

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 NEIGHBORHOOD HOUSE ASSOCIATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 5660 Copley Drive

City or town, state or country, and ZIP + 4
 San Diego, CA 921117902

D Employer identification number
 95-1648184

E Telephone number
 (858) 715-2642

G Gross receipts \$ 85,436,047

F Name and address of principal officer
 Kim Peck
 5660 Copley Drive
 San Diego, CA 92111

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status 501(c) (3) (insert no) 4947(a)(1) or 527

J Website: www.neighborhoodhouse.org

K Form of organization Corporation Trust Association Other

L Year of formation 1923 **M** State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 NEIGHBORHOOD HOUSE ASSOCIATION IS THE LARGEST MULTIPURPOSE NONPROFIT ORGANIZATION IN SAN DIEGO COUNTY SERVING MORE THAN 20,000 FAMILIES EACH YEAR PROGRAM AREAS OFFERED AT MORE THAN 140 LOCATIONS THROUGHOUT THE COUNTY ARE FOCUSED ON HEALTH, YOUTH, TEENAGE PREGNANCY PREVENTION, CHILDHOOD DEVELOPMENT, SENIORS, MENTAL HEALTH, NUTRITION, HIV/AIDS SERVICES, HOUSING AND EMERGENCY ASSISTANCE SERVICES

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) **3** 18

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** 18

5 Total number of employees (Part V, line 2a) **5** 888

6 Total number of volunteers (estimate if necessary) **6** 1,000

7a Total gross unrelated business revenue from Part VIII, column (C), line 12 **7a** 0

b Net unrelated business taxable income from Form 990-T, line 34 **7b** 0

| | | Prior Year | Current Year |
|--|---|----------------------------------|--------------------|
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 79,519,789 | 84,063,633 |
| | 9 Program service revenue (Part VIII, line 2g) | 972,853 | 912,529 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | -1,635,094 | 10,688 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,064,435 | 449,197 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 80,921,983 | 85,436,047 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 0 | 196,854 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 36,644,598 | 33,340,071 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) 695 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 47,548,123 | 52,521,742 |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 84,192,721 | 86,058,667 | |
| 19 Revenue less expenses Subtract line 18 from line 12 | -3,270,738 | -622,620 | |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 16,856,016 | 19,850,767 |
| | 21 Total liabilities (Part X, line 26) | 7,709,399 | 11,326,770 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 9,146,617 | 8,523,997 | |

Part II Signature Block

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

Signature of officer: _____ Date: 2011-02-10

Kim Peck VP/Chief Financial Officer
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's identifying number (see instructions): _____

EIN: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

DEVELOPING CHILDREN, FAMILIES, AND FUTURE LEADERS OF OUR COMMUNITIES THROUGH EMPOWERMENT, EDUCATION, AND WELLNESS FROM OUR HOUSE TO YOURS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 74,432,584 including grants of \$ 0) (Revenue \$ 0)

Child Care Programs HEAD START, EARLY HEAD START & CHILD DEVELOPMENT PROGRAMS HEAD START IS A FEDERALLY FUNDED CHILD DEVELOPMENT PROGRAM FOR VERY LOW INCOME CHILDREN, AGES 3-5 AND THEIR FAMILIES IT PROVIDES PRESCHOOL CHILDREN OF LOW INCOME FAMILIES WITH A COMPREHENSIVE PROGRAM TO MEET THEIR EMOTIONAL, SOCIAL, HEALTH NUTRITIONAL & PSYCHOLOGICAL NEEDS EARLY HEAD START FOCUSES ON ENROLLED CHILDREN SIX WEEKS TO THREE YEARS OF AGE COMPREHENSIVE SERVICES INCLUDE PARENTING CLASS AND TRANSITION SERVICES FOR CHILDREN MOVING ON TO PRESCHOOL (9,531 Total Enrolled Children)

4b (Code) (Expenses \$ 3,402,716 including grants of \$ 0) (Revenue \$ 0)

