	•	e 11, column (f))	•	14	97.18%	
	Public support percentage from 2015 Schedule A, Part II, line 14  a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	and stop here. The organization qualifies as a publicly supported organization  b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	est-2016. If the or meets the 'facts-a	ganization did not ind-circumstances	t check a box on to test, check this	box and stop her	e. Explain in Part	VI how	
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organiza	test, check this tion qualifies as a	box and stop her a publicly support	e. Explain in Part ed organization	VI how the ►	
18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check th	is box and see ins	structions >	
BAA					Scl	nedule A (Form 95	00 or 990-EZ) 2016	

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

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

Sec	tion A. Public Support		<u>'</u>				
Calend	lar year (or fiscal year beginning in) >	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants')						<del>/</del>
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						
	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.			/			
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
	tion B. Total Support	<del></del>					
	dar year (or fiscal year beginning in)	(a) 2012	/ <b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
-	Amounts from line 6		<u></u>				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b		J				L
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here	_ <del></del>	nd, third, fourth, o 	r fifth tax year as	a section 501(c)(	▶ []
	tion C. Computation of Pu	<del></del>		. 12 - 2 - 2-1		<del></del>	
	Public support percentage for 20			ne 13, column (f))		15	<u> </u>
	Public support percentage from				·	16	%
	tion D. Computation of Inv				- (0)	<del></del>	
17	Investment income percentage f			-	mn (1)) .	17	
18	Investment income percentage f					[18]	8
	33-1/3% support tests—2016. If it is not more than 33-1/3%, check	this box and stop	<b>p here</b> . The orgar	iization qualifies a	as a publicly supp	orted organization	۱ <b>&gt;</b> 📗
	33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported organ	nization
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c	neck this box and	see instructions	. 💆 📋

Part IV Supporting Organizations

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

## Se

sec	ction A. All Supporting Organizations		-	<del></del>
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
ı	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	3b		-
•	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	3c		
4	a 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	4a		
1	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	\$ , \$	ن أن أن أن أن
•	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 <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	, ,	
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in <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	,	3 1
ì	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		
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <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 or 990-EZ).	7	*****	n= 4 -
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)	8		
9	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		
1	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.	9b		
•	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	9c		-
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below	10a		
ı	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)	10b		

Pa	it IV   Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		i i
ı	<b>b</b> A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
_	ction B. Type I Supporting Organizations			
		_	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <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	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2	*	, .
Sec	ction C. Type II Supporting Organizations			
		· ·	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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		· ·
Sec	ction 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? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		,
Sec	ction 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).			
i	a The organization satisfied the Activities Test Complete line 2 below			
1	<b>b</b> The organization is the parent of each of its supported organizations. Complete line 3 below			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	struc	tions).	
2	Activities Test Answer (a) and (b) below.		Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	,	
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	- :	J
3	Parent of Supported Organizations Answer (a) and (b) below.	- 1		
	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.	3a		
	<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		_
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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No	ov 20, 1970 (explain in st complete Sections A	Part VI) <b>See</b> through E
Sec	tion 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		
Sec	tion 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)			
-	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI).	,		- 1
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion 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		4		
5	Income tax imposed in prior year	5	· · · · · · · · · · · · · · · · · · ·	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions)	grated	i Type III supporting org	anızatıon
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	t V   Type III Non-Functionally Integrated 509(a)(3) Si	upporting Organiza	tions (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	urposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations	,	
3	Administrative expenses paid to accomplish exempt purposes of s			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	tion is responsive (provide	details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6			<u> </u>
2	cause required - explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
t			7	
	From 2013		,	
	From 2014	<u> </u>		,
	From 2015			,
	f Total of lines 3a through e			
9	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	i Carryover from 2011 not applied (see instructions)		<u> </u>	
	Remainder Subtract lines 3g, 3h, and 3i from 3f.		, ,	· · · · · · · · · · · · · · · · · · ·
4	Distributions for 2016 from Section D, line 7 \$	•		
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			<u> </u>
	: Remainder. Subtract lines 4a and 4b from 4.			<u> </u>
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3 ₁ and 4c.			
	Breakdown of line 7			
	]			1
	Excess from 2013.			
	Excess from 2014			
	Excess from 2015 .			
	Excess from 2016.			

