EXTENDED TO NOVEMBER 16, 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

(Rev. January 2020) Department of the Treasury Internal Revenue Service

▶ 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. A For the 2019 calendar year, or tax year beginning and ending

Open to Public Inspection

В	Check if applicable	C Name of organization	D Employer identific	cation number
Г	Addres	S NETGUDODUCOD OE AEEODDADIE HOHOTNO ING		
F	lchange		04-29646	3.0
F	change Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
F	Final return/	143 BORDER STREET	617-567-	
	termin- ated		G Gross receipts \$	4,531,481.
	Amend		H(a) Is this a group re	
	Application	F Name and address of principal officer: PHILIP GIFFEE	for subordinates	
	pendin	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No
I	Tax-exe			list. (see instructions)
		e: ▶ WWW.NOAHCDC.ORG	H(c) Group exemptio	
			'ear of formation: 1986 N	State of legal domicile: MA
Р		Summary		
9	1 1	Briefly describe the organization's mission or most significant activities: THE NEIG	HBORHOOD OF A	F.F.OKDARTE
Governance		HOUSING INC.'S (NOAH), A COMMUNITY DEVELOPME		
Ver	2 (Check this box Lift the organization discontinued its operations or disposed of n		ssets.
Ĝ	3 1		3	12
•ŏ თ		Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2019 (Part V, line 2a)		27
Activities &		Total number of volunteers (estimate if necessary)		72
ŧ		Total unrelated business revenue from Part VIII, column (C), line 12		0.
ď		Net unrelated business taxable income from Form 990-T, line 39		0.
			Prior Year	Current Year
Ф	8 (Contributions and grants (Part VIII, line 1h)	2,507,028.	2,319,510.
Revenue	9 1	Program service revenue (Part VIII, line 2g)	1,429,789.	2,153,728.
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	15,053.	14,784.
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	385,828.	36,861.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,337,698.	4,524,883.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	1 ((2 502
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,572,914.	1,663,583.
en	16a I	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Ĕ	` <mark>.</mark> ,	Total fundraising expenses (Part IX, column (D), line 25) Dther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,094,445.	3,515,837.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,667,359.	5,179,420.
		Revenue less expenses. Subtract line 18 from line 12	-329,661.	-654,537.
Or Sec	3	toronde loss expenses. Castract into 10 norm into 12	Beginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	21,241,946.	23,988,202.
ASS	21	Fotal liabilities (Part X, line 26)	18,258,864.	21,659,057.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	2,983,082.	2,329,145.
Р	art II	Signature Block		
	-	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	e, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		Signature of officer	 Date	
Sig	I	PHILIP GIFFEE, EXECUTIVE DIRECTOR	Dale	
He	re	Type or print name and title		
			Date Check	PTIN
Pai	id	Print/Type preparer's name SORIE KABA, CPA Preparer's signature SORIE KABA, CPA	06/15/20 self-employe	P01317106
		Firm's name AAFCPAS, INC.	Firm's EIN	04-2571780
	e Only	Firm's address 50 WASHINGTON STREET	I IIIII 3 LIIV	
-		WESTBOROUGH, MA 01581	Phone no. 50	8-366-9100
Ma	ıy the IF	S discuss this return with the preparer shown above? (see instructions)	1	X Yes No

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE PAGE 1, LINE 1.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
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 services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 550,506 • including grants of \$) (Revenue \$
та	COMMUNITY SERVICES: WORKS WITH COMMUNITY MEMBERS FROM EAST BOSTON TO
	IMPROVE THE ENVIRONMENT, ENHANCE THE QUALITY OF LIFE AND DEVELOP
	LEADERSHIP SKILLS OF RESIDENTS OF EAST BOSTON AND BEYOND. THESE GOALS
	ARE ACHIEVED BY INVOLVING A BROAD RANGE OF RESIDENTS AND COMMUNITY
	ASSOCIATIONS IN THE PLANNING, DESIGN, IMPLEMENTATION, MAINTENANCE, AND
	PROGRAMMING OF ENVIRONMENTAL RESTORATION PROJECTS, AS WELL AS COMMUNITY
	ORGANIZING PROJECTS. ALSO PROVIDES ENGLISH CLASSES FOR SPEAKERS OF
	OTHER LANGUAGES (ESOL), AND SUMMER SOCCER AND SCHOOLYARD PROGRAMS FOR
	CHILDREN.
4b	(Code:) (Expenses \$344,392 • including grants of \$) (Revenue \$)
	HOMEBUYER SERVICES: PROVIDES SERVICES RELATED TO HOME BUYING TO FIRST
	TIME HOMEBUYERS WHO ARE PRIMARILY LOW TO MODERATE INCOME
	INDIVIDUALS/FAMILIES. ALSO PROVIDES SERVICES RELATING TO FORECLOSURE
	MITIGATION AND PREVENTION COUNSELING. NOAH OFFERS THIS TO INDIVIDUALS
	AND FAMILIES WHO ARE BEHIND ON THEIR MORTGAGE PAYMENTS OR MAY SOON
	BECOME SO, OR IN THE FORECLOSURE PROCESS WITH THEIR LENDERS. FINANCIAL
	LITERACY, CREDIT AND BUDGETING EDUCATION: PROVIDES LOW-AND MODERATE
	INCOME COMMUNITY MEMBERS UP TO EIGHT HOURS OF FREE COURSEWORK TEACHING
	HOW TO ESTABLISH AND MAINTAIN A RECORD OF GOOD CREDIT, HOW TO
	UNDERSTAND CREDIT SCORING AND HOW TO SET AND REACH FINANCIAL GOALS.
	ALSO OFFERS FREE VOLUNTEER INCOME TAX ASSISTANCE DURING THE TAX YEAR
	FOR LOW-MODERATE INCOME INDIVIDUALS AND FAMILIES WHO QUALIFY.
4c	(Code:) (Expenses \$ 568,206 • including grants of \$) (Revenue \$
	REAL ESTATE AND ECONOMIC DEVELOPMENT: DEVELOP AFFORDABLE HOUSING
	OWNERSHIP AND RENTAL UNITS FOR LOW AND MODERATE INCOME INDIVIDUALS AND
	FAMILIES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 3,348,381. including grants of \$) (Revenue \$ 2,184,526.)
4e	Total program service expenses ► 4 , 811 , 485 .