Family Planning HEALTH SERVICES ADULT DAY HEALTH CARE PROVIDES NURSING, PSYCHOSOCIAL, NUTRITION SERVICES AND OCCUPATIONAL PHYSICAL THERAPY ACTIVITIES TO 110 ADULTS WHO HAVE PHYSICAL OR MENTAL HEALTH PROBLEMS PROJECT ENABLE IS A FULL SCOPE MENTAL HEALTH PROGRAM ESTABLISHED IN 1982 IT PROVIDES OUTPATIENT MENTAL HEALTH REHABILITATION AND RECOVERY SERVICES FOCUS ON PROVIDING DAY TREATMENT, PSYCHIATRIC MEDICATION, MEDICATION MANAGEMENT AND INDIVIDUAL AND GROUP THERAPY (704 CLIENTS SERVED) THE HIV/AIDS CASE MANAGEMENT AND PEER SUPPORT SERVICES PROGRAM WAS ESTABLISHED IN 1993 IT PROVIDES COMPREHENSIVE, ONGOING ASSISTANCE TO INDIVIDUALS LIVING WITH HIV/AIDS IT AIMS TO HELP CLIENTS MAINTAIN AND IMPROVE HEALTH WHEREVER POSSIBLE AS WELL AS GAIN ACCESS TO RESOURCES AND SERVICES THAT MEET THEIR NEEDS THE PROGRAM CONSISTS OF INTENSIVE CASE MANAGEMENT AND PEER ADVOCACY (150 CLIENTS SERVED) HIV/AIDS TRANSPORTATION SERVICES WAS ESTABLISHED IN 2003 THE PROGRAM PROVIDES ASSISTED AND UNASSISTED TRANSPORTATION TO LOW INCOME RESIDENTS OF SAN DIEGO COUNTY WHO ARE AFFECTED BY HIV/AIDS TRANSPORTATION IS PROVIDED FOR THOSE WITHOUT ACCESS TO A VEHICLE SO THAT THEY CAN TAKE CARE OF LIFE NEEDS, SUCH AS DOCTOR'S APPOINTMENTS UNASSISTED SERVICES REFER TO TRAVEL VOUCHERS, BUS PASSES AND COASTER PASSES THAT ARE PROVIDED TO CLIENTS VIA CASE MANAGEMENT PROGRAMS (TOTAL CLIENTS SERVED -500)

4c (Code) (Expenses \$ 427,439 including grants of \$ 0) (Revenue \$ 0)

Human Services Programs, General/Other SENIOR SERVICE CENTER THE SENIOR SERVICE CENTER PROVIDES DAILY BREAKFAST AND LUNCH MEALS TO ADULTS 60 YEARS OF AGE AND OLDER THE MEALS ARE PREPARED AND SERVED ON SITE THE CENTER ALSO PROVIDES TRANSPORTATION TO AND FROM SENIOR CENTER AND TO ALL FIELD TRIPS THE SENIOR NUTRITION PROGRAM INCLUDES HOME DELIVERY OF MEALS TO HOME BOUND SENIORS IN THE TARGET SERVICE AREAS (50,467 Meals Served) THE SENIOR NUTRITION PROGRAM PROVIDED 23 EDUCATIONAL PRESENTATION, INCLUDING TOPICS OF SAFETY TIPS, PREVENTION, PHYSICAL DEVELOPMENT, AND HEALTH AWARENESS EDUCATION TO OVER 150 SENIOR PARTICIPANTS THE HOUSING COUNSELING PROGRAM OFFERS COMPREHENSIVE EDUCATION AND COUNSELING TO OVER 581 CLIENTS

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses \$ 209,105 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses \$ 78,471,844

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 20 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules *(continued)*

| | | | |
|---|------------|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . .</i> | 21 | | No |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . .</i> | 22 | Yes | |
| 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . .</i> | 23 | Yes | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 . . .</i> | 24a | | No |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . | 24b | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . | 24c | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . | 24d | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . .</i> | 25a | | No |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . .</i> | 25b | | No |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . .</i> | 26 | | No |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . .</i> | 27 | | No |
| 28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i> | 28a | | No |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i> | 28b | | No |
| c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV . . .</i> | 28c | | No |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i> | 29 | | No |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . .</i> | 30 | | No |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . .</i> | 31 | | No |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . .</i> | 32 | | No |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . .</i> | 33 | | No |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . .</i> | 34 | | No |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i> | 35 | | No |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i> | 36 | | No |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . .</i> | 37 | | No |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O . . . | 38 | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|--|------------|----|
| 1a | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable | | |
| | 1a 107 | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | |
| | 1b 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | Yes | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | | |
| | 2a 888 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | No |
| b | If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | 7d | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | No |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | |
| 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 | |

