BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545 0047

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

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

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

Open to Public Inspection

| ^  | Fa = 4        | ha 2017 anis          | www.   | 0 /01                       | 2017 044 444:                                | 0/20   | 2018                           |
|--|---------------|-----------------------|--|-----------------------------|--|--|--------------------------------|
|  |               |                       | ar year, or tax year beginning   | 10/01                       | , 2017, and ending                           | 9/30   | , 2018                         |
| В  |               | if applicable         | ;  |                             |  | D Employer iden  |                                |
|  | ∐^            | ddress change         | EIGHBORHOOD HOUSING  |                             |  | 84-0747  |                                |
|  | ШΝ            | ame change            | BA NEIGHBORWORKS SOU   | JTHERN COLORAD              | 00   | E Telephone num  | ber                            |
|  | [ ]In         | ntial return          | .241 E ROUTT AVENUE  |                             |  | 719-544  | <u>-8078</u>                   |
|  | Fi            | nal return/terminated | PUEBLO, CO 81004   |                             |  |  |                                |
|  | $\vdash$      | mended return         |  |                             |  | G Gross receipts   | \$ 3,027,807.                  |
|  | $\vdash$      | pplication pending    | F Name and address of principal officer  |                             | H(a  | ) Is this a group return for su                                |                                |
|  | <b>□</b> ^    |                       | ·  |                             | 1  |  | □, □                           |
|  | Tav           | exempt status         | SAME AS C ABOVE  | ◀ (incert no.)   Ana        | 7(2)(1) 07   12/27                           | Are all subordinates include<br>If 'No,' attach a list (see in | structions)                    |
| <u>.                                    </u> |               |                       | <del></del>  |                             | 7(a)(1) or 527                               |  |                                |
| J  |               |                       | . NWSOCO . ORG   |                             |  | Group exemption number I                                       |                                |
| K  |               | n of organization     | X Corporation Trust Associa  | tion Other                  | L Year of formation                          | 1977 <b>M</b> State of   | legal domicile CO              |
| Pa   | rt I          | Summar                |  |                             |  |  |                                |
|  | 1             |                       | the organization's mission or n  |                             |  |  |                                |
| نه   |               |                       | HEALTHY, VIBRANT NEI   |                             | D SERVES AS TH                               | E FIRST CHOIC  | E FOR                          |
| Ę  |               |                       | RESOURCES IN SOUTHE  |                             |  |  |                                |
| Ë  |               |                       |  |                             |  |  |                                |
| Activities & Governance                      | 2             |                       | ► If the organization disco  |                             | or disposed of more                          | than 25% of its net as   | ssets                          |
| Ğ  | 3             |                       | ng members of the governing bo   |                             |  | 3  | 12                             |
| ς<br>Ο                                       | 4             |                       | ependent voting members of the   |                             |  | 4  | 12                             |
| ë  | 5             |                       | f individuals employed in calend   |                             | , line 2a)                                   | 5  | 12                             |
| <b>.</b>                                     | 6             |                       | of volunteers (estimate if necess  | * *                         |  | 6  | 160                            |
| ¥  |               |                       | business revenue from Part VII   | • •                         |  |  | 0.                             |
|  | b             | Net unrelated         | ousiness taxable income from Fo  | orm 990-T, line 34          |  | 7b   | 0.                             |
|  |               |                       |  |                             |  | Prior Year   | Current Year                   |
|  | 8             | Contributions         | nd grants (Part VIII, line 1h)   |                             | Γ  | 561, 185.  | 2,136,641.                     |
| Revenue                                      | 9             | Program serv          | e revenue (Part VI)  | Ser.                        | <u> </u>                                     | 444,759.   | 678,954.                       |
| Š  | 10            | Investment in         | ome (Part VIII, coll <b>ust) (A), fine</b>   | THE MOTION                  | , t  |  | 24,569.                        |
| æ  | 11            | Other revenue         | (Part VIII, column (A) lines 5, 6  | d, 8c, 9e, Itic, and 1      | le)  | 154,126.   | 59,708.                        |
|  | 12            |                       | – add lines 8 thro   |                             | n (A), line 12)                              | 1,160,070.   | 2,899,872.                     |
|  | 13            |                       | nilar amounts paid Part IX, colu   |                             |  | •  |                                |
|  | 14            | Benefits paid         | o or for members (Fait X, colur  | nn (A), line 4)             | Ť  |  |                                |
|  | 15            | Salaries, other       | compensation, and Coch   | A), lines 5-10)             | 522,040.                                     | 710,449.   |                                |
| ŝ  |               |                       | ndraising fees (Part IX, column  |                             | -  | 322,040.   | 110, 117.                      |
| Expenses                                     |               |                       | - ·  |                             | <u> </u> -                                   |  | <del></del>                    |
| 훘  | Ь             | Total fundrais        | ng expenses (Part IX, column (D  | ), line 25) ト               | 38,831.                                      |  |                                |
| ш  | 17            | Other expense         | s (Part IX, column (A), lines 11a  | -11d, 11f-24e)              |  | 699,559.   | 715,286.                       |
| ı  | 18            | Total expense         | Add lines 13-17 (must equal P  | art IX, column (A), Iır     | ne 25)                                       | 1,221,599.   | 1,425,735.                     |
|  | 19            | · ·                   | expenses. Subtract line 18 from  |                             | ·  | -61,529.   | 1,474,137.                     |
| <b>8</b> 8                                   |               |                       |  |                             |  | Reginning of Current Year                                      | End of Year                    |
| alanc<br>name                                | 20            | Total assets (        | art X. line 16)  |                             | <u>                                     </u> | 2,724,592.   | 4,499,698.                     |
| ğ =  | 21            | •                     | (Part X, line 26)  |                             | -  | 333, 470.  | 634, 439.                      |
| Net Ass<br>Fund Ba                           |               |                       | •  | 1 20                        | -  |  |                                |
|  |               |                       | und balances Subtract line 21 f  | om line ZU                  |  | 2,391,122.   | 3,865,259.                     |
| Pa   | rt II         | Signatur              | RIOCK  |                             |  |  |                                |
| Unde   | r penal       | ties of perjury, I de | are that I have examined this return, includ<br>r (other than officer) is besed on all informa | ing accompanying schedules  | and statements, and to the t                 | est of my knowledge and be                                     | lief, it is true, correct, and |
| comp   | nete D        | L prepar              | (once than officer) is based on an information   | mon or winds preparer has a |  |  |                                |
|  |               | M                     | wig than   |                             |  |  |                                |
| Sig  | ın            | Signatur              | / 1  | 0.170                       |  | Date 7/7   | 110                            |
| Hei  | re            | <b>►</b> // 6         | teigh Winans,  | CEO                         |  | 1/3/   | 12019                          |
|  |               | Type or               | int name and title   |                             |  |  |                                |
|  |               | Print/Type p          | parer's name Prepre  | 's signature                | Date   | Check If   | PTIN                           |
| D~:  | А             | LYMAN                 | AMBLIN TIMA  | HEHARB FAREAL               | 04/30/201                                    | 9 self-employed  | P01701322                      |
| Pai<br>Dro                                   | a<br>:pare    |                       | HAMBLIN AND ASSOC  |                             |  |  | T 01101022                     |
|  | :part<br>e On | Jan I                 |  |                             |  |  | 1770572                        |
| J 31   | . <b>.</b>    | Firm's addre          |  | ACE                         |  | Firm's EIN ► 46  |                                |
|  |               |                       | GOLDEN, CO 80401   |                             |  | Phone no 303   | -694-2727                      |
| May  | the I         | DC dicquies the       | return with the preparer chown   | above 7 (can instructi      | one)   |  | Y Vec No                       |



Form 990 (2017)

TEEA0113L 08/08/17

| Form       | 990 (2017) NEIGHBORHOOD HOUSING SERVICES OF PUEBLO   | 84-0           | 74722          | 26           | F            | 'age 2       |
|------------|--|----------------|----------------|--------------|--------------|--------------|
| Par        | t'III Statement of Program Service Accomplishments   |                |                |              |              | · 🗆          |
|            | Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:                                   |                |                |              |              |              |
| •          | NEIGHBORWORKS SOUTHERN COLORADO PROMOTES HEALTHY, VIBRANT NEIGH  | IBORHOOD       | S ANI          | ) SEI        | SALS         | 24           |
|            | THE FIRST CHOICE FOR HOMEBUYER RESOURCES IN SOUTHERN COLORADO.   | DOIGIOOD       | <u>5 mar</u>   | _ 55.        | 7.55         | _ <u></u>    |
|            | I'm I mot choich lot normboth imbound in boother conductor.  |                |                |              |              |              |
|            |  |                |                |              |              |              |
| 2          | Did the organization undertake any significant program services during the year which were not listed on the   | prior          |                |              |              |              |
|            | Form 990 or 990-EZ?  |                |                | Yes          | X            | No           |
| 3          | If 'Yes,' describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program      | conucec?       | $\Box$         | Vac          | ত            | No           |
| 3          | If 'Yes,' describe these changes on Schedule O.  | Selvices:      | Ш              | Yes          | X            | No           |
| 4          | Describe the organization's program service accomplishments for each of its three largest program service  | ervices, as i  | neasure        | ed by        | expen        | ses          |
|            | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat and revenue, if any, for each program service reported | ions to othe   | rs, the        | totaí e      | xpens        | es,          |
|            |  |                |                |              |              |              |
| 4 a        |  | (Revenue       |                |              |              | <u>17.</u> ) |
|            | NEIGHBORWORKS SOUTHERN COLORADO'S LINE OF BUSINESS AND PROGRAMS  | - <b></b> -    |                |              |              |              |
|            | EDUCATION - FINANCIAL CAPABILITIES, HOMEBUYER DEVELOPMENT, HOME  |                |                |              |              |              |
|            | FORECLOSURE MITIGATION; LENDING- SMALL BUSINESS LENDING, MORTGA  |                |                | DOW          |              |              |
|            | PAYMENT ASSISTANCE, ENERGY EFFICIENCY PROGRAM; REAL ESTATE COM-<br>RESIDENTIAL RENTALS, COMMERCIAL AND RESIDENTIAL REHABILITATION,                           |                |                |              |              |              |
|            | COMMUNITY DEVELOPMENT- PROMOTE LOCAL FOOD, ASSIST WITH NEIGHBOR  |                |                |              |              |              |
|            |  |                |                | <u> </u>     |              |              |
|            |  |                |                |              |              |              |
|            |  |                |                |              |              |              |
|            |  |                |                |              |              |              |
|            |  | <del>-</del>   |                |              |              |              |
| —<br>4 b   | (Code ) (Expenses \$ including grants of \$ )  | (Revenue       | \$             |              |              | )            |
|            |  | `              | ·              |              |              | —′           |
|            |  |                |                |              |              |              |
|            |  |                |                |              |              |              |
|            |  |                |                |              |              |              |
|            |  | <del>-</del> - |                |              |              |              |
|            |  | <b></b> -      |                |              | <b>-</b>     |              |
|            |  |                |                |              |              |              |
|            |  |                |                |              |              |              |
|            |  |                |                |              |              |              |
|            |  |                |                |              |              |              |
|            |  |                |                |              |              |              |
| 4 c        | (Code) (Expenses \$ including grants of \$)  | (Revenue       | \$             |              |              | )            |
|            |  | <b></b> -      | <del>_</del> - |              |              |              |
|            |  | - <b></b>      |                |              |              |              |
|            |  | - <b></b>      | <del>-</del>   |              | <del>-</del> |              |
|            |  | <del>-</del>   |                |              |              |              |
|            |  |                |                | <del>-</del> |              |              |
|            |  |                |                |              |              |              |
|            |  | <b>-</b> -     |                |              |              |              |
|            |  | <del>-</del>   |                |              |              |              |
|            |  | <b></b>        |                |              |              |              |
|            |  | <b>-</b>       | ·              |              | <del>-</del> |              |
| 4 d        | Other program services (Describe in Schedule O.)   |                |                |              |              |              |
|            | (Expenses \$ including grants of \$ ) (Revenue   | \$             |                |              | )            |              |
| 4 e<br>BAA | Total program service expenses ► 1,257,962.  TEEA0102L 12/05/17  |                |                | Form         | 990          | (2017)       |