Form 990 (2019) NEIGHBORHOOD Part IV Checklist of Required Schedules

			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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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		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		X
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		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	ıza		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_ v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 '`
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	O the state of the			

Form 990 (2019) NEIGHBORHOOD OF AF Part IV Checklist of Required Schedules (continued)

23 IX 24a Did the organization answer "Yes" to Part VII, Section A, Ine 3.4, or 5 about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was proceeds of tax-exempt bonds beyond a temporary period exception? 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26c Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 0 defease any tax-exempt bonds? 26d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 0 defease any tax-exempt bonds? 27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 0 defease any tax-exempt bonds? 28d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 0 defease any tax-exempt bonds? 28d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 1 feet. For complete Schedule L, Part I Sea IX 28d Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or any of these persons? If "Yes," complete Schedule L, Part II Sea IX 28d Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II Sea IX 29d Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV Sea IX A service of forector, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule IX, Part IV Sea IX A service of for				Yes	No
23 Dút the organization answer "Ves" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yos," complete Schedule I. Part IV 24a Dút 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." yor to line 25a Compensation invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Dút the organization maintain an escrow account other than a refunding escrow at any time during the year? 25d Oút the organization and an activity of the second of the organization and the year? 25d Section 501(5)(3, 501(4)) and 501(4)(29) organizations. Did the organization allow year? 25d Section 501(5)(3, 501(4)) and 501(4)(29) organizations organizations are found in a prior year, and that the transaction with a disqualited person during the year? If "Yes," complete Schedule I., Part I 25d Did the organization export that it engaged in an excess benefit transaction with a disqualited person in a prior year, and that the transaction has not been reported on any of the organizations prior forms 950 or 990-EZP If "Yes," complete Schedule I., Part II 25d Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee thereof, a grant selection committee employee to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I., Part III 25d Aurented Tories officer, director, trustee, key employ	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, frustess, key employees, and highest compensated employees? If "Yes," complete Schedule I. Part IV 23 X 24a Did the organization have a tax-escentp toor dissue 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." got a firm 25s 24b Did the organization invest any proceeds of tax-escentpt bonds beyond a temporary period exception? 24d Did the organization invest any an escow account other than a returning escrew at any time during the year to defease any tax-exempt bonds? 24d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? defease any tax-exempt bonds? 25a Section 501(3), 501(4)49, and 501(4)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I 25b Ib the organization avare 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 sprior forms 990 or 990 EZP If "Yes," complete Schedule I. Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fusites, key employee, creator or founder, substantial contributor, or 35% controlled entity frictuling an employee themetor of any of these persons? If "Yes," complete Schedule I. Part IV 26b Did the organization provide a grant or other assistance to any current or former officer, director, fusites, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule II. Part IV Instructions, or applicable limiting thresholds, conditions, and exceptions? If "Yes," complete Schedule II. Part IV Instructions, for applicable limiting thresholds, conditions, and exceptions? If "Yes," complete Schedule III		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J. 2a 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 years, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." ye to fine 23b. 2b Did the organization maintain an escrew account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 2d Did the organization are start any proceeds of tax-exempt bonds beyond a temporary period exception? 2d Did the organization are than a refunding escrow at any time during the year to defease any tax-exempt bonds? 2d Did the organization are at as an "on behalf of" issuer for bonds outstanding at any time during the year? 2d Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person line prior year, and that the transaction what not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part II 26b Id the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, key employee, creator or former officer, di	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," arrayer lines 24b through 24d and complete \$24b b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization invest as an "on behalf off issuer for bonds outstanding at any time during the year? 24d Did the organization explains the second proceed any tax exempt bonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 17 (ex.) Complete Schedule L, Part 1		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Docember 31, 2002 if "Yes," answer image 244 and complete Schedule K. If "No." yo to line 25a 24b 24b 25chedule K. If "No." yo to line 25a 25b 25chedule K. If "No." yo to line 25a 25chedule K. If "No." yo to line 25a 25chedule K. If "No." you take year you are account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b 25a Saction 501(c)(3), 801(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		Schedule J	23	X	
Schedule K. If "No." on to line 25a	24a				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain acrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c/3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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 with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II I I I I I I I I I I I I I I I I I		Schedule K. If "No," go to line 25a	24a		X
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28a 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? 28b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with at the regard and an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a flavour transaction with a disqualified person in a prior year, and that the 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 980 or 990 E27 if "Yes," complete Schedule L, Part II 28 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee threeof) or family member of any or 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 fining thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a Was the organization receive more than \$25,000 in non-ceah contributions? If "Yes," complete Schedule L, Part IV 28b A family member of any individual described in line 28a? If "Yes," complete Schedule II. Part IV 28c X Did the organization receive more than \$25,000 in non-ceah contributions? If "Yes," complete Schedule IV Part II 28c X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes,	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(52), 501(64), and 501(62) organizations, old the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction provide a grant or other part or any outrent or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member da any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or a 55% controlled entity of one or more individuals and or organization set of following parties (see Schedule I., Part II) 28 Was the organization a party to a business transaction with one of the following parties (see Schedule I., Part II) 28 A Can Stoke Controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?// 19 See 10 A family member of any individual described in line 28a? If 'Yes,' complete Schedule I., Part II 28 Bab	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 15 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-E27 If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 27 X 28 X X X X X X X X X		any tax-exempt bonds?	24c		
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 V 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V 10	33		22	x	
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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 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		35b	Х	
If "Yes," complete Schedule R, Part V, line 2 36 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 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	36				
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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 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 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		, , ,	36	Х	
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	37				
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 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 Note: All Form 990 filers are required to complete Schedule O The check if Schedule O contains a response or note to any line in this Part V Yes Note: All Form 990 filers are required to complete Schedule O The check if Schedule O contains a response or note to any line in this Part V Yes Note: All Form 990 filers are required to complete Schedule O The check if Schedule O contains a response or note to any line in this Part V Yes Note: All Form 990 filers are required to complete Schedule O The check if Schedule O contains a response or note to any line in this Part V Yes Note: All Form 990 filers are required to complete Schedule O The check if Schedule O contains a response or note to any line in this Part V The check if Schedule O contains a response or note to any line in this Part V Yes Note: All Form 990 filers are required to complete Schedule O The check if Schedule O contains a response or note to any line in this Part V Yes Note: All Form 990 filers are required to complete Schedule O The check if Schedule O contains a response or note to any line in this Part V Yes Note: All Form 990 filers are required to complete Schedule O The check if Schedule O contains a response or note to any line in this Part V Yes Note: All Form 990 filers are required to complete Schedule O The check if Schedule O contains are required to complete Schedule O The check if Schedule O contains are required to complete Schedule O The check if Schedule O contains are required to complete Schedule O The check if Schedule O contains are required to complete Schedule O The check if Schedule O contains are required to complete Schedule O The check if Schedule O contains are required to complete Sched		· · · · · · · · · · · · · · · · · · ·	37		Х
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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 Ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			38	Х	
Ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
Ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a					
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1a				
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(gambling) winnings to prize winners?	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
		(gambling) winnings to prize winners?	1c	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No				
2 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 2a	27						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
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		X				
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).			l				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X				
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>						
6a	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?	<u>6a</u>		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
_	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).			v				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay			X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		x				
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7с		A				
		7e		х				
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization during the year, pay premiums directly or indirectly on a personal benefit contract?							
f	3 , 3 , 1 , 1 ,							
_	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
8	 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 							
Ŭ	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.	8						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?							
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders 11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand	14a		X				
	4a Did the organization receive any payments for indoor tanning services during the tax year?							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	+					
15								
	excess parachute payment(s) during the year?							
16	If "Yes," see instructions and file Form 4720, Schedule N.	46		х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		A				
	If "Yes," complete Form 4720, Schedule O.							

