COHN REZNICK

ACCOUNTING • TAX • ADVISORY

CohnReznick LLP
9255 Towne Centre Drive
Suite 250
San Diego, CA 92121-3060

Main: 858-535-2000
Fax: 858-571-2700
cohnreznick.com

Mr. Kim Peck
Neighborhood House Assn
5660 Copley Drive
San Diego, CA 92111

Dear Kim:

Enclosed is the organization's 2014 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. The return has been transmitted electronically to the IRS and no further action is required.

CALIFORNIA FORM 199 RETURN:

This return has qualified for electronic filing. The return has been transmitted electronically to the IRS and no further action is required.

Your payment should be made as instructed below on or before June 15, 2016.

Separately mail California "Form FTB 3586" with a check or money order for $10, payable to Franchise Tax Board.

Mail to:

Franchise Tax Board
PO BOX 942857
Sacramento CA 94257-0531

Include the corporation number or FEIN and "2014 Form 3586" on the check or money order.

CALIFORNIA FORM RRF-1:

Please sign and mail Form RRF-1, Registration/Renewal Fee Report on or before February 15, 2016.

Mail to:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Enclose a check for $300 made payable to Attorney General's Registry of Charitable Trusts. Include "Form RRF-1," the report year and the organization's state charity registration number and/or organization number on the remittance.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

Marshall Varano
Partner

FEDERAL RETURN

'ENDED TO FEBRUARY 16, 201

Form **990**

# Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

**2014**

Open to Public Inspection

**A** For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

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

**C** Name of organization
NEIGHBORHOOD HOUSE ASSN

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 province, country, and ZIP or foreign postal code
SAN DIEGO, CA 92111

**D** Employer identification number
95-1648184

**E** Telephone number
858-715-2642

**G** Gross receipts $ 83,389,034.

**F** Name and address of principal officer: KIM PECK
SAME AS C ABOVE

**H(a)** Is this a group return for subordinates? [ ] Yes [X] No

**H(b)** Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

**I** Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

**J** Website: ▶ WWW.NEIGHBORHOODHOUSE.ORG

**H(c)** Group exemption number ▶

**K** Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

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

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: NEIGHBORHOOD HOUSE ASSOCIATION IS THE LARGEST MULTIPURPOSE HUMAN SERVICES ORGANIZATION IN SAN DIEGO

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 | 19 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 19 |
| 5 | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | 5 | 876 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 1000 |
| 7a | Total 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) | 76,955,665. | 81,609,831. |
| | 9 | Program service revenue (Part VIII, line 2g) | 1,699,236. | 1,694,160. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 4,924. | 2,438. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 47,201. | -57,863. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 78,707,026. | 83,248,566. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,806,777. | 1,689,150. |
| | 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) | 33,827,775. | 36,016,235. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 43,774,340. | 46,831,762. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 79,408,892. | 84,537,147. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -701,866. | -1,288,581. |
| | | | **Beginning of Current Year** | **End of Year** |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 13,049,132. | 12,373,587. |
| | 21 | Total liabilities (Part X, line 26) | 8,119,939. | 8,732,975. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 4,929,193. | 3,640,612. |

## 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.

**Sign Here**

▶ Signature of officer CLIENT'S COPY — Date

▶ KIM PECK, CHIEF FINANCIAL OFFICER
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check [ ] if self-employed | PTIN |
|---|---|---|---|---|
| MARSHALL VARANO | | | | P00391826 |

Firm's name ▶ COHNREZNICK LLP — Firm's EIN ▶ 22-1478099

Firm's address ▶ 9255 TOWNE CENTRE DRIVE - SUITE 250, SAN DIEGO, CA 92121 — Phone no. 858-535-2000

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



SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III [X]

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. THIS IS DONE BY LEADING THE WAY IN DEVELOPING CONFIDENT, SELF-SUFFICIENT, HEALTHY FAMILIES AND COMMUNITIES.

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 [X] 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 [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $ 73,216,908. including grants of $ 1,458,274. ) (Revenue $ 634,251. )
CHILD CARE PROGRAMS - HEAD START, EARLY HEAD START AND 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 AND PSYCHOLOGICAL NEEDS. EARLY HEAD START FOCUSES ON ENROLLED CHILDREN 6 WEEKS TO 3 YEARS OF AGE AS WELL AS PREGNANT AND POST PARTUM LOW INCOME WOMEN. COMPREHENSIVE SERVICE INCLUDES PARENTING CLASS AND TRANSITION SERVICES FOR CHILDREN MOVING ON TO PRESCHOOL. TOTAL ENROLLED CHILDREN - 7,728. NHA'S NUTRITION SERVICES RECEIVES, HANDLES, PREPARES AND TRANSPORTS FOOD TO PRESCHOOLERS ACCORDING TO ALL FEDERAL, STATE AND LOCAL LAWS PERTAINING TO SAFE FOOD HANDLING. THE

4b (Code: ) (Expenses $ 3,693,357. including grants of $ 185,138. ) (Revenue $ 959,206. )
HEALTH AND NUTRITION: ADULT DAY HEALTH CARE PROVIDES NURSING, PSYCHOLOGICAL NUTRITION SERVICES AND OCCUPATIONAL THERAPY ACTIVITIES TO PARTICIPATING ADULTS WHO HAVE PHYSICAL OR MENTAL HEALTH PROBLEMS. TOTAL CLIENTS SERVED - 104. 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 GROUP THERAPY. TOTAL UNDUPLICATED CLIENTS SERVED - 6,847. 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

4c (Code: ) (Expenses $ 1,012,273. including grants of $ 45,739. ) (Revenue $ 165,452. )
YOUTH AND OTHER SERVICES - NEIGHBORHOOD HOUSE ASSOCIATION'S EMERGENCY SERVICES PROGRAM OFFERS SHORT TERM EMERGENCY FOOD AND SAN DIEGO GAS AND ELECTRIC UTILITY BILL ASSISTANCE, FREE OF CHARGE TO QUALIFYING INDIVIDUALS AND FAMILIES. COMMODITIES DISTRIBUTED AS PART OF THIS PROGRAM ARE DETERMINED BY STRICT GOVERNMENT GUIDELINES AND DEPENDENT ON FAMILY SIZE. TOTAL FOOD DISTRIBUTION RECIPIENTS - 3,975 FAMILIES SERVED; 13,618 INDIVIDUALS SERVED. TOTAL UTILITY ASSISTANCE - 381 FAMILIES SERVED. HOMEWORK CENTER PROVIDES JUNIOR HIGH AND HIGH SCHOOL STUDENTS WITH A QUIET SAFE PLACE TO STUDY WHEN THEIR ALTERNATIVES ARE LIMITED. USE OF NHA'S HOMEWORK CENTER IS FREE TO QUALIFYING STUDENTS AND FEATURES TRANSPORTATION FROM DESIGNATED AREAS TO THE CENTER, COMPUTER AND INTERNET, PRINTERS, SCHOOL SUPPLIES AND SNACKS. TOTAL

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $ ) (Revenue $ )

4e Total program service expenses ▶ 77,922,538.



