Form	990

(Rev January 2020)

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

2019

Depar	tment of	the Treasury	► Do not e	nter social security numbers on	this form as it may be	made public.	100	Open to Public			
Department of the Treasury internal Revenue Service  Co to www.irs.gov/Form990 for instructions and the latest information.  A For the 2019 calendar year, or tax year beginning , 2019, and ending											
<u>A</u> [	or the	2019 calendar	year, or tax year begin	ning	, 2019, an	d ending	_	, 20			
В	Check if a	applicable	C Name of organizationG(	<u>.</u>		D Employer	identification number				
	ddress o	change	Doing business as			<del></del>	8	6-0917897			
١	lame cha	ange	Number and street (or P	O box if mail is not delivered to street addre	ss) R	oom/suite	E Telephone number				
<u> </u>	nitial retu	ırn	120 N 7TH ST				( !	520) 439-0776			
□ F	inal retu	rn/terminated	City or town, state or pro	ovince, country, and ZIP or foreign postal cod	9		G Gross rec	ipls			
	mended	return	Sierra Vısta,	AZ 85635			\$	382,832			
	Application pending F Name and address of principal officer GEORGE MONKEN H(a) is this a group return for subo										
		<del></del>	Same as C abov	e		H(b) Are all	subordinates inc	luded? Yes No			
I Tax-exempt status   Sol1(c)(3)   Sol1(c) ( )   (insert no )   4947(a)(1) or   527   If "No," attach a list (see instruction of the content											
J A	/ebsite		//SVSHELTER.ORG		<del>                                     </del>	H(c) Group	exemption num	ber ►			
_			prporation Trust Ass	sociation Other	L Year of formation	1998 M	State of legal do	micile AZ			
Pa	<del></del>	Summary	<del></del>					<del></del>			
	1	Briefly describe	the organization's missi-	on or most significant activities							
e		_	•	A NONPROFIT ORGANIZA				<u> </u>			
lan				MPORARY SHELTER TO FA	MILIES						
ıer.	1.			SE COUNTY, ARIZONA							
Governance	2			discontinued its operations or disp		or its net assets	1 1	_			
ంర	3		=	ming body (Part VI, line 1a)		<b>3</b>	. 3	<del>7</del>			
ies	4		•	s of the governing body (Part VI, lin		· · · · · · · · · · · · · · · · · · ·	5	7			
Activities	5		· -	calendar year 2019 (Part V, line 2a			. 6	26			
Act	6		volunteers (estimate if r	•			7a				
7	7a			Part VIII, column (C), line 12 from Form 990-T, line 39			7a 7b	0			
7/7	- 5	Net unrelated bi	usiness taxable income	11011 F0111 990-1, line 39		Prior Year	. 1 10	Current Year			
4	8	Contributions ar	nd grants (Part VIII, line	16)			902	• • • • • • • • • • • • • • • • • • • •			
	9		e revenue (Part VIII, line			1/6	8,802	237,342			
MAY U Revenue	10	•	me (Part VIII, column (A			· · · · · · · · · · · · · · · · · · ·	18	0			
ĕĕ	11			es 5, 6d, 8c, 9c, 10c, and 11e)		17/	,258	132,474			
- E	12			nust equal Part VIII, column (A), lir	ne 12)		3,078	369,816			
<u></u>	13			X, column (A), lines 1-3) · · ·			,524	18,986			
			or for members (Part IX			··· · · · · · · · · · · · · · · · · ·	,,,,,,,	0			
Ē	15			e benefits (Part IX) column (A), line	s 5-10) · · · · ·	278	,054	274,312			
sesued			draising fees (Part IX, c				,,,,,,	0			
, ii			expenses (Part IX, coli		o	企業等等	44.5	\$ 4 (T 2) 1 N A1			
Exp	17		(Part IX, column (A), lin				,006	110,853			
_	1	•	·	equal Part IX, column (A), line 25)			,584	404,151			
				8 from line 12			,506)	(34,335)			
es			* . V			Beginning of Curre		End of Year			
Net Assets or Fund Balances	20	Total assets (Pa	(toX, line (6)	7	[	92	, 365	60,182			
Ass d Ba	21	Total liabilities (F	Part <sup>1</sup> X Jine 26)		[	2	,172	4,323			
Fet	22	Net assets or ful	nd balances, Subtract li	ne 21 from line 20 · · · · ·		90	,193	55,859			
Par		Signature						- <del></del>			
Under	penaltie	s of penuity I declare	that I have examined this retur	n, including accompanying schedules and sta cer) is based on all information of which prep	atements, and to the best of m	y knowledge and belie	of itis				
irue, c	Direct, a	nd complete Deciara	tion or propular (other trial) only	cory is eased on an inversion or which prop	ard ride dity relembage						
C:			Y_ROZAND		<u>-</u>						
Sigr		Signature of	officer				Date				
Here	•		<del></del>	NT YEAR DIRECTOR							
		<u> </u>	name and title	I	12:	<del></del>					
	1	Print/Type prepare	er's name	Preparer's signature	Date	Check	_ /				
Paid		RICHARD T	COPELAND	RICHARD T COPELAND	11-18-2020		ployed (	XXXXXXXX			
•	arer	Firm's name		Services LLC		Firm's EIN					
Use	Only	Firm's address		y Blvd Suite 105		Phone no					
		1	SIERRA V	ISTA AZ 85635-2617			520-803	-7353			