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
_	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
·	of officers, directors, trustees, or key employees to a management company or other person?	3		х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	5 6		X						
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	۰								
1 a		7a		х						
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a								
D		76		x						
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b								
8		0-	Х							
a	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	-22							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x						
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		21						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
40		40	Yes	No X						
	Did the organization have local chapters, branches, or affiliates?	10a								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		- v							
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
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?		7.7							
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►MA									
18	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	/) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finaı	ncial							
	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 >									
	PHILIP GIFFEE, EXECUTIVE DIRECTOR - 617-567-5882									
	143 BORDER STREET, EAST BOSTON, MA 02128									

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

- 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.

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

(A)	(B)	organization compensat						(D)	(E)	(F)
Name and title	Average	/		Pos	itior	1		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than	h an	compensation	compensation	amount of
	week	\vdash	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	8			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		e e	ubeus	4	(W-2/1099-MISC)		organization and related
	below	lual tr	tional	١.	nploy	st cor	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			5.ga <u>_</u> a
(1) GREG COMEAU, CPA	0.25	 	 				7			
MEMBER	1.25	x	-					0.	0.	0.
(2) ERNANI DEARAUJO, ESQ.	0.25									
MEMBER	1.25	Х				K		0.	0.	0.
(3) LAUREN DEMAYO, CPA	0.25									
TREASURER	1.25	Х		X				0.	0.	0.
(4) RICK HIGH	0.25								_	_
MEMBER	1.25	Х						0.	0.	0.
(5) MICHAEL LAKE	0.25									
PRESIDENT	1.25	X		X				0.	0.	0.
(6) DAVID LANK	0.25	۱								
MEMBER	1.25	Х						0.	0.	0.
(7) RITA LARA	0.25	4								
MEMBER	1.25	Х						0.	0.	0.
(8) ORLANDO PACHECO	0.25	۱								
MEMBER	1.25	Х						0.	0.	0.
(9) JOE RUGGIERO	0.25	١,,							0	0
MEMBER	1.25	Х						0.	0.	0.
(10) MARC SAVATSKY	0.25	٠,		\ \ **					0	0
VICE PRESIDENT	1.25	Х	_	Х		_		0.	0.	0.
(11) ROBERT SCHMIDT	1.25	x		x				0.	0.	0.
SECRETARY/CLERK	0.25	^	\vdash	^		-		0.	0.	0.
(12) CARRIE TENNANT ESQ. MEMBER	1.25	X						0.	0.	0.
(13) PHILIP R. GIFFEE	37.50	^						0.	0.	0.
EXECUTIVE DIRECTOR	1.25	1		x				171,666.	0.	24,360.
(14) VINNY QUALTIERI	37.50							171,000.	0.	24,500
DIRECTOR OF FINANCE	1.25	1		X				99,684.	0.	6,388.
	+	\vdash	\vdash	 ``		\vdash		22,004.	•	0,500
		1								
			T							
		1								
		1					l			

932007 01-20-20 Form **990** (2019)

(A)	(B)	1		_ (C	-			(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Es	timate	d
	hours per	box	, unle	ss per	son i	is bot	h an	1 ' 1 '				ount o	of
	week (list any	-	l a		10010	17 11 00	100)	from the	from related		1	other	tion
	hours for	director				p		organization	organization (W-2/1099-MIS			pensat om the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 1	50,		anizati	
	organizations	trust	nal tru)yee	ompe					and	d relate	∍d
	below	Individual trustee or	Institutional trustee	cer	Key employee	Highest compensated employee	Former				orga	nizatio	วทร
	line)	ib II	lnst	Officer	Key	Hig	Por						
		}											
			_					4					
		-											
			_		4		7						
						L	4						
b Subtotal								271,350.		0.	3	0,74	
c Total from continuation sheets to Part	VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	271,350.		0.	3	0,74	18.
Total number of individuals (including bu compensation from the organization		nose	liste	ed ab	OOVE	e) wh	no re	eceived more than \$100	0,000 of reportab	le			1
sempendation nem the engant action												Yes	No
Did the organization list any former office			кеу е	emple	oye	e, o	hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J fo	r such individual										3		X
For any individual listed on line 1a, is the								-	•			77	
and related organizations greater than \$ Did any person listed on line 1a receive or											4	Х	
Did any person listed on line 1a receive of					-		elat	•			E		Х
rendered to the organization? If "Yes," coection B. Independent Contractors	impiete Scriedui	e J i	Or Si	исп р	Jers	SOII .					5		
Complete this table for your five highest	-	-								npens	ation f	rom	
the organization. Report compensation for	or the calendar y	ear	endi	ng w	ith	or w	ithir T		year.		10		
(A) Name and busine	ss address	N	ІИС	3				(B) Description of s	ervices	С	Ompei		1
Total number of independent contractors		ot li	mite	d to		se lis	sted	above) who received m	nore than				
\$100,000 of compensation from the orga	arnzatiOH 📂										Form (