SEE SCHEDULE O FOR CONTINUATION(S)

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | X |
| c | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | X |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* | 17 | | X |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | X | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | | X |
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | X | |
| 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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a* | 24a | | X |
| 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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| 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? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | X |
| 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? *If "Yes," complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | X | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V ☐

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 129 | | |
| 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? | | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 876 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | X | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O* | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ▶ | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| 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? | | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 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 | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| | **Note.** See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | 14b | | |

Form **990** (2014)

432005
11-07-14



)9510215 147227 0141256-0141257.0990 2014.05070 NEIGHBORHOOD HOUSE ASSN 01412561

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

Check if Schedule O contains a response or note to any line in this Part VI ..... [X]

## Section A. Governing Body and Management

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year ..... 1a: 19<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent ..... 1b: 19 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | 9 | | X |

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

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? *If "No," go to line 13* | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 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? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 15b | X | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

## 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

THE ORGANIZATION - 858-715-2642
5660 COPLEY DRIVE, SAN DIEGO, CA 92111

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position: Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) JACKIE LOAIZA, ESQ.<br>BOARD MEMBER | 2.10 | X | | | | | | 0. | 0. | 0. |
| (2) RAYMOND G. ELLIS<br>BOARD MEMBER | 2.10 | X | | | | | | 0. | 0. | 0. |
| (3) RANDY FRISCH, ESQ.<br>BOARD MEMBER | 2.10 | X | | | | | | 0. | 0. | 0. |
| (4) THERESA HUDGINS<br>PARENT POLICY COUNCIL REP | 2.10 | X | | | | | | 0. | 0. | 0. |
| (5) CYNTHIA SULLIVAN<br>BOARD MEMBER | 2.10 | X | | | | | | 0. | 0. | 0. |
| (6) RUBEN BARRALES<br>BOARD MEMBER | 2.10 | X | | | | | | 0. | 0. | 0. |
| (7) DORIANNE MORMANN,<br>CMP SECRETARY | 2.10 | X | | X | | | | 0. | 0. | 0. |
| (8) DR. SHARON LEE RHODES<br>BOARD MEMBER | 2.10 | X | | | | | | 0. | 0. | 0. |
| (9) CHAD NELLEY<br>BOARD MEMBER | 2.10 | X | | | | | | 0. | 0. | 0. |
| (10) ANDRES WALDRON<br>BOARD MEMBER | 2.10 | X | | | | | | 0. | 0. | 0. |
| (11) MICHAEL MICHAELS<br>BOARD MEMBER | 2.10 | X | | | | | | 0. | 0. | 0. |
| (12) JEFFREY CARR SR, ED.D.<br>VICE CHAIR | 2.10 | X | | X | | | | 0. | 0. | 0. |
| (13) DEREK BROWN<br>TREASURER | 2.10 | X | | X | | | | 0. | 0. | 0. |
| (14) JUDITH WENKER<br>CHAIR | 2.10 | X | | X | | | | 0. | 0. | 0. |
| (15) JULIA SLOCOMBE<br>BOARD MEMBER | 2.10 | X | | | | | | 0. | 0. | 0. |
| (16) MEISHA SHERMAN<br>BOARD MEMBER | 2.10 | X | | | | | | 0. | 0. | 0. |
| (17) TYRONE MATTHEWS<br>BOARD MEMBER | 2.10 | X | | | | | | 0. | 0. | 0. |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (18) VERNA JAGGERS<br>BOARD MEMBER | 2.10 | X | | | | | | 0. | 0. | 0. |
| (19) FELICIA BAKER<br>BOARD MEMBER | 2.10 | X | | | | | | 0. | 0. | 0. |
| (20) RUDOLPH A JOHNSON III<br>PRESIDENT/CEO | 40.00 | | | X | | | | 393,515. | 0. | 43,082. |
| (21) MICHAEL KEMP<br>EXECUTIVE VP/COO | 40.00 | | | X | | | | 176,830. | 0. | 18,660. |
| (22) DWIGHT SMITH<br>EXECUTIVE VP/GENERAL COUNSEL | 40.00 | | | X | | | | 180,685. | 0. | 19,765. |
| (23) KIM PECK<br>VP/CFO | 40.00 | | | X | | | | 174,007. | 0. | 15,437. |
| (24) FRANK ZALICH<br>VP/INFORMATION TECHNOLOGY | 40.00 | | | | | X | | 136,558. | 0. | 17,729. |
| (25) DAMON CARSON<br>VP/CYFS | 40.00 | | | | | X | | 160,481. | 0. | 15,996. |
| (26) ELIZABETH HERNANDEZ<br>VP/SOCIAL SERVICES | 40.00 | | | | | X | | 114,570. | 0. | 21,888. |
| 1b Sub-total ▶ | | | | | | | | 1,336,646. | 0. | 152,557. |
| c Total from continuation sheets to Part VII, Section A ▶ | | | | | | | | 247,507. | 0. | 27,928. |
| d Total (add lines 1b and 1c) ▶ | | | | | | | | 1,584,153. | 0. | 180,485. |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of 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? *If "Yes," complete Schedule J for such individual* | 3 | | X |
| 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? *If "Yes," complete Schedule J for such individual* | 4 | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | 5 | | X |

**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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| EPISCOPAL COMMUNITY SERVICES, 401 MILE OF CARS WAY, NATIONAL CITY, CA 91950 | CHILD CARE SERVICES | 17,343,828. |
| ALPHA KAPPA ALPHA<br>620 W MADISON AVE., EL CAJON, CA 92020 | CHILD CARE SERVICES | 10,484,399. |
| SAN DIEGO UNIFIED SCHOOL DISTRICT, 4100 NORMAL STREET ROOM 101, SAN DIEGO, CA | CHILD CARE SERVICES | 4,342,969. |
| NATIONAL SCHOOL DISTRICT<br>1500 N AVENUE, NATIONAL CITY, CA 91950 | CHILD CARE SERVICES | 1,352,173. |
| THE CHICANO FEDERATION OF SAN DIEGO COUNTY, 3180 UNIVERSITY AVENUE, SAN DIEGO, CA 92104 | CHILD CARE SERVICES | 482,129. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 20

SEE PART VII, SECTION A CONTINUATION SHEETS

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (27) WILLIE MATANZA<br>FINANCE DIRECTOR | 40.00 | | | | | X | | 114,911. | 0. | 12,255. |
| (28) SHERYL D WHITE<br>VP/ORG DEVELOPMENT | 40.00 | | | | | X | | 132,596. | 0. | 15,673. |
| Total to Part VII, Section A, line 1c | | | | | | | | 247,507. | | 27,928. |

## Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|---|---|---|---|---|
| **Contributions, Gifts, Grants and Other Similar Amounts** | | | | | | |
| 1 a Federated campaigns | 1a | 7,121. | | | | |
| b Membership dues | 1b | | | | | |
| c Fundraising events | 1c | 163,374. | | | | |
| d Related organizations | 1d | | | | | |
| e Government grants (contributions) | 1e | 81,106,064. | | | | |
| f All other contributions, gifts, grants, and similar amounts not included above | 1f | 333,272. | | | | |
| g Noncash contributions included in lines 1a-1f: $ | | | | | | |
| h **Total.** Add lines 1a-1f ▶ | | | 81,609,831. | | | |
| **Program Service Revenue** | | Business Code | | | | |
| 2 a MEDICAL/PARENT/SERVICE FEES | | 900099 | 880,047. | 880,047. | | |
| b PAYMENTS FROM VENDORS | | 900099 | 814,113. | 814,113. | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g **Total.** Add lines 2a-2f ▶ | | | 1,694,160. | | | |
| **Other Revenue** | | | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 2,438. | | | 2,438. |
| 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | |
| 5 Royalties ▶ | | | | | | |
| | (i) Real | (ii) Personal | | | | |
| 6 a Gross rents | | | | | | |
| b Less: rental expenses | | | | | | |
| c Rental income or (loss) | | | | | | |
| d Net rental income or (loss) ▶ | | | | | | |
| | (i) Securities | (ii) Other | | | | |
| 7 a Gross amount from sales of assets other than inventory | | | | | | |
| b Less: cost or other basis and sales expenses | | | | | | |
| c Gain or (loss) | | | | | | |
| d Net gain or (loss) ▶ | | | | | | |
| 8 a Gross income from fundraising events (not including $ 163,374. of contributions reported on line 1c). See Part IV, line 18 | a | 17,856. | | | | |
| b Less: direct expenses | b | 140,468. | | | | |
| c Net income or (loss) from fundraising events ▶ | | | -122,612. | | | -122,612. |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| b Less: direct expenses | b | | | | | |
| c Net income or (loss) from gaming activities ▶ | | | | | | |
| 10 a 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 | | | | |
| 11 a ALL OTHER REVENUE | | 900099 | 64,749. | 64,749. | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e **Total.** Add lines 11a-11d ▶ | | | 64,749. | | | |
| 12 **Total revenue.** See instructions. ▶ | | | 83,248,566. | 1,758,909. | 0. | -120,174. |

## Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX [X]

| *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 domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,689,150. | 1,689,150. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,853,944. | 188,836. | 1,665,108. | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 25,650,155. | 23,784,519. | 1,865,636. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 1,188,937. | 1,154,222. | 34,715. | |
| 9 Other employee benefits | 4,990,815. | 4,572,563. | 418,252. | |
| 10 Payroll taxes | 2,332,384. | 2,105,725. | 226,659. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 1,716,905. | 938,067. | 778,838. | |
| b Legal | 232,937. | 213,482. | 19,455. | |
| c Accounting | 138,954. | | 138,954. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 34,961,448. | 34,832,411. | 129,037. | |
| 12 Advertising and promotion | 52,053. | 45,550. | 6,503. | |
| 13 Office expenses | 1,980,935. | 1,853,607. | 127,328. | |
| 14 Information technology | 1,300,874. | 995,711. | 305,163. | |
| 15 Royalties | | | | |
| 16 Occupancy | 3,481,742. | 3,388,121. | 93,621. | |
| 17 Travel | 591,098. | 496,066. | 95,032. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 296,427. | 248,770. | 47,657. | |
| 20 Interest | 185,339. | 131,810. | 53,529. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 813,699. | 632,080. | 181,619. | |
| 23 Insurance | 514,028. | 404,624. | 109,404. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | 565,323. | 247,224. | 318,099. | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 84,537,147. | 77,922,538. | 6,614,609. | 0. |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ [ ] if following SOP 98-2 (ASC 958-720) | | | | |

## Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | 5,306,881. | 1 | 3,787,337. |
| | 2 | Savings and temporary cash investments | 300,009. | 2 | 301,837. |
| | 3 | Pledges and grants receivable, net | 1,618,563. | 3 | 3,099,323. |
| | 4 | Accounts receivable, net | 357,693. | 4 | 410,560. |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 125,079. | 9 | 98,267. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 20,548,986. | | | |
| | b | Less: accumulated depreciation — 10b 16,184,009. | 5,134,424. | 10c | 4,364,977. |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | 132,882. | 12 | 224,325. |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 73,601. | 15 | 86,961. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 13,049,132. | 16 | 12,373,587. |
| Liabilities | 17 | Accounts payable and accrued expenses | 5,736,899. | 17 | 6,471,272. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 128,614. | 19 | 86,747. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to 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 | 2,254,426. | 23 | 2,174,956. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 8,119,939. | 26 | 8,732,975. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 4,929,193. | 27 | 3,640,612. |
| | 28 | Temporarily restricted net assets | | 28 | |
| | 29 | Permanently restricted net assets | | 29 | |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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 | 4,929,193. | 33 | 3,640,612. |
| | 34 | Total liabilities and net assets/fund balances | 13,049,132. | 34 | 12,373,587. |

## Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 83,248,566. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 84,537,147. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1,288,581. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 4,929,193. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 3,640,612. |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other ______<br>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? | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br>☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 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? | 3a | X | |
| b | 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 | 3b | X | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**
**▶ Attach to Form 990 or Form 990-EZ.**
**▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at** *www.irs.gov/form990.*

OMB No. 1545-0047
**2014**
**Open to Public Inspection**

**Name of the organization:** NEIGHBORHOOD HOUSE ASSN
**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 described in **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 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations ______

g Provide the following information about the supported organization(s).

| (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 listed in your governing document? Yes | No | (v) Amount of monetary support (see Instructions) | (vi) Amount of other support (see Instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 84238967. | 78957043. | 79626323. | 76955665. | 81609831. | 401387829 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | 84238967. | 78957043. | 79626323. | 76955665. | 81609831. | 401387829 |
| 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. | | | | | | 401387829 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 84238967. | 78957043. | 79626323. | 76955665. | 81609831. | 401387829 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 7,037. | 6,830. | 4,405. | 4,924. | 2,438. | 25,634. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 401413463 |

12 Gross receipts from related activities, etc. (see instructions) 12 10,175,105.

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

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 99.99 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 15 99.99 %

16a **33 1/3% support test - 2014.** 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 ▶ [X]

b **33 1/3% support test - 2013.** If the organization did not check a 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 - 2014.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2013.** 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 VI 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 Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 VI.) | | | | | | |
| 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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 | Public support percentage from 2013 Schedule A, Part III, line 15 | 16 | % |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 | Investment income percentage from **2013** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2014.** 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 - 2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.* | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).* | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.* | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.* | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.* | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.* | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.* | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).* | 5a | | |
| b | **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.* | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).* | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).* | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.* | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.* | 9b | | |
| c | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.* | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below.* | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)* | 10b | | |

**Part IV Supporting Organizations** *(continued)*

| | | Yes | No |
|---|---|---|---|
| **11** Has the organization accepted a gift or contribution from any of the following persons? | | | |
| **a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| **b** A family member of a person described in (a) above? | 11b | | |
| **c** A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.* | 11c | | |

**Section B. Type I Supporting Organizations**

| | | Yes | No |
|---|---|---|---|
| **1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.* | 1 | | |
| **2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.* | 2 | | |

**Section C. Type II Supporting Organizations**

| | | Yes | No |
|---|---|---|---|
| **1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).* | 1 | | |

**Section D. Type III Supporting Organizations**

| | | Yes | No |
|---|---|---|---|
| **1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| **2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).* | 2 | | |
| **3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.* | 3 | | |

**Section E. Type III Functionally-Integrated Supporting Organizations**

**1** *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):*

**a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

**b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

**c** ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

| | | Yes | No |
|---|---|---|---|
| **2** Activities Test. *Answer (a) and (b) below.* | | | |
| **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.* | 2a | | |
| **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.* | 2b | | |
| **3** Parent of Supported Organizations. *Answer (a) and (b) below.* | | | |
| **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in *Part VI.* | 3a | | |
| **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in *Part VI the role played by the organization in this regard.* | 3b | | |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| **Section A - Adjusted Net Income** | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4) | 8 | | |

| **Section B - Minimum Asset Amount** | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 **Minimum Asset Amount** (add line 7 to line 6) | 8 | | |

| **Section C - Distributable Amount** | | | Current Year |
|---|---|---|---|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

| Section D - Distributions | Current Year |
|---|---|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in **Part VI**). See instructions. | |
| 7 **Total annual distributions.** Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions. | |
| 9 Distributable amount for 2014 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
|---|---|---|---|
| 1 Distributable amount for 2014 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2014: | | | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e From 2013 | | | |
| f **Total** of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount | | | |
| i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2014 from Section D, line 7: $ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2014 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 **Excess distributions carryover to 2015.** Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b | | | |
| c | | | |
| d Excess from 2013 | | | |
| e Excess from 2014 | | | |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Schedule B**
**(Form 990, 990-EZ, or 990-PF)**
Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990* .

