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.

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

									1	_
				((C)					
(A)	(B)	Position		(D)	(E)	(F)				
Name and title	Average	(do not check more than one box, unless person is both an			1	Reportable	Reportable	Estimated amount		
	hours	l .	officer and a director/trustee)				compensation	compensation	of other	
	per week							from the organization	from related organizations	compensation from the
	(list any hours for	or director	Insti	Office	Key	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	recto	Institutional trust	ĕ	Key employee	loye	ner			related organizations
	organizations		a in		loye	e				
	below dotted line)	stee	ustee		Ф	ens				
	dotted line)		0			ated				
700										
(1) HEATH ELLENBAAS	1.00								_	_
DIRECTOR		Х						0	0	0
(2) JAMES BOWER	1.00								_	_
DIRECTOR		Х						0	0	0
(3) GUISEPPE LANZINO	1.00									_
DIRECTOR		Х						0	0	0
(4) JIM YOLCH	1.00							_	_	_
DIRECTOR		Х						0	0	0
(5) JEREMY SNYDER	1.00							_	_	_
DIRECTOR		Х						0	0	0
(6) JEFF_ANNEKE	1.00									
DIRECTOR		Х						0	0	0
(7) IFTEKHAR RANA	1.00									
DIRECTOR		Х						0	0	0
(8) MALLORY WEGGEMAN	1.00									
DIRECTOR		Х						0	0	0
(9) CRAIG WENDLAND	5.00									
DIRECTOR		Х						0	0	0
(10)MARILYN SOMMERFELDT	2.00									
DIRECTOR		Х						0	0	0
(11)MARGARET_MATTKE	5.00									
DIRECTOR		Х						0	0	0
(12)JUDY_BRAATZ	1.00									
DIRECTOR		Х						0	0	0
(13)ROBIN_GWALTNEY	1.00									
DIRECTOR		х						0	0	0
(14)STEPHANIE FISHER	2.00									
VICE PRESIDENT				X				0	0	0
EE A										Form 000 (2020)

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					-	(C)							
(A) Name and title		(B) Average hours per week (list any	box	, unles	ieck m ss pei	rson i	than one is both ar r/trustee)			(E) Reportable compensation from related organizations	co	(F) Estimated amou of other compensation from the	
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	anization ed organi	n and
(15)KA	THRYN A STOLP	5.00			х				0	0			0
(16)CA	THERINE MCBRIDE	5.00											
PRES	DENT				х				0	0			0
	NNIE IEZZI	5.00											
SECRI		0.00			Х				0	0			0
	AN PENDERGAST PRESIDENT	2.00			x				0	0			0
	FREGIDENI								<u> </u>	0			
<u>(20)</u>													
<u>(21)</u>													
<u>(22)</u>													
<u>(23)</u>													
<u>(24)</u>													
<u>(25)</u>													
1b	Subtotal			• •				· •					
С	Total from continuation sheets to Part VII, Sect	ion A .						. ▶					
d	Total (add lines 1b and 1c)								0	0			0
2	Total number of individuals (including but not limit		isted a	bove	e) wl	ho r	eceive	d mo	ore than \$100,000	of			
	reportable compensation from the organization	<u> </u>										Yes	No
3	Did the organization list any former officer, direct	tor trustee l	kev en	nnlov	vee	or h	niahest	con	nnensated			162	NO
	employee on line 1a? If "Yes," complete Schedu		•				-		•		. 3		х
4	For any individual listed on line 1a, is the sum of re	eportable cor	npensa	ation	and	oth	er com	npen	sation from the				
	organization and related organizations greater th	an \$150,000)? If "Y	'es,"	' con	nple	te Sch	edul	e J for such				
	individual					• •	• • •				. 4		Х
5	Did any person listed on line 1a receive or accrue	•		-			_				_		
Secti	for services rendered to the organization? If "Yes on B. Independent Contractors	s, complete	Scnea	uie .	J TOP	suc	n pers	on		<u> </u>	. 5		Х
1	Complete this table for your five highest compensa	ted independ	lent co	ntra	ctors	s tha	at recei	ved	more than \$100.00	00 of			
	compensation from the organization. Report comp												
	(A)								(B)		(C)		
	Name and business addres	ss							Description of service	es	Compen	sation	
-													
2	Total number of independent contractors (including received more than \$100,000 of compensation from	-				ted	above)) wh	0				