Form 990 (2019) NEIGHBOI
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lir	oo in this Bart VIII			
		Crieck if Scriedule O contains a response	or note to arry in	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
						business revenue	
<u> </u>			100 201				sections 512 - 514
nts	1 a	Federated campaigns 1a	190,301.				
اق ق		Membership dues1b					
Łs,	С	Fundraising events 1c					
直	d	Related organizations1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e 1,	440,944.				
rior S	f	All other contributions, gifts, grants, and					
la gi		similar amounts not included above 1f	688,265.				
d d	g	Noncash contributions included in lines 1a-1f 1g \$					
a C	h	Total. Add lines 1a-1f		2,319,510.			
			Business Code				
يو ا	2 a	RENTAL INCOME	531110	1,179,819.	1,179,819.		
ا <u>ک</u>	_ b	DETTEL ODED BEEG	531110	600,000.			
Ser	c	PROPERTY AND PROJECT M	531110	373,909.			
E §	d			0.0,000	40707000		
Program Service Revenue	u						
۲ ا	•	All attenues and an incompany					
_	Ţ	All other program service revenue		2,153,728.			
\dashv	9	Total. Add lines 2a-2f		2,133,120.			
	3	Investment income (including dividends, intere		14,784.			14,784.
	_	other similar amounts)		14,704.			14,/04.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses					
Revenue	С	Gain or (loss) 7c					
Re		Net gain or (loss)	>				
ther		Gross income from fundraising events (not					
₹	_	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a	12,661.				
	h	Less: direct expenses 8b	<u> </u>				
				6,063.			6,063.
		` '	D	0,0031			0,0001
	9 а	Gross income from gaming activities. See					
		Part IV, line 19 9a		-			
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	D				
	10 a	Gross sales of inventory, less returns					
		and allowances10a					
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory					
က္ဆ			Business Code				
e e	11 a	MISCELLANEOUS	900099	30,798.	30,798.		
ane	b						
Miscellaneous Revenue	С						
Ĩŝ⊟	d	All other revenue					
_		Total. Add lines 11a-11d	.	30,798.			
	12	Total revenue See instructions	<u> </u>		2.184.526.	0.	20.847.

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

3601	ion 501(c)(3) and 501(c)(4) organizations must com			ompiete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	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	302,098.	220,464.	52,230.	29,404.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 106 500	000 116	00 700	70 046
7	Other salaries and wages	1,106,790.	999,116.	28,728.	78,946.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	137,471.	126,780.	4,625.	6,066.
9	Other employee benefits	117,224.	102,459.	6,374.	8,391.
10	Payroll taxes Fees for services (nonemployees):	111,224.	102,439.	0,3/4.	0,391.
11	Management				
		18,325.	15,454.	2,871.	
	LegalAccounting	28,500.	23 / 13 11	28,500.	
	Lobbying	=0,000			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		·		
	column (A) amount, list line 11g expenses on Sch O.)	302,425.	287,011.	11,489.	3,925.
12	Advertising and promotion	14,571.	14,382.		189.
13	Office expenses	48,623.	29,904.	15,932.	2,787.
14	Information technology				
15	Royalties	1 105 055	4 4 5 4 5 5 5	6 055	45.000
16	Occupancy	1,195,977.	1,171,797.	6,357.	17,823.
17	Travel	43,088.	34,813.	5,933.	2,342.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to offiliates				
21 22	Payments to affiliates Depreciation, depletion, and amortization	413,189.	406,760.	5,457.	972.
23		266,423.	253,108.	12,430.	885.
23 24	Other expenses. Itemize expenses not covered	_ = = = = = = = = = = = = = = = = = = =		,	333.
	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 0.)				
а	OTHER PROGRAM EXPENSES	997,497.	993,786.	3,174.	537.
b	BAD DEBT	137,788.	137,788.		
С	MISCELLANEOUS	49,431.	17,863.	27,331.	4,237.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,179,420.	4,811,485.	211,431.	156,504.
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)				Form 990 (2019)
	0.01.00.00				

Form 990 (2019) Part X Balance Sheet

Га	IL A	Dalance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			<u></u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,904,395.	1	1,672,358.
	2	Savings and temporary cash investments			970,652.	2	1,674,603.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			645,765.	4	661,087.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sec	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			34,064.	9	28,549.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	20,397,950.	4		
	b	Less: accumulated depreciation	10b	3,217,701.	15,743,971.	10c	17,180,249.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	4 040 000	14	0.554		
	15	Other assets. See Part IV, line 11			1,943,099.	15	2,771,356.
	16	Total assets. Add lines 1 through 15 (must equa			21,241,946.	16	23,988,202.
	17	Accounts payable and accrued expenses	341,626.	17	334,381.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to any current or form					
Ξ		trustee, key employee, creator or founder, subst				00	
Lia		controlled entity or family member of any of thes			15,738,850.	22	18,939,175.
	23	Secured mortgages and notes payable to unrela			13,730,030.	23 24	10,737,173.
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on lines					
		of Schedule D	17-24). Complete Part X	2,178,388.	25	2,385,501.
	26	Total liabilities. Add lines 17 through 25	,		18,258,864.	26	21,659,057.
	20	Organizations that follow FASB ASC 958, che			20,230,0021	20	22/003/03/1
Ses		and complete lines 27, 28, 32, and 33.	OK HO				
anc	27	Net assets without donor restrictions			1,861,090.	27	1,252,585.
Bal	28	Net assets with donor restrictions			1,121,992.	28	1,076,560.
pu		Organizations that do not follow FASB ASC 9			, .		, ,
Ţ		and complete lines 29 through 33.	,	,			
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		***************************************	2,983,082.	32	2,329,145.
	33	Total liabilities and net assets/fund balances			21,241,946.	33	23,988,202.