84-0747226

|      |   |      | 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    | _   | Х       |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III   | 5    |     | х       |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I  | 6    |     | х       |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II  | 7    |     | 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, VIII, IX, or X as applicable.  |      |     |         |
| 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 | х   |         |
| ŧ    | 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 Ь |     | 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       |
| C    | 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 |     | х       |
| 6    | 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 | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII  | 12a  |     | Х       |
| ŧ    | Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b  | х   | <u></u> |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   | 13   |     | Х       |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a  |     | Х       |
| ŀ    | 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  |     | x       |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 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       |
| BAA  | TEEA0103L 08/08/17  | Form | 990 | (2017)  |

|     |   | 1-0/4/220            |     | aye 4   |
|-----|---|----------------------|-----|---------|
| Pā  | Checklist of Required Schedules (continued)   |                      | Yes | ψ<br>No |
| 20: | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H   | 20a                  | res | X       |
|     | o If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b                  |     |         |
|     | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   | 1200                 |     |         |
|     | 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 F column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III  | Part IX,             |     | Х       |
| 23  | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curre and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J  | ent <b>23</b>        |     | Х       |
| 24  | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of<br>the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and<br>complete Schedule K. If 'No, 'go to line 25a                    | f<br>d<br><b>24a</b> |     | Х       |
| 1   | b 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<br>any tax-exempt bonds?   | e <b>24</b> c        |     |         |
| •   | d 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       |
| ١   | b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a 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                                       | nd <b>25b</b>        | _   | 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).   |                      |     |         |
|     | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV   | 28a                  |     | X       |
| l   | b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV  | 28b                  |     | Х       |
| (   | 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  | <b>28</b> c          |     | 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 conscontributions? If 'Yes,' complete Schedule M   | servation 30         |     | Х       |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, P   | 'art   31            |     | Х       |
| 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, and Part V, line 1   | or IV,               |     | Х       |
|     | a Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a                  |     | Х       |
| ı   | olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a contro<br>entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2   | lled <b>35b</b>      |     |         |
| 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 treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI  | t is <b>37</b>       |     | Х       |

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 BAA

Form **990** (2017)

# Form 990 (2017) NEIGHBORHOOD HOUSING SERVICES OF PUEBLO Part V Statements Regarding Other IRS Filings and Tax Compliance

|       | Check if Schedule O contains a response or note to any line in this Part V  |                |          |        |  |
|-------|---|----------------|----------|--------|--|
|       |   |                | Yes      | No     |  |
| 1 :   | · · · · · · · · · · · · · · · · · · ·   |                |          |        |  |
| ١     | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0   |                |          |        |  |
| •     | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1 c            | <u>x</u> |        |  |
| 2     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  12   |                |          | -      |  |
|       |   |                | X        |        |  |
| •     | · · · · · · · · · · · · · · · · · · ·   |                |          |        |  |
| 3     |   | 3 a            |          | X      |  |
|       |   | 3 Ь            |          | _      |  |
| 4     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4 a            |          | Х      |  |
| ١     | o If 'Yes,' enter the name of the foreign country: ▶  |                |          |        |  |
|       | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |                |          |        |  |
| 5     | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5 a            |          | Х      |  |
| l     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5 b            |          | Х      |  |
| ,     | e If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?  | 5с             |          |        |  |
| 6     | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a             |          | х      |  |
| ļ     | be Enter the number of Forms W-2G included in line 1a. Enter -0. If not applicable.  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners?  a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) a Drd the organization have unrelated business gross income of \$1,000 or more during the year?  b if Yes, has it filed a form 990. To this year? If No to line 3b, provide an explanation in Schedule 0  a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if Yes, enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c if Yes, to line 5a or 5b, did the organization have an invaling greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  Organization rec |                |          |        |  |
| 7     | Organizations that may receive deductible contributions under section 170(c).   |                | -        |        |  |
|       | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and   |                |          |        |  |
|       | services provided to the payor <sup>5</sup>   | 7 a            |          | Х      |  |
|       |   | 7 b            |          |        |  |
|       | Form 8282?  | 7 c            |          | х      |  |
|       | · /   |                |          |        |  |
|       |   | 7 e            |          | X      |  |
|       |   | _7f            |          | Х      |  |
|       | as required?  | 7 g            |          |        |  |
|       | Form 1098-C?  | 7 h            |          |        |  |
| 8     |   | <del>_</del> _ |          |        |  |
| ^     |   | 8              |          |        |  |
|       |   |                |          | —      |  |
|       |   | 9 a<br>9 b     |          |        |  |
|       |   | פנ             |          |        |  |
|       |   |                |          |        |  |
|       |   |                |          |        |  |
|       |   |                |          |        |  |
|       |   |                |          |        |  |
|       | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)   |                |          |        |  |
|       | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a            |          |        |  |
|       | of Yes,' enter the amount of tax-exempt interest received or accrued during the year  |                |          | -      |  |
|       | Section 501(c)(29) qualified nonprofit health insurance issuers.  |                |          |        |  |
|       | a is the organization licensed to issue qualified health plans in more than one state?  | 13 a           |          |        |  |
|       | Note. See the instructions for additional information the organization must report on Schedule O.   |                |          |        |  |
| ı     | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   |                |          |        |  |
|       | Enter the amount of reserves on hand  |                |          |        |  |
| 14    | a Did the organization receive any payments for indoor tanning services during the tax year?  | 14a            |          | X      |  |
|       | b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O   | 14b            |          |        |  |
| ) A A |   |                |          | (2017) |  |

| Par  | t VI_   | Governance, Management, and Disclosure For each 'Yes' response a 'No' response to line 8a, 8b, or 10b below, describe the circumstance  | to lines 2 through 7b be       | low,<br>aes u | and<br>n | for      |  |  |  |  |
|--|---|---|--------------------------------|---------------|----------|----------|--|--|--|--|
|  |   | Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI  | os, processes, er enam         | g00 1.        | •        | X        |  |  |  |  |
| Sac  | tion /  | A. Governing Body and Management  |                                |               |          |          |  |  |  |  |
|  |   | a. doverning body and management  |                                |               | Yes      | No       |  |  |  |  |
| 1 a  | If the  | the number of voting members of the governing body at the end of the tax year re are material differences in voting rights among members governing body, or if the governing body delegated broad   | 1a 12                          |               | -        |          |  |  |  |  |
|  |   | rity to an executive committee or similar committee, explain in Schedule O  | 1.                             |               |          | ,        |  |  |  |  |
|  |   | the number of voting members included in line 1a, above, who are independent by officer, director, trustee, or key employee have a family relationship or a business relations  | 1b 12                          |               |          |          |  |  |  |  |
| 2  | office  | r, director, trustee, or key employee?  |                                | 2             | -        | X        |  |  |  |  |
| 3  | of off  | e organization delegate control over management duties customarily performed by or under thicers, directors, or trustees, or key employees to a management company or other pers  | ne direct supervision<br>son?  | 3             |          | Х        |  |  |  |  |
| 4  |   |   |                                |               |          |          |  |  |  |  |
| -  | since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets? |   |                                |               |          |          |  |  |  |  |
| 5<br>6   |   | ne organization become aware during the year of a significant diversion of the organiza-<br>ne organization have members or stockholders?   | 11011 5 255615                 | 5<br>6        |          | X        |  |  |  |  |
| -  |   | e organization have members, stockholders, or other persons who had the power to elect or a   | ppoint one or more             |               | •••      | <u> </u> |  |  |  |  |
| , ,  |   | pers of the governing body?   |                                | 7 a           |          | Х        |  |  |  |  |
| ł  |   | ny governance decisions of the organization reserved to (or subject to approval by) me holders, or persons other than the governing body?   | embers,                        | 7 b           |          | Х        |  |  |  |  |
| 8  |   | e organization contemporaneously document the meetings held or written actions undertaken illowing  | during the year by             |               |          | i        |  |  |  |  |
|  | -   | overning body?  |                                | 8 a<br>8 b    | <u>X</u> |          |  |  |  |  |
|  | <b>b</b> Each committee with authority to act on behalf of the governing body?  |   |                                |               |          |          |  |  |  |  |
| 9 is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O |   |   |                                |               |          |          |  |  |  |  |
| Sec  | tion I  | B. Policies (This Section B requests information about policies not requests)   | juired by the Internal Re      | evenu         |          |          |  |  |  |  |
| 10.  | D 4 +   | ne organization have local chapters, branches, or affiliates?   |                                | 10 a          | Yes      | No<br>X  |  |  |  |  |
|  | o If 'Yes,  | did the organization have written policies and procedures governing the activities of such chapters, affiliates,  | and branches to ensure their   |               |          |          |  |  |  |  |
| 11.  |   | ons are consistent with the organization's exempt purposes?<br>e organization provided a complete copy of this Form 990 to all members of its governing body before filing the  | form?                          | 10b<br>11a    | Х        |          |  |  |  |  |
|  |   | ribe in Schedule O the process, if any, used by the organization to review this Form 99   |                                | 114           |          |          |  |  |  |  |
|  |   | ne organization have a written conflict of interest policy? If 'No,' go to line 13  | SEE SCHEDOLE O                 | 12 a          | X        |          |  |  |  |  |
|  | Were  | officers, directors, or trustees, and key employees required to disclose annually interests that ifflicts?  | could give rise                | 12b           | Х        |          |  |  |  |  |
| (  | : Did th  | e organization regularly and consistently monitor and enforce compliance with the policy? If " $dule\ O\ how\ this\ was\ done$ SEE SCHEDULE O   | Yes,' describe in              | 12c           | Х        |          |  |  |  |  |
| 13   |   | ne organization have a written whistleblower policy?  |                                | 13            | Х        |          |  |  |  |  |
|  |   | ne organization have a written document retention and destruction policy?   |                                | 14            | Х        |          |  |  |  |  |
| 15   | Did th  | e process for determining compensation of the following persons include a review and approvins, comparability data, and contemporaneous substantiation of the deliberation and de   | ral by independent<br>ecision? |               |          | ,        |  |  |  |  |
| a  | •   | organization's CEO, Executive Director, or top management official SEE SCHEDULE   |                                | 15 a          | X        |          |  |  |  |  |
| ŧ  | Other   | officers or key employees of the organization   |                                | 15 b          | Х        |          |  |  |  |  |
|  |   | s' to line 15a or 15b, describe the process in Schedule O (see instructions)  |                                |               |          |          |  |  |  |  |
| 16 a   |   | ne organization invest in, contribute assets to, or participate in a joint venture or similalle entity during the year?   | r arrangement with a           | 16 a          |          | X        |  |  |  |  |
| t  | partic  | s,' did the organization follow a written policy or procedure requiring the organization to evaluation in joint venture arrangements under applicable federal tax law, and take steps also be steps also be steps also with respect to such arrangements? | ate its<br>to safeguard the    | 16 b          |          |          |  |  |  |  |
| Sec  |   | C. Disclosure   |                                |               |          | <u> </u> |  |  |  |  |
| 17   |   | the states with which a copy of this Form 990 is required to be filed ► NONE  |                                |               |          |          |  |  |  |  |
| 18   | Section for pu  | on 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a blic inspection. Indicate how you made these available. Check all that apply.   | and 990-T (Section 501(c)(3)s  | only)         | avaıl    | able     |  |  |  |  |
|  |   | own website Another's website X Upon request Oth  | ner (explain in Schedule O)    | hla 4-        |          |          |  |  |  |  |
| 19   | the put   | pe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polic during the tax year SEE SCHEDULE O  |                                | ore to        |          |          |  |  |  |  |
| 20   |   | the name, address, and telephone number of the person who possesses the organization's board ASHA LESLIE 1241 E ROUTT AVENUE PUEBLO CO 81004 719-5  |                                |               |          |          |  |  |  |  |
|  | IMI   | ASHA LESLIE 1241 E ROUTT AVENUE PUEBLO CO 81004 719-5   | 77 00/0                        |               |          |          |  |  |  |  |