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Schedule A (Form 990 or 990-EZ) 2016

84-0747226

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

### PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE			2016		2015	 2014	_	2013	 2012
MISCELLANEOUS		\$_	1,092.	\$_	_17,721.	\$ 12,564.	\$	37,242.	\$ 1,616.
	TOTAL	\$	1,092.	\$	17,721.	\$ 12,564.	\$	37,242.	\$ 1,616.

## SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545 0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

open to Publicate Inspection

	NEIGHBORHOOD HOUSING SERVION DBA NEIGHBORWORKS SOUTHERN			٥	4-0747226	
Pa	Organizations Maintaining Dono		er Similar Funds o			
M _a	Complete if the organization ansi	wered 'Yes' on Form 990	, Part IV, line 6.			
		(a) Donor advised	funds	<b>(b)</b> Fun	ds and other acco	ounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year).					
4	Aggregate value at end of year	L				
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the organization's exclusive legal	assets held in donor a control?	idvised fu	nds Yes	No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writi t of the donor or donor advisor	ng that grant funds car , or for any other purp	n be used ose confe	only rring <b>Yes</b>	No
Pä	Mili Conservation Easements.	<del></del>	· · · · · · · · · · · · · · · · · · ·	· ···		
	Complete if the organization ans	wered 'Yes' on Form 990	, Part IV, line 7.			
1	Purpose(s) of conservation easements held by	y the organization (check all the	nat apply)			
	Preservation of land for public use (e.g., r	ecreation or education)	Preservation of a hi	_		ea
	Protection of natural habitat		Preservation of a ce	ertified his	storic structure	
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization to last day of the tax year	neld a qualified conservation con	tribution in the form of a	conservat	ion easement on th	ne e
			.5	Hel	d at the End of th	e Tax Year
	a Total number of conservation easements		<del>-</del>	2 a		
	<b>b</b> Total acreage restricted by conservation ease	ments		2 b		
	c Number of conservation easements on a certi	fied historic structure included	ın (a)	2 c		
	d Number of conservation easements included in	n (c) acquired after 8/17/06, a				
•	structure listed in the National Register		L	2d	duran a tha	
3	Number of conservation easements modified, trar tax year ►	isierrea, releasea, extinguisnea,	or terminated by the org	anization	ounng the	
4	Number of states where property subject to conse	ervation easement is located				
5			g, inspection, handling	of violati	ons,	_
	and enforcement of the conservation easement				Yes	No No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations	, and enforcing conserva	ation easei	ments during the ye	ear
,	Amount of overagoe inclused in monitoring inclu	acting bandling of walsting one	d antaraina annsaniation		a durina tha waar	
,	Amount of expenses incurred in monitoring, insper-	•	-			
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	•			Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements.					
Pa	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical wered 'Yes' on Form 990	Treasures, or Oth ), Part IV, line 8.	er Simil	ar Assets.	
1	a If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, educatio	<ul> <li>n, or research in furthera</li> </ul>	tatement ance of pu	and balance shee blic service, provide	t works of e,
	b If the organization elected, as permitted unde historical treasures, or other similar assets held following amounts relating to these items	or public exhibition, education, o	r research in furtherance	ment and of public	balance sheet wo service, provide the	orks of art,
	(i) Revenue included on Form 990, Part VIII,			•	<b>&gt;</b> \$	
_	(ii) Assets included in Form 990, Part X				. ►\$	
	If the organization received or held works of art, hamounts required to be reported under SFAS	116 (ASC 958) relating to the:	se items:	ain, provid	_	
	a Revenue included on Form 990, Part VIII, line			•	. •\$	
	<b>b</b> Assets included in Form 990, Part X				<b>. ►</b> \$	