Pa	rt XI Reconciliation of Net Assets			1 4	90		
-					X		
	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	4,52	4.8	83.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,17				
3		3	-65				
4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4						
5	Net unrealized gains (losses) on investments	5	2,98	5 , c	<u> </u>		
6		6					
_	Donated services and use of facilities	7					
7	Investment expenses						
8	Prior period adjustments	8			00.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			00.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		2,32	0 1	15		
Do							
га	rt XII Financial Statements and Reporting				X		
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No		
				res	NO		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				37		
2a	7 1		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		За	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х			

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization NEIGHBORHOOD OF AFFORDABLE HOUSING, INC. 04-2964630 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). 7 X 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 university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 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, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 NEIGHBORHOOD OF AFFORDABLE HOUSING, INC. 04-2964630 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,708,772.	1,837,700.	1,871,348.	2,507,028.	2,319,510.	10,244,358.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,708,772.	1,837,700.	1,871,348.	2,507,028.	2,319,510.	10,244,358.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				1		
	supported organization) included			1			
	on line 1 that exceeds 2% of the			1			
	amount shown on line 11,						
	column (f)						783,310.
6	Public support. Subtract line 5 from line 4.						9,461,048.
	ction B. Total Support						, , ,
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	1,708,772.	1,837,700.	1,871,348.	2,507,028.	2,319,510.	10,244,358.
	Gross income from interest,	, ,			, ,	, ,	, ,
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	892.	23,808.	23,554.	15,053.	14,784.	78,091.
9	Net income from unrelated business		, , ,	,	, , , , , ,	, -	.,
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				11,221.	6,063.	17,284.
11					,		10,339,733.
12	Gross receipts from related activities,	etc. (see instruction	nns)			12 9	,913,771.
13	First five years. If the Form 990 is for			fourth or fifth ta	x vear as a sectio		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	organization, check this box and stor	-	mot, occorra, triii c	, rourti, or mar ta	n your ao a ooono	11 00 1 (0)(0)	
Sec	ction C. Computation of Publ		rcentage				······
14	Public support percentage for 2019 (I	line 6, column (f) di	vided by line 11, c	olumn (f))		14	91.50 %
15	Public support percentage from 2018					15	89.80 %
16a	33 1/3% support test - 2019. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	ŕ		·	\triangleright X
b	33 1/3% support test - 2018. If the d						is box
	and stop here. The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"				•	-	
b	10% -facts-and-circumstances tes						
~	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•		•		
18	Private foundation. If the organization						
				,,,	,		

Schedule A (Form 990 or 990-EZ) 2019 NEIGHBORHOOD OF AFFORDABLE HOUSING, INC. 04-2964630 Page 3 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf				4		
5	The value of services or facilities						
3	furnished by a governmental unit to			1			
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	(=) 0015	(h) 0010	(a) 0017	(4) 0010	(-) 0010	(f) Total
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest,			-			
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	on 501(c)(3) organi:	zation,
	check this box and stop here						<u></u> ▶□
	ction C. Computation of Publ						
15	Public support percentage for 2019 (line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
198	33 1/3% support tests - 2019. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						>
k	33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A Samily member of a person described in (d) above? c A 35% controlled certify of a person described in (d) a for (b) above? A 35% controlled certify of a person described in (d) a for (b) above? A 35% controlled certify of a person described in (d) a for (b) above? below the proportion of the controlled certify of a person described in (d) a for (b) above? below the proportion of the controlled certified in the proposition of the controlled of the supported organizations have the power to regularly appoint or elect at least an amplorly of the organizations of the controlled of the organization of the controlled of the organization of the controlled of the organization of the organization of the supported organization of the supported organizations (the organization) and organization of the supported organizations of the supported organization of the organization o		dule A (Form 990 or 990-EZ) 2019 NEIGHBORHOOD OF AFFORDABLE HOUSING, INC. 04-29	<u>6463</u>	0 Pa	ige 5
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a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3		20		
trustees of each of the supported organizations? <i>Provide details in</i> Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а		3a		
	h		Ju		
	~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.04-2964630 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 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) Multiply line 5 by .035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 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. 5 Income tax imposed in prior year

•	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see
	instructions)

6

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.04-2964630 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2019 Pre-2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 **c** From 2016 **d** From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 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 result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c.

Schedule A (Form 990 or 990-EZ) 2019

8 Breakdown of line 7:
 a Excess from 2015
 b Excess from 2016
 c Excess from 2017
 d Excess from 2018
 e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019 NEIGHBORHOOD OF AFFORDABLE HOUSING, INC. 04-2964630 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II, LINE 10:
OTHER INCOME IS COMPRISED OF PROPERTY MANAGEMENT FEES AND OTHER VARIOUS
CASH RECEIPTS THAT ARE ONE-TIME IN NATURE AND ARE NOT RELATED OR EXEMPT
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 B, lines 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; Par Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) PART II, LINE 10: OTHER INCOME IS COMPRISED OF PROPERTY MANAGEMENT FEES AND OTHER VARIOUS

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Open to Public Inspection

Name of the organization

NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.

Employer identification number 04-2964630

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other S	Similar Funds	or Accou	nts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.			
		(a) Donor advised	d funds	(b) Fund	ls 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	-			
	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	ant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for an	y other purpose	conferring	
D	impermissible private benefit?				Yes No
Pai		•	s" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizat	` ' '			
	Preservation of land for public use (for example, recrea	ation or education)		-	mportant land area
	Protection of natural habitat		Preservation of	a certified his	toric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contrib	ution in the form		
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements				
b	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic str				
d	Number of conservation easements included in (c) acquired				
_	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or t	erminated by the	organization	during the tax
	year ▶				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the pe				П., П.,
•	violations, and enforcement of the conservation easements				
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, ar	ia entorcing cons	servation ease	ements during the year
-	Amount of our areas in a ward in most to the characters have		fa		ha ali inina da a i i a ai
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	uling of violations, and en	lording conserva	tion easemen	is during the year
8	Does each conservation easement reported on line 2(d) above	vo acticfy the requirement	to of coation 170	(b)(4)(D)(i)	
0					Yes No
9	and section 170(h)(4)(B)(ii)?				
9	balance sheet, and include, if applicable, the text of the foot		•		
	organization's accounting for conservation easements.	note to the organization s	ililailolai stateili	ents that desc	TIDES THE
Pai	t III Organizations Maintaining Collections o	of Art. Historical Tre	asures, or O	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form	-	,		
	If the organization elected, as permitted under FASB ASC 95		enue statement a	and balance st	neet works
	of art, historical treasures, or other similar assets held for pul	'			
	service, provide in Part XIII the text of the footnote to its fina	,			Jabile
b	If the organization elected, as permitted under FASB ASC 95				works of
-	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			> \$	
2	If the organization received or held works of art, historical tre				
_	the following amounts required to be reported under FASB A			5 , [
а	Revenue included on Form 990, Part VIII, line 1			> \$	
	Assets included in Form 990, Part X			> \$	