| Form 990 (2017) | NETGHBORHOOD | HOUSTNG | SERVICES | $\alpha$ F | PHERLO |
|-----------------|--------------|---------|----------|------------|--------|

84-0747226

Page 7

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

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

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

- 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 related organization compensated any current officer, director, or trustee |   |             |                       |         |                   |                              |        |                                     |  |  |
|---|---|-------------|-----------------------|---------|-------------------|------------------------------|--------|-------------------------------------|--|--|
|   | ŀ   |             |                       | (C)     |                   |                              |        |                                     |  |  |
| (A)<br>Name and Titte   | (B)<br>Average<br>hours<br>per  | "           | s both<br>dir         | ector   | officei<br>/trust |                              |        | (D)  Reportable compensation from   | (E) Reportable compensation from         | (F) Estimated amount of other compensation               |
|   | per week (list any hours for related organiza- tions below dotted line) | or director | Institutional trustee | Officer | Key employee      | Highest compensated employee | Former | the organization<br>(W-2/1099 MISC) | related organizations<br>(W 2/1099-MISC) | from the<br>organization<br>and related<br>organizations |
| (1) JODY SANDERS  | 2   |             |                       |         |                   |                              |        |                                     | -  |  |
| VICE PRESIDENT  | 7-0-  | X           |                       | X       |                   |                              |        | 0.                                  | 0.                                       | 0 .  |
| (2) RICK THOMAS   | 2   |             |                       |         |                   |                              |        |                                     |  |  |
| TREASURER   | 7-0-  | X           |                       | Х       |                   | il                           |        | 0.                                  | 0.                                       | 0.   |
| (3) ANDREA DELAGARZA  | 2   |             |                       |         |                   | $\Box$                       |        |                                     |  |  |
| PRESIDENT   | 7-0-  | <b> </b> x  |                       | Х       |                   |                              |        | 0.                                  | 0.                                       | 0.   |
| (4) BRENDA AUSTIN   | 2   |             |                       |         |                   |                              |        |                                     |  |  |
| DIRECTOR  |   | <b>X</b>    |                       | L       |                   |                              |        | 0.                                  | 0.                                       | 0.   |
| (5) KATHERINE COX   | 2   |             |                       |         |                   |                              |        |                                     |  |  |
| DIRECTOR  | 0   | X           |                       |         |                   |                              |        | 0.                                  | 0.                                       | 0.   |
| _(6) WILLY FARIS  | 2   |             |                       |         |                   |                              |        |                                     |  |  |
| SECRETARY   | 0   | X           |                       |         |                   |                              |        | 0.                                  | 0.                                       | 0.   |
| (7) R. KENNETH O'NEAL II  | 2   | ]           |                       |         | ļ                 |                              |        |                                     |  | _  |
| DIRECTOR  | 0   | Х           |                       |         |                   |                              |        | 0.                                  | 0.                                       | 0.   |
| (8) BRUCE C. RAYMOND  | 2   |             |                       |         |                   |                              |        |                                     |  |  |
| DIRECTOR  | 0   | Х           |                       |         |                   |                              |        | 0.                                  | 0.                                       | 0.   |
| (9) ALBERT SPINUZZI JR.   | 2   | }           |                       |         |                   | \                            |        |                                     |  |  |
| DIRECTOR  | 0   | Х           |                       |         |                   |                              |        | 0.                                  | 0.                                       | 0  |
| (10) ANTHONY CARBAJAL   | 2   |             |                       |         |                   |                              |        |                                     |  |  |
| DIRECTOR  | 0   | X           |                       |         |                   |                              |        | 0.                                  | 0.                                       | 0.   |
| (11) ASHLEIGH WINAN   | 40  |             |                       |         |                   |                              |        | :                                   | 1  |  |
| EXECUTIVE DIR.  | 0   | X           |                       |         |                   |                              |        | 80,000.                             | 0.                                       | 0.   |
| (12)  |   | ł           |                       |         |                   |                              |        |                                     |  |  |
| (13)  |   |             |                       |         |                   |                              |        |                                     | -  |  |
| (14)  |   |             |                       |         |                   | H                            |        |                                     |  |  |
|   | <u> </u>  | L.          |                       |         | L                 |                              |        |                                     |  |  |

| Part VII   Section A. Officers, Directors, Tru   | ıstees,                        | Key                               | En                   | ıplo           | oye           | es,                             | and               | d Highest Com                        | pensated Empl  | oyees    | (conti   | пыed) |
|--|--------------------------------|-----------------------------------|----------------------|----------------|---------------|---------------------------------|-------------------|--------------------------------------|--|----------|--|-------|
|  | (B)                            |                                   |                      | ((             | •             |                                 |                   |                                      |  |          |  |       |
| (A) Name and title   | Average<br>hours<br>per        | box                               | , unle               | heck<br>ess pe | erson         | than<br>is boti<br>or/trus      | h an              | (D)  Reportable compensation from    | (E)  Reportable compensation from  |          | (F)<br>stimated<br>int of ot   |       |
|  | week<br>(list any              | $\vdash$                          | _                    |                |               |                                 |                   | the organization<br>(W-2/1099 MISC)  | related organizations<br>(W-2/1099-MISC)   | com      | pensation of the company of the comp | on    |
|  | hours<br>for                   | idividual t                       | utut                 | Officer        | Key employee  | ples                            | Former            | ( 2 .03300)                          | ( 2  | org      | anızatıo<br>d related  | đ     |
|  | related<br>organiza<br>- tions | [F]                               | 180<br>180           | `              | 흥             | e car                           | ~                 |                                      |  | orga     | inization  | ns    |
|  | below<br>dotted                | Individual trustee<br>or director | nstitutional trustee |                | 8             | pens                            |                   |                                      |  |          |  |       |
|  | line)                          | "                                 | 8                    |                |               | Highest compensated<br>employee |                   |                                      |  |          |  |       |
| (15)   |                                |                                   |                      |                |               |                                 |                   | <u>-</u>                             |  |          |  |       |
| (16)   |                                |                                   |                      |                |               |                                 |                   |                                      |  |          |  |       |
|  |                                |                                   |                      |                |               |                                 |                   |                                      |  |          |  |       |
| (17)   |                                | ļ                                 |                      |                |               |                                 |                   |                                      |  |          |  |       |
| (18)   |                                |                                   |                      |                |               |                                 |                   |                                      |  |          |  |       |
| (19)   |                                |                                   |                      |                |               |                                 |                   |                                      |  |          |  |       |
| (20)   |                                |                                   |                      |                | _             |                                 |                   |                                      |  |          |  |       |
| (21)   |                                |                                   |                      |                |               | -                               | _                 |                                      |  | , _      |  | _     |
|  |                                | <u> </u>                          |                      |                | _             |                                 |                   |                                      |  |          |  |       |
| (22)   |                                |                                   |                      |                |               |                                 |                   |                                      |  |          |  |       |
| (23)   | <del> </del>                   |                                   |                      |                |               |                                 |                   |                                      |  |          |  |       |
| (24)   |                                |                                   |                      |                |               |                                 |                   |                                      |  |          |  |       |
| (25)   |                                | <u> </u>                          |                      |                |               |                                 |                   |                                      |  |          |  |       |
| 1 b Sub-total  |                                | ļ                                 | L                    | <u> </u>       |               | <u> </u>                        | <b>&gt;</b>       | 80,000.                              | 0.   |          |  | 0.    |
| c Total from continuation sheets to Part VII, Secti  | on A                           |                                   |                      |                |               |                                 | <b>&gt;</b>       | 0.                                   | 0.   |          |  | 0.    |
| d Total (add lines 1b and 1c)  |                                |                                   |                      |                |               |                                 | <b>&gt;</b>       | 80,000.                              | 0.   |          |  | 0.    |
| 2 Total number of individuals (including but not limited from the organization ► 0                         | I to those I                   | ısted                             | abo                  | ve) v          | who           | recei                           | ved               | more than \$100,00                   | 00 of reportable comp  | ensatioi | 1  |       |
|  |                                |                                   |                      |                |               |                                 |                   | <del></del> -                        |  |          | Yes  | No    |
| 3 Did the organization list any former officer, direct   | tor, or tru                    | stee                              | key                  | y en           | nplo          | yee,                            | or h              | nighest compensa                     | ted employee   |          |  |       |
| on line 1a? If 'Yes,' complète Schedule J for suc  |                                |                                   |                      |                |               |                                 |                   |                                      |  | 3        |  | X     |
| 4 For any individual listed on line 1a, is the sum of<br>the organization and related organizations greate | f reportab<br>er than \$1      | 1e co<br>50,0                     | mpe                  | ensa<br>If '\  | ition<br>Yes, | and<br>con                      | otn<br><i>ple</i> | er compensation<br>te Schedule J for | trom   | _        |  |       |
| <ul><li>such individual</li><li>Did any person listed on line 1a receive or accru</li></ul>                | o compor                       | scatic                            | n fr                 | om             | 201           | uoro                            | lato              | ad organization or                   | individual   | 4        | _  | Х     |
| for services rendered to the organization? If 'Yes   | s,' comple                     | te S                              | chec                 | dule           | J fo          | r suc                           | ch p              | person                               | Training and the second | 5        |  | Х     |
| Section B. Independent Contractors  1 Complete this table for your five highest compen                     | sated ind                      | epen                              | den                  | t co           | ntra          | ctors                           | tha               | at received more t                   | han \$100,000 of   |          |  |       |
| compensation from the organization Report compen   | sation for                     | the c                             | alen                 | dar            | year          | endı                            | ng v              | with or within the or                |  | ((       | <u> </u>   |       |
| Name and business add  | ress                           |                                   |                      |                |               | _                               |                   | Description                          | of services  | Compe    | nsatio   | on    |
|  |                                |                                   |                      |                |               |                                 |                   |                                      |  |          |  | -     |
|  |                                |                                   |                      |                |               |                                 |                   |                                      |  |          |  |       |
|  |                                |                                   |                      |                |               |                                 |                   |                                      |  |          |  |       |
| 2 Total number of independent contractors (including t   | out not lim                    | ited t                            | n the                | ose            | lister        | d abo                           | ve)               | who received more                    | than   |          |  | _     |
| \$100,000 of compensation from the organization  |                                |                                   | J                    |                |               |                                 | ,                 |                                      |  |          |  |       |

