Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2020 of Organization Example 294931352741,9 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public ► Go to www.irs.gov/Form990 for instructions and the latest information

| A F | or th | e 2019 calendar year, or tax year beginning and | d ending | <u> </u> | | | | | |
|---------------------------|----------------------------|---|------------------------------------|------------------------------|------------------------------------|--|--|--|--|
| Во | heck if pplicab | C Name of organization | | D Employer identifi | cation number | | | | |
| | Addre | NCHA INC | | | | | | | |
| | Name | | ASSOC | I 56-06412 | 90 | | | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/sui | | | | | | |
| | Final return | PO BOX 4449 | . | 919-677- | | | | | |
| | termir ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 10,318,522. | | | | |
| | Amen | CAR1, NC 2/319 | | H(a) Is this a group re | | | | | |
| | Application pendi | F Name and address of principal officer: STEFFIEN O. DAWLER | $\sim 1 /$ | for subordinates | s? Yes X No | | | | |
| | pendi | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No | | | | |
| | | empt status: 501(c)(3) X 501(c) (6) ((nsert no.) 4947(a)(1) |)\or \ | 27 If "No," attach a | list. (see instructions) | | | | |
| | | te: > WWW.NCHA.ORG | - , , | H(c) Group exemption | | | | | |
| K F | orm of | organization: X Corporation Trust Association Other ► Summary | LYe | ar of formation: 1924 | M State of legal domicile: NC | | | | |
| | 1 | Briefly describe the organization's mission or most significant activities. TO | MPROV | E THE HEALTH | OF THE | | | | |
| Activities & Governance | · | COMMUNITIES WHERE WE LIVE AND WORK BY ADV | VOCAT | ING FOR SOUND | PUBLIC | | | | |
| E E | 2 | Check this box if the organization discontinued its operations or dispo | sed of mo | re than 25% of its net as: | sets. | | | | |
| Ž | 3 | Number of voting members of the governing body (Part VI, line 1a), | | 3 | 18 | | | | |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1) | ស្រុកប្រជាទិវិទ ស្រុកប្រជាទិវិទ | LICO 4 | 17 | | | | |
| 80 | 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | O Dank. | 5 | 60 | | | | |
| ŧ | 6 | Total number of volunteers (estimate if necessary) | | <u> 6</u> | 17 | | | | |
| ŧ | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 NOV | 3 0 202 | n 7a | 0. | | | | |
| _ | b | Net unrelated business taxable income from Form 990-T, line 39 | 3 0 202 | U 7b | 0. | | | | |
| | | | Ĺ | Prior Year | Current Year | | | | |
| au . | 8 | Contributions and grants (Part VIII, line 1h) | en; UT⊦ | 203,457. | 0. | | | | |
| Ĕ | 9 | Program service revenue (Part VIII, line 2g) | 911, 01 | 5,570,507. | 7,188,106. | | | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | L | 3,461,023. | 1,902,706. | | | | |
| Œ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | [| 64,992. | 1,227,710. | | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 9,299,979. | 10,318,522. | | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | L | 2,500. | 537,500. | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | _ | 0. | 0. | | | | |
| Š | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 3,169,575. | 4,598,235. | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | . L | 0. | 0. | | | | |
| xbe | b | Total fundraising expenses (Part IX, column (D), line 25) | <u>0.</u> | | | | | | |
| Ü | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,482,943. | 3,837,649. | | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 5,655,018. | 8,973,384. | | | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | · | 3,644,961. | 1,345,138. | | | | |
| i o s | | | <u> </u> | Beginning of Current Year | End of Year | | | | |
| sets | 20 | Total assets (Part X, line 16) | | 17,157,607. | 15,777,924. | | | | |
| Net Assets Fund Baland | 21 | Total liabilities (Part X, line 26) | L | 6,941,537. | 6,979,580. | | | | |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 10,216,070. | 8,798,344. | | | | |
| | | Signature Block | | | | | | | |
| | | Ities of perjury, declare that I have examined this eturn, including accompanying schedule | | | knowledge and belief, it is | | | | |
| true, | correc | t, and complete, Declaration of prepare (other flan officer) is based on all information of w | nich prepar | | 10.1.10 | | | | |
| _ | | Signature of Signature | | | ner 13, 2020 | | | | |
| Sıgr | | STEPHEN J. LAWLER, PRESIDENT | | Duto | | | | | |
| Here | • | Type or print name and title | | | | | | | |
| | | | | Date Check |] PTIN | | | | |
| Paid | Third type preparer shalle | | | | | | | | |
| Prep | | Firm's name CLIFTONLARSONALLEN LLP | _ | | $\frac{1}{41-0746749}$ | | | | |
| Use | | Firm's address 227 WEST TRADE STREET, SUITE 800 | 1 | FILLI S EIN | - U/40/43 | | | | |
| 036 | omy | CHARLOTTE, NC 28202 | , | Phone so 70 | 4-998-5200 ^j | | | | |
| May | the IC | S discuss this return with the preparer shown above? (see instructions) | | [F 110318 110. 7 U - | | | | | |
| | 1 01-20 | | nne | | X Yes No Form 990 (2019) | | | | |
| 30200 | . 01-20 | -ro | -,194 | | 1 01111 000 (2013) | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Form | 990 (2019) NCHA INC | | 56-064 | <u> 1290 </u> | Page 2 |
|-----------|---|------------------------------------|-------------------------------------|--|-------------|
| Par | t III Statement of Program Service Accompl | shments | | _ | |
| , | Check if Schedule O contains a response or note to a | iny line in this Part III | | | |
| 1 | Briefly describe the organization's mission: | | <u> </u> | | |
| • | TO IMPROVE THE HEALTH OF THE | OMMUNITIES WHERE | WE LIVE AND WORK | BY | |
| | ADVOCATING FOR SOUND PUBLIC PO | | | | |
| | ADVOCATING FOR BOOMD FORBIC TO | DICI AND CODEADOR | CATIVE PARTICULARIES | 10. | |
| | | - | · · · | | |
| | | <u> </u> | | | |
| 2 | Did the organization undertake any significant program sen | rices during the year which were n | ot listed on the | | |
| | prior Form 990 or 990-EZ? | | | Yes | X No |
| | If "Yes," describe these new services on Schedule O. | | | | |
| _ | · | shanges in how it conducts, any r | 270G70m 00n#0002 | Yes 2 | X No |
| 3 | Did the organization cease conducting, or make significant | changes in now it conducts, any p | orogram services? | res _2 | 77 140 |
| | If "Yes," describe these changes on Schedule O. | | | | |
| 4 | Describe the organization's program service accomplishme | _ | | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to | report the amount of grants and | allocations to others, the total ex | penses, and | |
| | revenue, if any, for each program service reported. | | | | |
| 4a | | ncluding grants of \$ |) (Revenue \$ | | |
| | NCHA PROMOTES IMPROVED COMMUNI | | | TP. | |
| | ADVOCACY, INFORMATION AND EDUC | | | | 7 |
| | | | | ENSONI | |
| | EQUITABLE AND AFFORDABLE ACCES | S TO CARE IN OUR | COMMUNITIES. | | |
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| 4b | (Code) (Expenses \$ | ncluding grants of \$ |) (Revenue \$ | | <u> </u> |
| | (0000) (Expanses \$\Psi\) | | , (| | |
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| 4c | (Code) (Expenses \$ | including grants of \$ |) (Revenue \$ | | |
| ₩. | (code) (cxpenses s | Title Grants of \$\psi\$ |) (nevalue # | | |
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| | | | | | |
| | Other was a server (December on Online 1.1. C.) | | | | |
| 4d | Other program services (Describe on Schedule O.) | | | | |
| | |) (Rev | enue \$ | | |
| <u>4e</u> | Total program service expenses | | | | |
| | | | | Form 99 0 | 0 (2019) |

Form 990 (2019) NCHA INC
Part IV Checklist of Required Schedules

| ١ | | | Yes | <u>No</u> |
|-----|---|------------|------------|-----------|
| 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 | | <u>X</u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | _2 | | <u> </u> |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u>X</u> |
| 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 | | |
| 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 | _ | | v |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | - | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | х |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | |
| В | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | _ | | х |
| _ | Schedule D, Part III | 8 | | |
| 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? | 9 | | х |
| ^ | If "Yes," complete Schedule D, Part IV | 9 | | |
| 0 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 10 | | Х |
| 4 | or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | 10 | | |
| 1 | as applicable. | | | |
| _ | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| а | | 11a | х | |
| h | Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 110 | | |
| U | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| _ | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| ٠ | 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 ⁹ If "Yes," complete Schedule D, Part IX | 11d | х | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | Х | |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 2a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 3 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 4a | 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 | L | X |
| 5 | 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 | | X |
| 6 | 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 | | <u> X</u> |
| 7 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | 77 |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | <u> </u> |
| 8 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | v |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u> </u> |
| 9 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | v |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 1 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | х | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 Form | | (2019) |
| 200 | 3 01-20-20 | LOUI | 550 | (4013) |

| • | , | 7 | 7 | |
|----------|--|----------|----------|--------------|
| Form | 990 (2019) NCHA INC 56-0 | 0641290 | Р | age 4 |
| Pai | t IV Checklist of Required Schedules (continued) | | <u>-</u> | <u>ugu</u> |
| Ь, | (sommers) | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| ~ | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| 20 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24.5 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| 244 | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | | 24a | | x |
| h | Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| · | any tax-exempt bonds? | 24c | | |
| 4 | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 240 | | |
| ZJa | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | } |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 200 | <u> </u> | |
| D | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | · | 25b | | |
| 26 | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 1200 | | \vdash |
| 20 | 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 | х | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | 120 | | <u> </u> |
| 27 | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% control | lled | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| 20 | instructions, for applicable filing thresholds, conditions, and exceptions). | | | ļ |
| • | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| a | "Yes," complete Schedule L, Part IV | 28a | | Х |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| · | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| • | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | İ | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | <u> </u> | | ऻ |
| JZ | | . 32 | | х |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | . | | † <u></u> |
| 33 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | Ť |
| 54 | One I/ 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