Schedule D (Form 990) 2019

17,180,249.

e Other

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

	(Form 990) 2019 NEIGHBORHOO	D OF AFFORDAE	LE HOUSING, INC. 04	-2964630 Page 3
Part VII	Investments - Other Securities.			
(a) Descrin	Complete if the organization answered "Yes" of tion of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	d-of-vear market value
	1.1.2.12	(b) book value	(c) Method of Valuation. Cost of end	1-01-year market value
	al derivatives			
3) Other	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
. ,	b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)		4		
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1) DU	E FROM AFFILIATES			2,771,356.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1) 15 000 D 17 1 (D)	451		2 771 256
Part X	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	9 15.)		2,771,356.
Part A		F 000 D+ IV II	44 446 O E 000 D + V lin - 05	
	Complete if the organization answered "Yes" ((a) Description of liability	on Form 990, Part IV, line	Tie or Tif. See Form 990, Part X, line 25	(b) Book value
<u>.</u>	<u> </u>			(b) book value
	leral income taxes !CRUED INTEREST			2,075,105.
	JE TO AFFILIATES			310,396.
(-)	TO APPILITATED			310,390.
(4)				
(5)				
(6) (7)				
(7)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

2,385,501.

Sche	edule D	(Form 990) 2019	NEIGHBORHOOD	OF	AFFORDABLE	HOUSING,	INC.	04-	2964630	Page 4
Pa	rt XI	Reconciliation of	Revenue per Audit	ed Fi	nancial Stateme	nts With Reve	nue per F	Retur	n.	
		Complete if the organi	zation answered "Yes" on	Form	990, Part IV, line 12a.					
1	Total	revenue, gains, and oth	er support per audited fina	ancial	statements			1		
2	Amou	ınts included on line 1 b	ut not on Form 990, Part \	/III, line	e 12:					
а	Net u	nrealized gains (losses)	on investments			2a				
b	Donat	ted services and use of	facilities			2b				
С	Recov	veries of prior year grant	ts			2c				
d	Other	(Describe in Part XIII.)				2d				
е	Add li	nes 2a through 2d						2e		
3	Subtr	act line 2e from line 1						3		
4			90, Part VIII, line 12, but n							
а	Invest	tment expenses not inc	luded on Form 990, Part V	III, line	7b	4a				
b	Other	(Describe in Part XIII.)				4b				
_								4c		
			d 4c. (This must equal For							
Pa	rt XII	∣ Reconciliation of	f Expenses per Audi	ted F	inancial Stateme	ents With Exp	enses per	Retu	ırn.	
		Complete if the organi	zation answered "Yes" on	Form	990, Part IV, line 12a.					
1	Total	expenses and losses pe	er audited financial statem	ents .				1		
2	Amou	ınts included on line 1 b	ut not on Form 990, Part I	X, line	25:					
а	Donat	ted services and use of	facilities			2a				
b	Prior y	year adjustments				2b				
С	Other	losses				2c				
d	Other	(Describe in Part XIII.)				2d				
е	Add li	nes 2a through 2d						2e		
3	Subtr	act line 2e from line 1						3		
4			90, Part IX, line 25, but no							
а	Invest	tment expenses not inc	luded on Form 990, Part V	III, line	?7b	4a				
b	Other	(Describe in Part XIII.)				4b				

Part XIII Supplemental Information.

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.

PART X, LINE 2:

c Add lines 4a and 4b

NEIGHBORHOOD OF AFFORDABLE HOUSING, INC (NOAH) ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE COMBINED FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. NOAH HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS AT DECEMBER 31, 2019. NOAH'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.

4c

Schedule D	(Form 990) 2019	NEIGHBORHOOD	OF	AFFORDABLE	HOUSING,	INC.04-296463	0 Page 5
Part XIII	(Form 990) 2019 Supplemental Infor	mation (continued)					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

NEIGHBORHOOD OF AFFORDABLE HOUSING, INC. Employer identification number 04-2964630

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			l
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		37
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(i)-(U)	reported as deferred on prior Form 990
(1) PHILIP R. GIFFEE	(i)	171,666.	0.	0.	0.	24,360.	196,026.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE BOARD REVIEWS AND EXAMINES ALL INFORMATION PRESENTED BY THE PRESIDENT
AND EXECUTIVE COMMITTEE AFTER REVIEW OF THE EXECUTIVE DIRECTOR'S
COMPENSATION.

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. **Open to Public**

OMB No. 1545-0047

Inspection

Name of the organization

NEIGHBORHOOD OF AFFORDABLE HOUSING, INC. **Employer identification number** 04-2964630

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EQUITY, COMMUNITY COHESION, ENVIRONMENTAL JUSTICE, AND ECONOMIC RESILIENCY. WE INCREASE ACCESS TO AFFORDABLE HOUSING, CREATE SOCIAL AND ECONOMIC OPPORTUNITIES, AND EMPOWER RESIDENTS TO BE LEADERS OF CHANGE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SENIOR HOME REPAIR: ASSISTS LOW INCOME SENIORS WHO ARE HOMEOWNERS IN MAINTAINING THEIR RESIDENCES SAFELY AND UPGRADE AND REPAIR HEATING SYSTEMS. EXPENSES \$ 205,743. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. HOUSING COUNSELING: ASSISTS LOW TO MODERATE CITY OF BOSTON INDIVIDUALS AND FAMILIES LOCATE RENTAL APARTMENTS (INCLUDING VICTIMS OF EMERGENCIES, SUCH AS FIRE) EXPENSES \$ 881,367. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. PROPERTY MANAGEMENT: OVERSEES APPROXIMATELY 130 UNITS OF AFFORDABLE HOUSING PRIMARILY IN EAST BOSTON, INCLUDING TRINITY HOUSE, WHICH IS DEDICATED TO THE HOMELESS. EXPENSES \$ 448,705. INCLUDING GRANTS OF \$ 0. REVENUE \$ 373,909. RENTAL: PROVIDES AFFORDABLE HOUSING TO PEOPLE IN NEED. EXPENSES \$ 1,812,566. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,810,617.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE

Name of the organization NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.