	m 990 (2019) GOOD NEIGHBOR ALLIANCE	86-0917897 Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission	
	GOOD NEIGHBOR ALLIANCE IS A NONPROFIT ORGANIZATION	
	PROVIDING SERVICES AND TEMPORARY SHELTER TO FAMILIES	<del></del>
	AND INDIVIDUALS IN COCHISE COUNTY, ARIZONA	<del> </del>
2	Did the organization undertake any significant program services during the year which were not listed on the	П., П.,
	prior Form 990 or 990-EZ?	· · · · · L Yes No
•	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O	· · · · · [] Yes [] NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	the total expenses, and revenue, if any, for each program service reported	1010,
4a	(Code) (Expenses \$101,921 including grants of \$) (Revenue	\$ )
	GOOD NEIGHBOR ALLIANCE IS A NONPROFIT ORGANIZATION PROVIDING SERVICES AND T	<del></del>
	FAMILIES AND INDIVIDUALS IN COCHISE COUNTY ARIZONA	
		· · ·
		<del></del>
		···
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$)
		<del>.</del>
		<del></del>
		<del></del>
		<del>, , , , , , , , , , , , , , , , , , , </del>
4c	(Code (Expenses including grants of \$ ) (Revenue	\$)
		· · · · · · · .
		<del></del>
		<del></del> -
		<del></del>
<del></del>	Other Charles of Cabad In Ca	
4d	Other program services (Describe on Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$	,
4e	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses ► 101,921	
EEA		Form <b>990</b> (2019)



### (9) GOOD NEIGHBOR ALLIANCE Checklist of Required Schedules Part IV

			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	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	-	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	⊢ً		<u>x</u>
0	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		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<del>- ٽ</del>		<u>x</u>
•	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,"	<u> </u>		
·	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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,			熟月
	VII, VIII, IX, or X as applicable	232		25
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 102 If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete;Schedule D. Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	ļ		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII	11c		<u>x</u>
d	Did the organization report an amount for other assets in Rait 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,	11d		X
e	Did the organization report an amount for other liabilities in Part X, line-25? If "Yes," complete Schedule D, Part X	11e	1	<u>x</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>x</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		v
_	Schedule D, Parts XI and XII	120		_ <u>x</u>
D	"Yes," and if the organization answered "No to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>x</u>
13	Is the organization a school described in section 1-70(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office temployees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
~	fundraising, business investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		X
17	Did the organization reports 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		x
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		<u>x</u>
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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_ X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

23

25a

GOOD NEIGHBOR ALLIANCE 86-0917897 Page 4 Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a Х 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 Х

26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule Lattill. Did the organization provide a grant or other assistance to any current or former officer director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . . . . 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, key employee, creator of founder, or substantial contributor? If 28a X A family member of any individual described in line 28a? If "yes," complete Schedule L, Part IV 28b Х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х Did the organization receive contributions of art historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M ........ 30 X 31 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32

sections 301 7701-2 and 301 7701 39 fr Ses, "complete Schedule R, Part I ...... Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 🗬 🔒 😘 **7** . . 34 X Did the organization: have a controlled entity within the meaning of section 512(b)(13)? ..... 35a Х If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 х Section 50 (c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes" complete Schedule R, Part V, line 2 x 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

complete Schedule N, Part II

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

19? Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V......... Yes

Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable • 1a b Enter the number of Form W-2G included in line 1a Enter -0- if not applicable . . . . . . . 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 

X

Х

33

33

Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Зa Did the organization have unrelated business gross income of \$1,000 or more during the year? х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3h 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . . 5a Х h Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . 5b Х c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or b 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly and services provided to the payor? ........... 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was d If "Yes," indicate the number of Forms 8282 filed during the year . . . . . Did the organization receive any funds, directly or indirectly, to pay premiums on appersor โล้โbenefit contract? Did the organization, during the year, pay premiums, directly on indirectly on a personal benefit contract? . . . . . . If the organization received a contribution of qualified intellectual property; did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes or other vehicles, did the organization file a Form 1098-C? • • • • • a h 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the . 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them 11b Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax exemptimerest received or accrued during the year b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans ...... Enter the amount of reserves on hand ............. C Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O

Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N			aye
		0		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
500	Check if Schedule O contains a response or note to any line in this Part VI	• • •	· · ·	· 🛛
360	ction A. Governing Body and Management			, -
		<del></del> ,	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	] '	-	
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar	1		
	committee, explain on Schedule O		r	
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 - '		
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	_	X
6	Did the organization become aware during the year of a significant diversion of the organizations assets?			X
	•	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	.		
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			<b>_</b>
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
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 on Schedule, 9	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	_10a_		_ X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			<u> </u>
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	7,	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	X	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	120	<u></u> -	
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by		;	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	: ,"	37° -1	
а	The organization's CEO, Executive Director, of top management official	15a	x	
b	Other officers or key@mployees.of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			,
16a	Did the organization hvest in contribute assets to, or participate in a joint venture or similar arrangement			1
	with a taxable entity during the year?	16a		
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	,		
_	participation in joint venture tarrangements under applicable federal tax law, and take steps to safeguard the			. !
		16b		!
Sact	organization's exempt status with respect to such arrangements?	100		
17	List the states with which a copy of this Form 990 is required to be filed  Arizona  Cantage \$40.4 argument and argument and argument and argument and argument and argument a			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TARA EVANS (520)439-0776, 420 N 7TH ST, Sierra Vista, AZ 85635			
EΔ		Form	990 (2	019)

2019; Form 990	Form	990	(2019)	į
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GOOD NEIGHBOR ALLIANCE