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

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

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 Part V

| | Check if Schedule O contains a response of note to any line in this Part V | | | | | |
|----|---|--------|------------|----|-----|---|
| | | | _ | | Yes | N |
| la | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 31 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | 1 |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | portab | ole gaming | | | |
| | (gambling) winnings to prize winners? | | | 1c | | |

Form **990** (2019)

X

35a

35b

37

X

| Form | 990 (2019) NCHA INC | 56-0641 | 290 | Р | age 5 |
|----------|--|------------------------------|---------------------------------------|---|---|
| Par | | | | | |
| • | | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | FEF | |
| | filed for the calendar year ending with or within the year covered by this return | 2a 60 | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax return | | 2b | X | |
| • | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | | · * * | 7 . " | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | -, | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | 0 | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | <u> </u> | | |
| 48 | financial account in a foreign country (such as a bank account, securities account, or other financial a | | 4a | | x |
| L | | iccount), | W. 334 | NAME. | 6000 |
| D | If "Yes," enter the name of the foreign country | occupte (EDAD) | | | |
| - | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccounts (i DAir) | | 11200200 | X |
| _ | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | otion? | 5a | - | X |
| ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction for the form of the Form 2000 TO | CHOILS | 5b | | |
| | 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 | e organization solicit | | ; | x |
| | any contributions that were not tax deductible as charitable contributions? | | 6a | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributi | ons or giπs | ۱ | | |
| _ | were not tax deductible? | | 6b | યુ ન્યું, | fall [a] |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | تنحث | 2000 |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices provided to the payor? | 7a | ├─ | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | as required | | | |
| | to file Form 8282? | 1 1 | 7c | 2700 | 7.743 |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | 1 | | <u> </u> |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or | | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri | | 7f | - | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 7 <u>g</u> | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | tion file a Form 1098-C? | 7h | C 579 | * * ×** |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | I by the | | <u> </u> | |
| | sponsoring organization have excess business holdings at any time during the year? | | 8 | 132 W | \$50, 1985 \$ \$480 |
| 9 | Sponsoring organizations maintaining donor advised funds. | | £11.2 | ·鉴述 | [VS.9 |
| 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? | | 9b | 37. | Sc . 304 |
| 10 | Section 501(c)(7) organizations. Enter | 1 1 | 1.75 | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | 1000 | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 1 | | | |
| а | Gross income from members or shareholders | 11a | 42 | . , | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | 35.76 | w (%) | 1, 1,74,68 |
| | amounts due or received from them.) | 11b | 4.4 | | 37 3 |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | 7 6 | . 7 | 2 |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | 3% | 3 | *.8 |
| 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. | | | 1.20 | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | 13.3 | | |
| | organization is licensed to issue qualified health plans | 13b | | 9 | |
| c | Enter the amount of reserves on hand | 13c | N. | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | <u> </u> | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu | ile O | 14b | ļ | ļ |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | ration or | | | |
| | excess parachute payment(s) during the year? | | 15 | <u> </u> | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | 33% | -4/-2 | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | t income? | 16 | | Х |
| _ | If "Yes," complete Form 4720, Schedule O. | | · /, | 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ૢૺૺૼૼૼૼૼૼૼૼૼૼૼૼૼૼૼૼૼ૽ૢૢૼઌ૽૽ૢ૽ૼઌ૿૽ૢ૽૽૽ૢૺ |
| | | | Forn | 990 | (2019) |

56-0641290 Page 6 NCHA INC

| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a | 'No" res | pons | e |
|-----|---|---------------------------------------|--|----------|
| • | 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 18 | | | |
| | 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. | | . કરે ફ્રિ | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 17 | 36. | 1 | |
| 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 | | X |
| 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 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | <u>x</u> |
| 6 | Did the organization have members or stockholders? | 6 | Х | |
| - | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| , . | more members of the governing body? | 7a | х | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| - | persons other than the governing body? | 7 _b | Х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | . 57.66 | 35°77 |
| а | The governing body? | 8a | X | استغف |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | ~ | | |
| 3 | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | This Section B requests information about bolicies for required by the internal nevenue code. | | Yes | No |
| 102 | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 100 | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 112 | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | 3 × 4 |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | <u></u> |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| Ŭ | in Schedule O how this was done | 12c | х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | \$ 2/2 | ₹°\$%}- | 370 |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 1 | ************************************** | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | |
| | 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). | 7 173 1 | % 94A | 1,77 |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| .00 | taxable entity during the year? | 16a | | X |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | 53.3 |
| - | 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 | -1900 | |
| Sec | tion C. Disclosure | 1 .02 | , | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | - | | |
| 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 onlv) : | vaila | ole |
| | 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) | | | |
| 10 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | 1 financ | ıal | |
| 19 | | , mianci | a. | |
| 20 | statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| 20 | JEFF WEEGAR - 919-677-4231 | | | |
| | 2400 WESTON PARKWAY, CARY, NC 27513 | | | |
| | | | 000 | (0040) |

Form 990 (2019) NCHA INC

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) | | | | 2) | | | (D) | (E) | (F) |
|---|------------------------|--------------------------------|-----------------------|--|--------------|---------------------------------|----------|---------------------------------------|----------------------------------|-----------------------|
| Name and title | Average | / _{/do} | not c | Posi | | | nne | Reportable | Reportable | Estimated |
| | hours per | box | unles cer an | s per | son : | s both | an | compensation | compensation | amount of |
| | week | ;— | | u a u | ecto | 7,005 | (00) | from | from related | other |
| | (list any hours for | Jrect | | | | _ | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | related | 0 00 | stee | | | nsate | | (W-2/1099-MISC) | (** 27 1000 141100) | organization |
| | organizations | truste | al tru: | |)yee | эдшс | | (, | | and related |
| | below | Individual trustee or director | Institutional trustee | 181 | Key employee | Highest compensated employee | ner | | | organizations |
| | line) | 횰 | Inst | Officer | Xe, | E gill | Former | | | |
| (1) PHYLLIS WINGATE | 1.00 | | | | | | | | _ | _ |
| PAST CHAIR | | X | <u> </u> | X | | | | 0. | 0. | 0. |
| (2) MICHAEL WALDRUM, MD | 1.00 | | | | | | | | | _ |
| CHAIR | | X | | Х | | | | 0. | 0. | 0. |
| (3) DONALD GINTZIG | 1.00 | | | | | | | | | _ |
| CHAIR ELECT | 1 | Х | <u> </u> | Х | | <u> </u> | | 0. | 0. | 0. |
| (4) JOHN GIZDIC | 1.00 | | | | | | | | | _ |
| TREASURER | 1 00 | Х | ldash | Х | | <u> </u> | L | 0. | 0. | 0. |
| (5) TERRY AKIN | 1.00 | | | | | | | | | |
| SECRETARY | 1 22 | X | | X | | _ | _ | 0. | 0. | 0. |
| (6) ROXIE CANNON WELLS, MD | 1.00 | | | | | | | | | |
| EXECUTIVE COMMITTEE AT-LARGE MEMBER | 1 00 | X | | X | | ├ | | 0. | 0. | 0. |
| (7) RAY LEGGETT III | 1.00 | | | | Ì | | | | , | |
| BOARD MEMBER | 1 00 | Х | | | _ | <u> </u> | - | 0. | 0. | 0. |
| (8) CHUCK MANTOOTH | 1.00 | ,, | | | | | | | _ | • |
| BOARD MEMBER | 1 00 | Х | - | | - | - | ┝ | 0. | 0. | 0. |
| (9) CHRIS ELLINGTON | 1.00 | | | | | | | | _ | _ |
| BOARD MEMBER | 1 00 | X | - | | - | _ | - | 0. | 0. | 0. |
| (10) DAVID KILARSKI | 1.00 | ₩. | | | | | | 0. | 0. | ^ |
| BOARD MEMBER | 1.00 | X | \vdash | | | | - | 0. | U • | 0. |
| (11) JEFFERY T. LINDSAY BOARD MEMBER | 1.00 | x | | | | | | 0. | 0. | 0. |
| (12) RICHARD A. BRVENIK | 1.00 | ^ | \vdash | | | | \vdash | 0. | 0. | 0. |
| BOARD MEMBER | 1.00 | X | | | | | ļ | 0. | 0. | 0. |
| (13) ED RUSH | 1.00 | Â | - | - | - | - | ┢ | 0. | 0. | |
| BOARD MEMBER | 1.00 | x | | | | | | 0. | 0. | 0. |
| (14) KATIE GALBRAITH | 1.00 | <u> </u> | | | \vdash | \vdash | | · · · · · · · · · · · · · · · · · · · | | |
| BOARD MEMBER | 1.00 | x | | | | | | 0. | 0. | 0. |
| (15) CARLA HOLLIS | 1.00 | ┢╨ | | \vdash | \vdash | \vdash | \vdash | 0. | | <u></u> |
| BOARD MEMBER | 1.00 | x | | | | | 1 | 0. | 0. | 0. |
| (16) COLEEN SANTA ANA | 1.00 | * | | \vdash | | \vdash | \vdash | † · · | | <u> </u> |
| BOARD MEMBER | - 1.50 | \mathbf{x} | | | | | | 0. | 0. | 0. |
| (17) KEVIN HIGH, MD | 1.00 | † <u></u> | \vdash | | _ | t^- | | | | |
| BOARD MEMBER | | x | | l | | | | 0. | 0. | 0. |

932007 01-20-20

Form 990 (2019)