| _  |            | Check if Schedule O   | contains a resp      | oonse or note to an | y line in this Part V | TIL                                    |   | 📙  |
|--|------------|---|----------------------|---------------------|-----------------------|--|---|--|
|  |            |   |                      |                     | (A)<br>Total revenue  | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| rts<br>rts   | 1 a        | Federated campaigns   | 1 a                  |                     |                       |  |   |  |
| Contributions, Gifts, Grants and Other Similar Amounts | b          | Membership dues   | 1 b                  | _                   |                       |  |   |  |
| 8, £   |            | Fundraising events  | 1 c                  |                     |                       |  |   |  |
| # F  | d          | Related organizations   | 1 d                  |                     | i                     |  |   |  |
| in,  | е          | Government grants (contributi                                     | ons) 1 e             | 371,810.            |                       |  |   |  |
| P 2  | f          | All other contributions, gifts, o                                 | grants, and          |                     |                       |  | -                                       |  |
| 혈  |            | All other contributions, gifts, g<br>similar amounts not included |                      | 1,764,831.          |                       |  |   | ]  |
| E D  | _          | Noncash contributions included                                    | i in lines la-lf: \$ |                     | <u></u> -             |  |   | )  |
|  | h          | Total. Add lines 1a-1f  |                      | <u> </u>            | 2,136,641.            |  | <del> </del>                            |  |
| 휱  | _          |   |                      | Business Code       |                       |  |   |  |
| \$   |            | SPECIAL PROJECT   |                      | 531390              | 484,044.              | 484,044.                               |   |  |
| ë<br>E   | D          | LENDING CONSUL  | TING FEES            |                     | 94,705.               | 94,705.                                |   | <del>                                     </del>     |
| ٦  | C<br>ام    | EDUCATION   |                      | 531390              | 57,732.               | 57,732.                                |   | <del> </del>   |
| တ္တ  |            | PROGRAM INTERES   |                      | 531390              | 37,973.               | 37,973.                                |   |  |
| 臣  |            | REAL ESTATE DEV   |                      | 531390              | 4,500.                | 4,500.                                 | -                                       |  |
| Program Service Revenue                                |            | Total. Add lines 2a-2f  | ce revenue           |                     | 670 054               |  |   |  |
| -  | 3          | Investment income (inc  | Ludina dividana      | <u> </u>            | 678,954.              | ļ                                      | <del></del>                             | <del> </del>   |
|  | 3          | other similar amounts)  | luding dividend      | s, interest and     |                       |  |   |  |
|  | 4          | Income from investmen   | it of tax-exemp      | t bond proceeds     |                       |  |   |  |
| İ  | 5          | Royalties   |                      | •                   |                       |  |   |  |
|  |            |   | (ı) Real             | (II) Personal       |                       |  |   |  |
|  | 6 a        | Gross rents   | 46,193               |                     |                       |  |   |  |
|  |            | Less rental expenses  |                      |                     |                       |  |   | İ  |
|  |            | Rental income or (loss)   | 46,193               |                     |                       |  |   |  |
|  | d          | Net rental income or (lo  |                      | <u> </u>            | 46,193.               | 46,193.                                |   |  |
|  | 7 a        | Gross amount from sales of  | (i) Securities       | (II) Other          |                       |  |   |  |
|  |            | assets other than inventory                                       |                      | 152,504.            |                       |  |   |  |
|  | b          | Less cost or other basis  |                      |                     |                       |  |   |  |
|  |            | and sales expenses  |                      | 127,935.            |                       | į                                      |   | ļ  |
|  |            | Gain or (loss)  Net gain or (loss)                                |                      | 24,569.             | 04.560                | 24.550                                 | <del></del>                             |  |
|  |            | , ,   |                      |                     | 24,569.               | 24,569.                                |   |  |
| 꽃  | 8 a        | Gross income from fund (not including \$                          | draising events      |                     | , , ,                 | with the special                       |   |  |
| verme  |            | of contributions reported   | d on line 1c)        |                     |                       |  | ,                                       | ,  |
| - Fe   |            | See Part IV, line 18  | <b>-</b>             | a                   | *                     | A By Lit As a                          | . ,                                     |  |
| <u>.</u>   | b          | Less direct expenses  |                      | b                   |                       |  |   |  |
| Other Re   |            | Net income or (loss) fro  | m fundraising        | events.             | <del></del>           | :                                      |   |  |
|  |            | Gross income from gan   | -                    |                     | <del></del> -         |  |   |  |
|  | <i>3 a</i> | See Part IV, line 19  | mig detivities.      | a                   |                       |  |   |  |
|  | b          | Less. direct expenses   |                      | b                   |                       |  |   |  |
| l  | С          | Net income or (loss) fro  | om gaming acti       | vities -            |                       |  |   |  |
|  | 10 a       | Gross sales of inventory and allowances                           | y, less returns      | -                   |                       |  |   |  |
|  |            |   |                      | а                   |                       |  |   |  |
|  |            | Less: cost of goods sold  |                      | b                   |                       |  |   | <u> </u>   |
| ľ  | С          | Net income or (loss) fro  |                      |                     |                       |  |   |  |
|  |            | Miscellaneous Revenu  | ne                   | Business Code       |                       |  | · <del></del>                           |  |
|  |            | MISCELLANEOUS_  |                      | 531390              | 13,515.               | 13,515.                                | ·                                       |  |
| ļ  | b          |   | <b></b>              | <del>_</del>        |                       |  |   |  |
|  | C<br>L     | All other revenue   |                      |                     | <u> </u>              |  | <del></del> _                           |  |
|  | a          | All other revenue.  Total. Add lines 11a-11a                      | d                    |                     | 13.545                |  | <del></del>                             |  |
|  |            | Total revenue. See inst   |                      |                     | 13,515.               | 762 221                                |   | <del>                                     </del>     |
| BAA  | -          | Total le Fellue, Oce Ilist  | 1400013              | TEEA                | 2,899,872.            | 763,231.                               | 0.                                      | Form <b>990</b> (2017)                               |

#### Part IX | Statement of Functional Expenses

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

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

|     | Check if Schedule O contains a re  | <del></del>           |                                      |                                     |                                       |
|-----|--|-----------------------|--------------------------------------|-------------------------------------|---------------------------------------|
|     | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | ( <b>B)</b> Program service expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| ī   | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21  |                       |                                      |                                     |                                       |
| 2   | Grants and other assistance to domestic individuals. See Part IV, line 22.   |                       |                                      |                                     |                                       |
| 3   | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |                                      |                                     |                                       |
| 4   | Benefits paid to or for members  |                       |                                      |                                     | -                                     |
| 5   | Compensation of current officers, directors, trustees, and key employees   | 80,000.               | 60,800.                              | 12,800.                             | 6,400.                                |
| 6   | Compensation not included above, to disqualified persons (as defined under section 4958(h(1)) and persons described in section 4958(c)(3)(B)   | 0.                    | 0.                                   | 0.                                  | 0.                                    |
| 7   | Other salaries and wages   | 381,974.              | 321,013.                             | 47,257.                             | 13,704.                               |
| 8   | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 26,026.               | 22,122.                              | 3,383.                              | 521.                                  |
| 9   | Other employee benefits  | 55,252.               | 46,964.                              | 7,183.                              | 1,105.                                |
| 10  | Payroll taxes  | 167,197.              | 138,774.                             | 21,736.                             | 6,687.                                |
| 11  | Fees for services (non-employees)  | 10:/23                |                                      | 21,750.                             | <u> </u>                              |
|     | Management   |                       |                                      |                                     |                                       |
| ŧ   | Legal  | 4,566.                | 4,566.                               |                                     |                                       |
| (   | : Accounting   | 37,929.               | 28,617.                              | 8,070.                              | 1,242.                                |
| (   | Lobbying   |                       |                                      | 7,0,0,1                             |                                       |
| •   | Professional fundraising services See Part IV, line 17   |                       |                                      |                                     |                                       |
| f   | Investment management fees   |                       |                                      |                                     |                                       |
| _   | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)   |                       |                                      |                                     |                                       |
| 12  | Advertising and promotion.   | 6,178.                | 5,251.                               | 803.                                | <u> 124.</u>                          |
| 13  |  | 21,304.               | 18,108.                              | 2,770.                              | 426.                                  |
| 14  | Information technology   |                       |                                      |                                     |                                       |
| 15  | Royalties  |                       |                                      |                                     |                                       |
| 16  | Occupancy  | 65,197.               | 54,067.                              | 8,943.                              | <u>2,187.</u>                         |
| 17  | Travel   |                       |                                      | <u> </u>                            | <del></del>                           |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                      |                                     |                                       |
| 19  | Conferences, conventions, and meetings   | 20,765.               | 17,650.                              | 2,699.                              | 416.                                  |
| 20  | Interest   | 19,428.               | 16,514.                              | 2,137.                              | 777.                                  |
|     | Payments to affiliates   |                       |                                      |                                     |                                       |
|     | Depreciation, depletion, and amortization  | 33,699.               | 28,644.                              | 3,370.                              | 1,685.                                |
|     | 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.)                 | 25,697.               | 21,842.                              | 2,827.                              | 1,028.                                |
| а   | SPECIAL PROJECTS-ENERGY EFFEC  | 352,919.              | 352,919.                             |                                     |                                       |
|     | LENDING FEES   | 74,340.               | 74,340.                              |                                     |                                       |
|     | MISCELLANEOUS  | 22,436.               | 14,943.                              | 4,964.                              | 2,529.                                |
| d   | <del></del>  | 19,585.               | 19,585.                              | -                                   |                                       |
| е   | All other expenses   | 11,243.               | 11,243.                              |                                     |                                       |
| 25  | Total functional expenses. Add lines 1 through 24e   | 1,425,735.            | 1,257,962.                           | 128,942.                            | 38,831.                               |
| 26  | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) |                       |                                      |                                     |                                       |
| BAA |  | TEEA0110L 08/0        | 08/17                                |                                     | Form <b>990</b> (2017)                |

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3,865,259.