86-0917897

age 7

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

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

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

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

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

See instructions for the order in which to list the persons above

Check this box if heither the organization nor any relation	leu organizatio	I COII	pens			y curre	eni Q	incer, director, or th	72166	<del></del>
					C)		1			
(A)	(B)	/do.	nat aba		ition	han <b>o</b> ne)		(D)	(E)	(F)
Name and title	Average					s both ar		Reportable	Reportable	Estimated amount
	hours	offic	er and	l a dır	ecto	/trustee)		compensation	compensation	of other
	per week (list any			А	#	_	<b>9</b>	from the organization	from related organizations	compensation from the
	hours for	유교	<u>s</u>	ĝ	<b>3</b>	empl empl	O.	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	Individual or director	Institution	eg Eg	, em	og est	mer			related organizations
	organizations	의 의 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기			<b>€</b> §	,e48,				
	below	Individual trustee or director	trust	1	٦ 1	ňpensated	4			
	dotted line)				A	sale				
				•		"				
			10							
(1) GREGORY ADOLPH	2,.00									
BOARD MEMBER	A P	X.						0	0	0
(2) BRAD SNYDER	2.00									
BOARD MEMBER		х		_			_	0	0	0
(3) GEORGE MONKEN	3.00									
PRESIDENT	<b>*</b>			х				0	0	0
(4) MIGNONNE HOLLIS	3.00									
VICE PRESIDENT	•			X			_	0	0	0
(5) TARA EVANS	3.00						- 1			
TREASURER				х	_		_	0	0	0
(6) BRUCE JOHNSON	3.00									
SECRETARY			$\dashv$	Х				0	0	0_
(7) LARRY SINGER	40.00			ı			,			
EXECUTIVE DIRECTOR PART YEAR	<u> </u>			_	X			2,349	0	0
(8) PAUL HAY	40.00		ľ			Ì				
EXECUTIVE DIRECTOR PART YEAR				$\dashv$	х			10,809	0	0
(9) KATHY CALABRESE	40.00		ı			ŀ	i			
EXECUTIVE DIRECTOR PART YEAR				_	_	х	_	31,154	0	0
(10)				ı						
				_			_			
<u>(11)</u>				- 1	- 1					
(12)	L									
<u>(13)</u>	L				-	- 1				
				$\perp$						
(14)	L									
							[			

Par	Section A. Officers, Directors, Trustees	, Key Employ	yees, a	nd F	ligh	est (	Comp	ensa	ated Employees (c	continued)	
			}		(	C)				}	1
	(A)	(B)	ŀ		Pos	ition			(D)	(E)	(F)
							nan one				
	Name and title	Average hours	1				both ar		Reportable compensation	Reportable compensation	Estimated amount of other
		per week	l dille	erand	u a un	ector	/trustee)	,	from the	from related	compensation
		(list any	<del> </del>						organization	organizations	from the
		hours for	or d	Inst	Officer	ey	emp High	Forme	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
		related	Individual trustee or director	nstitutional trustee	열	Key employee	nest bloye	l e		ł	related organizations
		organizations	학회	nat		ploy	e g		"		
		below	is is	r s	ĺ	8	per	l i			
		dotted line)	"	ee			Highest compensated employee				
						-	ă				
(15)					$\neg \uparrow$	一					
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(16)				-+		+			·		<del> </del>
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(21)					1	•			•		
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(22)		[					V				
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(23)				6		A					
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(24)			- 1			$\top$	$\neg \uparrow$				
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(25)		1		7	$\dashv$	-	<del></del>	-+			
(25)								İ			
		I									
1b	Subtotal		• • •	• •		• •		` ▶			
С	Total from continuation sheets to Part VII, Section		• • •		• •	• •		·►			
d	Total (add lines 1b and 1c)				• •	٠.	· · ·	•	44,312	0_	0
2	Total number of individuals (including but not limited	to those liste	ed abov	/e) w	vho r	ecei	ived m	ore	than \$100,000 of		
	reportable compensation from the organization	<b>*</b>									0
											Yes No
3	Did the organization list any former-offices, director,	trustee, kev e	mplove	ee. o	r hial	hest	comp	ensa	ated		1200 1201 1201
•	employee on line 1a? If "Yes," complete Schedule J			, .							3 X
4	For any individual listed on line day is the sum of rep	ortable com	oncatu	00.0	nd of	thor		oner	tion from the		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4	Por any individual instead of time varies the sour of rep	A FO OOOO K	)CIISalii	on a	ilu oi	0.4	Comp	61126	auon nom me		1 (2, 3, 1)
	organization and related organizations greater than \$	150,000 / 11	res, c	omp	nete	Scn	eaule	J TOF	sucn		100
	ındıvıdual		• • •		• •	• •		• •		· · · · · · · · · · · · · · · · · · ·	4 X
5	Did any personilisted on line ta receive or accrue co							ıızatı	on or individual		
	for services rendered to the organization? If "Yes," co	omplete Sche	dule J	for s	uch p	oers	on		· · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	5 X
Section	on B. Independent Contractors		_								
1	Complete this table for your five highest compensate	ed independe	nt conf	tract	ors t	hat r	receiv	ed m	ore than \$100,000	of	
	compensation from the organization Report compe	nsation for th	e caler	ndar	vear	end	lina wi	ith oi	r within the organiz	ation's tax vear	
	(A)				,				(B)		(C)
	Name and business address								Description of service	15	Compensation
							$\dashv$				
2	Total number of independent contractors (including t	out not limited	to the	se li	sted	abo	ve) w	ho		American Services	,
-	received more than \$100,000 of compensation from			•			,				· ·
	, 222.750 more than a reciper of compensation from	and organiza	3011								

**PartWIII**類 Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) . , (B) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Federated campaigns 1a Membership dues . 1b Contributions, Gifts, Grants and Other Similar Amounts 1c Fundraising events 1d Related organizations Government grants (contributions) 1e 315 All other contributions, gifts, grants, and similar amounts not included above 1f 237,027 Noncash contributions included in lines 1a-1f 1g Total. Add lines 1a-1f 237,342 **Business Code** 2a Program Service Revenue All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds (II) Persona (ı) Real 6a Gross rents. . . b Less rental expenses . c Rental income or (loss) d Net rental income or (loss) (i) Secunties 7a Gross amount from sales of assets other than inventory b Less cost or other basis Other Revenue 7b and sales expenses c' Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 7,978 **b** Less direct expenses 8b 13,016 c Net income (or (loss) from fundraising (5,038) 9a Gross income from gaming activities See Part IV line 1 9a 9b direct expenses c Net income or (loss) from gaming activities . . . . . . . . sales of inventory, less 10a Gross returns and allowances 10a b Less cost of goods sold 10b c Net income or (loss) from sales of inventory . . . . . . . . **Business Code** Miscellanous Revenue <u>123,35</u>0 11a EXPENSE REIMBURSEMENTS 900099 123,350 12<u>,6</u>50 b PAYPAL REBATES 900099 12,650 BILLABLE EXPENDITURE 900099 50 50 d All other revenue 900099 1,462 1,462 e Total. Add lines 11a-11d 137,512 Total revenue. See instructions 369,816 0 137,512 (5,038)