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body | | |
| 1b | Enter the number of voting members that are independent | | |
| 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? | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | No |
| 6 | Does the organization have members or stockholders? | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | Yes | |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | The governing body? | Yes | |
| 8b | Each committee with authority to act on behalf of the governing body? | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | No |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------------|--|-----|----|
| 10a | Does the organization have local chapters, branches, or affiliates? | | No |
| 10b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | Yes | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | Yes | |
| 12b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | Yes | |
| 13 | Does the organization have a written whistleblower policy? | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | Yes | |
| 15b | Other officers or key employees of the organization | Yes | |
| | If "Yes" to line a or b, describe the process in Schedule O (See instructions) | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | No |
| 16b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

| | |
|-----------|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed CA |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Neighborhood House Association 5660 Copley Drive San Diego, CA 921117902 (858) 715-2642 |

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See add'l data | | | | | | | | | | |
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|---------------------------|-----------|---|---------|
| 1b Total | 1,509,043 | 0 | 151,660 |
|---------------------------|-----------|---|---------|

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **9**

| | Yes | No |
|--|----------|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| Episcopal Community Services 4305 University Ave Ste 400 San Diego, CA 92105 | Head Start Program | 13,798,082 |
| San Diego Unified School District 4100 Normal St Rm 3299 San Diego, CA 92125 | Head Start Program | 2,997,463 |
| Alpha Kappa Alpha 620 W Madison Ave El Cajon, CA 92020 | Head Start Program | 2,635,773 |
| Children of the Rainbow Inc 3078 L St San Diego, CA 92102 | Head Start Program | 1,283,258 |
| The Chicano Federation of San Diego County Inc 3180 University Ave Suite 317 San Diego, CA 92104 | Child Care Provider | 754,093 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **9**

Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|---|--|--|--|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns 1a | 8,362 | | | | |
| | b | Membership dues 1b | 0 | | | | |
| | c | Fundraising events 1c | 140,302 | | | | |
| | d | Related organizations 1d | 0 | | | | |
| | e | Government grants (contributions) 1e | 83,705,712 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | 209,257 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ <u>0</u> | | | | | |
| | h | Total. Add lines 1a-1f ▶ | | 84,063,633 | | | |
| Program Service Revenue | 2a | MEDICAL, PARENT AND SERVICE FEES | 900,099 | 912,529 | 912,529 | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | 0 | 0 | 0 | 0 |
| | g | Total. Add lines 2a-2f ▶ | | 912,529 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) ▶ | | 10,688 | 10,688 | 0 | 0 |
| | 4 | Income from investment of tax-exempt bond proceeds . . . ▶ | | 0 | 0 | 0 | 0 |
| | 5 | Royalties ▶ | | 0 | 0 | 0 | 0 |
| | 6a | Gross Rents | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | b Less rental expenses | | | | |
| | | | c Rental income or (loss) | 0 | 0 | | |
| | d | Net rental income or (loss) ▶ | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | b Less cost or other basis and sales expenses | | | | |
| | | | c Gain or (loss) | 0 | 0 | | |
| d | Net gain or (loss) ▶ | | | | | | |
| 8a | Gross income from fundraising events (not including \$ <u>140,302</u> of contributions reported on line 1c) See Part IV, line 18 a | | | | | | |
| b | Less direct expenses b | | | | | | |
| c | Net income or (loss) from fundraising events . . . ▶ | | 0 | 0 | 0 | 0 | |
| 9a | Gross income from gaming activities See Part IV, line 19 a | | | | | | |
| b | Less direct expenses b | | | | | | |
| c | Net income or (loss) from gaming activities . . . ▶ | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances . . . a | | | | | | |
| b | Less cost of goods sold b | | | | | | |
| c | Net income or (loss) from sales of inventory . . . ▶ | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | 449,197 | 449,197 | 0 | 0 | |
| e | Total. Add lines 11a-11d ▶ | | 449,197 | | | | |
| 12 | Total revenue. See Instructions ▶ | | 85,436,047 | 1,372,414 | 0 | 0 | |