OMB No. 1545-0047

**2014**

**Name of the organization**
NEIGHBORHOOD HOUSE ASSN

**Employer identification number**
95-1648184

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | [X] 501(c)( 3 ) (enter number) organization |
| | [ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation |
| | [ ] 527 political organization |
| Form 990-PF | [ ] 501(c)(3) exempt private foundation |
| | [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | [ ] 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule.**
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ........................................ ▶ $ ____________

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**Name of organization**

NEIGHBORHOOD HOUSE ASSN

**Employer identification number**

95-1648184

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | DEPT. OF HEALTH AND HUMAN SERVICES<br>90 7TH ST REGION IX<br>SAN FRANCISCO, CA 94103 | $ 71,683,461. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 2 | CALIFORNIA DEPARTMENT OF EDUCATION<br>1430 N ST SUITE 2213<br>SACRAMENTO, CA 95814 | $ 4,286,541. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 3 | COUNTY OF SAN DIEGO<br>3255 CAMINO DEL RIO S<br>SAN DIEGO, CA 92108 | $ 3,510,075. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |

| Name of organization | Employer identification number |
|---|---|
| NEIGHBORHOOD HOUSE ASSN | 95-1648184 |

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

Name of organization: NEIGHBORHOOD HOUSE ASSN

Employer identification number: 95-1648184

**Part III** *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
**2014**
**Open to Public Inspection**

Name of the organization: NEIGHBORHOOD HOUSE ASSN

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.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

## 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 (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

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

| | | | Held at the End of the Tax Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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? ☐ Yes ☐ No

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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue 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 (ASC 958) relating to these items:

a Revenue 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 acquisition, 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 XIII.

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 XIII and complete the following table:

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ ____%

b Permanent endowment ▶ ____%

c Temporarily restricted endowment ▶ ____%

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | |
| (ii) related organizations | 3a(ii) | | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

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

**Part VI** **Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 1,191,750. | | 1,191,750. |
| b Buildings | | 4,768,000. | 2,488,754. | 2,279,246. |
| c Leasehold improvements | | 8,701,571. | 8,065,207. | 636,364. |
| d Equipment | | 3,882,289. | 3,680,525. | 201,764. |
| e Other | | 2,005,376. | 1,949,523. | 55,853. |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶ | | | | 4,364,977. |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| **Total.** (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| **Total.** (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶ | |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶ | |

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 83,950,022. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | 560,987. | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 140,469. | | |
| e | Add lines 2a through 2d | | | 2e | 701,456. |
| 3 | Subtract line 2e from line 1 | | | 3 | 83,248,566. |
| 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 | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)* | | | 5 | 83,248,566. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 85,238,603. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | 560,987. | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 140,469. | | |
| e | Add lines 2a through 2d | | | 2e | 701,456. |
| 3 | Subtract line 2e from line 1 | | | 3 | 84,537,147. |
| 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 | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)* | | | 5 | 84,537,147. |

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

NHA IS A PRIVATE, NONPROFIT AGENCY ORGANIZED UNDER THE LAWS OF THE STATE OF CALIFORNIA AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE.

FOR THE YEARS ENDED JUNE 30, 2015 AND 2014, MANAGEMENT OF NHA BELIEVES IT HAS ADEQUATE SUPPORT FOR ALL MATERIAL TAX POSITIONS AND THAT IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION. NHA RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO TAX IN INTEREST EXPENSE. NHA HAS ANALYZED THE TAX POSITIONS TAKEN IN ITS FILINGS WITH THE INTERNAL REVENUE SERVICE AND THE CALIFORNIA

**Part XIII Supplemental Information** *(continued)*

FRANCHISE TAX BOARD. ACCORDINGLY, NHA HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 2015 AND 2014.

NHA'S FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO FISCAL YEARS 2012 AND 2011, RESPECTIVELY, ARE CLOSED. MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAWS AND NEW AUTHORITATIVE RULINGS. MANAGEMENT IS NOT AWARE OF ANY PENDING REVIEWS OR EXAMINATIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE 140,469.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE 140,469.

# Supplemental Information Regarding Fundraising or Gaming Activities

**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.**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization: NEIGHBORHOOD HOUSE ASSN

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 email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? Yes | No | (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 |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total ▶ | | | | | | |

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| | | ANNUAL GALA | GOLF TOURNAMENT | NONE | |
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | 120,964. | 60,266. | | 181,230. |
| | 2 Less: Contributions | 120,964. | 42,410. | | 163,374. |
| | 3 Gross income (line 1 minus line 2) | | 17,856. | | 17,856. |
| Direct Expenses | 4 Cash prizes | | 9,888. | | 9,888. |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 6,887. | 2,166. | | 9,053. |
| | 7 Food and beverages | 24,463. | | | 24,463. |
| | 8 Entertainment | 20,275. | 3,779. | | 24,054. |
| | 9 Other direct expenses | 38,868. | 29,751. | 4,391. | 73,010. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 140,468. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -122,612. |

**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 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: ____________

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ____________

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: ____________

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

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? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted 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? ☐ Yes ☐ No

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 of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ 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? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**Part IV** **Supplemental Information** *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization: NEIGHBORHOOD HOUSE ASSN

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? ☒ Yes ☐ No

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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC 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 listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2014)**

432101
10-15-14

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated 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 |
|---|---|---|---|---|---|
| IN KIND ASSISTANCE - ACTUAL AMOUNTS INCURRED FOR BUS PASSES, TUITION REIMBURSEMENT, PARENT ACTIVITIES, FIELD TRIPS AND OTHER MISCELLANEOUS ASSISTANCE. | 4017 | 164,298. | 0. | ACTUAL COSTS INCURRED | |
| MEALS SERVED TO HEAD START CHILDREN - NUTRITION SERVICES PROVIDED TO ELIGIBLE CLIENTS GRANTED BY THE CHILD CARE PROGRAM UNDER THE AUSPICES OF THE U.S. DEPARTMENT OF AGRICULTURE. | 2105 | 1,300,352. | 0. | ACTUAL PAYMENTS | |
| ACTUAL PAYMENTS FOR MILEAGE AND CHILD CARE REIMBURSEMENTS TO PARENTS WHO PARTICIPATED IN EDUCATIONAL, NUTRITIONAL AND GOVERNING ACTIVITIES OF THE HEAD START PROGRAM. | 249 | 224,500. | 0. | ACTUAL COSTS INCURRED | |
| | | | | | |
| | | | | | |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

ON A MONTHLY BASIS, THE ORGANIZATION RECEIVES A REPORT FROM THE HEADSTART CENTER DIRECTOR SIGNED BY THE PARENTS ACKNOWLEDGING THE SERVICES WERE PROVIDED TO THEIR CHILDREN.

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

# Compensation Information

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: NEIGHBORHOOD HOUSE ASSN

Employer identification number: 95-1648184

## Part I Questions Regarding Compensation

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

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

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) RUDOLPH A JOHNSON III | (i) | 334,658. | 40,857. | 18,000. | 33,100. | 9,982. | 436,597. | 0. |
| PRESIDENT/CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) MICHAEL KEMP | (i) | 168,430. | 0. | 8,400. | 9,995. | 8,665. | 195,490. | 0. |
| EXECUTIVE VP/COO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0 |
| (3) DWIGHT SMITH | (i) | 172,285. | 0. | 8,400. | 9,936. | 9,829. | 200,450. | 0. |
| EXECUTIVE VP/GENERAL COUNSEL | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) KIM PECK | (i) | 161,505. | 6,502. | 6,000. | 9,184. | 6,253. | 189,444. | 0. |
| VP/CFO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) FRANK ZALICH | (i) | 126,255. | 4,303. | 6,000. | 7,747. | 9,982. | 154,287. | 0. |
| VP/INFORMATION TECHNOLOGY | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) DAMON CARSON | (i) | 146,479. | 6,202. | 7,800. | 8,709. | 7,287. | 176,477. | 0. |
| VP/CYFS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

RUDOLPH A JOHNSON III, PRESIDENT/CEO - SECTION 457(B) DEFERRED COMPENSATION. PLAN COMPENSATION IS $17,500.