#### Partix Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) Total expenses Program service Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV. line 22 18,986 18,986 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members . . . . . . . . . 5 Compensation of current officers, directors, trustees, and key employees . . . . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 252,349 252,349 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 898 898 10 Payroll taxes . . . . . . . . . . . . 21,065 21,065 11 Fees for services (nonemployees) а 2,636 С Lobbying . . . . . . . . . . . Professional fundraising services See Part IV, line 17 е Investment management fees . . . . . . . . . . . . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and promotion 12 331 1,331 13 Office expenses . . 7,435 7,435 Information technology 14 826 826 15 Royalties . . . . <u>32,7</u>96 16 Occupancy · · · · 37,131 4,335 17 Travel . . . . . . 150 150 Payments of travel or entertainment expense 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 400 400 Payments to affiliates 21 Depreciation, depletion, and amortizations 22 1,167 1,167 23 12,803 7,353 5,450 24 Other expenses liternize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount list line 24e expenses on Schedule O) ROUNDING (5 925 925 b BAD DEBT EXPENSE PPA - EMPL (SHOULD BE LOAN) 330 330 d All other expenses 45,724 42,786 2,938 Total functional expenses. Add lines 1 through 24e · · · 25 404,151 101,921 302,230 0 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 following SOP 98-2 (ASC 958-720)

Form 990 (2019) GO
Part XI Balance Sheet

<u> Par</u>	r.V.	Check if Schodule O contains a respect or note to new line in the Best Y			_
		Check if Schedule O contains a response or note to any line in this Part X	(A)	· · ·	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	43,539	1	33,394
	2	Savings and temporary cash investments	33,391	2	13,445
	3	Pledges and grants receivable, net	337332	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	ALE AND ALE AN		
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	١.	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	925	7	<del></del>
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D · · · · · · · 10a 41,327			
	ь	Less accumulated depreciation 10b 28,318	14,176	10c	13,009
	11	Investments - publicly traded securities	14,170	11	13,003
	12	Investments - other securities See Part IV, line 11	<u> </u>	12	
	13	Investments - program-related See Part IV, line 11	<b>A</b>	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	334	15	334
	16	Total assets. Add lines 1 through 15 (must equal line 33)	92,365	16	60,182
	17	Accounts payable and accrued expenses	2,172	17	4,323
	18	Grants payable	2,112	18	4,323
	19	Deferred revenue		19	<del> </del>
	20	Tax-exempt bond liabilities		20	<del></del>
	21	Escrow or custodial account liability Complete Partiv of Schedule D		21	<u> </u>
<u>ر</u>	22	Loans and other payables to any current or former officer, director		Water.	
		trustee, key employee, creator or founder, substantial contributor, of 35%			
Liabilities		controlled entity or family member of any of these persons		22	
ב ב	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to directated third parties		24	
	25	Other liabilities (including federal incometax payables to related third		27	
i	23	parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D · · · · · · · · · · · · · · · · · ·		25	
	26	Total liabilities. Add lines 17 through 25	2,172	26	4,323
		Organizations that follow FASB ASC 958, check here			4,323
S		and complete lines 27, 28 32 and 33.			
rund Balances	27	Net assets without donogrestrictions		27	
<u>a</u>	28	Net assets with donor restrictions		28	
9		Organizations that do not follow FASB ASC 958, check here		<b>新和</b> 斯	
5		and complete lines 29 through 33.			
בַ	29	Capital stock or trust principal, or current funds		29 29	
ğ	30	Paidin or capital surplus or land, building, or equipment fund		30	
200	30 31	Retained earnings, endowment, accumulated income, or other funds	00 103	31	EE 050
Net Assets or	32	Totalinet assets or fund balances	90,193	32	55,859
<u> </u>		Total liabilities and net assets/fund balances	90,193 92,365	33	55,859 60,182
د ۱	33	Intal lightities and their assets/filled balances			

·	990 (2019) GOOD NEIGHBOR ALLIANCE	86-091	7897	P	age 12
Pal	rt XII Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		• • • • •		· X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		369,	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			,151
3	Revenue less expenses Subtract line 2 from line 1	. 3			, 335
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		<u>90</u> ,	<u> 193</u>
5	Net unrealized gains (losses) on investments	. 5			
7	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8 9	Prior period adjustments	. 8			
10	Other changes in net assets or fund balances (explain on Schedule O)	. 9			1
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	40			
Par	32, column (B)) · · · · · · · · · · · · · · · · · ·	.   10	<del></del>	55,	859
i ui	Check if Schedule O contains a response or note to any line in this Part XII				
	Check it Schedule O contains a response of hote to any line in this Part XII		• • • • •	· · ·	بلا
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		15 (Made	Yes	No
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in			经	- 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1
	Schedule O				計画する   数
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	2235	1
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		Za		X 5425-
	reviewed on a separate basis, consolidated basis, or both		L.		
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		450	497.533	X Karata
	separate basis, consolidated basis, or both		3		
	Separate basis Consolidated basis Both consolidated and separate basis		1		1
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		26.80	X7-3	À.
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			jerin i	3 <b>년</b> (1)
	Schedule O			dr. m.	
32	As a result of a federal award, was the organization required to undergo an audits as set forth in the		2.4	1.52	gr. I
ou	Single Audit Act and OMB Circular A-133?		За		v
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		34		<u> </u>
	and and and the south and are the second and the se		зь		
EEA	ZA.			990 (2	2019)
			, 0,,,,	330 (2	-010)

#### SCHEDULE A

(Form 990 or 990-EZ)

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

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

OMB No 1545-0047 2019

Employer identification number

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection i

Department of the Treasury Internal Revenue Service Name of the organization

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

GOOD NEIGHBOR ALLIANCE 86-0917897 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) ) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the 4 hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of the perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections Aland B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV: Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You, must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated in organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, of Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported orga (ii) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Part III 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)