56-0641290 Page 8

| Part VII Section A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | and | d Hig | hes | t C | ompensated Employee | s (continued) | | | |
|---|-----------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|--------------|----------------------------|-------------------|----------------|------------|--------------|
| (A) | (B) | | | | C) | | | (D) | (E) | | (F) | |
| Name and title | Average | 140 | | Pos | | i than c | nne | Reportable | Reportable | ı | Estima | ted |
| | hours per | box | , unle: | ss pe | rson ı | s both | an | compensation | compensation | | amoun | t of |
| | week | \vdash | cer an | dad | recto | r/trust | ee) | from | from related | | othe | |
| | (list any | ecto | | | | | | the | organizations | | compens | |
| | hours for | ğ | يو | | | ated | | organization | (W-2/1099-MISC | ⁽²⁾ | from t | |
| | related organizations | stee | truste | | ا ا | pens | | (W-2/1099-MISC) | | | organiza | |
| | below | la Tr | o a | | aloge | СОТ | | | | - [| and rela | |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | organıza | lions |
| (18) STEPHEN J. LAWLER | 30.00 | | | | | | | | | | | |
| PRESIDENT | 7.50 | X | | X | | | | 784,957. | | 0. | 49,1 | <u> 175.</u> |
| (19) LINWOOD L. JONES | 37.50 | | | | | | | | | | | |
| GENERAL COUNSEL | | | | X | | | | 312,060. | | 0. | 49,4 | <u> 157.</u> |
| (20) MILLIE R. HARDING | 37.50 | | | | | | | | | | | |
| SENIOR VP | | <u>.</u> | ļ | X | | | | 353,529. | | 0. | 42,8 | 320. |
| (21) JEFFREY WEEGAR | 37.50 | | | | | | | | | | | |
| VICE PRESIDENT & CFO | ļ | | <u> </u> | X | | | | 165,914. | | 0. | 18,2 | 214. |
| (22) CODY HAND | 37.50 | ļ | | ١ | | | | 044 444 | | , | 15 1 | |
| SENIOR VP | 25 50 | _ | <u> </u> | X | <u> </u> | <u> </u> | | 241,144. | | 0. | 15,1 | L28. |
| (23) WILLIAM PULLY | 37.50 | l | | | | | ,, | 667 435 | | ا ۸ | | ^ |
| FORMER PRESIDENT | | \vdash | \vdash | ┝ | ⊢ | \vdash | Х | 667,435. | | 0. | | 0. |
| | | - | | | 1 | | | | | | | |
| | 1 | ⊢ | ⊢ | ┝ | | ├ | | | | + | | |
| | | 1 | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | L_ | <u>L</u> | <u> </u> | <u> </u> | | | | | | | |
| 1b Subtotal | | | | | | | ightharpoons | 2,525,039. | | | 174, | |
| c Total from continuation sheets to Part V | II, Section A | | | | | | | 0. | | 0. | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | <u> </u> | 2,525,039. | | 0. | 174, | <u> 194.</u> |
| 2 Total number of individuals (including but r | ot limited to th | ose | liste | d at | ove |) wh | o re | eceived more than \$100, | 000 of reportable | | | _ |
| compensation from the organization | | | | | | | | | | | -1,,- | 6 |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer | , director, trust | ee, I | ey e | empl | loye | e, or | hıg | hest compensated empl | oyee on | - | | _ |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | - | - | ⊢ | 3 X | + |
| 4 For any individual listed on line 1a, is the s | • | | | | | | | | he organization | | | _ |
| and related organizations greater than \$15 | | | • | | | | | | | | 4 X | + |
| 5 Did any person listed on line 1a receive or | | | | | | | elate | ed organization or individ | iual for services | | <u>-</u> - | - X |
| rendered to the organization? If "Yes." cor Section B. Independent Contractors | nplete Schedul | e <i>J f</i> | or si | ıch j | oers | on | | | . | | 5 | |
| Complete this table for your five highest co | mpensated inc | lene | nde | nt co | ontr | acto | rs th | nat received more than \$ | | ensatio | n from | |
| the organization. Report compensation for | | | | | | | | | | | | |
| (A) | | | | | | | Ī | (B) | Ī | | (C) | |
| Name and husiness | address | | | | | | | Description of s | ervices | Cor | mpensati | on |

| (A) | (B) | (C) |
|--|------------------------------------|--------------|
| Name and business address | Description of services | Compensation |
| REVIVE HEALTHCARE CONSULTING, 209 10TH | | 4 455 060 |
| AVENUE S, SUITE 214, NASHVILLE, TN 37203 | CONSULTING | 1,155,862. |
| NELSON MULLINS | | |
| PO BOX 11009, COLUMBIA, SC 29211-1009 | LEGAL | 338,446. |
| RGC HEALTHCARE CONSULTING | | |
| 120 GROSVENOR DR, RALEIGH, NC 27615 | CONSULTING | 246,823. |
| • | | |
| | | |
| | | - |
| | | |
| 2 Total number of independent contractors (including but not limited to those list | sted above) who received more than | |
| \$100,000 of compensation from the organization | | |

Form **990** (2019)

Form 990 (2019) NCHA INC
Part VIII Statement of Revenue

| • | | Check if Schedule O | contai | ns a response | or note to any lin | e in this Part VIII | | | " |
|--|------|--|----------|---------------------|---------------------------------------|---|--|------------------------------|--|
| | | | | | · · · · · · · · · · · · · · · · · · · | (A) Total revenue | (B) Related or exempt | (C) Unrelated | (D) Revenue excluded |
| | | | | | | - Otal revenue | | business revenue | from tax under |
| | | | | | | | | | sections 512 - 514 |
| इस् | 1 a | Federated campaigns | | <u>1a</u> | | | | No. of the second | |
| ir a | ŧ | Membership dues | | 1b | | 建筑技术 | San San | 144 | |
| Contributions, Gifts, Grants and Other Similar Amounts | • | Fundraising events | | 1c | | | 5. | Manager 1997 | |
| 텵퇴 | • | Related organizations | | 1d | | | | | |
| s, ill | • | Government grants (conti | | · — — | | | 100 | | |
| E S | f | All other contributions, gifts, | - | · I I | | 2 | | | |
| 賣舞 | | sımılar amounts not ıncluded | above | | | 24 | | | 3 10 |
| 풀걸 | Ģ | Noncash contributions included in | lines 1a | -1f 1g\$ | | | 1 | ALIENSTALENE ALIENSTALENE | |
| <u>0</u> g | ŀ | Total. Add lines 1a-1f | | | | | 7.0 | | ă. |
| | | | | | Business Code | 5 520 445 | 5 520 415 | | |
| e c | 2 8 | | | | 621300 | 5,530,415. | 5,530,415. | | |
| e G | t | SPECIAL ASSESMENT | | | 621300 621300 | 1,638,523. | 1,638,523. | | |
| n S | • | DATA SERVICES | | | 621300 | -20,083. | -20,083. | | |
| Be | | | | | | | ļ | <u> </u> | |
| Program Service Revenue | 9 | All adhau avanuan aanua | | | 621300 | 39, 251, | 39,251. | | |
| - | | All other program service | reven | ue | 021300 | 7,188,106. | | G-17 (12) | |
| \dashv | 3 | Total. Add lines 2a-2f Investment income (include | dina d | wdends intere | set and | .,200,200. | CONTRACTOR OF STATE O | | <u> </u> |
| | 3 | other similar amounts) | Jing u | ividends, intere | st, and | 1,902,706. | ' | | 1,902,706. |
| | 4 | Income from investment | of tay. | evernt hand n | roceeds | | , | | |
| | 5 | Royalties | Ji tax | exempt bond p | 100000d3 | | , | | , |
| | • | rioyanos | | (i) Real | (ii) Personal | 4.0 | | | |
| | 6 a | Gross rents | 6a | 1,227,710. | <u> </u> | | | | T |
| | | Less rental expenses | 6b | 0. | | | F 2 | | |
| Ì | | Rental income or (loss) | 6c | 1,227,710. | | | | | |
| | | Net rental income or (loss | | 1 | • | 1,227,710. | 1,227,710. | | |
| | | Gross amount from sales of | \Box | (i) Securities | (iı) Other | | | 2.0 | |
| | | assets other than inventory | 7a | | | 6 | 7 F | | |
| | | Less. cost or other basis | | | | | 1 T | mortion programme some some | 4 |
| e | | and sales expenses | 7b | | | era filmen | - All 1 | 2 | |
| Revenue | • | Gain or (loss) | /c | | 4,- | | ingmingerstateproductionstatunggodingtiff | himnemining mining decision | Charles Carlo Water Carlo |
| Re | (| Net gain or (loss) | | | | | | ` | |
| her | 8 8 | a Gross income from fundrais | ng eve | nts (not | | | | | |
| ō | | including \$ | | of | | | | | |
| | | contributions reported or | line`1 | c) _, See | | · 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十 | | 9 | |
| | | Part IV, line 18 | | 8a | ļ | | | | |
| | 1 | Less: direct expenses | | <u>8b</u> | <u> </u> | | | | |
| | | Net income or (loss) from | | _ | | 2: 2: | | \$4.04c(3/4740(3/55)24/3) | PA-A |
| | 9 8 | a Gross income from gamir | ng acti | I . | | | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | | Part IV, line 19 | • | <u>9a</u> | T- | | | | |
| | | Less direct expenses | | <u>9b</u> | | #55 | | | 25000000000000000000000000000000000000 |
| | | Net income or (loss) from | | | r t | ngpuno-rominangementuressessimin | | (P (60) 3-1 (1) | |
| | 10 | a 'Gross sales of inventory,' | iess re | | ļ | | 7 | | |
| | | and allowances | | 10: | 1 | | 4 | 75 | The second second |
| | | Less. cost of goods sold | colon | 10k | · | ************************************** | | | 100 at 10 |
| === | | Net income or (loss) from | sales | or inventory | Business Code | 3 3 3 3 3 B | TO THE PERSON OF | | |
| ns | 44 | • | | | / | 20 Access (1980) | | | |
| ЭЕ Н | 11 : | a | | | | , | | | |
| ellane | | · | | | | | - | | |
| Miscellaneous Revenue | | d All other revenue | | | | | · | | |
| Σ | | Total. Add lines 11a-11d | | | | 1 | 7387.3 | 建筑 | |
| | 12 | Total revenue. See instructi | ons | | > | 10,318,522. | 8,415,816. | . 0. | 1,902,706. |

56-0641290 NCHA INC Page 10 Form 990 (2019) Part X Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising Do not include amounts reported on lines 6b. Management and general expenses Total expenses Program service expenses expenses 7b, 8b, 9b, and 10b of Part VIII Grants and other assistance to domestic organizations 537;500. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 1,841,239. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,736,865. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 499,062 section 401(k) and 403(b) employer contributions) 335,099. 9 Other employee benefits 185,970. 10 Payroll taxes 11 Fees for services (nonemployees) Management 342,706. Legal Accounting C 47,389. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,603,333. column (A) amount, list line 11g expenses on Sch O.) 14,648. Advertising and promotion 12 317,416. 13 Office expenses 642,528. 14 Information technology 15 Royalties 270,088. 16 Occupancy 90,668. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 177,280. Conferences, conventions, and meetings 19 -2,157. Interest 20 21 Payments to affiliates 152,542

Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)

Depreciation, depletion, and amortization

EDUCATIONAL PROGRAMS

BAD DEBT EXPENSE

All other expenses

Total functional expenses. Add lines 1 through 24e 25 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)

22

23

135,209

41,999

8,973,384.