Employer identification number 04-2964630

FIRST, THEN BY THE EXECUTIVE AND FINANCE COMMITTEES, AND FINALLY BY THE BOARD BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

NOAH AND AFFILIATES' BOARD OF DIRECTORS AND MANAGEMENT ARE REQUIRED TO

COMPLETE AN ANNUAL CONFLICT OF INTEREST FORM. THESE FORMS ARE COLLECTED AND

MAINTAINED AT NOAH'S ADMINISTRATIVE OFFICE. IF A CONFLICT ARISES, IT IS

DISCUSSED AT THE BOARD MEETING AND NOTED IN THE MINUTES. THE PARTICULAR

BOARD MEMBER IS EXCLUDED FROM VOTING ON A PARTICULAR ISSUE THAT HE/SHE HAS

A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD REVIEWS AND EXAMINES ALL INFORMATION PRESENTED BY THE PRESIDENT

AND EXECUTIVE COMMITTEE AFTER REVIEW OF THE EXECUTIVE DIRECTOR'S

COMPENSATION. THE EXECUTIVE DIRECTOR REVIEWS THE COMPENSATION FOR ALL

SENIOR STAFF.

FORM 990, PART VI, SECTION C, LINE 19:

NOAH'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, LINE 16B

NOAH'S POLICY OVER EVALUATING ITS PARTICIPATION IN JOINT VENTURE

ARRANGEMENTS INVOLVES AN ASSESSMENT PERFORMED BY NOAH'S MANAGEMENT AND

BOARD OF DIRECTORS TO ENSURE THE TERMS OF ANY POTENTIAL JOINT VENTURE

RELATIONSHIP IS PERMITTED UNDER APPLICABLE FEDERAL TAX LAW AND NOAH'S

EXEMPT STATUS IS BEING SAFEGUARDED. IN ADDITION, FORMAL OPERATING AND

OTHER APPLICABLE AGREEMENTS ARE FORMALLY EXECUTED BY ALL PARTIES

Name of the orga	anization		ORHOOD O	F AFFOR	RDABLE	HOUSING	, INC.		04-29	64630
INVOLVED	AND	CLEARLY	OUTLINE	NOAH'S	ROLE	IN ALL	JOINT	VENTU	JRE	
RELATIONS	SHIPS	5.								
FORM 990	, PAF	RT XI, L	INE 9, C	HANGES	IN NE	T ASSETS	5:			
TRANSFER	OF N	NET ASSET	rs from	PEACE F	ROPER	TIES INC	C.			600.
FORM 990	, PAF	RT XII, I	LINE 2C							
NOAH HAS	NOT	CHANGED	ITS OVE	RSIGHT	AND S	ELECTION	N PROCE	SS FR	OM THE	PRIOR
YEAR.										
							•			

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.

Employer identification number 04-2964630

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
TRINITY HOUSE LLC - 27-1954514	HOLD TITLE TO REAL PROPERTY				
143 BORDER STREET	LOCATED IN E. BOSTON AND				
EAST BOSTON, MA 02128	COLLECT RENTAL INCOME.	MASSACHUSETTS	161,726.	1,250,008.	NOAH
PACO PROPRETIES LLC - 04-2964630	HOLD TITLE TO REAL PROPERTY				
143 BORDER STREET	LOCATED IN E. BOSTON AND				
EAST BOSTON, MA 02128	COLLECT RENTAL INCOME.	MASSACHUSETTS	827,790.	14,998,759.	NOAH
SIOCHAIN PROPERTIES LIMITED PARTNERSHIP -	PROVIDES HOUSING FOR LOW TO				
04-3489643, 143 BORDER STREET, EAST BOSTON,	MODERATE INCOME				
MA 02128	INDIVIDUALS/FAMILIES	MASSACHUSETTS	191,293.	1,484,093.	NOAH
AILERON HOMEOWNERSHIP LLC - 84-3250697	ACQUIRE LAND AND DEVELOP				
143 BORDER STREET	SEVEN FOR-SALE CONDOMINIUM				
EAST BOSTON, MA 02128	UNITS	MASSACHUSETTS	0.	0.	NOAH

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	rolled
				501(c)(3))		Yes	No
PEACE PROPERTIES INC 04-3173140							ĺ
143 BORDER STREET	PURCHASING AND DEVELOPING						ĺ
EAST BOSTON, MA 02128	AFFORDABLE HOUSING	MASSACHUSETTS	501(C)(3)	LINE 12A, I	NOAH	X	
PAZ PROPERTIES INC 04-3206160	RENTAL PROPERTIES FOR LOW						
143 BORDER STREET	TO MODERATE INCOME						l
EAST BOSTON, MA 02128	FAMILIES	MASSACHUSETTS	501(C)(2)	N/A	NOAH	X	l
SHALOM PROPERTIES INC 04-3358724	RENTAL PROPERTIES FOR LOW						
143 BORDER STREET	TO MODERATE INCOME						l
EAST BOSTON, MA 02128	FAMILIES	MASSACHUSETTS	501(C)(2)	N/A	NOAH	X	l
NOAH COMMUNITY DEVELOPMENT FUND INC	PROVIDES LOANS AND						
04-3554045, 143 BORDER STREET, EAST BOSTON,	COUNSELING TO LOW/MODERATE						1
MA 02128	INCOME FAMILIES	MASSACHUSETTS	501(C)(3)	LINE 10	NOAH	Х	<u> </u>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	Section 5	g) 512(b)(13) rolled
of related organization	,,	foreign country)	section	status (if section	entity	organiz	zation?
-		, , ,		501(c)(3))		Yes	No
SIOCHAIN PROPERTIES INC 04-3488694							
143 BORDER STREET	MANAGING MEMBER OF A						
EAST BOSTON, MA 02128	LIMITED PARTNERSHIP	MASSACHUSETTS	501(C)(3)	LINE 12B, II	NOAH	X	
		4					