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) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|--|------------------------------|--|---|------------------------------------|
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 0 | 0 | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 196,854 | 196,854 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,539,640 | 167,761 | 1,371,879 | 0 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 | Other salaries and wages | 23,864,501 | 21,183,389 | 2,681,112 | 0 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 1,051,569 | 835,058 | 216,511 | 0 |
| 9 | Other employee benefits | 4,726,545 | 4,316,624 | 409,921 | 0 |
| 10 | Payroll taxes | 2,157,816 | 1,815,645 | 342,171 | 0 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 871,568 | 204,202 | 667,366 | 0 |
| b | Legal | 120,911 | 90,881 | 30,030 | 0 |
| c | Accounting | 188,996 | 0 | 188,996 | 0 |
| d | Lobbying | 0 | 0 | 0 | 0 |
| e | Professional fundraising See Part IV, line 17 | 0 | | | 0 |
| f | Investment management fees | 0 | 0 | 0 | 0 |
| g | Other | 659,017 | 340,595 | 318,422 | 0 |
| 12 | Advertising and promotion | 111,776 | 82,629 | 29,147 | 0 |
| 13 | Office expenses | 1,995,970 | 1,812,203 | 183,072 | 695 |
| 14 | Information technology | 437,250 | 387,748 | 49,502 | 0 |
| 15 | Royalties | 0 | 0 | 0 | 0 |
| 16 | Occupancy | 3,535,547 | 3,291,486 | 244,061 | 0 |
| 17 | Travel | 695,015 | 497,334 | 197,681 | 0 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 | Conferences, conventions, and meetings | 483,235 | 426,390 | 56,845 | 0 |
| 20 | Interest | 357,850 | 149,012 | 208,838 | 0 |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization | 918,235 | 751,066 | 167,169 | 0 |
| 23 | Insurance | 485,783 | 385,282 | 100,501 | 0 |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a | Sub Contracts | 39,904,911 | 39,884,481 | 20,430 | 0 |
| b | Miscellaneous Expenses | 438,886 | 389,337 | 49,549 | 0 |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | All other expenses | 1,316,792 | 1,263,867 | 52,925 | 0 |
| 25 | Total functional expenses. Add lines 1 through 24f | 86,058,667 | 78,471,844 | 7,586,128 | 695 |
| 26 | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) | | (B) |
|--|--|-------------------|------------|----------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 4,685,356 | 2 | 6,219,762 |
| | 3 Pledges and grants receivable, net | 1,888,653 | 3 | 5,221,121 |
| | 4 Accounts receivable, net | 2,121,735 | 4 | 767,789 |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 200,030 | 9 | 403,604 |
| | 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 24,777,144 | | |
| | b Less accumulated depreciation | 17,647,840 | 7,851,056 | 10c 7,129,304 |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | 39,751 | 12 | 39,752 |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 69,435 | 15 | 69,435 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 16,856,016 | 16 | 19,850,767 | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,299,509 | 17 | 8,323,049 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 23,168 | 19 | 20,808 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 3,221,327 | 23 | 2,982,913 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities. Complete Part X of Schedule D | 165,395 | 25 | 0 |
| | 26 Total liabilities. Add lines 17 through 25 | 7,709,399 | 26 | 11,326,770 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 9,146,617 | 27 | 8,523,997 |
| | 28 Temporarily restricted net assets | 0 | 28 | 0 |
| | 29 Permanently restricted net assets | 0 | 29 | 0 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 9,146,617 | 33 | 8,523,997 | |
| 34 Total liabilities and net assets/fund balances | 16,856,016 | 34 | 19,850,767 | |

Part XI Financial Statements and Reporting

| | | Yes | No |
|-----------|--|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . | | No |
| 2b | Were the organization's financial statements audited by an independent accountant? | Yes | |
| 2c | If "Yes," to 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 in Schedule O | Yes | |
| 2d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | Yes | |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . | Yes | |

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
NEIGHBORHOOD HOUSE ASSOCIATION

Employer identification number

95-1648184

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support? |
|---------------------------------------|-------------|---|---|----|--|----|---|----|-----------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 92,152,037 | 93,312,191 | 90,846,540 | 78,412,409 | 83,923,331 | 438,646,508 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Total. Add lines 1 through 3 | 92,152,037 | 93,312,191 | 90,846,540 | 78,412,409 | 83,923,331 | 438,646,508 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | 438,646,508 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|------------|-----------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 92,152,037 | 82,799 | 90,846,540 | 78,412,409 | 83,923,331 | 438,646,508 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 87,682 | 82,799 | 102,929 | 51,607 | 10,688 | 335,705 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | 1,085,874 | 1,196,926 | 3,700,783 | 4,843,974 | 1,502,028 | 12,329,585 |
| 11 Total support (Add lines 7 through 10) | | | | | | 451,311,798 |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | 0 |