4,499,698.

Form 990 (2017)

2,391,122

2,724,592

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash - non-interest-bearing 1 701,711. 294,423 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 117,348 4 203,571. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 251,659 1,368,238. Inventories for sale or use 8 735,664 735,664. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 908,713 b Less: accumulated depreciation 10b 10 c 418,199 1,490,514 1,325,498 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,724,592 4,499,698. Accounts payable and accrued expenses 17 17 45,056 111,825 Grants payable 18 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 514,689. Secured mortgages and notes payable to unrelated third parties 280,089 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 8,325 7,925. Total liabilities. Add lines 17 through 25 333,470 26 634,439. Organizations that follow SFAS 117 (ASC 958), check here > X and complete Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 1,536,692 3,010,829 Temporarily restricted net assets 28 Permanently restricted net assets 29 854,430 854,430 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. þ

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Net Assets

BAA

33

|  |                 | - 11   |        |      |  |  |
|--|-----------------|--------|--------|------|--|--|
| Form 990 (2017) NEIGHBORHOOD HOUSING SERVICES OF PUEBLO  | 84-0747226      |        | Pag    | e 12 |  |  |
| Part XI Reconciliation of Net Assets   |                 |        |        |      |  |  |
| Check if Schedule O contains a response or note to any line in this Part XI  |                 |        |        |      |  |  |
| 1 Total revenue (must equal Part VIII, column (A), line 12)  | 1               | 2,89   | 9,87   | 12.  |  |  |
| 2 Total expenses (must equal Part iX, column (A), line 25)   | 2               | 1,42   |        |      |  |  |
| 3 Revenue less expenses. Subtract line 2 from line 1   | 3               | 1,47   |        |      |  |  |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  | 4               | 2,39   |        |      |  |  |
| 5 Net unrealized gains (losses) on investments   | 5               |        |        |      |  |  |
| 6 Donated services and use of facilities   | 6               |        |        |      |  |  |
| 7 Investment expenses  | 7               |        | -      |      |  |  |
| 8 Prior period adjustments   | 8               |        |        |      |  |  |
| 9 Other changes in net assets or fund balances (explain in Schedule O).  | 9               |        |        | 0.   |  |  |
| Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  |                 |        |        |      |  |  |
| Part XII   Financial Statements and Reporting  |                 |        |        |      |  |  |
| Check if Schedule O contains a response or note to any line in this Part XII   |                 |        |        | П    |  |  |
|  |                 | - Y    | es     | No   |  |  |
| 1 Accounting method used to prepare the Form 990 Cash X Accrual Other  | [               |        | $\top$ |      |  |  |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.  |                 |        |        |      |  |  |
| • • • • • • • • • • • • • • • • • •  |                 |        |        | X    |  |  |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?   |                 | Za     | +      | ^    |  |  |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled of separate basis, consolidated basis, or both   | r reviewed on a |        |        |      |  |  |
| Separate basis Consolidated basis Both consolidated and separate basis   |                 |        |        |      |  |  |
| b Were the organization's financial statements audited by an independent accountant?   |                 | 2 b    | X      |      |  |  |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on basis, consolidated basis, or both   | a separate      |        |        |      |  |  |
| Separate basis X Consolidated basis Both consolidated and separate basis   | ĺ               |        |        |      |  |  |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of<br>review, or compilation of its financial statements and selection of an independent accountant? | the audit,      | 2 c    | x      |      |  |  |
| If the organization changed either its oversight process or selection process during the tax year, exp in Schedule O   | laın            |        |        |      |  |  |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?   | : Single        | 3 a    |        | х    |  |  |
| <b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the record audits, explain why in Schedule O and describe any steps taken to undergo such audits | juired audit    | 3 b    |        |      |  |  |
| BAA  |                 | Form 9 | 90 (2  | 017  |  |  |

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

NEIGHBORHOOD HOUSING SERVICES OF PUEBLO

Emp

OMB No 1545-0047

**2017** 

Open to Public Inspection

Employer identification number

|            |               |  | DRWORKS SOUTHE                                     |   |                               |  | 84-074722   |   |  |  |  |
|------------|---------------|--|--|---|-------------------------------|--|---|---|--|--|--|
| Parl       |               | Reason for Public Cha  |  |   |                               |  |   | tions.  |  |  |  |
| The c      | rga           | nization is not a private found  | lation because it is: (l                           | For lines 1 through 12,   | check o                       | nly one                                    | box.)   |   |  |  |  |
| 1          | Ц             | A church, convention of church   | es, or association of ch                           | nurches described in <b>sec</b>   | tion 1 <b>70</b> (            | b)(1)(A)(                                  | i).   | 17  |  |  |  |
| 2          | L             | A school described in section 1  | 70(b)(1)(A)(ii). (Attach                           | Schedule E (Form 990 o  | r 990-EZ                      | ).)  |   | () /  |  |  |  |
| 3          | Ц             | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  |  |   |                               |  |   |   |  |  |  |
| 4          | Ш             | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's                                   |  |   |                               |  |   |   |  |  |  |
|            | _             | name, city, and state.   |  |   |                               |  |   |   |  |  |  |
| 5          | L             | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) |  |   |                               |  |   |   |  |  |  |
| 6<br>7     |               | A federal, state, or local gove  | •  |   |                               |  |   |   |  |  |  |
| •          | X             | An organization that normally r in section 170(b)(1)(A)(vi). (   | Complete Part II.)                                 |   |                               | ental un                                   | it or from the general pul                          | blic described                                  |  |  |  |
| 8          | $\sqsubseteq$ | A community trust described  | in section 170(b)(1)(                              | A)(vi). (Complete Part  | II.)                          |  |   |   |  |  |  |
| 9          | L             | An agricultural research organic or university or a non-land-granuniversity.   | nt college of agriculture                          |   | r the nan                     | ne, city,                                  |   |   |  |  |  |
| 10         |               | An organization that normally r<br>from activities related to its<br>investment income and unre-<br>June 30, 1975. See section 5                                       | exempt functions—sub<br>lated business taxable     | oject to certain exception<br>e income (less section                                | ons, and                      | (2) no i                                   | more than 33-1/3% of i                              | ts support from gross                           |  |  |  |
| 11         |               | An organization organized ar   | nd operated exclusive                              | ly to test for public saf   | ety. See                      | section                                    | 1 509(a)(4).  |   |  |  |  |
| 12         |               | An organization organized ar<br>or more publicly supported o<br>lines 12a through 12d that de  | rganizations describe                              | d in section 509(aV1) o   | or sectio                     | ın 509(a                                   | <b>Y2).</b> See section 509(a                       | ut the purposes of one (X3). Check the box in   |  |  |  |
| а          |               | Type I. A supporting organization (s) the power to recomplete Part IV, Sections A  | on operated, supervise<br>gularly appoint or elect | d, or controlled by its sur   | ported o                      | rganizat                                   | ion(s), typically by giving                         | the supported on You must                       |  |  |  |
| b          |               | Type II. A supporting organiz management of the supporting must complete Part IV, Secti  | organization vested in                             | ontrolled in connection the same persons that c                                     | with its<br>ontrol or         | support<br>manage                          | ed organization(s), by<br>the supported organizat   | having control or<br>ion(s) <b>You</b>          |  |  |  |
| С          |               | Type III functionally integrated. organization(s) (see instruction   | . A supporting organizat                           | tion operated in connections.   | n with, ai<br><b>A, D, an</b> | nd functio<br><b>d E.</b>                  | onally integrated with, its                         | supported                                       |  |  |  |
| d          |               | Type III non-functionally integrated The constructions). You must com  | rganization generally                              | r must satisfy a distribu   | ition rea                     | with its s<br>uiremen                      | supported organization(s)<br>t and an attentiveness | ) that is not requirement (see                  |  |  |  |
| е          |               | Check this box if the organizantegrated, or Type III non-fu  | ation received a written                           | en determination from<br>supporting organization                                    | the IRS                       | that it is                                 | a Type I, Type II, Typ                              | e III functionally                              |  |  |  |
| f          | Er            | iter the number of supported o   | organizations                                      |   |                               |  |   |   |  |  |  |
| g          | Pr            | ovide the following information  | n about the supported                              | d organization(s).  |                               |  |   |   |  |  |  |
| (          | ı) Na         | me of supported organization   | (ii) EiN   | (iii) Type of organization<br>(described on lines 1-10<br>above (see instructions)) | organizat                     | s the<br>tion listed<br>loverning<br>ment? | (v) Amount of monetary support (see instructions)   | (vi) Amount of other support (see instructions) |  |  |  |
|            |               |  |  |   | Yes                           | No   |   |   |  |  |  |
|            | _             |  |  |   |                               | T -  |   |   |  |  |  |
| <u>(A)</u> |               |  | ·  |   | -                             |  |   |   |  |  |  |
| <u>(B)</u> |               |  |  |   |                               |  |   |   |  |  |  |
| (C)        |               |  |  |   |                               |  |   |   |  |  |  |
| (D)        |               |  |  |   |                               |  |   |   |  |  |  |
| (E)        |               |  |  |   |                               |  |   |   |  |  |  |
| Total      |               |  |  |   |                               |  |   |   |  |  |  |