4,000

| | | Balance Sneet | | | |
|-----------------------------|-----|--|--------------------------|---------|--|
| | ` | Check if Schedule O contains a response or note to any line in this Part X | <u> </u> | | |
| | | · | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 690,444. | 1 | 3,051,226. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 77,082. | 4 | 0. |
| | 5 | Loans and other receivables from any current or former officer, director, | | | \$50 Personal Property (1987) |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | 7,425,100. | 5 | 8,077,459. |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| Ø | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | , | 8 | |
| ĕ | 9 | Prepaid expenses and deferred charges | 31,767. | 9 | 198,979. |
| | 10a | Land, buildings, and equipment cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 4,505,223. | | 3 | |
| | b | Less: accumulated depreciation 10b 2,536,453. | 2,072,181. | 10c | 1,968,770. |
| | 11 | Investments - publicly traded secunties | 2,341,869. | 11 | 926,386. |
| | 12 | Investments - other securities. See Part IV, line 11 | 3,301,863. | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | 1 |
| | 15 | Other assets See Part IV, line 11 | 1,217,301. | 15 | 1,555,104. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 17,157,607. | 16 | 15,777,924. |
| | 17 | Accounts payable and accrued expenses | 2,930,422. | 17 | 1,502,834. |
| | 18 | Grants payable | 706 000 | 18 | 2 704 204 |
| | 19 | Deferred revenue | 706,883. | 19 | 2,794,384. |
| | 20 | Tax-exempt bond liabilities | | 20 | · · · |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | C 037, 517457015781 HERKELTON STRONG |
| es | 22 | Loans and other payables to any current or former officer, director, | | \$. y. | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | تنتث | |
| iat | | controlled entity or family member of any of these persons | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | <u> </u> |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 3,304,232. | 25 | 2,682,362. |
| | 26 | Total liabilities. Add lines 17 through 25 | 6,941,537. | 26 | 6,979,580. |
| | 20 | Organizations that follow FASB ASC 958, check here | | 1300 S. | |
| S | | and complete lines 27, 28, 32, and 33. | | | |
| ğ | 27 | Net assets without donor restrictions | 10,216,070. | 27 | 8,798,344. |
| 3ala | 28 | Net assets with donor restrictions | | 28 | |
| Ď | ~ | Organizations that do not follow FASB ASC 958, check here | | | |
| Fu | | and complete lines 29 through 33. | | 6 | · 100 100 100 100 100 100 100 100 100 10 |
| þ | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | 10,216,070. | 32 | 8,798,344. |
| Z | 33 | Total liabilities and net assets/fund balances | 17,157,607. | 33 | 15,777,924. |

| Form | m 990 (2019) NCHA_INC 56-0641 | | | | | | | | | | |
|--|---|----------|-----|-------------|----------|-------------|--|--|--|--|--|
| | rt XI Reconciliation of Net Assets | | | | | | | | | | |
| , | Check if Schedule O contains a response or note to any line in this Part XI | | | | | X | | | | | |
| | Total revenue (must equal Part VIII, column (A), line 12) | | | | | | | | | | |
| 1 | , | | | | | | | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | | | | | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | | | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1 | | | | | | | | | | |
| 5 | Net unrealized gains (losses) on investments | | | | | | | | | | |
| 6 | Donated services and use of facilities 6 | | | | | | | | | | |
| 7 | Investment expenses 7 | | | | | | | | | | |
| 8 | Prior penod adjustments 8 | | | | | | | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | <u>,797</u> | 7,2: | <u> 17.</u> | | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | | | | | |
| column (B)) 10 8 , 7 | | | | | | | | | | | |
| Pai | rt XII Financial Statements and Reporting | | | | | | | | | | |
| Check if Schedule O contains a response or note to any line in this Part XII | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | 1 | | `` | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | 1 | | | | | |
| | separate basis, consolidated basis, or both | | | | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | ļ | | | لـــا | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Х | <u> </u> | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | ' | | | | | | |
| | consolidated basis, or both | | | | | | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | İ | | | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | X | <u></u> | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | , | | | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audı | t | l | | | | | | | |
| | Act and OMB Circular A-133? | |] | 3a | | X | | | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audi | :] | | | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | | | | | | |

Form **990** (2019)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

| | Section E01(a)(4) (5) or (6) organize | tions: Complete Dort III | | | | | | | | | |
|----|---|---|--|--|--------------------------------|--|--|--|--|--|--|
| | Section 501(c)(4), (5), or (6) organiza ne of organization | tions. Complete Part III. | | | Employer identification number | | | | | | |
| | NCHA IN | C | | | 56-0641290 | | | | | | |
| Pa | | anization is exempt und | er section 501(c) | or is a section 52 | | | | | | | |
| 2 | Provide a description of the organize Political campaign activity expendit Volunteer hours for political campa | tures | cal campaign activities in | n Part IV. | > \$ | | | | | | |
| Ps | art I-B Complete if the org | ganization is exempt und | er section 501/c)/3 | 3) | | | | | | | |
| | Enter the amount of any excise tax | | | <i>5</i>). | > ¢ | | | | | | |
| | Enter the amount of any excise tax | , , | | | ► \$ ► \$ | | | | | | |
| 3 | | , , | | | Yes No | | | | | | |
| _ | a Was a correction made? | 1000 tax, old it ino / oliii // 20 | , | | Yes No | | | | | | |
| | b If "Yes," describe in Part IV. | | | | | | | | | | |
| | art I-C Complete if the org | janization is exempt und | er section 501(c), | except section 5 | 01 (c)(3) . | | | | | | |
| 1 | Enter the amount directly expende | d by the filing organization for se | ction 527 exempt functi | ion activities | > \$ | | | | | | |
| 2 | Enter the amount of the filing organ | nization's funds contributed to ot | ther organizations for se | ection 527 | | | | | | | |
| | exempt function activities Section 5 | | | | | | | | | |
| 3 | Total exempt function expenditures | s. Add lines 1 and 2. Enter here a | and on Form 1120-POL, | | | | | | | | |
| | line 17b | | | | ▶\$ | | | | | | |
| | Did the filing organization file Form | | | | Yes No | | | | | | |
| 5 | Enter the names, addresses and er made payments. For each organiza contributions received that were propolitical action committee (PAC). If | ution listed, enter the amount pai comptly and directly delivered to | d from the filing organiz a separate political orga | ation's funds. Also ent anization, such as a se | er the amount of political | | | | | | |
| _ | · · · · · · · · · · · · · · · · · · · | (b) Address | (c) EIN | (d) Amount paid fr | rom (e) Amount of political | | | | | | |
| | (a) Name | (a) Address | (c) Eliv | filing organization funds. If none, ente | n's contributions received and | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | ' | | | | | | | | | |

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019

Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2019 NCHA INC 56-0641290 Page 3 Part II-B: Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