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) | 14 | 97 194 % |
| 15 Public Support Percentage for 2008 Schedule A, Part II, line 14 | 15 | 97 394 % |

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public Support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11 and 12) | | | | | | |

14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

Other Income includes program service revenues received from medical, parent and service fees

Additional Data

Software ID:
Software Version:
EIN: 95-1648184
Name: NEIGHBORHOOD HOUSE ASSOCIATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 209,105 including grants of \$ 0) (Revenue \$ 0)

Youth Community Service Programs THE CONNECTION PROGRAM WAS ESTABLISHED IN 1997, SERVES THE SAN DIEGO AREAS AND FUNDED BY THE STATE'S OFFICE OF FAMILY PLANNING THE TEEN PREGNANCY PREVENTION PROGRAM PROVIDES PRO-ACTIVE EDUCATION TO HIGH RISK TEENS IT SERVES 582 TEENS THROUGH IN-SCHOOL CURRICULUM AIMED AT ASSISTING YOUTH TO MAKE RESPONSIBLE DECISIONS RELEVANT TO SEXUAL AND REPRODUCTIVE BEHAVIOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| W Harold Tuck Chairman of the Board | 3.07 | X | | | | | | 0 | 0 | 0 |
| Gil Johnson Board Member | 2.07 | X | | | | | | 0 | 0 | 0 |
| Derek Brown Board Member | 2.07 | X | | | | | | 0 | 0 | 0 |
| Nancy Murgillo Board Member | 2.07 | X | | | | | | 0 | 0 | 0 |
| Victor Baker Board member | 2.07 | X | | | | | | 0 | 0 | 0 |
| Ruben Barrales Board Member | 2.07 | X | | | | | | 0 | 0 | 0 |
| Vernon Evans Board Member | 2.07 | X | | | | | | 0 | 0 | 0 |
| Daniel Cruz Gonzalez Board Member | 2.07 | X | | | | | | 0 | 0 | 0 |
| Gerrica Gray-Johnson Board Member | 2.07 | X | | | | | | 0 | 0 | 0 |
| Shirley Junior Board Member | 2.07 | X | | | | | | 0 | 0 | 0 |
| Walter Lam Board Member | 2.07 | X | | | | | | 0 | 0 | 0 |
| Daniel L Munoz Board Member | 2.07 | X | | | | | | 0 | 0 | 0 |
| Gil Ontar Board Member | 2.07 | X | | | | | | 0 | 0 | 0 |
| Hartwell W Ragsdale Board Member | 2.07 | X | | | | | | 0 | 0 | 0 |
| Jennifer E Woods Board Member | 2.07 | X | | | | | | 0 | 0 | 0 |
| Carol Williams Board Member | 2.07 | X | | | | | | 0 | 0 | 0 |
| Pat Zaharopoulos Board Member | 2.07 | X | | | | | | 0 | 0 | 0 |
| Judith Wenker Board Member | 2.07 | X | | | | | | 0 | 0 | 0 |
| Rudolph A Johnson III President and CEO | 40 | | | X | | | | 315,066 | 0 | 24,796 |
| Michael Kemp Executive VP/COO | 40 | | | X | | | | 184,416 | 0 | 16,842 |
| Norma Johnson VP - Children, Youth and Family | 40 | | | X | | | | 160,749 | 0 | 14,955 |
| Marcia K Samuels Executive VP - Social Services | 40 | | | X | | | | 170,131 | 0 | 15,374 |
| Dwight Smith Executive VP/General Counsel | 40 | | | X | | | | 153,886 | 0 | 17,258 |
| Sheryl Gee Vice President, Training and Organizational Development | 40 | | | X | | | | 125,008 | 0 | 13,940 |
| Kim Peck VP/Chief Financial Officer | 40 | | | X | | | | 151,355 | 0 | 13,594 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Frank Zalich VP - Information Technology | 40 | | | | X | | | 127,580 | 0 | 12,167 |
| John Hill VP - Human Resources | 40 | | | | X | | | 120,852 | 0 | 22,734 |

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization NEIGHBORHOOD HOUSE ASSOCIATION