Se	ection A. Public Support				· · · · · · · · · · · · · · · · · · ·		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and		(2)		(4)	(0, 2010	(,) , 5 (
	membership fees received (Do not		į				
	include any "unusual grants")	288,955	358,335	401,849	366 900	274 054	1 700 003
2		286,933	338,333	401,649	366,890	374,854	1,790,883
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to the		1)				
	organization without charge						
4							
4 5	Total. Add lines 1 through 3	288,955	358,335	401,849	366,890	374,854	1,790,883
5	The portion of total contributions by						
	each person (other than a				<b>(6)</b>	A	
	governmental unit or publicly	*			4		
	supported organization) included on	<b>*</b>	1 m	4	# Cold 6 8		
	line 1 that exceeds 2% of the amount	1			<b>,</b> "		
_	shown on line 11, column (f)	<u> </u>	Act was marked to the first to	أراب الأحراب	<u> </u>		39, <u>608</u>
6	Public support. Subtract line 5 from line 4	Europa manual -			<u> </u>	الم سما للخطائية	1,751,275
	ction B. Total Support	T			13	· · · · · · · · · · · · · · · · · · ·	
_	lendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 20,17	<b>d</b> (d) 2018	(e) 2019	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·	288,955	358,,335	401,849	366,890	374,854	1,790,883
8	Gross income from interest, dividends,						
	payments received on securities loans,			) 🔝			
	rents, royalties and income from			′			
_	similar sources	16	16	26	18		76
9	Net income from unrelated business		13				
	activities, whether or not the business						
	is regularly carried on						
10	Other income Do not include gain or		مختوان				
	loss from the sale of capital assets	<b>P</b>					
	(Explain in Part VI )	640	4,078		202		4,920
11	Total support. Add lines 7 through 10	Special and the same and	المستخد سكا		N. A. Jet Ball	The same of the	1,795,879
12	Gross receipts from related activities, etc (s	èe instructions)				12	
13	First five years. If the Form 990 is for the org						
	organization, check this box and stop here			· · · · · · · ·		<u>.</u>	<u></u> ▶ 🗌
Se	ction C. Computation of PubliciSuppo	rt Percentage	<u> </u>				
14	Public support percentage for 2019 (line 6, c	olumn (f) dıvıde	d by line 11, co	olumn (f)) · · ·		14	97.52 %
15	Public support percentage from 2018 Schedi	ule A, Part II, lın	e 14	· · · · · · · ·	[	15	99.13 %
16a	33 1/3% support têst - 2019, If the organizat box and stop here. The organization qualifies	ion did not chec	k the box on lir	ne 13, and line	14 is 33 1/3%	or more, check	this
	box and stop here. The organization qualifies	s as a publicly s	upported orgai	nization			▶ 🖫
Ł	33 1/3% support test - 2018, If the organizat	ion dıd not chec	k a box on line	13 or 16a, and	l line 15 is 33 1	1/3% or more, c	heck
	this box and stop here. The organization qua	lifies as a public	cly supported o	rganization			▶ □
17a	ୀ0%-facts and-circum tances test - 2019. ।	If the organization	on did not chec	k a box on line	13, 16a, or 16	b, and line 14 is	i
	10% or more and if the organization meets the	ne "facts-and-cir	cumstances" to	est, check this	box and stop I	here. Explain in	
	Part VI how the organization meets the "facts	s-and-circumsta	nces" test. The	e organization	qualifies as a	oublicly support	ed
	organization						
b	10%-facts-and-circumstances test - 2018.	f the organization	on did not chec	k a box on line	13, 16a, 16b.	or 17a, and line	
	15 is 10% or more, and if the organization me	•				•	
	Explain in Part VI how the organization meets						clv
	supported organization			_		•	·
18	Private foundation. If the organization did no						
	instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2019 GOOD NEIGHBOR ALLIANCE

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

(Complete only if	f you checked the box o	n line 10 of Part I or if the organization failed to qualify un	der Part II
		ne tests listed helow, please complete Part II.)	/

50	ction A. Public Support	<i>y</i>		- · · · · · · · · · · · ·			
	lendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2013	(6) 2010	(6) 2017	(u) 2010	(6) 2013	(i) Total
•	received (Do not include any "unusual grants")			1	Ì	/	
2	Gross receipts from admissions, merchandise				-	/	
_	sold or services performed, or facilities				1		
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	-	-				
	unrelated trade or business under section 513						
4	Tax revenues levied for the			:	//		
•	organization's benefit and either paid to						
	or expended on its behalf				1		
5	The value of services or facilities			/			
	furnished by a governmental unit to the				•		
	organization without charge			<b>.</b>			
6	Total. Add lines 1 through 5		· · · · · ·		-		•
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				,		
b	Amounts included on lines 2 and 3				<b>X</b>		
	received from other than disqualified		/ #				
	persons that exceed the greater of \$5,000			<b>9</b>			
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		TOTAL STATE OF			MERCH SE	
	line 6)	SERVICE SERVICE			HE STAND	图 2000年	
Sec	ction B. Total Support	67					
Cal	endar year (or fiscal year beginning in) ▶	(a) <u>€</u> 015	( <b>ḃ́)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		刷				
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	<b>₽</b>					
b	Unrelated business taxable income (less		İ	:			
	section 511 taxes) from businesses						
	acquired after June 30, 1975/-						
C	Add lines 10a and 10b · · · · ·						
11	Net income from unrelated business						
	activities not included in line 1.0b whether	▶					
	or not the business is regularly carried on						
12	Other income Do not include gain or		1				
	loss from the sale of capital assets					1	
	(Explain in Part VI.)						
13	Total support (Add ines 9, 10c, 11,						
	and 12)		4 4	farmely an Efficient		notion 501(a)(2	<u> </u>
14	First five years. If the Form 990 is for the org						
~	- 5			· · · · · · · · · · · · · · · · · · ·	<del></del>		· · · · · <u> </u>
	tion C. Computation of Public Suppor Public support percentage for 2019 (line 8, c			- (f)		15	<u></u> %
15	· · · · · · · · · · · · · · · · · · ·					16	
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	[ 10 ]	70
	tion D. Computation of Investment Inc Investment income percentage for 2019 (line			a 13 column (	<u></u>	17	%
17 40						18	
18	Investment income percentage from 2018 Sc 33 1/3% support tests - 2019. If the organization						
ารล	17 is not more than 33 1/3%, check this box a						
1	33 1/3% support tests - 2018. If the organiza						_
a	line 18 is not more than 33 1/3%, check this b						
20	Private foundation. If the organization did no						
2.0	Filvate Ioutidation, it the organization did no	A UTICON A DUX	on mio 17, 13a,	J. 100, 01100K	Joon and S	35 111511 40115116	