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	າ)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Dispropo allocat		Code V-UBI amount in box 20 of Schedule	managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
STEVENS CORNER LP -	PROVIDE										
27-1785655, 143 BORDER	AFFORDABLE										
STREET, EAST BOSTON, MA	HOUSING (42										
02128	UNITS) FOR	MA	N/A	N/A	4			X	N/A	X	
BENFIELD FARMS LP -	PROVIDE										
32-0398732, 143 BORDER	AFFORDABLE										
STREET, EAST BOSTON, MA	HOUSING (26										
02128	UNITS) FOR	MA	N/A	N/A				X	N/A	X	
	CONSTRUCTING										
SITKOWSKI LP - 36-4765056	AND HOLDING A										
143 BORDER STREET	66 UNIT										
EAST BOSTON, MA 02128	BUILDING IN	MA	N/A	N/A				X	N/A	X	
	CONSTRUCTING										
SHOE SHOP LP - 47-1320339	AND HOLDING A										
143 BORDER STREET	25 UNIT										
EAST BOSTON, MA 02128	BUILDING IN	MA	N/A	N/A				X	N/A	X	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sect)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b contr enti	o)(13) rolled
		country)		,				Yes	No
STEVENS CORNER GP, INC 27-1127297	MANAGING MEMBER OF A								l
143 BORDER STREET	LIMITED LIABILITY								l
EAST BOSTON, MA 02128	COMPANY	MA	NOAH	C CORP	0.	0.	79.00%	Х	<u> </u>
BENFIELD GP, LLC - 46-1555210	MANAGING MEMBER OF A								
143 BORDER STREET	LIMITED LIABILITY								l
EAST BOSTON, MA 02128	COMPANY	MA	NOAH	C CORP	0.	79.	79.00%	Х	l
SITKOWSKI GP, LLC - 46-2956971	MANAGING MEMBER OF A								
143 BORDER STREET	LIMITED LIABILITY								l
EAST BOSTON, MA 02128	COMPANY	MA	NOAH	C CORP	59.	79.	79.00%	Х	
SHOE SHOP GP, LLC - 47-2125920	MANAGING MEMBER OF A								
143 BORDER STREET	LIMITED LIABILITY								i
EAST BOSTON, MA 02128	COMPANY	MA	NOAH	C CORP	0.	100.	100.00%	Х	l
COPPERSMITH VILLAGE RENTAL GP LLC -	MANAGING MEMBER OF A								
81-2975524, 143 BORDER STREET, EAST BOSTON,	LIMITED LIABILITY								l
MA 02128	COMPANY	MA	НАОИ	C CORP	0.	79.	79.00%	X	

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of		portion-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or	Percentage ownership
of related organization		(state or	entity	excluded from tax under	income	end-of-year assets		cations?	amount in box 20 of Schedule	partner?	ownersnip
		foreign country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
COPPERSMITH VILLAGE RENTAL LP	CONSTRUCTING										
- 36-4840097, 143 BORDER	AND HOLDING										
STREET, EAST BOSTON, MA	BUILDINGS IN										
02128	EAST BOSTON MA	MA	N/A	N/A	4			X	N/A	x	
					•						
	_										
							+			 	
-	1										
	_										
	L	1		<u> </u>							

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
С	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d	Х	
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		X
	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	
-1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1 p	Х	
q	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PAZ PROPERTIES, INC.	L	146,630.	FAIR MARKET VALUE
(2) SHALOM PROPERTIES, INC.	L	112,484.	FAIR MARKET VALUE
(3) PACO PROPERTIES, LLC	L	87,500.	FAIR MARKET VALUE
(4) PEACE PROPERTIES, INC.	К	100,651.	FAIR MARKET VALUE
(5) PEACE PROPERTIES, INC.	Q	610,875.	FAIR MARKET VALUE
<u>(6)</u>			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners sec	Share of	Share of	Dispropo	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year	allocations	of Schedule K-1	partner?	ownership
		Couritry)	sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
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Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).											
-	rations required to file an income tax return other than F			os, REMIC	s, and trusts									
must use	Form 7004 to request an extension of time to file incom	ne tax retu	rns.											
Type or	Name of exempt organization or other filer, see instru	ictions.		Taxpayer	identification num	ber (TIN)								
print														
File by the	NEIGHBORHOOD OF AFFORDABLE	HOUS	ING, INC.		04-296463	30								
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 143 BORDER STREET	ee instruc	tions.											
instructions	EAST BOSTON, MA 02128													
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1								
Applicat	ion	Return	Application			Return								
ls For		Code	Is For			Code								
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07								
Form 990)-BL	02	Form 1041-A			08								
Form 472	20 (individual)	03	Form 4720 (other than individual)			09								
Form 990		04	Form 5227			10								
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11								
Form 990	O-T (trust other than above) PHILIP GIFFEE,	06	Form 8870			12								
Teleph If the	books are in the care of ▶ 143 BORDER STRENT one No. ▶ 617-567-5882 organization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶	s in the Ur Group Exe	Fax No. \blacktriangleright $617-522-27$ hited States, check this box	99 f this is fo	r the whole group,									
the	equest an automatic 6-month extension of time untileorganization named above. The extension is for the orginal calendar year $\frac{2019}{1000}$ or $\frac{2019}{1000}$ tax year beginning		s return for:	the exem	npt organization ret	urn for								
2 If ti	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	check reas	on: Initial return	Final retur	n									
3a If the	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less											
any	nonrefundable credits. See instructions.		·	3a	\$	0.								
b If the	nis application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	y refundable credits and											
est	imated tax payments made. Include any prior year overp	oayment a	llowed as a credit.	3b	\$	0.								
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	ayment wit	th this form, if required, by			<u> </u>								
usi	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3с	\$	0.								
Caution:	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-EO fo	or payment								

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)