MICHAEL KEMP, EXECUTIVE VP/COO - SECTION 457(F) NONQUALIFIED DEFERRED COMPENSATION PLAN. COMPENSATION IS $47,893.

DWIGHT SMITH, EXECUTIVE VP/GENERAL COUNSEL - SECTION 457(F) NONQUALIFIED DEFERRED COMPENSATION PLAN. COMPENSATION PLAN IS $6,392.

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization: NEIGHBORHOOD HOUSE ASSN
Employer identification number: 95-1648184

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COUNTY SERVING THOUSANDS OF RESIDENTS (CHILDREN, FAMILIES, SENIORS AND YOUTH) EACH YEAR. THE AGENCY HAS 12 KEY PROGRAM AREAS OFFERED AT MORE THAN 100 LOCATIONS THROUGHOUT SAN DIEGO COUNTY. THESE PROGRAMS INCLUDE AN ARRAY OF SERVICES DESIGNED TO MEET THE CULTURAL, SOCIAL, HEALTH AND EMERGENCY DAILY LIVING NEEDS OF UNDERSERVED RESIDENTS. PROGRAM SERVICE AREAS ARE FOCUSED ON HEALTH, YOUTH, CHILD DEVELOPMENT, SENIORS, MENTAL HEALTH, NUTRITION, HIV/AIDS SERVICES, HOUSING AND EMERGENCY ASSISTANCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TEAM IS LED BY A REGISTERED DIETITIAN WHO ENSURES THAT ALL MEALS PREPARED EXCEED PATTERN GUIDELINES PROVIDED BY THE USDA'S CHILD CARE FOOD PROGRAM. TOTAL MEALS SERVED - 829,369

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

MEET THEIR NEEDS. THE PROGRAM CONSISTS OF INTENSIVE CASE MANAGEMENT AND PEER ADVOCACY. TOTAL CLIENTS SERVED - 252. 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 SOCIALIZATION, RECREATION, EDUCATION, HEALTH AND NUTRITION SERVICES TO ASSIST IN THE INDEPENDENCE AND SAFETY OF THE PARTICIPANTS. TOTAL MEALS SERVED - 21,326.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

STUDENTS SERVED - 80. HOUSING COUNSELING PROGRAM OFFERS EDUCATION AND COUNSELING TO RENTERS, LANDLORDS, HOMEOWNERS, AND POTENTIAL HOMEOWNERS.

Name of the organization: NEIGHBORHOOD HOUSE ASSN

Employer identification number: 95-1648184

THIS COMPREHENSIVE HOUSING COUNSELING PROGRAM PROMOTES HOMEOWNERSHIP AND FORECLOSURE PREVENTION, SAFE AND ADEQUATE RENTAL HOUSING AND RESOLUTION OF TENANT/LANDLORD DISPUTES. TOTAL CLIENTS SERVED - 277.

FORM 990, PART VI, SECTION A, LINE 6:

NEIGHBORHOOD HOUSE IS A MEMBERSHIP ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

CURRENTLY, MEMBERS WHO CONTRIBUTE FINANCIALLY OR WHO PARTICIPATE IN PROGRAM ACTIVITIES MAY QUALIFY TO PARTICIPATE IN THE ELECTION OF DIRECTORS.

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

THE FINANCE DEPARTMENT PROVIDES THE REQUIRED INPUTS TO OUR INDEPENDENT ACCOUNTANTS WHO PREPARE THE DRAFT TAX RETURNS.  THE DRAFT OF THE RETURNS IS REVIEWED BY THE FINANCE DEPARTMENT AND ANY NECESSARY REVISIONS ARE MADE TO THE TAX RETURNS.  THE COMPLETED RETURNS ARE THEN REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD AND THEN PRESENTED TO THE BOARD PRIOR TO FILING AND ELECTRONIC SUBMISSION.

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

NEIGHBORHOOD HOUSE ASSOCIATION 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 AGENCY'S APPROVED VENDOR LIST FOR ANY ACTUAL OR APPEARANCE OF CONFLICT WITH NHA. FURTHER, THE 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

| Name of the organization | Employer identification number |
|---|---|
| NEIGHBORHOOD HOUSE ASSN | 95-1648184 |

EMPLOYEE JOINS THE ORGANIZATION, A QUESTIONNAIRE AND CERTIFICATION OF COMPLIANCE IS REQUESTED AT THAT TIME. IN THE EVENT A SITUATION ARISES THAT CREATES THE APPEARANCE OF, OR AN ACTUAL CONFLICT OF INTEREST AS DEFINED BY THE HEAD START ACT REGULATIONS AND NHA CORPORATE POLICY #105, A FULL AND COMPLETE DISCLOSURE OF THE FACTS MUST BE MADE BY THE INDIVIDUAL(S) AFFECTED. THE PRESIDENT/CEO OR A MAJORITY OF DISINTERESTED DIRECTORS WILL ANALYZE THE FACTS AND ISSUES AND MAKE A DETERMINATION ABOUT HOW THE SITUATION WILL BE HANDLED. A POTENTIAL CONFLICT CAN BE ADDRESSED IN SEVERAL WAYS DEPENDING ON THE NATURE OF THE SITUATION, FOR EXAMPLE BY EXCLUSION OF THE MEMBER(S) OR PERSON(S) WITH THE CONFLICT FROM THE GOVERNING BODY, OR THE MEMBER'S RECUSAL FROM DISCUSSION OF, AND VOTING ON ISSUES THAT WOULD CREATE A CONFLICT. OTHER WAYS TO ELIMINATE A CONFLICT WOULD BE TO TERMINATE THE RELATIONSHIP OR CONTRACT RELATING TO THE OFFENDING TRANSACTION.

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 THE IRS'S FORM 990 FILED BY COMPARABLE ORGANIZATIONS, AND SALARY SURVEYS CONDUCTED BY AN OUTSIDE CONSULTANT AND THE HUMAN RESOURCES DEPARTMENT 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.

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

NHA 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 STATEMENTS ARE PRESENTED ON A

Name of the organization: NEIGHBORHOOD HOUSE ASSN

Employer identification number: 95-1648184

MONTHLY BASIS TO THE BOARD'S FINANCE COMMITTEE AND THEN TO THE FULL GOVERNING BOARD. INQUIRIES ARE MADE OF ALL VENDORS TO ASCERTAIN POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

TRANSFER OF FEES BETWEEN PROGRAMS:

| | |
|---|---|
| PROGRAM SERVICE EXPENSES | -178,753. |
| MANAGEMENT AND GENERAL EXPENSES | 114,299. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | -64,454. |

SUBCONTRACTS - NHA DELEGATE AGENCIES:

| | |
|---|---|
| PROGRAM SERVICE EXPENSES | 35,011,164. |
| MANAGEMENT AND GENERAL EXPENSES | 14,738. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 35,025,902. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 34,961,448. |

PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

Form **8868**
(Rev. January 2014)
Department of the Treasury
Internal Revenue Service

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

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at** *www.irs.gov/form8868*.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

*Do not complete Part II unless* you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing** *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

| Type or print<br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.<br>NEIGHBORHOOD HOUSE ASSN | Enter filer's identifying number<br>Employer identification number (EIN) or<br>95-1648184 |
|---|---|---|
| | Number, street, and room or suite no. If a P.O. box, see instructions.<br>5660 COPLEY DRIVE | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>SAN DIEGO, CA 92111 | |

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ▶ THE ORGANIZATION
5660 COPLEY DRIVE - SAN DIEGO, CA 92111
Telephone No. ▶ 858-715-2642 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2016 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year ______ or
▶ [X] tax year beginning JUL 1, 2014 , and ending JUN 30, 2015 .