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(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)

Sec	tion	A. Alī	Supp	orting	0	rgani:	zatio	ns

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

		Yes	No
	1~		
	2 -		!
i	3a	~-+-	
	3b		1
	3c		
	4a		1
	-4b	<del>-</del>	; :
	40		1
	 5a	-	- !
	5b		
	5c		
	6		<u>- :</u>
	7		-
	8	,,,,	_ !
	9а	-	1
	9b	7-	!
	9с		
	10a		· :
15-	10b	or 990-E	7) 2010
LOI	111 930 C	11 AAO-F	Z) 2019

Part Nor Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying tru	ust c	on Nov 20, 1970 (explain in	Part VI) See
instructions. All other Type III non-functionally integrated supporting organization	tions	s must complete Sections A	through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	110		
instructions for short tax year or assets held for part of year)			4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
a Average monthly value of securities	Дa		
b Average monthly cash balances	1b,		
c Fair market value of other non-exempt-use assets	1ċ	<b>X</b>	
d Total (add lines 1a, 1b, and 1c)	1d	2	
e Discount claimed for blockage or other	7		200
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 (forgreater amount,	,		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	1 - V - V - V - V - V - V - V - V - V -	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	The state of the state of	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	Aming a proper of the second commercial and the	
6 Distributable Amount. Subtract-line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	The state of the s	
7 Check here if the current year is the organization's first as a non-functionally in	ntea	rated Type III supporting or	ganization (see
unstructions)	٠		- •

ıға	Ittval Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	<del></del>
Se	ction D - Distributions	,		Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			`
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets		· ·	
<u>_</u>	Qualified set-aside amounts (prior IRS approval required)	· ·		
6	Other distributions (describe in Part VI) See instructions	<del></del>		<del>-</del>
7	Total annual distributions. Add lines 1 through 6	<del></del>	<del></del>	
8	Distributions to attentive supported organizations to which the	e organization is respons	sive ·	·
	(provide details in Part VI) See instructions	gameanottic cop of the		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			·
<u> </u>	2.110 C dillouit Civil20d by 1110 C dillouit		(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			<b>医新型性直接</b>
	(reasonable cause required - explain in Part VI) See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount	<b>是我記述籍於為計劃</b>		
i	Carryover from 2014 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f	Ø		
4	Distributions for 2019 from			
	Section D, line 7 \$			
a	Applied to underdistributions of prior years		30000 20000	
b	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from			
5	Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h			`
	and 4b from line 1 For resulting reater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2020 Add lines 3j	- Service Serv		
	Excess distributions carryover to 2020 Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016 · J. ·			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019 · · · ·			

<u> </u>	III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section
	B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
	A-
<u> </u>	
	•

### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

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

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

	D NEIGHBOR ALLIANCE		86-0917897
P.a	rtill Organizations Maintaining Donor Advised Fur	ds or Other Similar Funds or Accou	nts.
	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 donor advisors in writing	ng that the assets held in donor advised	
	funds are the organization's property, subject to the organization'		∏ Yes ∏ No
6	Did the organization inform all grantees, donors, and donor advis	<del>-</del>	
	only for charitable purposes and not for the benefit of the donor of		
			· · · · · · · · · · · · · · · · · · ·
Pa	rtilli Conservation Easements.		
	Complete if the organization answered "Yes" on	Form 990, Part IV line	
1	Purpose(s) of conservation easements held by the organization (		
-	Preservation of land for public use (e.g., recreation or education)	11 27	a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space	1 Tesetvation of a	a certified filotoric structure
2	Complete lines 2a through 2d if the organization held a qualified or	onservation contribution withe form of a cons	envation
-	easement on the last day of the tax year	onservation contribution in the form of a cons	
-	Total number of conservation easements		Held at the End of the Tax Year  2a
a			. 2b
b	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure.		
C	Number of conservation easements included in (c) acquired after		·   2c
d		7/25/06, and-not on a	
_			. 2d
3	Number of conservation easements modified, transferred release	ed, extinguished, or terminated by the organiz	zation during the
	tax year		
4	Number of states where property subject to conservation easeme	<del></del>	
5	Does the organization have a written policy regarding the periodic		П v <sub>22</sub> П и <sub>2</sub>
	violations, and enforcement of the conservation easements it hold		
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
-		-formulation of the formulation	
7	Amount of expenses incurred in monitoring, inspecting handling	of violations, and enforcing conservation easi	ements during the year
_	\$		
8	Does each conservation easement reported on line 2(d) above sa		
_			
9	In Part XIII, describe how the organization reports conservation e		
	balance sheet, and include linapplicable, the text of the footnote to	o the organization's financial statements that	describes the
<u> </u>	organization's accounting for conservation easements	And High in all Trees and On	la - Cimila - A
Rai	tilli Organizations Maintaining Collections of		mer Similar Assets.
	"Complete if the organization answered "Yes" on		
1a	If the organization elected as permitted under FASB ASC 958, no		
	of art, historical treasures, or other similar assets held for public e		ce of public
	service, provide in Part XIII the text of the footnote to its financial		
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue statement and balance	sheet works of
	art, historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherance	of public service,
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasure		
	following amounts required to be reported under FASB ASC 958 r		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		· · · · · <b>&gt;</b> \$
	aperwork Reduction Act Notice, see the Instructions for Form		Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 GOOD NEIGHBOR ALI	LIANCE		86-091	.7897 Page 2
Pa	artilla Organizations Maintaining Co		storical Treasures		
3	Using the organization's acquisition, accession, an	nd other records, check ar	y of the following that ma	ike significant use of its	
	collection items (check all that apply)				
а	Public exhibition	d	Loan or exchange	programs	
b	Scholarly research	е	Other	. •	
С	Preservation for future generations				
4	Provide a description of the organization's collection	ons and explain how they f	further the organization's	exempt purpose in Part	
	XIII	. ,	· ·		
5	During the year, did the organization solicit or recei	ive donations of art, histor	ical treasures, or other si	mılar	
	assets to be sold to raise funds rather than to be m				. Yes No
Pa	rt:IV: Escrow and Custodial Arrange			·	
·	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, line	9, or reported an am-	ount on Form
	990, Part X, line 21			•	
1a	Is the organization an agent, trustee, custodian or o	other intermediary for con	tributions or other assets	not	
	included on Form 990, Part X?				· · 🗌 Yes 🗍 No
b	If "Yes," explain the arrangement in Part XIII and co				
		, , ,		An	nount
С	Beginning balance			<b>—</b>	
đ					······································
е	• ,				
f	Ending balance		<b>*</b>	. 1f	
2a	Did the organization include an amount on Form 99	00. Part X. line 21. for esci	row or custodial-account	· · · · · · · · · · · · · · · · · · ·	· Yes No
ь	If "Yes," explain the arrangement in Part XIII Check				
	rt V Endowment Funds.				
	Complete if the organization ans	wered "Yes" on Fori	m)990, PartilV, line	10	
			Prior year (c) Two year	<del></del>	(e) Four years back
1a	Beginning of year balance	uy current your (0/at	(c) Iwo year	Jack (d) Thee years back	(e) Fool years back
ь	Contributions				
c	Net investment earnings, gains, and				
Ŭ	losses · · · · · · · · · · · · · · · · · ·				
d	Grants or scholarships				
e	Other expenditures for facilities and				<del></del>
·	programs · · · · · · · · · · · · · · · · · · ·				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the current year	ar end halance (line 1g. co	lumn (a)) held as		
a	Board designated or quasi-endowment	%	numm (a)) neid as		
b	Permanent endowment	<i>"</i>			
c	Term endowment ▶ ♠%				
•	The percentages on lines 2a, 2b, and 2c should equ	ıal 100%			
3a	Are there endowment funds not in the possession of		held and administered for	or the	
	organization by	organization mat are	note and deministrates	or 1110	Yes No
	(i) Unrelated organizations				. 3a(i)
	(ii) Related organizations				. 3a(ii)
ь	If "Yes" on line 3a(ii), are the related organizations in	sted as required on Scher	dule R2		. 3b
4	Describe in Part XIII the intended uses of the organi				
Par	t VI Land, Buildings and Equipmen		·	<del></del>	<del></del>
-	Complete if the organization ansv		n 990 Part IV line	11a See Form 990 F	Part X line 10
	Description of property				
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	,	(	- " u shamp" hay y gays	
	Buildings		<del>                                     </del>	2 39 A 1 4 4 44 1	
р	Leasehold improvements	10.040		2 714	10.500
d	Equipment	16,242		3,714	12,528
u	Equipment	25,085	1	24,604	481

e Other · · · · · · · · · · · · STMD1E ·

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GOOD NEIGHBOR ALLIANCE

Rart VIII	Investments - Other Securities.  Complete if the organization answered "Yes"	on Forn	n 990. Part IV. lin	e 11b	See Form 9	90. Part X. line	e 12
-	(a) Description of security or category (including name of security)		(b) Book value		(c)	Method of valuation nd-of-year market value	
(1) Financial o	derivatives						
(2) Closely-he	ld equity interests	[					
(3) Other							
_(A)				ļ <u> </u>	·		
(B)			<del></del>				
_(C)				<u> </u>			
(D)							
(E)	<del></del>						
(F)					- ··		
(G)			<del></del>	<u> </u>			
(H)	(b) must equal Form 990, Part X, col (B) line 12)			TARTHETO ME		nich liebestotkeiseke	THE CENT
Part VIII	Investments - Program Related.  Complete if the organization answered "Yes" of the organization and the organizati			<u>јекие</u> е 11с	See Form 9	90 Part X line	13
<del> </del>		1		1			
	(a) Description of investment		(b) Book value			Method of valuation id-of-year market value	
(1)			W)				
(2)							
(3)							•
(4)				1		* *	
(5)		4					
(6)		A STATE OF THE PARTY OF THE PAR					
(7)							
(8)	H			ļ			<del></del>
(9)			<i>9</i>	2013-0-2013	V ARTHUR HOME THE VILLA	ero er er er er er er er	8'54'68'810'45" ±0
Part IX	(b) must equal Form 990, Part X, col (B) line 13 1			ACCOUNT OF		<b>新疆沙型地位的</b>	<b>萨哈姆加</b> 斯
FEGI INT	Complete if the organization answered "Yes" of	n Form	990 Part IV line	- 11d	See Form 9	90 Part X line	15
	(a) Description		1000, 1 41114, 1111	- 110	1		
(1)	(a) vescription					(b) Book val	ide
(2)			•				
(3)							
(4)							
(5)							
(6)							
(7)	The state of the s						
(8)			•				
(9)							
	(b) must equal Form 990 Part X, col (B) line 15)				🕨		
ParteX	Other Liabilities.  Complete if the organization answered "Yes" of line 25.	n Form	990, Part IV, line	e 11e c	or 11f See F	orm 990, Part	Χ,
1	(a) Description of liability	b) Book valu	Je J	<b>建</b> 接流			
(1) Federal in	come taxes						
(2WELLS F.	ARGO CREDIT CARD						
	CTABILITIES						
(4)							
(5) *	•						
(6)							
(7)							
(8)							
(9)							
	) must equal Form 990, Part X, col. (B) line 25 ) · ▶					動作品は多	海其的
	ncertain tax positions In Part XIII, provide the text of the footn		-		•		
organization's li	ability for uncertain tax positions under FASB ASC 740 Check	here if th	e text of the footnote	has been	provided in Pa	rt XIII · · · ·	<u>· · Ц</u>

