

# Pemberton Heights Neighborhood Association Board Meeting Minutes 05/23/2016

Board Members in Attendance: Tina Weinberger, President; Lisa Stark Walsh, VP; Daniel Soteldo, Secretary; Betty Trent, Board Member; Don Simkins, Treasurer and Board Member

## CALL TO ORDER

President Tina Weinberger called the meeting to order at 6:30 pm on May 5<sup>th</sup>, 2016 at 1600 Preston Avenue. Tina distributed the preliminary agenda and an e-mail addressed from Beverly Sutton to Tina Weinberger.

## OFFICER AND COMMITTEE REPORTS

### 1. TREASURER, Don Simkins

#### a. Reviewed:

- i. The three 3 other insurance agencies. All indications are that the current PHNA policy is ideal.
- ii. completed 990-EZ form for 2015 which completed the PHNA's 501c(4) filing with the IRS
- iii. Wave Invoicing system and example

#### b. Action item: Transfer remaining funds for Gail's triangle to KAB

### 2. COMMITTEE REPORTS

#### a. Bylaws, Beverly Sutton

- i. Approved: Change of membership: "All memberships are on an annual basis and all Memberships expire on December 31<sup>st</sup>" (Instead of September 30<sup>th</sup>)."
- ii. Approved: "Dues paid on October 1<sup>st</sup> or later in the calendar year will carry over through the next calendar (association) year".

#### b. Communications, Lisa Stark Walsh

##### i. Reviewed

1. Survey completed
2. Target date for final analysis report is end-of-year

#### c. Finance Ad-Hoc, Don Simkins, Barbara Hunt, Lisa Stark Walsh

- i. Action item: Review HOA membership management software
  - d. Government Affairs
    - i. Discussion: Suggested date for the Fish bench dedication on Sunday June 26<sup>th</sup>
    - ii. Action Item: Betty to send letter of “No Position” to be sent to the Austin Division of Planning and Zoning
  - e. Nominations
    - i. Discussion: Desired skillsets for the board including social, computer, and technical
  - f. Policy & Procedures, Beverly Jewell Sutton
    - i. Action Item: re-write descriptions of board member duties to allow more flexibility
  - g. Social, Tommy Thomas
    - i. Review: Garage Sale – The board thanked both Barbara and Tommy for their effort and work towards a successful garage sale.
    - ii. Action item: Tommy to provide report for next board meeting regarding PHNA picnic
  - h. Traffic & Safety, Lucy Enniss
    - i. Action item: Collect signs from Kimberly Comstock and post appropriately
    - ii. Action item: Report on management of “Away from Home” list.

### 3. PRESIDENT

- a. Old Business: Policy for recording of meetings
  - i. The board moved and accepted a policy where board meetings shall not be recorded.
- b. New Business: Pet registry
  - i. Action item: Research past efforts and status
- c. Review of Action items: Completed by Daniel Soteldo and Tina Weinberger
- d. Next Meeting Date: 6:30pm, Tuesday June 14<sup>th</sup> at Betty’s House – 2822 A Wooldridge Dr, Austin, TX 78703

**Actual Revenue & Expenses**

2016	January	February	March	April	2016 TOTALS
<b>REVENUE</b>					
Membership Dues	\$ 90.00	\$ 60.00	\$ 30.00	\$ 140.00	\$ 320.00
Security Donations	\$ 722.00	\$ 422.00	\$ 572.00	\$ 122.00	\$ 1,838.00
Other - WAVE			0.67		\$ 0.67
<b>Total</b>	<b>\$ 812.00</b>	<b>\$ 482.00</b>	<b>\$ 602.67</b>	<b>\$ 262.00</b>	<b>\$ 2,158.67</b>

	January	February	March	April	
<b>EXPENSES</b>					
Security Patrol	\$ 2,476.22	\$ 2,327.38	\$ 2,165.00	\$ 2,543.88	\$ 9,512.48
Bookkeeping	\$ 100.00	\$ 100.00		\$ 100.00	\$ 300.00
Bank Service Charge	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 20.00
Paypal Fee-OPERATING	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 60.00
Paypal Monthly - OPERATING	\$ 2.34	\$ 1.17	\$ 1.17	\$ 4.09	\$ 8.77
Paypal fee-SECURITY	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 60.00
Paypal Monthly - SECURITY	\$ 23.05	\$ 11.15	\$ 11.15	\$ 5.05	\$ 50.40
Dues - ANC		\$ 50.00			\$ 50.00
Triangle Expenses from Triangles-not KAB Fund				\$ 2,645.00	\$ 2,645.00
Triangle Expenses from Operating Fund				\$ 791.40	\$ 2,645.00
Maintenance & Water for Gail's Triangle	\$ 32.94	\$ 35.88	\$ 29.46	\$ 1,060.85	\$ 1,159.13
<b>Total</b>	<b>\$ 2,669.55</b>	<b>\$ 2,560.58</b>	<b>\$ 2,241.78</b>	<b>\$ 7,185.27</b>	<b>\$ 16,510.78</b>