2. h. d. l. <b>D</b> /F						
Schedule Q (Form 990) 2016 NEIG				84-074 Other Similar Ass		Page 2 nued)
'3 Using the organization's acquisition items (check all that apply)					<del></del>	
a Public exhibition		d Loan or e	xchange programs			
<b>b</b> Scholarly research		e Other	5 , 5			
c Preservation for future gene	rations			<del></del>		
4 Provide a description of the organic Part XIII	zation's collections and	l explain how they furt	her the organization's e	exempt purpose in		
5 During the year, did the organizato be sold to raise funds rather t	ation solicit or receive han to be maintained	donations of art, he as part of the organ	storical treasures, or on contraction?	other similar assets	Yes	No
Part IV Escrow and Custodia line 9, or reported an				vered 'Yes' on For	m 990, P	'art IV,
1 a Is the organization an agent, tru on Form 990, Part X?	stee, custodian or oth	ner intermediary for	contributions or other	assets not included	Yes	□No
<b>b</b> If 'Yes,' explain the arrangement	t in Part XIII and com	plete the following t	able	Ļ		□
					Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		
e Distributions during the year				1e		
f Ending balance				11		
2a Did the organization include an a	amount on Form 990,	Part X, line 21, for	escrow or custodial ad	count liability?	Yes	No
<b>b</b> If 'Yes,' explain the arrangemen				- L	<b>-</b> .	H
		·	·			
Part⊮V	Complete if the or	ganization answ	ered 'Yes' on Forr	n 990, Part IV, Iir	ne 10.	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four y	ears back
1 a Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships			<del></del>		· · · · · · · · · · · · · · · · · · ·	
e Other expenditures for facilities and programs						
f Administrative expenses			<del></del>		<u> </u>	
g End of year balance			<del></del>			
2 Provide the estimated percentage	e of the current year	end balance (line 1	g, column (a)) held as		<del></del>	
a Board designated or quasi-endown	nent ►	%				
<b>b</b> Permanent endowment ►	8					
c Temporarily restricted endowme	nt ►	%				
The percentages on lines 2a, 2b, a		<del>0</del> %				
3a Are there endowment funds not in			neld and administered fo	or the	Yes	s No
organization by  (i) unrelated organizations.					3a(i)	3 110
(ii) related organizations	•		•		3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the rel	ated organizations lie	ted as required on S	Schedule R?		3b	<del></del>
4 Describe in Part XIII the intende	=			•	30	<u> </u>
		andria chowinent i	uilus.			
Part VI		'Vac' on Farm O	00 Part IV line 1	10 Coo Earm 00	0 Dart V	line 10
Complete if the organ			<del></del>	<del> </del>		
Description of property	(a) Cos	it or other basis (	(h) Cost or other	(c) Accumulated	(d) Book	cvalue

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land .		76,713.		76,713.
<b>b</b> Buildings		1,607,181.	360,221.	1,246,960.
c Leasehold improvements		10,270.	8,557.	1,713.
<b>d</b> Equipment		52,616.	52,504.	112.
e Other				
Total. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X, c	column (B), line 10c )	▶	1,325,498.

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Schedule **D** (Form 990) 2016

Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of	-year market value
(1) Financial derivatives			
(2) Closely-held equity interests.	ļ		
(3) Other	<del> </del>		
(A)			
(B)		<del> </del>	
(C)	ļ	<u> </u>	
(D)			
(E)	· <del></del>	<del> </del>	
(F)	} <del></del>	<del> </del>	
(G)	·}		<del></del>
(H) (I)	<del></del>		
	,	N/A	
Part VIII Investments — Program Related. Complete if the organization answered	d 'Yes' on Form 99	0, Part IV, line 11c. See Form 9	90, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		<u> </u>	
(7)		<u> </u>	
(8)			
(9)	<u> </u>		
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)	<del></del>		
Part IX Other Assets. Complete if the organization answered	N/ <i>I</i> 1 'Yes' on Form 99	N O Part IV line 11d See Form 9	90 Part X line 15
	escription	0,7 4777, 1110 774. 000 7 0111 3	(b) Book value
(1)			
(2)			
(3)			
(4)		·	
(5)			
(6)	<del></del>		
(7) (8)	<del></del>		<del></del>
(9)			
(10)		<del></del>	
Total. (Column (b) must equal Form 990, Part X, column	(B) line 15.)	<b>•</b>	
Part X Other Liabilities.		<del></del>	
Complete if the organization answered 'Yes' on	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) DEPOSITS HELD	8,3	<u>25.</u>	
(3)	<del></del>		
(4)			
(5) (6)	<del></del>		
(7)	<del></del>	<del> </del>	
(8)	<del></del> -	<del> </del>	,
(9)		<del> </del>	
(10)		<del> </del>	
(11)	<del></del>	<del> </del>	
		1	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	▶ 8,3	25.	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the f	0,5		liability for uncertain
	ootnote to the organization's f	inancial statements that reports the organization's	liability for uncertain