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

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

| Sec      | tion A. Public Support  |   |  |   |   |   |                    |
|----------|---|---|--|---|---|---|--------------------|
|          | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2013                           | <b>(b)</b> 2014                          | <b>(c)</b> 2015                           | ( <b>d)</b> 2016                            | <b>(e)</b> 2017                               | (f) Total          |
| 1        | Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')   | 720,260.                                  | 696,140.                                 | 915,837.                                  | 914,842.                                    | 2,136,641.                                    | 5,383,720.         |
| 2        | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |   |  | 11.                                       |   |   | 0.                 |
| 3        | The value of services or facilities furnished by a governmental unit to the organization without charge   |   |  | 89  |   |   | 0.                 |
| 4        | Total. Add lines 1 through 3  | 720,260.                                  | 696,140.                                 | 915,837.                                  | 914,842.                                    | 2,136, <u>641</u> .                           | 5,383,720.         |
| 5        | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |   |  |   |   |   | 0.                 |
| 6        | Public support. Subtract line 5 from line 4   |   |  |   |   |   | 5,383,720.         |
| Sec      | tion B. Total Support   |   |  |   |   | ·   |                    |
|          | ndar year (or fiscal year<br>nning in) ►  | (a) 2013                                  | <b>(b)</b> 2014                          | (c) 2015                                  | <b>(d)</b> 2016                             | <b>(e)</b> 2017                               | (f) Total          |
| 7        | Amounts from line 4   | 720,260.                                  | 696,140.                                 | 915,837.                                  | 914,842.                                    | 2,136,641.                                    | 5,383,720.         |
| 8        | Gross income from interest,<br>dividends, payments received<br>on securities loans, rents,<br>royalties, and income from<br>similar sources   | 13,541.                                   | 12,032.                                  | 9,520.                                    | 9,5 <u>53</u> .                             | 37,973.                                       | 82,619.            |
| 9        | Net income from unrelated<br>business activities, whether or<br>not the business is regularly<br>carried on   |   |  |   |   |   | 0.                 |
| 10       | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)   | 37,242.                                   | 12,564.                                  | 17,721.                                   | 1,092.                                      | 13,515.                                       | 82,134.            |
|          | Total support. Add lines 7 through 10   |   |  |   |   |   | 5,548,473.         |
| 12       | Gross receipts from related activ   | rities, etc. (see ins                     | structions)                              |   |   | 12  | 0.                 |
|          | First five years. If the Form 990 is organization, check this box and   | stop here                                 |  | rd, fourth, or fifth t                    | tax year as a section                       | on 501(c)(3)                                  | ▶ []               |
|          | tion C. Computation of Pu   |   |  |   |   |   |                    |
|          | Public support percentage for 20  |   |  | ie 11, column (f))                        |   | 14  | 97.03%             |
|          | Public support percentage from  |   |  |   |   | 15  | 97.18%             |
| 16a      | <b>33-1/3% support test—2017.</b> If t and <b>stop here</b> . The organization  | he organization di<br>qualifies as a put  | d not check the b<br>olicly supported or | ox on line 13, and<br>rganization         | d line 14 is 33-1/3                         | 3% or more, chec                              | k this box ► X     |
| b        | <b>33-1/3% support test—2016.</b> If the and <b>stop here.</b> The organization   | ie organization did<br>qualifies as a pul | d not check a box<br>blicly supported o  | on line 13 or 16a<br>rganization          | i, and line 15 is 3                         | 3-1/3% or more,                               | check this box     |
| 17a      | 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'  | meets the 'facts-a                        | and-circumstances                        | s' test, check this                       | box and stop he                             | re. Explain in Par                            | t VI how           |
|          | 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an  | meets the 'facts-a<br>d-circumstances' t  | and-circumstances<br>test: The organiza  | s' test, check this<br>ition qualifies as | box and <b>stop he</b><br>a publicly suppor | <b>re.</b> Explain in Par<br>ted organization | t VI how the ►     |
| 18<br>—— | Private foundation. If the organi   | zation did not che                        | ck a box on line 1                       |   |   |   |                    |
| BAA      |   |   |  |   | Sc  | hedule A (Form 9                              | 90 or 990-EZ) 2017 |

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

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

| Sec    | tion A. Public Support   |                           |                          |                      |                     | <del>"</del>   |                    |  |  |
|--------|--|---------------------------|--------------------------|----------------------|---------------------|----------------|--------------------|--|--|
| Calend | lar year (or fiscal year beginning in) >   | (a) 2013                  | <b>(b)</b> 2014          | <b>(c)</b> 2015      | <b>(d)</b> 2016     | <b>(e)</b> 201 | 7 <b>(f)</b> Total |  |  |
| 1      | Gifts, grants, contributions,<br>and membership fees<br>received (Do not include<br>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   |                           |                          |                      |                     |                |                    |  |  |
|        | 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<br>Amounts included on lines 1,<br>2, and 3 received from<br>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   |                           |                          |                      |                     |                |                    |  |  |
| С      | Add lines 7a and 7b  |                           |                          |                      |                     |                |                    |  |  |
|        | Public support. (Subtract line 7c from line 6)   |                           |                          |                      |                     |                |                    |  |  |
| Sec    | tion B. Total Support  |                           |                          |                      |                     |                |                    |  |  |
|        | dar year (or fiscal year beginning in) 🟲   | <b>(a)</b> 2013           | <b>(b)</b> 2014          | / (c) 2015           | (d) 2016            | <b>(e)</b> 201 | 7 <b>(f)</b> Total |  |  |
| -      | Amounts from line 6  |                           | /                        |                      |                     |                |                    |  |  |
|        | 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  |                           | /                        |                      |                     |                |                    |  |  |
| _      | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                           | <del></del>              |                      |                     |                |                    |  |  |
| 12     | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  | <i>j</i> .                |                          |                      |                     |                |                    |  |  |
|        | Total support. (Add lines 9, 10c, 11, and 12.)   |                           |                          |                      |                     |                |                    |  |  |
|        | First five years. If the Form 990 organization, check this box and   | stop here                 |                          | nd, third, fourth, o | r fifth tax year as | a section 50   | 01(c)(3) ►         |  |  |
|        | tion C. Computation of Pul   |                           |                          |                      |                     |                |                    |  |  |
|        | Public support percentage for 20   |                           | •                        | ne 13, column (f))   |                     | ļ              | 15 %               |  |  |
|        | Public support percentage from   |                           |                          |                      |                     |                | 16 8               |  |  |
|        | tion D. Computation of Inv   |                           | <u>_</u>                 |                      |                     |                |                    |  |  |
| 17     | Investment income percentage f   |                           |                          |                      | mn (f))             | ļ              | 17 %               |  |  |
| 18     | Investment income percentage f   |                           |                          |                      |                     | . [            | 18 %               |  |  |
|        | 33-1/3% support tests—2017. If it is not more than 33-1/3%, check  | this box and <b>sto</b> j | <b>here.</b> The organ   | nization qualifies a | is a publicly supp  | orted organı   | ızatıon ►          |  |  |
|        | 33-1/3% support tests—2016. If I line 18 is not more than 33-1/3%  | , check this box a        | and <b>stop here.</b> Th | e organization qu    | alıfıes as a publıc | ly supported   | d organization ► 📗 |  |  |
| 20     | Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.  |                           |                          |                      |                     |                |                    |  |  |

Part IV Supporting Organizations

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

|     |   |     | Yes | No       |
|-----|---|-----|-----|----------|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> 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).   |     |     |          |
| 3а  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below  |     |     | <u> </u> |
| 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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.  | 3c  |     |          |
| 4a  | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 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 <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.  |     |     |          |
| С   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes  |     |     |          |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) | 5a  |     |          |
| b   | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |     |          |
| c   | 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? <i>If 'Yes,' provide detail in Part VI.</i>  | 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   |     |          |
| 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   |     | <u>_</u> |
| 9a  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b>  | 9a  |     |          |
| b   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .   | 9b  |     |          |
| С   | Did a disqualified person (as defined 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 <b>Part VI</b> .  | 9c  |     | <u> </u> |
| l0a | 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   | 10a |     |          |
| 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 |     |          |