**2** If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

| | | | |
|---|---|---|---|
| **3a** | If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | $ 0. |
| **b** | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | $ 0. |
| **c** | **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | $ 0. |

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

428941 11-26-14

TAXABLE YEAR **2014**

# California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) 07/01/2014 , and ending (mm/dd/yyyy) 06/30/2015 .

Corporation/Organization Name: NEIGHBORHOOD HOUSE ASSN

California corporation number: 0106576

Additional Information. See instructions.

FEIN: 95-1648184

Street address (suite or room): 5660 COPLEY DRIVE

PMB no.

City: SAN DIEGO | State: CA | ZIP code: 92111

Foreign country name | Foreign province/state/county | Foreign postal code

A First Return ☐ Yes [X] No

B Amended Return ● ☐ Yes [X] No

C IRC Section 4947(a)(1) trust ☐ Yes [X] No

D Final Information Return?
● ☐ Dissolved ● ☐ Surrendered (Withdrawn)
● ☐ Merged/Reorganized Enter date: (mm/dd/yyyy) ●

E Check accounting method:
(1) ☐ Cash (2) [X] Accrual (3) ☐ Other

F Federal return filed?
(1) ● ☐ 990T (2) ● ☐ 990-PF (3) ● ☐ Sch H ( 990)

G Is this a group filing? See instructions. ● ☐ Yes [X] No

H Is this organization in a group exemption? ☐ Yes [X] No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ● ☐ Yes [X] No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ● ☐ Yes [X] No

K Is the organization exempt under R&TC Section 23701g? ● ☐ Yes [X] No
If "Yes," enter the gross receipts from nonmember sources $

L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. ● ☐

M Is the organization a Limited Liability Company? ● ☐ Yes [X] No

N Did the organization file Form 100 or Form 109 to report taxable income? ● ☐ Yes [X] No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes [X] No

P Is an IRS Form 1023/1024 pending? ☐ Yes [X] No
Date filed with IRS

## Part I Complete Part I unless not required to file this form. See General Instructions B and C.

| | | | | | | |
|---|---|---|---|---|---|---|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 ● | | | 1 | 1,779,203. 00 |
| | 2 | Gross dues and assessments from members and affiliates ● | | | 2 | 00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received STMT 1 ● | | | 3 | 81,609,831. 00 |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than $50,000, see General Instruction B ● | | | 4 | 83,389,034. 00 |
| | 5 | Cost of goods sold ● | 5 | 00 | | |
| | 6 | Cost or other basis, and sales expenses of assets sold ● | 6 | 00 | | |
| | 7 | Total costs. Add line 5 and line 6 | | | 7 | 00 |
| | 8 | Total gross income. Subtract line 7 from line 4 ● | | | 8 | 83,389,034. 00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 ● | | | 9 | 84,677,615. 00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ● | | | 10 | -1,288,581. 00 |
| Filing Fee | 11 | Filing fee $10 or $25. See General Instruction F | | | 11 | 10. 00 |
| | 12 | Total payments | | | 12 | 00 |
| | 13 | Penalties and Interest. See General Instruction J | | | 13 | 00 |
| | 14 | Use tax. See General Instruction K ● | | | 14 | 00 |
| | 15 | Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result ● | | | 15 | 10. 00 |

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer ▶ CLIENT'S COPY | Title: CHIEF FINANCIA | Date | ● Telephone

**Paid Preparer's Use Only**

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | ● PTIN P00391826

Firm's name (or yours, if self-employed) and address ▶ COHNREZNICK LLP
9255 TOWNE CENTRE DRIVE - SUITE 250
SAN DIEGO, CA 92121

● FEIN 22-1478099

● Telephone 858-535-2000

May the FTB discuss this return with the preparer shown above? See instructions ● [X] Yes ☐ No

NEIGHBORHOOD HOUSE ;SN 95-1648184

428951 11-26-14

## Part II Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

| | | | | |
|---|---|---|---|---|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | 1 | 17,856. 00 |
| | 2 | Interest | 2 | 00 |
| | 3 | Dividends | 3 | 00 |
| | 4 | Gross rents | 4 | 00 |
| | 5 | Gross royalties | 5 | 00 |
| | 6 | Gross amount received from sale of assets (See Instructions) | 6 | 00 |
| | 7 | Other income SEE STATEMENT 2 | 7 | 1,761,347. 00 |
| | 8 | **Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | 8 | 1,779,203. 00 |
| Expenses and Disbursements | 9 | Contributions, gifts, grants, and similar amounts paid STATEMENT 7 | 9 | 1,689,150. 00 |
| | 10 | Disbursements to or for members | 10 | 00 |
| | 11 | Compensation of officers, directors, and trustees SEE STATEMENT 3 | 11 | 1,853,944. 00 |
| | 12 | Other salaries and wages | 12 | 25,650,155. 00 |
| | 13 | Interest | 13 | 185,339. 00 |
| | 14 | Taxes | 14 | 2,332,384. 00 |
| | 15 | Rents | 15 | 3,481,742. 00 |
| | 16 | Depreciation and depletion (See instructions) | 16 | 813,699. 00 |
| | 17 | Other Expenses and Disbursements SEE STATEMENT 4 | 17 | 48,671,202. 00 |
| | 18 | **Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | 18 | 84,677,615. 00 |

## Schedule L Balance Sheets

| | Beginning of taxable year | | End of taxable year | |
|---|---|---|---|---|
| **Assets** | (a) | (b) | (c) | (d) |
| 1 Cash | | 5,606,890. | | 4,089,174. |
| 2 Net accounts receivable | | 357,693. | | 410,560. |
| 3 Net notes receivable | | | | |
| 4 Inventories | | | | |
| 5 Federal and state government obligations | | | | |
| 6 Investments in other bonds | | | | |
| 7 Investments in stock | | 132,882. | | 224,325. |
| 8 Mortgage loans | | | | |
| 9 Other investments | | | | |
| 10 a Depreciable assets | 22,994,448. | | 19,357,236. | |
| b Less accumulated depreciation | (19,051,774. ) | 3,942,674. | (16,184,009. ) | 3,173,227. |
| 11 Land | | 1,191,750. | | 1,191,750. |
| 12 Other assets STMT 5 | | 1,817,243. | | 3,284,551. |
| 13 **Total assets** | | 13,049,132. | | 12,373,587. |
| **Liabilities and net worth** | | | | |
| 14 Accounts payable | | 5,736,899. | | 6,471,272. |
| 15 Contributions, gifts, or grants payable | | | | |
| 16 Bonds and notes payable | | | | |
| 17 Mortgages payable | | 2,254,426. | | 2,174,956. |
| 18 Other liabilities STMT 6 | | 128,614. | | 86,747. |
| 19 Capital stock or principal fund | | | | |
| 20 Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 Retained earnings or income fund | | 4,929,193. | | 3,640,612. |
| 22 **Total liabilities and net worth** | | 13,049,132. | | 12,373,587. |

## Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

| | | | |
|---|---|---|---|
| 1 Net income per books | -1,288,581. | 7 Income recorded on books this year not included in this return. | |
| 2 Federal income tax | | 8 Deductions in this return not charged against book income this year | |
| 3 Excess of capital losses over capital gains | | 9 Total. Add line 7 and line 8 | |
| 4 Income not recorded on books this year | | 10 Net income per return. Subtract line 9 from line 6 | -1,288,581. |
| 5 Expenses recorded on books this year not deducted in this return | | | |
| 6 Total. Add line 1 through line 5 | -1,288,581. | | |

FORM 199 | CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 | STATEMENT 1

| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT | AMOUNT |
|---|---|---|---|
| DEPT. OF HEALTH AND HUMAN SERVICES | 90 7TH ST REGION IX SAN FRANCISCO, CA 94103 | 12/31/14 | 71,683,461. |
| CALIFORNIA DEPARTMENT OF EDUCATION | 1430 N ST SUITE 2213 SACRAMENTO, CA 95814 | 12/31/14 | 4,286,541. |
| COUNTY OF SAN DIEGO | 3255 CAMINO DEL RIO S SAN DIEGO, CA 92108 | 12/31/14 | 3,510,075. |
| HOUSING URBAN DEVELOPMENT | 3120 FREEBOARD DRIVE W SACRAMENTO, CA 95691 | 12/31/14 | 71,590. |
| JEWISH COMMUNITY FOUNDATION | 4950 MURPHY CAYON RD SAN DIEGO, CA 92123 | 07/28/14 | 50,000. |
| WELLS FARGO FOUNDATION | 90 S 7TH ST MINNEAPOLIS, MN 55479 | 07/21/14 | 50,000. |
| WELLS FARGO BANK | PO BOX 20160 MAC E2076 LONG BEACH, CA 90801 | 10/21/14 | 30,000. |
| PRICE PHILANTHROPIES FOUNDATION | 7979 IVANHOE AVE LA JOLLA, CA 92037 | 10/14/14 | 50,000. |
| WESTERN ALLIANCE COMMUNITY FOUNDATION | 1 E. WASHINGTON ST PHOENIX, AZ 85004 | 06/26/15 | 25,000. |
| WALMART | 702 S W 8TH ST BENTONVILLE, AR 72716 | 01/21/15 | 25,000. |
| SEMPRA ENERGY FOUNDATION | PO BOX 129007 PRINCETON, NJ 08543 | 09/09/14 | 15,000. |
| CALIFORNIA ENDOWMENT | 1000 NORTH ALAMEDA ST LOS ANGELES, CA 90012 | 07/14/14 | 10,000. |
| PHIL'S BBQ | 3750 SPORTS ARENA BLVD 6 SAN DIEGO, CA 92110 | 06/30/15 | 10,000. |

| | | | |
|---|---|---|---|
| SAN DIEGO COUNTY CREDIT UNION | 6545 SEQUENCE DRIVE SAN DIEGO, CA 92121 | 11/12/14 | 10,000. |
| SAN DIEGO GAS & ELECTRIC | PO BOX 129007 SAN DIEGO, CA 92112 | 06/05/15 | 30,000. |
| SERVICE AMERICA CORPORATION | 111 W HARBOR DRIVE SAN DIEGO, CA 92101 | 09/26/14 | 10,000. |
| US BANK FOUNDATION | PO BOX 8857 PRINCETON, NJ 08543 | 12/02/14 | 10,000. |
| CENTER PLATE | 111 W HARBOR DRIVE SAN DIEGO, CA 92101 | 12/22/14 | 8,000. |
| SMART CITY NETWORK | 28 WEST GRAND AVE MONTVALE, NJ 07645 | 06/30/15 | 7,500. |
| BOOZ ALLEN HAMILTON | 13200 WOODLAND PARK RD HERNDON, VA 20171 | 07/14/14 | 10,000. |
| COUNTY OF SAN DIEGO | 1600 PACIFIC HIGHWAY SAN DIEGO, CA 92101 | 08/12/14 | 5,000. |
| HEWLETT-PACKARD COMPANY | 16399 W. BERNANRDO DR SAN DIEGO, CA 92152 | 01/30/15 | 20,000. |
| THE ZENIT INS CO. | 21255 CALIFA ST WOODLANDS HILLS, CA 91367 | 10/07/14 | 5,000. |
| US BANK NATIONAL ASSOCIATION | 4000 WEST BROADWAY ROBBINDALE, MN 55422 | 12/10/14 | 5,000. |
| TOTAL INCLUDED ON LINE 3 | | | 79,937,167. |

## FORM 199 OTHER INCOME STATEMENT 2

| DESCRIPTION | AMOUNT |
|---|---|
| ALL OTHER REVENUE | 64,749. |
| MEDICAL/PARENT/SERVICE FEES | 880,047. |
| PAYMENTS FROM VENDORS | 814,113. |
| INCOME FROM INVESTMENT OF TAX-EXEMPT BOND PROCEEDS | 2,438. |
| TOTAL TO FORM 199, PART II, LINE 7 | 1,761,347. |

## FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

| NAME AND ADDRESS | TITLE AND AVERAGE HRS WORKED/WK | COMPENSATION |
|---|---|---|
| JACKIE LOAIZA, ESQ.<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | BOARD MEMBER<br>2.10 | 0. |
| RAYMOND G. ELLIS<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | BOARD MEMBER<br>2.10 | 0. |
| RANDY FRISCH, ESQ.<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | BOARD MEMBER<br>2.10 | 0. |
| THERESA HUDGINS<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | PARENT POLICY COUNCIL REP<br>2.10 | 0. |
| CYNTHIA SULLIVAN<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | BOARD MEMBER<br>2.10 | 0. |
| RUBEN BARRALES<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | BOARD MEMBER<br>2.10 | 0. |
| DORIANNE MORMANN,<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | CMP SECRETARY<br>2.10 | 0. |
| DR. SHARON LEE RHODES<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | BOARD MEMBER<br>2.10 | 0. |

| | | |
|---|---|---|
| CHAD NELLEY<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | BOARD MEMBER<br>2.10 | 0. |
| ANDRES WALDRON<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | BOARD MEMBER<br>2.10 | 0. |
| MICHAEL MICHAELS<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | BOARD MEMBER<br>2.10 | 0. |
| JEFFREY CARR SR, ED.D.<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | VICE CHAIR<br>2.10 | 0. |
| DEREK BROWN<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | TREASURER<br>2.10 | 0. |
| JUDITH WENKER<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | CHAIR<br>2.10 | 0. |
| JULIA SLOCOMBE<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | BOARD MEMBER<br>2.10 | 0. |
| MEISHA SHERMAN<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | BOARD MEMBER<br>2.10 | 0. |
| TYRONE MATTHEWS<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | BOARD MEMBER<br>2.10 | 0. |
| VERNA JAGGERS<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | BOARD MEMBER<br>2.10 | 0. |
| FELICIA BAKER<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | BOARD MEMBER<br>2.10 | 0. |
| RUDOLPH A JOHNSON III<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | PRESIDENT/CEO<br>40.00 | 454,426. |

| | | |
|---|---|---|
| MICHAEL KEMP<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | EXECUTIVE VP/COO<br>40.00 | 196,672. |
| DWIGHT SMITH<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | EXECUTIVE VP/GENERAL COUNS<br>40.00 | 208,285. |
| KIM PECK<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | VP/CFO<br>40.00 | 206,987. |
| FRANK ZALICH<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | VP/INFORMATION TECHNOLOGY<br>40.00 | 167,370. |
| DAMON CARSON<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | VP/CYFS<br>40.00 | 188,836. |
| ELIZABETH HERNANDEZ<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | VP/SOCIAL SERVICES<br>40.00 | 151,485. |
| WILLIE MATANZA<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | FINANCE DIRECTOR<br>40.00 | 125,508. |
| SHERYL D WHITE<br>5660 COPLEY DRIVE<br>SAN DIEGO, CA 92111 | VP/ORG DEVELOPMENT<br>40.00 | 154,375. |
| TOTAL TO FORM 199, PART II, LINE 11 | | 1,853,944. |