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Form 990 (2020) NEURO HOSPITALITY HOUSE
Part VIII Statement of Revenue

		Check if Schedule O con	tains a response	or no	ote to any line in this	s Part VIII			<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts and similar amounts not incomplete to the second of t	outions)			68,830 11,140 7,406	11,140 7,406		sections 512–514
Prograi Re		All other program service re Total. Add lines 2a-2f	venue			18,546			
	3 4 5	Investment income (including other similar amounts) Income from investment of to Royalties	ax-exempt bond p	· ·	▶ eeds ▶	89	89		
	b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real 6a 6b 6c		(ii) Personal				
	7a	Gross amount from sales of assets other than inventory	ales of assets ther than inventory 7a						
Revenue	С	' -	7b 7c						
Other Re		Gross income from fundrais events (not including \$ of contributions reported on 1c). See Part IV, line 18 . Less: direct expenses	line	8a 8b	· · · · · · · · · · · · · · · · · · ·				
	c 9a b	Net income or (loss) from fu Gross income from gaming activities, See Part IV, line 1 Less: direct expenses Net income or (loss) from ga	ndraising events 9	9a		30,345			30,345
	10a b	Gross sales of inventory, les returns and allowances Less: cost of goods sold . Net income or (loss) from sa	SS	10a 10b					
Miscellanous Revenue	11a b c d	All other revenue			Business Code				
Σ	е	Total. Add lines 11a-11d Total revenue. See instruc				117,810	18,635	0	30,345

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
Check if Schedule O contains a response or note to any line in this Part IX								

	Check if Schedule O contains a response or note to				
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	35,789	33,994	1,795	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,788	2,652	136	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2,933		2,933	
С	Accounting	3,860		3,860	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .	350			350
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	1,321		1,321	
12	Advertising and promotion	1,591	158	1,433	
13	Office expenses	934	934		
14	Information technology				
15	Royalties				
16	Occupancy	29,665	29,665		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,077	1,077		
20	Interest	71	71		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,096	5,096		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	WEB SITE	1,068	1,068		
b	DUES AND SUBSCRIPTIONS	772	604	168	
C	POSTAGE AND DELIVERY	81	81		
d	REAL ESTATE TAXES ON LAND	2,894	2,894		
e	All other expenses	620		620	
25	Total functional expenses. Add lines 1 through 24e	90,910	78,294	12,266	350
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► ☐ if				
—— FFΔ	following SOP 98-2 (ASC 958-720)				Form 990 (2020)

Form 990 (2020)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	175
	2	Savings and temporary cash investments		2	129,523
	3	Pledges and grants receivable, net		3	125,525
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	•	_	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	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	
	7	Notes and loans receivable, net		7	
Sts.	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
٩	10a	Land, buildings, and equipment: cost or other	•	J	
	104	basis. Complete Part VI of Schedule D 10a 230,00			
	b	Less: accumulated depreciation 10b	230,000	10c	230,000
	11	Investments - publicly traded securities	<u>'</u>	11	230,000
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	359,698
	17	Accounts payable and accrued expenses		17	582
	18	Grants payable	-	18	302
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
"	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	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		25	
	26	Total liabilities. Add lines 17 through 25		26	582
		Organizations that follow FASB ASC 958, check here			
'		and complete lines 27, 28, 32, and 33.			
čě	27	Net assets without donor restrictions		27	
alar a	28	Net assets with donor restrictions		28	
Ä		Organizations that do not follow FASB ASC 958, check here			
Ĕ.		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	•	30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	. 332,216	31	359,116
et /	32	Total net assets or fund balances	. 332,216	32	359,116
z	33	Total liabilities and net assets/fund balances	. 333,565	33	359,698

Both consolidated and separate basis

2c

3a

х

Separate basis

Schedule O.

Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .

If the organization changed either its oversight process or selection process during the tax year, explain on

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the