Employer identification number 95-1648184

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment %, b Permanent endowment %, c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 3 columns: Description (3a(i), 3a(ii), 3b), Yes, No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|-----------|---|-----------|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 85,436,047 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 86,058,667 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -622,620 |
| 4 | Net unrealized gains (losses) on investments | 4 | 0 |
| 5 | Donated services and use of facilities | 5 | 0 |
| 6 | Investment expenses | 6 | 0 |
| 7 | Prior period adjustments | 7 | 0 |
| 8 | Other (Describe in Part XIV) | 8 | 0 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 0 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -622,620 |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|----------|---|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 85,834,356 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 0 |
| b | Donated services and use of facilities | 2b | 398,309 |
| c | Recoveries of prior year grants | 2c | 0 |
| d | Other (Describe in Part XIV) | 2d | 0 |
| e | Add lines 2a through 2d | 2e | 398,309 |
| 3 | Subtract line 2e from line 1 | 3 | 85,436,047 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 0 |
| b | Other (Describe in Part XIV) | 4b | 0 |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12) | 5 | 85,436,047 |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|----------|--|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 86,456,976 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | 398,309 |
| b | Prior year adjustments | 2b | 0 |
| c | Other losses | 2c | 0 |
| d | Other (Describe in Part XIV) | 2d | 0 |
| e | Add lines 2a through 2d | 2e | 398,309 |
| 3 | Subtract line 2e from line 1 | 3 | 86,058,667 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 0 |
| b | Other (Describe in Part XIV) | 4b | 0 |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18) | 5 | 86,058,667 |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization NEIGHBORHOOD HOUSE ASSOCIATION

Employer identification number 95-1648184

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events |
|--|--|-------------------------------------|--------------|------------------|-------------------------------|
| | | VIRTUAL GALA (event type) | (event type) | (total number) | (Add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 140,302 | | | 140,302 |
| | 2 Less Charitable contributions | 140,302 | | | 140,302 |
| | 3 Gross income (line 1 minus line 2) | 0 | | | 0 |
| Direct Expenses | 4 Cash prizes | 0 | | | 0 |
| | 5 Non-cash prizes | 0 | | | 0 |
| | 6 Rent/facility costs | 0 | | | 0 |
| | 7 Food and beverages | 0 | | 0 | 0 |
| | 8 Entertainment | 0 | | 0 | 0 |
| | 9 Other direct expenses | 0 | | | 0 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 0 |
| 11 Net income summary Combine lines 3, column d, and line 10. ▶ | | | | 0 | |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming |
|--|---|---|---|------------------|-------------------------------|
| | | | | | (Add col (a) through col (c)) |
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | | |
| 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | | |
| 8 Net gaming income summary Combine lines 1, column d, and line 7 ▶ | | | | | |

| | | Yes | No |
|---|------------|-----|----|
| 9 Enter the state(s) in which the organization operates gaming activities _____ | | | |
| a Is the organization licensed to operate gaming activities in each of these states? | 9a | | |
| b If "No," Explain _____ | | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | | |
| b If "Yes," Explain _____ | | | |
| 11 Does the organization operate gaming activities with nonmembers? | 11 | | |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | 12 | | |

| | | Yes | No |
|---|------------|------------|----|
| 13 Indicate the percentage of gaming activity operated in | | | |
| a The organization's facility | 13a | | |
| b An outside facility | 13b | | |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records | | | |
| Name ▶ _____ | | | |
| Address ▶ _____ | | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | 15a | |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ | | | |
| c If "Yes," enter name and address | | | |
| Name ▶ _____ | | | |
| Address ▶ _____ | | | |
| 16 Gaming manager information | | | |
| Name ▶ _____ | | | |
| Gaming manager compensation ▶ \$ _____ | | | |
| Description of services provided ▶ _____ | | | |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor | | | |
| 17 Mandatory distributions | | | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | 17a | |
| b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____ | | | |

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2009

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NEIGHBORHOOD HOUSE ASSOCIATION

Employer identification number 95-1648184

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| BUS PASSES, MILEAGE REIMBURSEMENT, CHILD CARE, TUITION REIMBURSEMENT, PARENT ACTIVITIES, FIELD TRIPS | 243 | 196,854 | 0 | | |
| See Additional Data Table | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|------------------|----------------------------|------------------------|
| SchI_P01_S00_L02 | Schedule I, Part I, Line 2 | VARIOUS CLIENTS SERVED |
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
NEIGHBORHOOD HOUSE ASSOCIATION