| Schedule A (Form 990 or 990-EZ) 2017 NEIGHBORHOOD HOUSING SERVICES OF PUEBLO 84-0747226 Part IV Supporting Organizations (continued) |                                   |  |   |   |  |   | age <b>5</b>                            |              |         |          |
|--|-----------------------------------|--|---|---|--|---|---|--------------|---------|----------|
| Par  | TIV                               | Supporting Organizati  | ons (continueu)   |   | <del></del>  |   | ·                                       | _            | Yes     | No       |
| 11   | Has t                             | he organization accepted a g   | ift or contribution from  | any of the f                                      | following persons                                      | s?  |   |              |         |          |
| ā  | A per<br>gove                     | son who directly or indirectly co<br>rning body of a supported org   | ntrols, either alone or to<br>anization?  | ogether with p                                    | ersons described                                       | ın (b) and (c) below,   | the                                     | 11a          |         |          |
| b A family member of a person described in (a) above?  |                                   |  |   |   |  |   | 11b                                     |              |         |          |
| •  | A 35                              | % controlled entity of a perso   | n described in (a) or (   | b) above? <i>If</i>                               | 'Yes' to a, b, or                                      | c, provide detail in  | Part VI.                                | 11c          |         |          |
| Sec  | tion                              | B. Type I Supporting Or  | ganizations   |   |  |   |   |              |         |          |
| _  |                                   |  |   |   |  |   |   |              | Yes     | No       |
| 1  | or ele<br>Part<br>If the<br>direc | ne directors, trustees, or member of at least a majority of the organism of the supported organization had more than tors or trustees were allocated to such powers during the | anization's directors or t<br>ation(s) effectively ope<br>one supported organiz<br>d among the supporte | rustees at all<br>erated, super<br>zation, descri | times during the truised, or control ibe how the power | lax year? If 'Ño,' des<br>led the organization<br>ers to appoint and/ | cribe in<br>n's activities<br>or remove | 1            |         |          |
| 2  | Did that of bene                  | ne organization operate for the operated, supervised, or contifit carried out the purposes of orting organization  | e benefit of any supporting o   | rganization?                                      | If 'Yes,' explain                                      | in Part VI how pro-   | vidina such                             | 2            |         |          |
| Sec  | tion                              | C. Type II Supporting O  | rganizations  |   |  |   |   |              |         |          |
|  |                                   |  |   |   | <del></del> -  |   |   |              | Yes     | No       |
| 1  | of ea                             | a majority of the organization's ch of the organization's supporting organization was veste  | orted organization(s)?  | If 'No,' desc                                     | ribe in <b>Part VI</b> h                               | ow control or mana  | gement of the                           | 1            |         |          |
| Sec  | <u> </u>                          | D. All Type III Supportin  |   | s triat corniror                                  | ieu or manageu   | the supported orga  | riizatiori(3).                          | <u></u>      |         | L        |
| -  | 1011                              | b. All Type III Supportin  | g Organizations   | -   |  |   |   |              | Yes     | No       |
| _  |                                   |  |   |   |  |   |   |              |         | 1        |
| 1  | orgar<br>year,                    | ne organization provide to ea<br>nization's tax year, (i) a writte<br>(ii) a copy of the Form 990 tl   | n notice describing the<br>nat was most recently  | e type and a<br>filed as of th                    | mount of suppor<br>ne date of notification             | t provided during thation, and (iii) copie                            | ne prior tax<br>es of the               |              |         |          |
|  | orgai                             | nization's governing documen   | ts in effect on the date  | e of notificati                                   | on, to the extent                                      | not previously pro  | vided?                                  | 1            |         |          |
| 2  |                                   |  | orted   |   |  |   |   |              |         |          |
|  | organ                             | nizátion(s) or (ii) serving on th<br>rganization maintained a clos   | ne governing body of a<br>se and continuous work  | supported o<br>king relations                     | organization? If the sup                               | No, explain in <b>Pari</b><br>pported organizatioi                    | t <b>VI</b> how<br>n(s).                | 2            |         |          |
| 3  | voice                             | ason of the relationship desc<br>in the organization's investm<br>nes during the tax year? If 'Y   | ient policies and in dir  | ecting the us                                     | se of the organization                                 | ation's income or a   | ssets at                                |              |         |          |
| _  |                                   | s regard   |   |   |  |   |   | 3            |         |          |
| <u>Sec</u>   | tion                              | E. Type III Functionally   | Integrated Suppo  | rting Orga  | nizations  |   |   |              |         |          |
| 1  | Chec                              | k the box next to the method tha   | at the organization used  | to satisfy the                                    | Integral Part Tes                                      | t during the year <b>(se</b>  | e instructions).                        |              |         |          |
| a  | , 🗌 т                             | he organization satisfied the  | Activities Test Compl   | ete <b>line 2</b> be                              | low  |   |   |              |         |          |
| ŧ  | τ 🗌 ο                             | he organization is the parent  | of each of its supporte   | ed organizati                                     | ions. <i>Complete <b>I</b>i</i>                        | ine 3 below.  |   |              |         |          |
| c  | т 📗 :                             | he organization supported a  | governmental entity <i>E</i>  | Describe in <b>P</b> o                            | art VI how you s                                       | upported a governr  | ment entity (see ii                     | nstruc       | tions). |          |
| 2  | Activ                             | ties Test Answer (a) and (b)   | below.  |   |  |   |   |              | Yes     | No       |
| a  | suppo<br>orga<br>respo            | ubstantially all of the organizanted organization(s) to which the nizations and explain how the onsive to those supported org  | e organization was resp<br>ese activities directly f  | onsive? If 'Ye<br>furthered thei                  | es,' then in <b>Part VI</b><br>ir exempt purpos        | I <mark>identify those supp</mark><br>es, how the organi              | <b>orted</b><br>zation was              |              |         |          |
|  | subs                              | antially all of its activities   |   |   |  |   |   |              |         | ļ        |
| t  | the o                             | ne activities described in (a) or<br>rganization's supported organ<br>rganization's position that its<br>nization's involvement  | nization(s) would have  | been engage                                       | ed in? <i>If 'Yes</i> ,' ex                            | plain in Part VI the  | reasons for                             |              |         |          |
| 2  | _                                 | nt of Supported Organizations  | Anewer (a) and (b) i  | helow   |  |   |   | <del>-</del> |         | <u> </u> |
|  |                                   | nt of Supported Organizations<br>ne organization have the pow  |   |   | najority of the off                                    | icers, directors, or  | trustees of                             |              | ļ       |          |
|  | each                              | of the supported organization  | ns? <i>Provide details in l</i>   | Part VI.  | , ,  |   |   | 3a           |         |          |
| t  | Did the<br>supp                   | ne organization exercise a substorted organizations? <i>If 'Yes,'</i>  | antial degree of direction<br>describe in Part VI the   | n over the po<br>role played                      | licies, programs, a by the organizat                   | and activities of each<br>tion in this regard.                        | of its                                  | 3b           |         |          |

| * | Page | 6 |
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| Par | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga   | nizat  | ions  | •                                 |
|-----|--|--------|---|-----------------------------------|
| 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<br>t complete Sections A | Part VI) <b>See</b><br>through E. |
| Sec | tion A – Adjusted Net Income   |        | (A) Prior Year                                    | (B) Current Year<br>(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<br>(optional)    |
| 1   | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)   |        |   |                                   |
| а   | Average monthly value of securities  | 1a     |   |                                   |
| b   | Average monthly cash balances  | 1ь     |   |                                   |
|     | Fair market value of other non-exempt-use assets   | 1c     |   |                                   |
| C   | I Total (add lines 1a, 1b, and 1c)   | 1d     |   |                                   |
| e   | Discount claimed for blockage or other factors (explain in detail in Part VI).   |        |   |                                   |
| 2   | Acquisition indebtedness applicable to non-exempt-use assets   | 2      |   |                                   |
| 3   | Subtract line 2 from line 1d   | 3      |   |                                   |
| 4   | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)   | 4      |   |                                   |
| 5   | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5      |   |                                   |
| 6   | Multiply line 5 by 035   | 6      | <u> </u>  |                                   |
| _ 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   | Enter greater of line 2 or line 3  | 4      | <u></u>   |                                   |
| 5   | Income tax imposed in prior year   | 5      |   |                                   |
|     | 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 |   |                                   |
| BAA |  |        | Schedule A (F                                     | orm 990 or 990-EZ) 2017           |

|      | 1  |  |  | 1   |
|------|--|--|--|---|
| Sche | dule A (Form 990 or 990-EZ) 2017 NEIGHBORHOOD HOUSING  | SERVICES OF P                                  | UEBLO 84-074                           | 17226 Page <b>7</b>                       |
| Par  |  |  |  | <u> </u>                                  |
|      | tion D – Distributions   | <u>., , , , , , , , , , , , , , , , , , , </u> |  | Current Year                              |
| 1    | Amounts paid to supported organizations to accomplish exempt pu  | rposes   |  |   |
|      | Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity  | <del></del>                                    | s,                                     |   |
| 3    | Administrative expenses paid to accomplish exempt purposes of si   | upported organizations                         |  |   |
| _    | Amounts paid to acquire exempt-use assets  |  |  |   |
|      | Qualified set-aside amounts (prior IRS approval required)  |  | <del></del>                            |   |
| 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   | on is responsive (provide                      | details                                |   |
| 9    | Distributable amount for 2017 from Section C, line 6   |  |  |   |
| 10   | Line 8 amount divided by line 9 amount   | <del></del>                                    |  |   |
| Sect | tion E — Distribution Allocations (see instructions)   | (i)<br>Excess<br>Distributions                 | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>Amount for 2017 |
| 1    | Distributable amount for 2017 from Section C, line 6   |  |  |   |
| 2    | Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI) See instructions.   |  |  |   |
| 3    | Excess distributions carryover, if any, to 2017  |  | ,                                      |   |
| a    |  |  |  |   |
| þ    | From 2013  |  |  |   |
| C    | From 2014  |  |  |   |
| d    | From 2015  | 1  |  |   |
| е    | From 2016  | i -  |  |   |
| f    | Total of lines 3a through e  |  |  |   |
| g    | Applied to underdistributions of prior years   |  |  |   |
| h    | Applied to 2017 distributable amount   |  |  |   |
| j    | Carryover from 2012 not applied (see instructions)   |  |  |   |
| j    | Remainder Subtract lines 3g, 3h, and 3i from 3f.   |  |  |   |
| 4    | Distributions for 2017 from Section D, line 7 \$   |  |  |   |
| a    | Applied to underdistributions of prior years   |  |  |   |
| b    | Applied to 2017 distributable amount   |  |  |   |
| c    | Remainder Subtract lines 4a and 4b from 4  |  |  |   |
| 5    | Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions.                         |  |  |   |
| 7    | Excess distributions carryover to 2018. Add lines 3j and 4c  |  |  |   |
| 8    | Breakdown of line 7  |  |  |   |
|      | Excess from 2013   | 1  |  |   |
| b    | Excess from 2014   |  |  |   |

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c Excess from 2015 d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 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. Part VI (See instructions.)

#### **PART II, LINE 10 - OTHER INCOME**

| NATURE AND SOURCE | <u> </u> |           | 2017               | _        | 2016             | -        | 2015               | _        | 2014               |          | 2013               |
|-------------------|----------|-----------|--------------------|----------|------------------|----------|--------------------|----------|--------------------|----------|--------------------|
| MISCELLANEOUS     | TOTAL    | <u>\$</u> | 13,515.<br>13,515. | \$<br>\$ | 1,092.<br>1,092. | \$<br>\$ | 17,721.<br>17,721. | \$<br>\$ | 12,564.<br>12,564. | \$<br>\$ | 37,242.<br>37,242. |

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 2017 Opento Public Inspection