| each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | (a | 1) | (t | 0) |
|--|--|--------------------------|----------------|---------------------|
| he lobbying activity. | Yes | No | Amo | ount |
| During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter — or referendum, through the use of a Volunteers? | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? | | | | |
| d Mailings to members, legislators, or the public? | | | | |
| e Publications, or published or broadcast statements? | | | | |
| f Grants to other organizations for lobbying purposes? | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i Other activities? | | | | |
| j Total. Add lines 1c through 1i | i i | 1 | | |
| a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | n i |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | ent | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | 200 200 - 200 200 200 | () (a) | 7 |
| Gomplete if the organization is exempt under section 501(c)(4), sectio | on 501(c)(| 5), or sec | tion | |
| 501(c)(6). | | | | |
| | | | Yes | N |
| Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | |
| | | , | | |
| Did the organization agree to carry over lobbying and political campaign activity expenditures from | tne prior year | (<u> </u> | | |
| int III B Complete if the organization is exempt under section 501(c)(4), section | on 501(c)(| 5), or sec | | |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | on 501(c)(| 5), or sec | II-A, line | 3, is |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered | on 501(c)(| 5), or sec | | 3, is |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | on 501(c)(t I "No" OR | 5), or sec | II-A, line | 3, is |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members | on 501(c)(t I "No" OR | 5), or sec | II-A, line | 3, is |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) | on 501(c)(t I "No" OR | 5), or sec | II-A, line | 3, is |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | on 501(c)(t I "No" OR | 5), or sec (b) Part I | 1,340 | 3, is |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year | on 501(c)(t I "No" OR | 5), or sec (b) Part I | II-A, line | 3, is |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year | on 501(c)(t I "No" OR | 5), or sec (b) Part I | 1,340 | 3, is 0 , 4: |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total | on 501(c)(t | 5), or sec (b) Part I | 1,340 | 3, is 0 , 4: |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | on 501(c)(the state of the stat | 5), or sec (b) Part I | 1,340 | 3, is 0 , 4: |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses for the section 162(e) and the section of the expenses for the section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses for the section 162(e) dues | on 501(c)(the state of the stat | 5), or sec (b) Part I | 1,340 | 3, is 0 , 4: |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? | on 501(c)(the state of the stat | 5), or sec (b) Part I | 1,340 | 3, is 0 , 4: |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year? | on 501(c)(the state of the stat | 5), or sec (b) Part I | 1,340 | 3, is 0 , 4: 0 , 5: |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the extense the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information | on 501(c)(t | 5), or sec (b) Part I | 1,340 1,340 | 3, is 0 , 4: 0 , 5: |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the extension does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information ovide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground in the section is an account of lobbying and political expenditures (see instructions) | on 501(c)(t | 5), or sec (b) Part I | 1,340 1,340 | 3, is 0, 4 |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the extense the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information | on 501(c)(t | 5), or sec (b) Part I | 1,340 1,340 | 3, is 0, 4 |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the extension does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information ovide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground in the section is an account of lobbying and political expenditures (see instructions) | on 501(c)(t | 5), or sec (b) Part I | 1,340 1,340 | 3, is 0, 4 |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the extension does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information ovide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground in the section is an account of lobbying and political expenditures (see instructions) | on 501(c)(t | 5), or sec (b) Part I | 1,340 1,340 | 3, is 0 , 4: |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the extension does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information ovide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground in the section is an account of lobbying and political expenditures (see instructions) | on 501(c)(t | 5), or sec (b) Part I | 1,340 1,340 | 3, is 0 , 4: |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the extension does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information ovide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground in the section is an account of lobbying and political expenditures (see instructions) | on 501(c)(t | 5), or sec (b) Part I | 1,340 1,340 | 3, is 0 , 4: |

Schedule C (Form 990 or 990-EZ) 2019

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

NCHA INC

Employer identification number 56-0641290

| Par | t I Organizations Maintaining Donor Advised | Funds or Other Similar Funds | or Accounts. Complete if the |
|-----|---|--|--|
| | organization answered "Yes" on Form 990, Part IV, line | e 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (dunng 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 w | vriting that the assets held in donor advis | ed funds |
| | are the organization's property, subject to the organization's | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | dvisors in writing that grant funds can be | used only |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose | conferring |
| | impermissible private benefit? | | Yes No |
| Par | t II Conservation Easements. Complete if the org | anization answered "Yes" on Form 990, I | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | n (check all that apply). | |
| | Preservation of land for public use (for example, recreat | ion or education) Preservation of | a historically important land area |
| | Protection of natural habitat | Preservation of | a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ed conservation contribution in the form | of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic stru | cture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired a | fter 7/25/06, and not on a historic structu | ıre |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the | organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ease | | |
| 5 | Does the organization have a written policy regarding the peri | odic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | nandling of violations, and enforcing cons | servation easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handle | ing of violations, and enforcing conservations | tion easements during the year |
| | ▶ \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170(| |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | • | |
| | balance sheet, and include, if applicable, the text of the footne | ote to the organization's financial stateme | ents that describes the |
| Do: | organization's accounting for conservation easements. | Art Historical Transuras or Ot | har Cimilar Assats |
| Pai | t III Organizations Maintaining Collections of | | ner Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | • | |
| | of art, historical treasures, or other similar assets held for pub | , , | · |
| | service, provide in Part XIII the text of the footnote to its finan | | |
| b | If the organization elected, as permitted under FASB ASC 958 | · | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furth | nerance of public service, |
| | provide the following amounts relating to these items: | | . |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | (ii) Assets included in Form 990, Part X | | . \$ |
| 2 | If the organization received or held works of art, historical trea | | gain, provide |
| | the following amounts required to be reported under FASB AS | SC 958 relating to these items | . . |
| a | Revenue included on Form 990, Part VIII, line 1 | | S |
| | Assets included in Form 990, Part X | | \$ |
| LHA | For Paperwork Reduction Act Notice, see the Instructions | for Form 990. | Schedule D (Form 990) 2019 |

932051 10-02-19

| Sche | dule D (Form 990) 2019 NCHA INC | C | | | | | | <u>56-06</u> | 41290 | Page 2 | | | |
|------|--|--|---------------|----------------|----------------|-----------|------------|--------------|------------|---------------|--|--|--|
| Par | - 440 | r Assets | (continue | :d) | | | | | | | | | |
| 3 ` | Using the organization's acquisition, accession | on, and other record | ls, check | any of the f | ollowing that | make s | ignificant | use of its | | | | | |
| | collection items (check all that apply) | | | | | | | | | | | | |
| а | Public exhibition | • | י 🖳 י | Loan or exc | hange progra | ım | | | | | | | |
| b | Scholarly research | • | • 📖 | Other | | | | _ | | | | | |
| C | Preservation for future generations | | | | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explai | n how th | ey further th | ie organizatio | n's exer | npt purpo | se in Part | XIII. | | | | |
| 5 | During the year, did the organization solicit o | r receive donations | of art, his | storical treas | sures, or othe | r sımılar | assets | | _ | _ | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | No_ | | | |
| Par | | - | ete ıf the | organizatio | n answered " | Yes" on | Form 99 | 0, Part IV, | line 9, or | | | | |
| | reported an amount on Form 990, Par | | | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | liary for c | contributions | s or other ass | ets not | ıncluded | _ | - | | | | |
| | on Form 990, Part X? L Yes L No b If "Yes." explain the arrangement in Part XIII and complete the following table | | | | | | | | | | | | |
| b | b If "Yes," explain the arrangement in Part XIII and complete the following table | | | | | | | | | | | | |
| | | ļ | Amount | | | | | | | | | | |
| | Beginning balance | | | | | | | | | | | | |
| d | Additions during the year | - | | | | | | | | | | | |
| е | Distributions during the year | - | | | | | | | | | | | |
| f | Ending balance | | Yes | No | | | | | | | | | |
| | | | | | | | | | | | | | |
| | b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. | | | | | | | | | | | | |
| Pai | (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years | | | | | | | | | | | | |
| | | years back | (e) Four ye | ars dack | | | | | | | | | |
| 1a | Beginning of year balance | | | | | | | | | | | | |
| þ | Contributions | •• | | | | | | | | | | | |
| C | Net investment earnings, gains, and losses | | | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | | | |
| _ | and programs | | | | | | | | | | | | |
| T | Administrative expenses | | | | | | | | | | | | |
| g | End of year balance | | // 1 | | \\ hald as: | | | •• | L | | | | |
| 2 | Provide the estimated percentage of the curr | ent year end baland | | j, column (a) |)) neio as: | | | | | | | | |
| a | Board designated or quasi-endowment | % | % | | | | | | | | | | |
| b | Permanent endowment | % % | | | | | | | | | | | |
| С | | | | | | | | | | | | | |
| 20 | The percentages on lines 2a, 2b, and 2c shows Are there endowment funds not in the posse | | ation that | t are held ar | nd administer | ed for th | ne organia | ration | | | | | |
| Sa | | ssion of the organiz | ation tha | t ale lielu al | iu auminister | eu ioi u | ie Organiz | ation | [v | es No | | | |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | 23 110 | | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | $\overline{}$ | | | |
| h | If "Yes" on line 3a(ii), are the related organizations | tione lieted as requi | rad on S | chedule R2 | | | | | 3b | +- | | | |
| 4 | Describe in Part XIII the intended uses of the | · | | | | | | | [00] | | | | |
| | t VI Land, Buildings, and Equipm | | JAVIII CITE I | <u> </u> | | | | | _ | | | | |
| | Complete if the organization answere | | 0. Part IV | /. line 11a. S | See Form 990 | . Part X. | line 10. | | | | | | |
| | Description of property | (a) Cost or | | | or other | | ccumulat | ted T | (d) Book v | /alue | | | |
| | becomplied of property | basis (invest | | ` ' | (other) | | preciation | | ,_,, | | | | |
| 12 | Land | , | | | 0,000. | | | | 1,000 | ,000. | | | |
| | Buildings | | | | 6,369. | | 899,4 | 26. | | ,943. | | | |
| | Leasehold improvements | | | | | | - <u></u> | | | | | | |
| | Equipment | | | 1,76 | 8,854. | 1. | 637,0 | 27. | 131 | ,827. | | | |
| | Other | | | | | | | | | | | | |
| | Add lines 1a through 1e. (Column (d) must e | qual Form 900 Part | Y colum | n (R) line 1 | 00.1 | | | | 1,968 | 770. | | | |

Schedule D (Form 990) 2019

| Part VII | Investments - Other Securities. | | | |
|----------------|--|---|---|----------------------|
| (-) Decer | Complete if the organization answered "Yes" of | on Form 990, Part IV, line (b) Book value | 11b. See Form 990, Part X, line 12. (c) Method of valuation Cost or end- | of year market value |
| | Otion of security or category (including name of security) | (b) Book value | (c) Method of Valuation Cost of end- | oryear market value |
| | al derivatives | <u> </u> | | |
| | held equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | · |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | · , , | • | |
| (G) (H) | | | | |
| | b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| | Investments - Program Related. | | | |
| · art viii | Complete if the organization answered "Yes" | on Form 990 Part IV line | 11c See Form 990 Part Y June 13 | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end- | of-vear market value |
| (1) | | (-) | V-, | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | _ | | |
| (7) | | 14. | | |
| (8) | | · · · · · · | | |
| (9) | | | - | - |
| | (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| | | Description | | (b) Book value |
| (1) IN | TERCOMPANY A/R - STRATEC | GIC PARTNERS | | 1,500,000. |
| (2) IN | TERCOMPANY A/R - FOUNDAT | rion | | 55,104. |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colu | umn (b) must equal Form 990. Part X. col. (B) line | 15.) | > | 1,555,104. |
| Part X | Other Liabilities. | | | |
| | Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | |
| 1 | (a) Description of liability | | | (b) Book value |
| | deral income taxes | | | |
| | CRUED PENSION LIABILITY | | | 1,871,436. |
| | JE TO NCHE | | | 262,837. |
| | CCRUED EXPENSES | | | 158,634. |
| (5) A C | CCRUED INCENTIVE | | | <u>389,455.</u> |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colu | umn (b) must equal Form 990. Part X. col. (B) line | 25.) | | <u>2,682,362.</u> |
| 2. Lability | y for uncertain tax positions. In Part XIII, provide | the text of the footnote to | the organization's financial statements that | at 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