Employer identification number

95-1648184

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|---|---|--|---|--|---|---|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) | | | | | | | | | |
| <p>1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</p> | Yes | | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p> | Yes | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | | | | | | | | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</p> | | | | | | | | | | |
| <p>a Receive a severance payment or change-of-control payment?</p> | | No | | | | | | | | |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | | No | | | | | | | | |
| <p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p> | | No | | | | | | | | |
| <p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p> | | | | | | | | | | |
| <p>5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> | | | | | | | | | | |
| <p>a The organization?</p> | | No | | | | | | | | |
| <p>b Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p> | | No | | | | | | | | |
| <p>6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> | | | | | | | | | | |
| <p>a The organization?</p> | | No | | | | | | | | |
| <p>b Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p> | | No | | | | | | | | |
| <p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p> | | No | | | | | | | | |
| <p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</p> | | No | | | | | | | | |
| <p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</p> | | | | | | | | | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-----------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| Rudolph A Johnson III | (i) | 254,001 | 46,065 | 15,000 | 18,004 | 6,792 | 339,862 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| Michael Kemp | (i) | 169,091 | 6,925 | 8,400 | 10,561 | 6,281 | 201,258 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| Norma Johnson | (i) | 150,265 | 4,484 | 6,000 | 9,285 | 5,670 | 175,704 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| Kim Peck | (i) | 140,631 | 4,724 | 6,000 | 8,721 | 4,872 | 164,948 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| Marcia K Samuels | (i) | 154,735 | 6,997 | 8,400 | 9,704 | 5,670 | 185,506 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| Dwight Smith | (i) | 143,812 | 4,074 | 6,000 | 8,873 | 8,385 | 171,144 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| Frank Zalich | (i) | 118,147 | 3,433 | 6,000 | 7,295 | 4,872 | 139,747 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| John Hill | (i) | 111,680 | 3,172 | 6,000 | 6,891 | 15,843 | 143,586 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| Sheryl Gee | (i) | 115,071 | 3,937 | 6,000 | 7,140 | 6,800 | 138,948 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | | | |
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Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|-------------------|--------------------------------|--|
| SchJ_P01_S00_L01a | Schedule J, Part I, Line 1a | Club dues paid to University Club Atop Symphony Towers used for board meetings, trainings, recruiting and community outreach |

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

Name of the organization
NEIGHBORHOOD HOUSE ASSOCIATION

Employer identification number

95-1648184

| Identifier | Return Reference | Explanation |
|-------------------|--|--|
| F990_P06_S0A_L06 | Form 990, Part VI, Section A, Line 6 | NHA is a membership organization. Currently, members who contribute financially or who participate in program activities may qualify to participate in the election of directors. |
| F990_P06_S0A_L07a | Form 990, Part VI, Section A, Line 7a | NHA sends an Annual Conflict of interest Questionnaire to all directors and key employees which solicits information to ascertain any current financial interest in certain business relationships. In addition, an Annual Certification of Compliance with the NHA's conflict of interest Policy is obtained annually from all directors and key employees. Directors and key employees review NHA's Approved Vendors list for any actual or appearance of conflict with NHA. Further, NHA's Legal Department reviews the information for any possible conflict between any new vendor and the information provided in the Conflict of Interest Questionnaire. In the event a new director or key employee joins the organization, a Questionnaire and Certification of Compliance is requested at that time. |
| F990_P06_S0B_L11 | Form 990, Part VI, Section B, Line 11 | The Finance Department prepares the Form 990 based on audited financial statements and the General Ledger accounts. The completed returns are reviewed by the Finance Committee of the Board and then presented to the Board prior to filing and electronic submission. |
| F990_P06_S0B_L12c | Form 990, Part VI, Section B, Line 12c | The agency's Legal department is tasked in enforcing this policy. It issued a written conflict of interest policy, conducted trainings and obtained acceptance signatures of all employees to ensure compliance. |
| F990_P06_S0B_L15 | Form 990, Part VI, Section B, Line 15 | The Executive Committee of the Board sets the salary for the CEO/President. A labor market analysis of data gathered from IRS Form 990's filed by comparable organizations, and salary surveys conducted by an outside consultant and by the Vice President for Human Resources were utilized. Data were on jobs matched based on content, responsibilities, level and qualifications. The same analytical process is used for other management positions and the salaries are set by the CEO/President. |
| F990_P06_S0C_L19 | Form 990, Part VI, Section C, Line 19 | The Organization makes its governing documents, conflict of interest policy and financial statements available upon reasonable request. Documents are also posted on the agency's intranet. Financial Statement are presented on a monthly basis to the Board's finance committee and then to the full Governing Board. Inquiries are made of all vendors to ascertain potential conflict of interest. |