Employer identification number

NEIGHBORHOOD HOUSING SERVICES OF PUEBLO

|   | DBA NEIGHBORWORKS SOUTHERN  | COLORADO   | 84-0747226  |  |  |  |  |  |  |
|---|---|--|---|--|--|--|--|--|--|
| Pa  | til Organizations Maintaining Dono  | or Advised Funds or Other Similar Fu   | unds or Accounts.   |  |  |  |  |  |  |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. |   |  |   |  |  |  |  |  |  |
|   |   | (a) Donor advised funds  | (b) Funds and other accounts  |  |  |  |  |  |  |
| 1   | Total number at end of year   |  |   |  |  |  |  |  |  |
| 2   | Aggregate value of contributions to (during year)   |  |   |  |  |  |  |  |  |
| 3   | Aggregate value of grants from (during year)  |  |   |  |  |  |  |  |  |
| 4   | Aggregate value at end of year  |  | -   |  |  |  |  |  |  |
| 5   | Did the organization inform all donors and dorare the organization's property, subject to the   | nor advisors in writing that the assets held in organization's exclusive legal control?            | donor advised funds   |  |  |  |  |  |  |
| 6   | Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?                                   | rs, and donor advisors in writing that grant fu<br>of the donor or donor advisor, or for any other | nds can be used only er purpose conferring  Yes  No                                   |  |  |  |  |  |  |
| P <sub>a</sub>  | Conservation Easements. Complete if the organization ans  | wered 'Yes' on Form 990, Part IV, lin  | e 7.  |  |  |  |  |  |  |
| 1   | Purpose(s) of conservation easements held by  |  |   |  |  |  |  |  |  |
|   | Preservation of land for public use (e.g , r  |  | of a historically important land area   |  |  |  |  |  |  |
|   | Protection of natural habitat   |  | of a certified historic structure   |  |  |  |  |  |  |
|   | Preservation of open space  | Ш  |   |  |  |  |  |  |  |
| 2   | Complete lines 2a through 2d if the organization hast day of the tax year   | neld a qualified conservation contribution in the fo   | orm of a conservation easement on the   |  |  |  |  |  |  |
|   |   |  | Held at the End of the Tax Year   |  |  |  |  |  |  |
|   | a Total number of conservation easements  |  | 2 a   |  |  |  |  |  |  |
|   | Total acreage restricted by conservation ease   |  | 2 b   |  |  |  |  |  |  |
| •   | Number of conservation easements on a certification   | fied historic structure included in (a)  | 2c  |  |  |  |  |  |  |
| (   | Number of conservation easements included in<br>structure listed in the National Register   | .,   | 2 d   |  |  |  |  |  |  |
| 3   | Number of conservation easements modified, trar tax year ►  | isferred, released, extinguished, or terminated by   | the organization during the   |  |  |  |  |  |  |
| 4   | Number of states where property subject to conse  | rvation easement is located ►  |   |  |  |  |  |  |  |
| 5   | Does the organization have a written policy re  | garding the periodic monitoring, inspection, h   | andling of violations,  |  |  |  |  |  |  |
|   | and enforcement of the conservation easemer   |  | Yes No  |  |  |  |  |  |  |
| 6   | Staff and volunteer hours devoted to monitoring, i  | nspecting, handling of violations, and enforcing of  | conservation easements during the year  |  |  |  |  |  |  |
| 7   | Amount of expenses incurred in monitoring, insper ▶\$   | cting, handling of violations, and enforcing conse   | ervation easements during the year  |  |  |  |  |  |  |
| 8   | Does each conservation easement reported or and section 170(h)(4)(B)(ii)?   | n line 2(d) above satisfy the requirements of s  | ection 170(h)(4)(B)(i) Yes No   |  |  |  |  |  |  |
| 9   | In Part XIII, describe how the organization reports include, if applicable, the text of the footnote is   | conservation easements in its revenue and expe<br>o the organization's financial statements that   | ense statement, and balance sheet, and describes the organization's accounting for    |  |  |  |  |  |  |
| Pai   | conservation easements.  tillia Organizations Maintaining Colle   | ctions of Art, Historical Treasures, overed 'Yes' on Form 990, Part IV, lin                        | or Other Similar Assets.  |  |  |  |  |  |  |
|   |   | <del></del> <del></del>  | <del> </del>  |  |  |  |  |  |  |
| 1 a   | If the organization elected, as permitted under<br>art, historical treasures, or other similar assets he<br>in Part XIII, the text of the footnote to its finar | ld for public exhibition, education, or research in  | enue statement and balance sheet works of furtherance of public service, provide,     |  |  |  |  |  |  |
| ŀ   | If the organization elected, as permitted under<br>historical treasures, or other similar assets held for<br>following amounts relating to these items.         | SFAS 116 (ASC 958), to report in its revenuor public exhibition, education, or research in furti   | e statement and balance sheet works of art,<br>nerance of public service, provide the |  |  |  |  |  |  |
|   | (i) Revenue included on Form 990, Part VIII,  | line 1   | <b>►</b> \$   |  |  |  |  |  |  |
|   | (ii) Assets included in Form 990, Part X  |  | <b>►</b> \$   |  |  |  |  |  |  |
| 2   | If the organization received or held works of art, h amounts required to be reported under SFAS   | istorical treasures, or other similar assets for fina<br>116 (ASC 958) relating to these items:    | ancial gain, provide the following  |  |  |  |  |  |  |
| ā   | Revenue included on Form 990, Part VIII, line   |  | <b>►</b> \$   |  |  |  |  |  |  |
| ŀ   | Assets included in Form 990. Part X   |  | ►¢  |  |  |  |  |  |  |

| Schedule D (Form 990) 2017 NEI(                                     |   |                            |                             | 84-074                       |                      |  |  |  |  |
|---|---|----------------------------|-----------------------------|------------------------------|----------------------|--|--|--|--|
| Part III Organizations Maint  | aining Collec   | tions of Art, Histo        | rical Treasures, or         | Other Similar Ass            | sets (continued).    |  |  |  |  |
| 3 Using the organization's acquisition items (check all that apply) | on, accession, and  | d other records, check as  | ny of the following that ar | e a significant use of its   | collection           |  |  |  |  |
| a Public exhibition   |   | <b>d</b> Loan o            | or exchange programs        |                              |                      |  |  |  |  |
| <b>b</b> Scholarly research   |   | e Other                    |                             |                              |                      |  |  |  |  |
| c Preservation for future gen                                       | erations  |                            |                             |                              |                      |  |  |  |  |
| 4 Provide a description of the organ<br>Part XIII                   | 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII |                            |                             |                              |                      |  |  |  |  |
| 5 During the year, did the organiz to be sold to raise funds rather | than to be main   | tained as part of the o    | rganization's collection    | 7                            | Yes No               |  |  |  |  |
| Part IV Escrow and Custodi  |   |                            |                             | swered 'Yes' on Fo           | orm 990, Part IV,    |  |  |  |  |
| 1 a is the organization an agent, tr                                | ustee, custodian  | or other intermediary      | for contributions or other  | er assets not included       |                      |  |  |  |  |
| on Form 990, Part X? <b>b</b> If 'Yes,' explain the arrangement     | nt in Part XIII an  | d complete the followi     | ng table.                   |                              | Yes No               |  |  |  |  |
|   |   |                            |                             |                              | Amount               |  |  |  |  |
| c Beginning balance   |   |                            |                             | 1 c                          |                      |  |  |  |  |
| <b>d</b> Additions during the year                                  |   |                            |                             | 1 d                          |                      |  |  |  |  |
| e Distributions during the year                                     |   |                            |                             | 1 e                          |                      |  |  |  |  |
| f Ending balance  |   |                            |                             | _ 1f                         |                      |  |  |  |  |
| 2a Did the organization include an                                  |   |                            |                             |                              | ∐ Yes                |  |  |  |  |
| <b>b</b> If 'Yes,' explain the arrangement                          | nt in Part XIII. Cl   | heck here if the explan    | nation has been provide     | d on Part XIII               |                      |  |  |  |  |
| Part V   Endowment Funds.   | Complete if the   | ne organization an         | swered 'Yes' on Fo          | orm 990, Part IV, li         | ne 10.               |  |  |  |  |
| •   | (a) Current y   |                            |                             |                              | (e) Four years back  |  |  |  |  |
| 1 a Beginning of year balance                                       |   |                            |                             |                              |                      |  |  |  |  |
| <b>b</b> Contributions  |   |                            |                             |                              |                      |  |  |  |  |
| c Net investment earnings, gains and losses                         | i,  |                            |                             |                              |                      |  |  |  |  |
| d Grants or scholarships  |   | -                          |                             |                              | <del></del>          |  |  |  |  |
| e Other expenditures for facilities and programs                    | s   |                            |                             |                              |                      |  |  |  |  |
| f Administrative expenses   |   |                            |                             |                              | <del></del>          |  |  |  |  |
| <b>q</b> End of year balance  |   |                            |                             |                              |                      |  |  |  |  |
| 2 Provide the estimated percenta                                    | age of the current  | t year end balance (lin    | e 1g, column (a)) held      | as.                          |                      |  |  |  |  |
| a Board designated or quasi-endow                                   |   | 8                          |                             |                              |                      |  |  |  |  |
| <b>b</b> Permanent endowment ▶                                      | -%  |                            |                             |                              |                      |  |  |  |  |
| c Temporarily restricted endowm                                     | ent ►   | %                          |                             |                              |                      |  |  |  |  |
| The percentages on lines 2a, 2b,                                    | and 2c should equ   | ual 100%                   |                             |                              |                      |  |  |  |  |
| 3 a Are there endowment funds not in                                | n the possession o  | of the organization that a | are held and administered   | I for the                    | Yes No               |  |  |  |  |
| organization by   |   |                            |                             |                              | 3a(i)                |  |  |  |  |
| (i) unrelated organizations   |   |                            |                             |                              | 3a(ii)               |  |  |  |  |
| (ii) related organizations b If 'Yes' on line 3a(ii), are the re    | alatad araamizatio  | one lieted as required a   | on Sahadula D2              |                              | 3b                   |  |  |  |  |
| 4 Describe in Part XIII the intend                                  | <del>-</del>  |                            |                             |                              | 30                   |  |  |  |  |
| ***   |   | garlization's endowine     | - unus                      |                              |                      |  |  |  |  |
| Part VI Land, Buildings, and Complete if the orga                   |   | ered 'Yes' on Forr         | n 990. Part IV. line        | 11a. See Form 99             | 00. Part X. line 10. |  |  |  |  |
| Description of property   |   | a) Cost or other basis     | (b) Cost or other           | (c) Accumulated depreciation | (d) Book value       |  |  |  |  |
| 1 a Land  |   | (investment)               | basis (other)<br>76,713.    | depreciation                 | 76,713.              |  |  |  |  |
| <b>b</b> Buildings  | -   |                            | 1,769,114.                  | 356,342.                     | 1,412,772.           |  |  |  |  |
| c Leasehold improvements  | -   |                            | 10,270.                     | 9,242.                       | 1,412,772.           |  |  |  |  |
| d Equipment   | -   | <del>-</del>               | 52,616.                     | 52,615.                      | 1,028.               |  |  |  |  |
| e Other   | <u> </u>  |                            | 52,010.                     | 52,015.                      |                      |  |  |  |  |

TEEA3302L 08/10/17

Schedule **D** (Form 990) 2017

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

BAA

(7)(8) (9) (10) (11) Total (Column (b) must equal Form 990, Part X, column (B) line 25) 7,925.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

| Schedule D (Form 990) 2017 NEIGHBORHOOD HOUSING SERVICES                          | OF. POERTO             | 84-0/4/226          | Page 4 |
|---|------------------------|---------------------|--------|
| RartiXI■ Reconciliation of Revenue per Audited Financial Sta                      | tements With Revenu    | e per 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                    | ŀ                   |        |
| 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.            |                        |                     |        |
| 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, line 12.) |                        | 5                   |        |
| RartiXIII Reconciliation of Expenses per Audited Financial St                     | atements With Expen    | ses per Return. N/A |        |
| Complete if the organization answered 'Yes' on Form                               | 990, Part IV, line 12a |                     | _      |
| 1 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  | 2a                     |                     |        |
| <b>b</b> Prior year adjustments   | 2 b                    |                     |        |
| c Other losses  | 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                   |        |

PartiXIII. Supplemental Information.

**b** Other (Describe in Part XIII)

c Add lines 4a and 4b

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

4b

Schedule **D** (Form 990) 2017

5

#### 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.

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

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NEIGHBORHOOD HOUSING SERVICES OF PUEBLO DBA NEIGHBORWORKS SOUTHERN COLORADO Employer Identification number 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
REVIEWED BY THE FINANCE COMMITTEE AND BOARD OF DIRECTORS AND RECORDED IN THE

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.