<u>Beginning Balance</u>	January	February	March	April	
Operating Fund	\$ 14,211.65	\$ 14,179.31	\$ 14,068.14	\$ 14,077.64	
Security Program	\$ 27,114.87	\$ 25,322.60	\$ 23,391.07	\$ 21,771.92	
Gail's Triangle	\$ 2,555.75	\$ 2,522.81	\$ 2,486.93	\$ 2,457.47	
Triangles - not KAB Fund	\$ 2,645.00	\$ 2,645.00	\$ 2,645.00	\$ -	
<b>Total</b>	<b>\$ 46,527.27</b>	<b>\$ 44,669.72</b>	<b>\$ 42,591.14</b>	<b>\$ 38,307.03</b>	

<u>Ending Balance</u>	January	February	March	April	
Operating Fund	\$ 14,179.31	\$ 14,068.14	\$ 14,077.64	\$ 13,302.15	
Security Program	\$ 25,322.60	\$ 23,391.07	\$ 21,771.92	\$ 19,329.99	
Gail's Triangle	\$ 2,522.81	\$ 2,486.93	\$ 2,457.47	\$ 1,396.62	
Triangles - not KAB Fund	\$ 2,645.00	\$ 2,645.00	\$ 2,645.00	\$ -	
<b>Total</b>	<b>\$ 44,669.72</b>	<b>\$ 42,591.14</b>	<b>\$ 40,952.03</b>	<b>\$ 34,028.76</b>	

# Fundraising

## Two PHNA Databases

### a) Dues paying members

- 190 members
- 30 with no address
- 184 with no email address
- none with phone numbers

### b) Security patrol donors

- 191 donors
- 115 not members of PHNA
- 8 with no address
- none with an email address
- none with phone numbers

From the 76 names on both lists, it's clear there are quite a few spelling errors.

Some of the addresses are PO Boxes or not in neighborhood.

**To automate collection of dues or security donations we need email addresses.**

Sample invoice from WaveApp. payments go into Frost account.

Pemberton Heights Neighborhood Association



## 2016 DUES AND DONATIONS

Pemberton Heights Neighborhood Association Dues and Security Fund Donations

PHNA  
PO Box 50388  
Austin, Texas 78703-0388  
United States

Don Simkins  
Don Simkins  
1408 Woodridge Drive  
Austin, Texas 78703  
United States  
  
512-594-1184  
treasurer@pembertonheights.org

Invoice Number: 1  
P.O./B.O. Number: 1  
Invoice Date: March 16, 2016  
Payment Due: April 15, 2016  
Amount Due (USD): \$0.00

Items	Annual	Price	Amount
2016 Dues PHNA Dues	1	\$0.50	\$0.50
2016 Security Fund PHNA Security Fund Donation	1	\$0.50	\$0.50
<b>Total:</b>			\$1.00
Payment on March 18, 2016 using  ending in 1573:			\$1.00
<b>Amount Due (USD):</b>			<b>\$0.00</b>

Pay this invoice online at:



**Notes**  
Please see this test invoice. It's just for fun!

**HNA MEETING PRELIMINARY AGENDA**  
**May 23, 2016**  
**6:00pm, 1600 Preston., home of Barbara Hunt**

Type of Meeting: Board

Meeting Facilitator: Tina Weinberger

Invitees: Barbara Hunt, Lucy Enniss, Don Simkins, Daniel Soteldo, Beverly Jewell Sutton, Tommy Thomas, Betty Trent, Lisa Stark Walsh

- I. Call to Order, Roll call
- II. Review of Agenda
- III. Treasurer Report
  - a. D & O Insurance, alternative company
- IV. Committee Reports
  - a. Bylaws, Beverly Jewell Sutton: Feedback request
  - b. Communications, Lisa Stark Walsh
    - IV.b.i.1. Survey results
    - IV.b.i.2. Website enhancement plan update
  - c. Finance Ad-hoc, Don Simkins, Barbara Hunt, Lisa Stark Walsh
    - IV.c.i. Fundraising plan for dues and security patrols
  - d. Governmental Affairs, Betty Trent
  - e. Nominations, Lisa Stark Walsh
  - f. Policies & Procedures, Beverly Jewell Sutton: Feedback request
  - g. Social, Tommy Thomas
    - IV.g.i. Garage sale review
    - IV.g.ii. 4<sup>th</sup> of July event status
  - h. Traffic and Safety, Lucy Enniss: Action Item for Signs
- V. Old Business: Policy for recording of meetings
- VI. New Business: Policy for addressing requests for Historic Designations
- VII. Open Forum
- VIII. 8:15-8:25 Review of action items and votes taken
- IX. 8:25-8:30 Confirm date for next meeting, Adjournment

*Reviewed*

1.