Schedule D (Form 990) 2019

| Schedule D (Form 990) | | | | 641290 Page 4 | | | | | | | |
|--|--|-----------------------------|-----------------------|-------------------------|--|--|--|--|--|--|--|
| Part XI Reconci | liation of Revenue per Audited Financial S | tatements With Revenue pe | r Return. | - | | | | | | | |
| Complete | f the organization answered "Yes" on Form 990, Part IV | line 12a. | | | | | | | | | |
| - | ns, and other support per audited financial statements | | 1 | 8,852,875. | | | | | | | |
| | on line 1 but not on Form 990, Part VIII, line 12 | 1 1 24 2 | - B | | | | | | | | |
| | ns (losses) on investments | 2a 34,3 | 53. | | | | | | | | |
| b Donated services | and use of facilities . | 2b | | | | | | | | | |
| c Recoveries of prior | r year grants | 2c | | | | | | | | | |
| d Other (Describe in | Part XIII.) | 2d | 32 C | 24 252 | | | | | | | |
| e Add lines 2a throu | ugh 2d | | 2e | 34,353. | | | | | | | |
| 3 Subtract line 2e fr | rom line 1 | | 3 | 8,818,522. | | | | | | | |
| | on Form 990, Part VIII, line 12, but not on line 1 | 1 1 | | | | | | | | | |
| a Investment expen | ses not included on Form 990, Part VIII, line 7b | 4a | | | | | | | | | |
| b Other (Describe in | Part XIII.) | [4b] 1,500,0 | 00- | 1 500 000 | | | | | | | |
| c Add lines 4a and | 4b | | 4c | 1,500,000. | | | | | | | |
| 5 Total revenue. Ad | d lines 3 and 4c. (This must equal Form 990. Part I. line | 12.) | | 10,318,522. | | | | | | | |
| 7 5 52000 | liation of Expenses per Audited Financial S | | per Heturn. | | | | | | | | |
| Complete | f the organization answered "Yes" on Form 990, Part IV | , line 12a. | | 0.000 | | | | | | | |
| • | nd losses per audited financial statements | | 1 | 8,973,384. | | | | | | | |
| 2 Amounts included | on line 1 but not on Form 990, Part IX, line 25. | 1 1 | 1-5.1 | | | | | | | | |
| a Donated services | and use of facilities | 2a | | | | | | | | | |
| b Prior year adjustm | nents | 2b | | | | | | | | | |
| c Other losses | | 2c | ——(``.') | | | | | | | | |
| d Other (Describe in | Part XIII.) | 2d | | • | | | | | | | |
| e Add lines 2a through 2d Subtract line 2e from line 1 3 8,973 | | | | | | | | | | | |
| | 3 Subtract line 2e from line 1 | | | | | | | | | | |
| | on Form 990, Part IX, line 25, but not on line 1 | 1 1 | ž, | | | | | | | | |
| a Investment expen | ses not included on Form 990, Part VIII, line 7b | 4a | | | | | | | | | |
| b Other (Describe in | ŕ | | | 0 | | | | | | | |
| c Add lines 4a and | | | 4c | 0. | | | | | | | |
| | dd lines 3 and 4c. (This must equal Form 990. Part I. line | e 18.) | 5 | 8,973,384. | | | | | | | |
| | nental Information. | | | | | | | | | | |
| | s required for Part II, lines 3, 5, and 9, Part III, lines 1a ar | | line 4, Part X, | line 2; Part XI, | | | | | | | |
| lines 2d and 4b, and Pa | rt XII, lines 2d and 4b. Also complete this part to provide | any additional information. | | | | | | | | | |
| | | | - · · · · | · | | | | | | | |
| PART X, LINE | 2. | | | | | | | | | | |
| FART A, DINE | 4 . | | | | | | | | | | |
| NCHA TO EYEM | PT FROM FEDERAL INCOME TAXES | INDER SECTION 501 | (C)(6) | ਤਮਾਾ ਤ∩ | | | | | | | |
| NCDA 15 EXEM | PI FROM FEDERALI INCOME TAXES | ONDER SECTION 301 | (C)(O) | OF THE | | | | | | | |
| THE PRIME DES | ENUE CODE. ACCORDINGLY, THE | ETNANCTAL STATEMEN | ייים או | ОТ | | | | | | | |
| INTERNAL REV | ENGE CODE: ACCORDINGED, THE | PINANCIAL BIATEMEN | ID DO N | <u> </u> | | | | | | | |
| סבבו ביית א סס | OVISION FOR INCOME TAXES. TH | E OPCANTZATION IS | SIIB.TECT | ጥ∩ ኔ ጥኔሄ | | | | | | | |
| KEPLECI A PK | OVISION FOR INCOME TRAES. III | E ORGANIZATION 15 | DOBOECT | TO A TAA | | | | | | | |
| ON THOOME ED | OM ANY UNRELATED BUSINESS. | • | | | | | | | | | |
| ON INCOME IN | OM ANI ONKEDATED BOSINESS: | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| NCUA FOLLOWS | GUIDANCE IN THE INCOME TAX | STANDARD RECARDING | ਸ਼ਰ ਸਮਾਦ | COCNTTTON | | | | | | | |
| NCHA FOLLOWS | GOIDANCE IN THE INCOME TAX | BIANDAND NEGANDING | 11111 1011 | COGNITION | | | | | | | |
| AND MEACITEM | ENT OF UNCERTAIN TAX POSITION | NG THE CUITDANCE H | AS NO | | | | | | | | |
| AND MEASUREM | ENI OF UNCERTAIN TAX POSITIO | NS. THE GOIDANCE H | AD NO | | | | | | | | |
| CTCNTETCAND | IMPACT ON THE FINANCIAL STAT | EMENTS | | | | | | | | | |
| SIGNIFICANT | IMPACT ON THE PINANCIAL STAT | EMENIO. | · | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| אד. דע שמעם | E 4B - OTHER ADJUSTMENTS: | | | | | | | | | | |
| TAKI AI, UIN | THE THE CITER ADDUSTMENTS: | | | · | | | | | | | |
| חדעדהבאהכ בם | OM RELATED ORGANIZATION | | | | | | | | | | |
| | OIL MUDDITUD ONOMITUMITON | | Schodi | ile D (Form 990) 2019 | | | | | | | |
| 932054 10-02-19 | | | Scriedo | " רו (במווון San) עם וא | | | | | | | |

| Schedule D (Form 990) 2019 NCHA INC Part XIII Supplemental Information (continued) | 56-0641290 Page 5 |
|---|-------------------|
| Part XIII Supplemental Information (continued) | |
| | |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | |
| | |
| CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PLAN | |
| (504,646) | |
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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OMB No 1545-0047

| Internal Revenue Service | | ► Go to www.irs | www.irs.gov/Form990 for the latest information. | the latest inform | ation. | | Inspection | - |
|--|---------------------|---|---|-----------------------------------|---|---|---|------------|
| Name of the organization NCHA INC | | | | | | | Employer identification number 56-0641290 | a = |
| Part General Information on Grants and Assistance | nd Assistance | | | | | | | |
| 1 Does the organization maintain records to substantiate the amount of the | to substantiate the | amount of the grants | or assistance, the g | grantees' eligibility | for the grants or assis | grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | [| |
| criteria used to award the grants or assistance? | stance? | | | | | | Yes | ≥ |
| 싫 | ocedures for moni | coring the use of grant f | unds in the United | States. | | | | ١ |
| Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any received more than \$5,000. Part II can be displicated if additional space is needed. | Domestic Organi | zations and Domestic be duplicated if addition | Governments. Consultance of the consultance of the | omplete if the orga | nization answered "Y(| es" on Form 990, Part | IV, line 21, for any | |
| 1 (a) Name and address of organization or government | (b) EIN | (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | 1 |
| INNOVATION IN | | | | | | | TO SUPPORT COMMUNICATIONS TO ENCOURAGE THE DELIVERY | <u>8</u> 3 |
| HEALTHCARE - PO BOX 4449 - CARY, NC 27519 | 82-1204828 | 501(C)(4) | 504,000. | 0. | | | OF INNOVATIVE HEALTHCARE SERVICES | , |
| | | | | | | | | |
| | | | | | | | | I |
| | | | | | | | | 1 |
| | | | | | | | | |
| | | | | | | | | , |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3. Enter total number of other organizations listed in the line 1 table. | nd government or | ganizations listed in the | line 1 table | | | | | 1 |
| 1 ~ | , see the Instruct | ions for Form 990. | | | | | Schedule I (Form 990) (2019) | € • |

24

| رم د | •, I | • | 1 | | ı | | | 1 | ı ı | , <i>,</i> | 1 (| , , | 1 ~ |
|---------------------------------------|-----------------------|---|---|---|---|---|---|---|-----|------------|-----|-----|------------------------------|
| 56-0641290 Page 2 | | (f) Description of noncash assistance | | u | | | | | | | | | Schedule I (Form 990) (2019) |
| | 90, Part IV, line 22. | (e) Method of valuation (book, FMV, appraisal, other) | | | | ditional information. | | | | | | | |
| | red "Yes" on Form 99 | (d) Amount of non- cash assistance | | | | line 2, Part III, column (b), and any other additional information. | : | | | | | | |
| | organization answe | (c) Amount of cash grant | | | | 2, Part III, column | | | | | | | 25 |
| | . Complete if the | (b) Number of recipients | | | | | | | | | | | |
| Schedule I (Form 990) (2019) NCHA INC | r Assista | (a) Type of grant or assistance | | | | Part IV Supplemental Information. Provide the information required in Part I, | | | | | ¢ | | 932102 10-26-19 |

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.