Schedule <b>D</b> (Form 990) 2016	METCHRORHOOD	HOHISTNG	SERVICES	OF	PHERIA

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	<u> </u>	<u> </u>	
Rank Reconciliation of Revenue per Audited Financial Sta	tements With Revenue p	er Return. N/A	
Complete if the organization answered 'Yes' on Form	990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2 a		
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII )	2 d		
e Add lines 2a through 2d	, , , , , , , , , , , , , , , , , , , ,	2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	<b>188</b>	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, II	ne 12)	5	
RantXIII Reconciliation of Expenses per Audited Financial St	atements With Expenses	s per Return. N/A	
Complete if the organization answered 'Yes' on Form	990, Part IV, line 12a.		
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a		
<b>b</b> Prior year adjustments	2 b		
c Other losses	2 c		
<b>d</b> Other (Describe in Part XIII )	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b.	to - 10 )	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I,	iiie io)	3	
Part:XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b and 2	2b, Part V,	

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

BAA

### SCHEDULE O (Form 990 or 990-EZ)

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.

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

Department of the Treasury Internal Revenue Service Name of the organization

MINUTES.

NEIGHBORHOOD HOUSING SERVICES OF PUEBLO DBA NEIGHBORWORKS SOUTHERN COLORADO

Employer identification number

OMB No 1545-0047

2016

## 84-0747226

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FINANCE COMMITTEE PERFORMS AN INITIAL REVIEW OF THE FORM 990, AND VOTES WHETHER TO FORWARD THE 990 TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS REVIEW THE FORM 990 AT A REGULARLY SCHEDULED BOARD MEETING. THE TAX PREPARER IS AVAILABLE TO ANSWER QUESTIONS. AFTER DISCUSSION AND BOARD APPROVAL, THE BOARD AUTHORIZES SIGNING AND FILING THE FORM 990 WITH THE IRS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE EXECUTIVE DIRECTOR REVIEWS THE ANNUAL CONFLICT OF INTEREST DECLARATIONS. IN ADDITION, THERE IS A PERMANENT ITEM ON THE BOARD OF DIRECTORS MEETING AGENDAS REMINDING MEMBERS TO UPDATE THEIR CONFLICT OF INTEREST DECLARATIONS, AS NEEDED. FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT THE EXECUTIVE COMMITTEE GOES INTO EXECUTIVE SESSION TO REVIEW AND DETERMINE COMPENSATION FOR THE EXECUTIVE DIRECTOR, SO NO MINUTES ARE KEPT. HOWEVER, THE COMPENSATION IS INCLUDED IN THE PERSONNEL BUDGET THAT IS REVIEWED BY THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS AND RECORDED IN THE MINUTES. THE EXECUTIVE DIRECTOR RECOMMENDS COMPENSATION FOR ALL OTHER EMPLOYEES, WHICH IS REVIEWED BY THE EXECUTIVE COMMITTEE AS A PART OF THE BUDGETARY PROCESS. THE ENTIRE BUDGET IS THEN

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE THE ORGANIZATION'S DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST AND PURCHASE OF COPIES.

REVIEWED BY THE FINANCE COMMITTEE AND BOARD OF DIRECTORS AND RECORDED IN THE