	duie D (Form 990) 2019 GOOD NEIGHBOR ALLIANCE	86-0917897	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants	25.3	
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	<b>**</b>	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
C	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pa	rt·XII器 Reconciliation of Expenses per Audited Financial Statements With Expense		
	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		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d	Ze Ze	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	<b>20</b> 434	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII )		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 184)	5	
Pai	t XIII Supplemental Information.	l	
rovi	de the descriptions required for Part II, lines 3, 5, and 9, Rart III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, P	art X. line	_
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
			_
			_
		<del></del>	<del></del>

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

### Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2019

Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ -/₅¥Open to Public Department of the Treasury ▶Go to www.irs gov/Form990 for instructions and the latest information 🖈 nspection 🤫 Name of the organization Employer identification number GOOD NEIGHBOR ALLIANCE 86-0917897 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (II) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col (i) Yes No 5 6 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000

	ļ		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
æ	2	Less Contributions Gross income (line 1 minus				
		line 2)				
	4	Cash prizes · · · · · · · · · ·	· <u>.</u>			
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages		•		
Direct	8	Entertainment				
	9	Other direct expenses			<u> </u>	
	10 11	Direct expense summary Add lines 4 Net income summary Subtract line 1				
Pa	rt III			(es" on Form 990, Part I	V, fine 19, or reported n	nore than
	_	\$15,000 on Form 990-EZ, I	ine 6a			
Revenue			(a) Bingo	(b)¹Pull'tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue		<i>]</i>		
ဖွ	2	Cash prizes · · · · · · · · · ·	<u> </u>			
Direct Expenses	3	Noncash prizes				
Orrect E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	₩ Yes %	☐ Yes% ☐ No	☐ Yes % ☐ No	
ļ	7	Direct expense summary Add-lines 2	through 5 in column (d)			
	8	Net gaming income summary Subtra	ct line 7 from line 1, columi	n (d)		
9	Ente	er the state(s) in which the organizatio	n conducts gaming activitie	es		
a b		ne organization licensed to conduct ga lo," explain	ming activities in each of th	nese states?	• • • • • • • • • • • • • • • • • • • •	· · · ·   Yes   No
		re any of the organization's gaming lice les " explain	enses revoked, suspended	_	x year? · · · · · ·	· · · · [] Yes [] No

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization General Information on Grants and Assistance

GOOD NEIGHBOR ALLIANCE

Governments, and Individuals in the United States complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

tOpen{tofPublication 2019

OMB No 1545-0047

Employer identification number Go to www.irs.gov/Form990 for the latest information.

86-0917897

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization   Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed   Amount of non-confidence of organization   (a) Amount of cash   (b) EIN   (if applicable)   (if a	and Domestic Governments. Complete if the organization answered "Yes" on Form 990, 000. Part II can be duplicated if additional space is peeded	Complete of the ord	") anization answered	Vec" on Form 000	
(a) Nam				, ce o o o o o o o	
(a) Name and address of organization (b) EIN (c) IRC or government (if applied to the control of	3015011253 02 150 111	ii additional space i	s needed		
	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	(				
(2)					
(3)					
(4)					
(2)					
(9)					
(E)					
(8)					
(6)				<i>k</i>	
(10)					
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	table				

Schedule I (Form 990) (2019)

# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public

Employer identification number

GOOD NEIGHBOR ALLIANCE	86-0917897
01. Form 990 governing body review (Part VI, line 11)	
GOVERNING DOCUMENTS PRESENTED AT EACH BOARD MEETING. PUBIC INVITED TO BOAR	D MEETINGS. A
YEARLY BINDER WITH DOCUMENTS ON FILE	
02. Conflict of interest policy compliance (Part VI, line 12c)	
ORGANIZATION REMINDS DIRECTORS AND KEY EMPLOYEES AT ANNUAL MEETING	
03. CEO, executive director, top management comp (Part VI, line 15a)	
DETERMINING COMPENSATION FOR EXECUTIVE DIRECTOR IS DONE BY PRESENTATION AT	THE BOARD
MEETING FOR BOARD MEMBERS TO VOTE ON PROPOSED COMPENSATION	
04. Governing documents, etc, available to public (Part VI, line 19)	
990 IS MADE AVAILABLE TO ALL BOARD MEMBERS AND MADE AVAILABLE TO THE GENERA	L PUBLIC UPON
REQUEST	
05. Explanation of other changes in met assets or fund balances (Part XI,	line 9)
PART XI, LINE 9.	
OTHER CHANGES	
\$1 ROUNDING	
06. List of other expenses (Part IX, line 24e)	
LIST OF OTHER EXPENSES	
PROGRAM SERVICES	
REIMBURSED EXPENSES \$59,728	

Schedule O (Form 990 or 990-EZ) (2019)	Page P
Name of the organization	Employer identification number
GOOD NEIGHBOR ALLIANCE	86-0917897
DUES AND SUBSCRIPTIONS \$360	
GUEST SERVICES - MORALE AND WELFARE \$144	
GÜEST SERVICES - GUEST ASSISTANCE \$105	·
GUEST SERVICES - FOOD AND NUTRITION \$425	
GUEST SERVICES - MOTEL VOUCHERS \$619	
GUEST SERVICES - RENTAL DEPOSIT ASSISTANCE \$135	
MANAGEMENT AND GENERAL	
OTHER EXPENSE \$62	A
OTHER PAYROLL EXPENSE \$290	
MEALS AND ENTERTAINMENT \$216	

Schedule O (Form 990 or 990-EZ) (2019)

EEA