➤ 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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 56-0641290

NCHA INC

| | | | 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, | | 凝燃 | |
| | 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 | | # : · | 2~ ,.cs 3 ^ , |
| | Travel for companions Payments for business use of personal residence | 羅文 | E 1/4. | 7.425 |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | 27.53 |
| | | | 234 | |
| h | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| Ü | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | ********* | 2000 |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | *** | 10000 | 84974 |
| _ | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | 2747582-207 | 2277 236 |
| | trustees, and onicers, including the OLO/Licective Director, regarding the fichis chesica of line fat | | 68X X | S. C. 18 |
| 2 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | \$250.00 \$250.00 | | |
| 3 | | 27. | 17.8 | es é la f |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | 12. This | 15 | (5.3) |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | 3,40 1,48 3 | , S. S. | 1.00 |
| | X Compensation committee X Written employment contract | | # 5 Z | استرار معارف |
| | X Independent compensation consultant X Compensation survey or study | | ر برازی مرکز از رازی | |
| | 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 | <u> </u> | عُدُستُ | 7 |
| | | 4a | v | X |
| | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X | 77 |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | , ` | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | 3.65. | 4 * | |
| | | 10 (c) 1 1 (c) 1 | F2 ,2, , , | 100 |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | 12 m | | 1.37 |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | 2 |
| | contingent on the revenues of | | <u> </u> | 26520 |
| а | The organization? | 5a | | - |
| b | Any related organization? | 5b | 3. Beck | Say 1 W |
| | If "Yes" on line 5a or 5b, describe in Part III. | | 2 2 % 2 % | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | 200 S |
| | contingent on the net earnings of | 25 | 200 | 2 10 1 |
| а | The organization? | 6a | | |
| b | Any related organization? | 6b | 7 (52.5.7 | 25 25 3 |
| | 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 | | 402 | <u> </u> |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | NOW COM TO |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | <u> </u> |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53 4958-6(c)? | 1 9 | l | 1 |

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

Schedule J (Form 990) 2019

NCHA INC

Schedule J (Form 990) 2019

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

| | | (B) Breakdown of V | (B) Breakdown of W.2 and/or 1099-MISC compensation | C compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|-----------------------|------------|--------------------------|--|---|--------------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (a)-(i)(a) | in column (B) reported as deferred on prior Form 990 |
| (1) STEPHEN J. LAWLER | [≘ | 592,457. | 192,500. | 0 | 37,500. | 11,675. | 834,132. | 0 |
| PRESIDENT | ≘ | | | 0 | 0 | 0 | 0 | 0 |
| (2) LINWOOD L. JONES | ≘ | 246,088. | 49,607. | 16,365. | 38,485. | 10,972. | 361,517. | 0. |
| GENERAL COUNSEL |) <u>(</u> | 0 | t I | .0 | | | | 0. |
| (3) MILLIE R. HARDING | ε | 296,12 | 57,400. | .0 | 31,627. | 11,193. | 396,349. | 0. |
| SENIOR VP | Ξ | 0. | • 0 | .0 | • 0 | | | 0. |
| (4) JEFFREY WEEGAR | ≘ | 150,026. | 15,888. | 0 | 8,579. | 9,635. | 184,128. | • 0 |
| VICE PRESIDENT & CFO | Ξ | 0 | 0 | 0 | • 0 | • 0 | | • 0 |
| (5) CODY HAND | Ξ | 197,031. | 44,113. | .0 | 4,978. | 10,150. | 256,272. | 0. |
| SENIOR VP | € | | 0 | 0 | • 0 | •0 | • 0 | • 0 |
| (6) WILLIAM PULLY | ε | | 0 | 667,435. | • 0 | .0 | 667,435. | 667,435. |
| FORMER PRESIDENT | : <u>E</u> | 0 | 0 | 0 | 0 | 0 | .0 | • 0 |
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| ١ | | | | | | | Sched | Schedule J (Form 990) 2019 |

56-0641290

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 4B:

NCHA MAINTAINS A NON-QUALIFIED RETENTION BENEFIT PLAN COVERING KEY

EMPLOYEES. THE COVERED EMPLOYEES RECEIVE AN ANNUAL BENEFIT EQUAL TO

THEIR ORDINARY SALARY. THE PARTICIPANTS CAN ELECT TO CERTAIN PERCENTAGE OF

INVEST THEIR ANNUAL BENEFIT IN A CAPITAL ACCUMULATION ACCOUNT OR CHOOSE

OTHER FRINGE BENEFITS. THE PRESIDENT RECEIVES A FLAT CONTRIBUTION ANNUALLY.

THE ORGANIZATION ACCRUED THE FOLLOWING AMOUNTS TO THE THE CURRENT YEAR, FOR

PLAN FOR THESE INDIVIDUALS. SEE SCHEDULE J, PART II.

STEPHEN LAWLER - \$25,000

LINWOOD JONES - \$25,986

MILLIE HARDING - \$18,128

SELECT EXECUTIVES AGREED TO PARTICIPATE IN CAP-EX IN PLACE OF A TRADITIONAL

SERP. SEE SCHEDULE L, PART V, FOR A BROADER DESCRIPTION.

WILLIAM PULLEY RECEIVED DISTRIBUTIONS OF ACCUMULATED FUNDS UNDER THE

NON-QUALIFIED PLAN OF \$677,435 IN 2019

Schedule J (Form 990) 2019

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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 56-0641290 NCHA INC Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

Loans to and/or From Interested Persons. Part II

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

| (a) Name of interested person | (b) Relationship with organization | | fron | oan to or n the ization? | (e) Original principal amount | (f) Balance due | (g) defa | In ault? | (h) Ap by bo comm | proved ard or nttee? | (i) W agreei | ritten ment? |
|-------------------------------|------------------------------------|----------|------|--------------------------------|-------------------------------|-----------------|-------------|-------------|-------------------------|----------------------------|--|-----------------|
| | | | То | From | | | Yes | No | Yes | No | Yes | No |
| WILLIAM A, PULL | WILLIAM | TO COLLA | | Х | 4,475,000. | 6,473,562. | | X | Х | | Х | |
| HUGH H TILSON, | HUGH H T | TO COLLA | | Х | 870,000. | 1,603,897. | | Х | Х | | Х | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | i | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | | 1 | ▶ \$ | 8,077,459. | | · | | L | | |

Grants or Assistance Benefiting Interested Persons.

| Complete if the organization | answered "Yes" on Form 990, Pa | art IV, line 27. | | |
|---------------------------------------|---|--------------------------|------------------------|---------------------------|
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
| | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

SEE PART V FOR CONTINUATIONS

| | d "Yes" on Form 990, Part IV, line 28a, 2 | | T 5 | (e) Sha | aring of |
|--|---|---------------------------|--------------------------------|----------|----------|
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | | ation's |
| | | | | Yes | No |
| | | | | | |
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| | | | | | |
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| Part V Supplemental Information. Provide additional information for res | ponses to questions on Schedule L (see i | nstructions). | | | |
| SCHEDULE L, PART II, LOAN | S TO AND FROM INTERES | TED PERSONS | S: | | |
| (A) NAME OF PERSON: WILLI | AM A, PULLY | | | | |
| (B) RELATIONSHIP WITH ORG | ANIZATION: WILLIAM A. | PULLY IS | THE FORMER | | |
| PRESIDENT. | | | | | |
| (C) PURPOSE OF LOAN: TO CO | OLLATERALIZE A LIFE I | NSURANCE PO | OLICY & PROV | IDE | |
| POST RETIREMENT BENEFIT | | | | | |
| (D) LOAN TO OR FROM ORGAN | IZATION? = FROM | <u> </u> | | | |
| (E) ORIGINAL PRINCIPAL AM | OUNT \$ 4,475,000. (F |) BALANCE I | OUE \$ 6,473, | 562. | |
| (G) LOAN IN DEFAULT? = NO | | | | | |
| (H) APPROVED BY BOARD OR | COMMITTEE? = YES | | | | |
| (I) WRITTEN AGREEMENT? = | YES | | | <u> </u> | |
| | | | | | <u>_</u> |
| (A) NAME OF PERSON: HUGH | H TILSON, JR | | | | |
| (B) RELATIONSHIP WITH ORG. | ANIZATION: HUGH H TII | SON, JR IS | THE FORMER | | |
| EXECUTIVE VICE PRESIDENT. | | | . | | |
| (C) PURPOSE OF LOAN: TO CO | OLLATERALIZE A LIFE I | NSURANCE PO | OLICY & PROV | IDE | |
| POST RETIREMENT BENEFIT | | <u>-</u> | | | |
| (D) LOAN TO OR FROM ORGAN | IZATION? = FROM | _ | | | |
| (E) ORIGINAL PRINCIPAL AM | OUNT \$ 870,000. (F) | BALANCE DUI | \$ 1,603,89 | 7 | |
| (G) LOAN IN DEFAULT? = NO | | | | | |