2.

3.

*[Handwritten signature]*

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-1150

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning January 1, 2015, and ending December 31, 2015

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: Pemberton Heights Neighborhood Association  
 Number and street (or P.O. box, if mail is not delivered to street address): P.O. Box 50388  
 City or town, state or province, country, and ZIP or foreign postal code: Austin, Texas, USA, 78763-0388

**D** Employer identification number: 20-8670885

**E** Telephone number: 512-384-1184

**F** Group Exemption Number: ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ [pembertonheights.org](http://pembertonheights.org)

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(4) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 65009.93

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)		Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>	
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	10896.00
	2 Program service revenue including government fees and contracts	2	54212.00
	3 Membership dues and assessments	3	0.00
	4 Investment income	4	0.00
	5a Gross amount from sale of assets other than inventory	5a	0.00
	5b Less: cost or other basis and sales expenses	5b	0.00
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.00
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0.00
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0.00	
c Less: direct expenses from gaming and fundraising events	6c	0.00	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0.00	
7a Gross sales of inventory, less returns and allowances	7a	0.00	
7b Less: cost of goods sold	7b	0.00	
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0.00	
8 Other revenue (describe in Schedule O)	8	0.83	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	65009.93	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	2500.00
	11 Benefits paid to or for members	11	0.00
	12 Salaries, other compensation, and employee benefits	12	0.00
	13 Professional fees and other payments to independent contractors	13	31487.94
	14 Occupancy, rent, utilities, and maintenance	14	0.00
	15 Printing, publications, postage, and shipping	15	614.65
	16 Other expenses (describe in Schedule O)	16	8977.34
17 Total expenses. Add lines 10 through 16	17	43479.93	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	21529.90
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	24997.37
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.00
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	46627.27

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2015)

*values*

*Security notes*

**Part II Balance Sheets** (see the instructions for Part II)  
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	24997.37	46527.27
23 Land and buildings . . . . .	0.00	0.00
24 Other assets (describe in Schedule O) . . . . .	0.00	0.00
25 <b>Total assets</b> . . . . .	24997.37	46527.27
26 <b>Total liabilities</b> (describe in Schedule O) . . . . .	0.00	0.00
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	24997.37	46527.27

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)  
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Promote neighborhood safety, beautification, social event

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 Provide a daily security patrol service in marked vehicles  (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 29707.94
29 Provide an annual neighborhood picnic and an annual holiday carriage ride through the neighborhood  (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 11426.94
30 Landscape and maintain city property at street intersections  (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 1484.78
31 Other program services (describe in Schedule O) . . . . . (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 0.00
32 <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	32 38620.54

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated – see the instructions for Part IV)  
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Tina Weinberger President	4	0	0	0
Lisa Stark Walsh Vice-President	2	0	0	0
Donald Simkins Treasurer	2	0	0	0
Beverly Hurd Treasurer-Elect	1	0	0	0
Daniel Soteldo Secretary	1	0	0	0
Beverly Sutton Bylaws Committee Chair	1	0	0	0
Betty Trent Government Affairs Chair	1	0	0	0
Lucy Ennis Environment & Safety Chair	1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see Instructions) . . . . .		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u> 0		
b	Did the organization file Form 1120-POL for this year? . . . . .		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <u>38b</u>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <u>39a</u> 0		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <u>39b</u> 0		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		<input checked="" type="checkbox"/>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____ 0		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ None		
42a	The organization's books are in care of ▶ <u>Donald Simkins</u> Telephone no. ▶ <u>512-584-1164</u> Located at ▶ <u>1406 Wooldridge Drive</u> ZIP + 4 ▶ <u>78703-2530</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <u>43</u> <input type="checkbox"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .		<input checked="" type="checkbox"/>



46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No  
46

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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 Yes No  
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Date  
 Signature of officer  
 Donald Simkins, Treasurer  
 Type or print name and title

**Paid Preparer Use Only** PTIN  
 Print/Type preparer's name Preparer's signature Date Check  if self-employed  
 Firm's name ▶ Firm's EIN ▶  
 Firm's address ▶ Phone no. ▶

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No