Schedule L (Form 990 or 990-EZ) 2019

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB_No_1545-0047

Inspection

Name of the organization

NCHA INC

Employer identification number 56-0641290

FORM 990, PART I, DOING BUSINESS AS: NORTH CAROLINA HEALTHCARE ASSOCIATION DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART I, LINE 1, POLICY AND COLLABORATIVE PARTNERSHIPS. FORM 990, PART VI, SECTION A, LINE 1: THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE OFFICERS OF THE BOARD OF TRUSTEES AND ONE TRUSTEE ELECTED AT LARGE AT THE BOARD'S ANNUAL MEETING. THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER TO TRANSACT ALL REGULAR AND SUCH SPECIAL ITEMS OF BUSINESS OF THE CORPORATION AS THE BOARD OF TRUSTEES MAY AUTHORIZE DURING THE INTERIM BETWEEN THE MEETINGS OF THE BOARD MEMBERSHIP. ALL ACTIONS OF THE EXECUTIVE COMMITTEE ARE TO BE REPORTED TO THE BOARD OF TRUSTEES AT THE FIRST MEETING THEREAFTER. SECTION A, PART VI, LINE THE ORGANIZATION IS AN ASSOCIATION IN WHICH THE VOTING MEMBERS OF THE ASSOCIATION ARE HOSPITALS. FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION'S MEMBERS HAVE VOTING RIGHTS THAT INCLUDE THE ELECTION OF ONE OR MORE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY. THE MEMBERS APPOINT DIRECTORS IN A MANNER SET FORTH IN THE ORGANIZATION'S BYLAWS. PART VI, SECTION A, LINE 7B: FORM 990, CERTAIN DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO THE APPROVAL OF THE

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

32 2019.05000 NCHA INC

042 - 2711

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

932211 09-06-19

Employer identification number Name of the organization 56-0641290 NCHA INC MEMBERS OF THE ORGANIZATION. THESE DECISIONS INCLUDE, BUT ARE NOT LIMITED TO, THE APPOINTMENT OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11B: DRAFT COPIES OF THE FORM 990 WILL BE PROVIDED TO THE BOARD OF TRUSTEES FOR REVIEW PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND OFFICERS ARE REQUIRED TO COMPLETE CONFLICT OF INTEREST STATEMENTS ANNUALLY DISCLOSING ANY SPECIFIC CONFLICTS. MEMBERS FOUND TO HAVE A CONFLICT ON AN UPCOMING VOTE ARE NOT ALLOWED TO PARTICIPATE IN THE VOTE, AND CONFLICTS ON FOUND ISSUES ARE NOTED IN THE MINUTES OF THE MEETING. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD APPROVED AN EXECUTIVE COMPENSATION PHILOSOPHY. THE EXECUTIVE COMPENSATION COMMITTEE IS COMPRISED OF THE EXECUTIVE COMMITTEE PLUS 2 ADDITIONAL BOARD MEMBERS EACH YEAR APPOINTED BY THE CHAIR. AN INDEPENDENT CONSULTING FIRM IS HIRED. THE CONSULTING FIRM BENCHMARKS COMPENSATION TO OTHER SIMILAR SIZE HOSPITAL ASSOCIATIONS THROUGHOUT THE COUNTRY, IN ACCORDANCE WITH THE COMPENSATION PHILOSOPHY. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION PROVIDES COPIES UPON REQUEST AND ALLOWS INSPECTION AT THE ADMINISTRATIVE OFFICE OF THE ORGANIZATION. FORM 990, PART IX, LINE 11G, OTHER FEES: 9,194. PROFESSIONAL FEES Schedule O (Form 990 or 990-EZ) (2019)

12071113 131839 042-271200-00

| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|--|---|
| Name of the organization NCHA INC | Employer identification number 56-0641290 |
| CONSULTING SERVICES | 407,437. |
| CONSULTING - ADVOCACY | 170,078. |
| CATERING | 12,762. |
| PUBLIC RELATIONS SERVICES | 1,003,862. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 1,603,333. |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| CHANGE IN DEFINED BENEFIT STATUS | 504,646. |
| ADJUSTMENT TO EQUITY IN SUBSIDARY | -3,301,863. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -2,797,217. |
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SCHEDULE R (Form 990)

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

► Attach to Form 990.

2019

OMB No 1545-0047

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

Employer identification number 56-0641290 Open to Public Inspection

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

NCHA INC

Name of the organization

Department of the Treasury Internal Revenue Service

| (a) | (q) | (0) | (q) | (e) | (£) |
|---|--------------------------------------|--|-----------------------|-------------------------|------------------------------|
| Name, address, and EIN (if applicable) of disregarded entity | Pnmary activity | Legal domicile (state or foreign country) | Total income | End-of-year assets | Direct controlling entity |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| 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. | ons. Complete if the organization ar | nswered "Yes" on Form 990, Par | t IV, line 34, becaus | se it had one or more i | elated tax-exempt |

(g) Section 512(b)(13) Š controlled entity? Yes × Direct controlling entity NCHA Public charity status (if section 501(c)(3)) LINE 10 Exempt Code section 501(C)(3) Legal domicile (state or foreign country) NORTH CAROLINA TO PROMOTE BETTER HEALTH CARE SERVICES IN NORTH Primary activity CAROLINA 27519 NORTH CAROLINA HEALTHCARE FOUNDATION -56-0773039, PO BOX 4449, CARY, NC Name, address, and EIN of related organization

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

932161 09-10-19 LHA

Schedule R (Form 990) 2019 2

Page 2 56-0641290

Schedule R (Form 990) 2019 NCHA INC

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. Part III

| (¥) | General or Percentage managing ownership partner? Yes No | | | | | | | | | re related | Θ | Section 512(b)(13) controlled entity? |] ; |
|-----|---|---|-------|--|------|--|--|--|------|---|-----|--|-----------|
| 3 | General or managing partner? | | | | | | | | | he or mo | (F) | Percentage ownership | _ |
| (i) | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | | | | | | | | tion or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related if. | (6) | ar ar | assers |
| (H) | Disproportionate allocations? | ╙ | · | | | | | | | 0, Part IV, line 34 | (£) | Share of total income | |
| (6) | Share of end-of-year assets | | | | | | | | | s" on Form 99 | | | l (1sr |
| ε | Share of total income | | | | | | | | | swered "Yes | (e) | <u>Ε΄΄</u> | or trust) |
| (e) | t income related, tax under 2-514) | | | | | | | | | ne organization ar | Ð | Direct controlling entity | |
| | | | | | | | | | | complete if the | (0) | Legal domicile (state or | Country |
| (p) | Direct controlling entity | | | | | | | | | ration or Trust. (ear. | (q) | Primary activity | |
| (3) | Legal domicile (state or foreign country) | | | | | | | | | as a Corpo | | Prim | |
| (q) | Primary activity | | | | | | | | | janizations Taxable poration or trust dun | | Z c | |
| (a) | Name, address, and EIN of related organization | | | | | | | | | Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year. | (a) | Name, address, and EIN of related organization | |

| | | | | 1 | | | | | | 1 | • | , | • | |
|--|----------|--|-----------|----------------------|---|---|--|---|--|---|---|---|---|--|
| | <u>-</u> | 512(b)(13) controlled entity? | N | | | | | | | | | | | |
| | | | Yes | | | × | | | | | | | | |
| | Ξ | Percentage ownership | | | | 1008 | | | | | | | | |
| | | Share of end-of-year | assets | | | 1,940,850. | | | | | | | | |
| | Θ | Share of total income | | | | 3,923,909. | | | | | | | | |
| | (e) | Type of entity (C corp, S corp, | or trust) | | | c corp | | | | | | | | |
| | (p) | Direct controlling entity | | | | NCHA | | | | | | | | |
| | (၁) | Legal domicile (state or | country) | | | NC | | | | | | | - | |
| ing the tax year. | (q) | Primary activity | | SUPPORT SERVICES FOR | NCHA RELATED TO | CERTAIN FOR-PROFIT | | : | | | | | | |
| constructions treated as a corporation or trust during the tax year. | (a) | Name, address, and EIN of related organization | | | NORTH CAROLINA HEALTHCARE ENTERPRISES, INC. | - 56-1653026, PO BOX 4449, CARY, NC 27519 | | | | | | | | |

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Yes

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

| | sections with one or more related organizations listed in Darts II.W? |
|---|---|
| his schedule. | d trans |
| ny entity is listed in Parts II, III, or IV of th | and the experience appears an experience of the following |
| Note: Complete line 1 if ar | 4 During the tax year of |

- During the tax year, did
 - Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Purchase of assets from related organization(s)

Sale of assets to related organization(s)

- i Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- Performance of services or membership or fundraising solicitations by related organization(s)

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- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

| (a) Name of related organization | (b) Transaction type (a·s) | (c) Amount involved | (d) Method of determining amount involved |
|----------------------------------|----------------------------------|------------------------|--|
| (1) NC HEALTHCARE ENTERPRISES | ĨΨ | 1,500,000.CASH | CASH |
| (2) NC HEALTHCARE ENTERPRISES | Z | 94,697.CASH | ЗАЅН |
| (3) NC HEALTHCARE ENTERPRISES | 0 | 407,788. CASH | ЗАЅН |
| (4) NC HOSPITAL FOUNDATION | N | 225,669.CASH | CASH |
| (5) NC HOSPITAL FOUNDATION | 0 | 499,556. CASH | CASH |
| (6) | | | • |

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10

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 renarding exclusion for certain investment partnerships.

| that was not a related organization. See instructions regarding exclusion for certain investment partnerships. | structions regarding exclus | sion for certain inve | stment partnerships. | - | | - | | | | |
|--|-----------------------------|-------------------------------------|--|--|----------------------|---|---------------------|--------------------------|------------------------|-------------------------------------|
| (a) | (q) | | (p) | | | | <u> </u> | 3 | 9 | ¥ |
| Name, address, and EIN of entity | Primary activity | Legal domicile (state or foreign | Predominant income partin (related, unrelated, 50) | partners sec. Share of 501(c)(3) total | Share of end-of-year | | Dispropor- Co tongo | ode V-UBI | General or managing | amount in box 20 managing ownership |
| | | country) | excluded from tax under sections 512-514) Yes | _ | assets | | Yes No (Fo | chedule K-1 orm 1065) | Yes No | |
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