FORM 199 OTHER EXPENSES STATEMENT 4

| DESCRIPTION | AMOUNT |
|---|---|
| DIRECT EXPENSES OF FUNDRAISING EVENTS | 140,468. |
| PENSION PLAN CONTRIBUTIONS | 1,188,937. |
| OTHER EMPLOYEE BENEFITS | 4,990,815. |
| MANAGEMENT FEES | 1,716,905. |
| LEGAL FEES | 232,937. |
| ACCOUNTING FEES | 138,954. |
| OTHER PROFESSIONAL FEES | 34,961,448. |
| ADVERTISING AND PROMOTION | 52,053. |
| OFFICE EXPENSES | 1,980,935. |
| INFORMATION TECHNOLOGY | 1,300,874. |
| TRAVEL | 591,098. |
| CONFERENCES AND CONVENTIONS | 296,427. |
| INSURANCE | 514,028. |
| ALL OTHER EXPENSES | 565,323. |
| TOTAL TO FORM 199, PART II, LINE 17 | 48,671,202. |

FORM 199 OTHER ASSETS STATEMENT 5

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---|---|---|
| PLEDGES AND GRANTS RECEIVABLE | 1,618,563. | 3,099,323. |
| PREPAID EXPENSES AND DEFERRED CHARGES | 125,079. | 98,267. |
| PREPAID RENT | 73,601. | 86,961. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 1,817,243. | 3,284,551. |

FORM 199 OTHER LIABILITIES STATEMENT 6

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---|---|---|
| DEFERRED REVENUE | 128,614. | 86,747. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | 128,614. | 86,747. |

FORM 199 | NONCASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID | STATEMENT 7

ACTIVITY CLASSIFICATION

IN KIND ASSISTANCE-BUS PASSES, TUITION REIMBURSEMENT AND MISC ASSISTANCE

| NAME OF DONEE | ADDRESS OF DONEE | RELATIONSHIP | AMOUNT |
|---|---|---|---|
| VARIOUS | VARIOUS - VARIOUS, CA 99999 | NONE | 164,298. |

| DATE OF GIFT | BOOK VALUE OF GIFT | PROPERTY DESCRIPTION | METHOD USED TO DETERMINE BOOK VALUE |
|---|---|---|---|
| | 0. | VARIOUS | ACTUAL COSTS INCURRED |

TOTAL FOR THIS ACTIVITY 164,298.

ACTIVITY CLASSIFICATION

MILAGE AND CHILD CARE REIMBURSEMENTS FOR HEAD START PROGRAM.

| NAME OF DONEE | ADDRESS OF DONEE | RELATIONSHIP | AMOUNT |
|---|---|---|---|
| VARIOUS | VARIOUS - VARIOUS, CA 99999 | NONE | 224,500. |

| DATE OF GIFT | BOOK VALUE OF GIFT | PROPERTY DESCRIPTION | METHOD USED TO DETERMINE BOOK VALUE |
|---|---|---|---|
| | 0. | VARIOUS | ACTUAL PAYMENTS |

TOTAL FOR THIS ACTIVITY 224,500.

ACTIVITY CLASSIFICATION

MEALS SERVED TO HEAD START CHILDREN

| NAME OF DONEE | ADDRESS OF DONEE | RELATIONSHIP | AMOUNT |
|---|---|---|---|
| VARIOUS | VARIOUS - VARIOUS, CA 99999 | NONE | 1,300,352. |

| DATE OF GIFT | BOOK VALUE OF GIFT | PROPERTY DESCRIPTION | METHOD USED TO DETERMINE BOOK VALUE |
|---|---|---|---|
| | 0. | VARIOUS | ACTUAL COSTS INCURRED |

TOTAL FOR THIS ACTIVITY 1,300,352.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 1,689,150.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:
http://ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

**Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.**

State Charity Registration Number: CT 003875

NEIGHBORHOOD HOUSE ASSN
Name of Organization

5660 COPLEY DRIVE
Address (Number and Street)

SAN DIEGO, CA 92111
City or Town, State and ZIP Code

Check if:
☐ Change of address
☐ Amended report

Corporate or Organization No. 0106576

Federal Employer I.D. No. 95-1648184

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**
**Make Check Payable to Attorney General's Registry of Charitable Trusts**

| Gross Annual Revenue | Fee | Gross Annual Revenue | Fee | Gross Annual Revenue | Fee |
|---|---|---|---|---|---|
| Less than $25,000 | 0 | Between $100,001 and $250,000 | $50 | Between $1,000,001 and $10 million | $150 |
| Between $25,000 and $100,000 | $25 | Between $250,001 and $1 million | $75 | Between $10,000,001 and $50 million | $225 |
| | | | | Greater than $50 million | $300 |

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2014 ending 06/30/2015 ) list:
Gross annual revenue $ 83,248,566. Total assets $ 12,373,587.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

| | | Yes | No |
|---|---|---|---|
| 1. | During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? | | X |
| 2. | During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | X |
| 3. | During this reporting period, did non-program expenditures exceed 50% of gross revenues? | | X |
| 4. | During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. | | X |
| 5. | During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. | | X |
| 6. | During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 8 | X | |
| 7. | During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. | | X |
| 8. | Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. | | X |
| 9. | Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? | X | |

Organization's area code and telephone number 858-715-2642

Organization's e-mail address

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

CLIENT'S COPY

| Signature of authorized officer | KIM PECK<br>Printed Name | CHIEF FINANCIAL OFFICER<br>Title | Date |
|---|---|---|---|

FORM RRF-1 INFORMATION REGARDING GOVERNMENT FUNDING STATEMENT 8
PART B, LINE 6

AGENCY NAME: CALIFORNIA DEPARTMENT OF EDUCATION
ADDRESS: 1430 N STREET # 2213, SACRAMENTO, CA 95814
CONTACT PERSON: YASHIMA DANIELS, MANAGER
PHONE NUMBER: 916-324-4531

AGENCY NAME: DEPARTMENT OF HEALTH AND HUMAN SERVICES HEAD START PROGRAM
ADDRESS: 90 7TH STREET (9TH FLOOR), SAN FRANCISCO, CA 94103
CONTACT PERSON: OSCAR ESCRUCERIA, FINANCIAL OPERATIONS SPECIALIST
PHONE NUMBER: 415-437-8506

AGENCY NAME: CALIFORNIA DEPARTMENT OF EDUCATION CHILD AND ADULT FOOD PROGRAM
ADDRESS: 1430 N STREET #2213, SACRAMENTO, CA 95814
CONTACT PERSON: CLAIRE CAMP, ANALYST

AGENCY: CALIFORNIA DEPARTMENT OF AGING ADULT DAY HEALTHCARE
ADDRESS: 1300 NATIONAL DRIVE, SACRAMENTO, CA 95834
CONTACT PERSONE: EDS
PHONE NUMBER: 800-541-5555

AGENCY NAME: COUNTY OF SAN DIEGO HEALTH & HUMAN SERVICES
PROJECT ENABLE
ADDRESS: 3255 CAMINO DEL RIO SOUTH MAIL STOP P531F, SAN DIEGO, CA 92108
CONTACT PERSON: VIRGINIA WEST
PHONE NUMBER: 619-563-2744

AGENCY NAME: COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES
SENIOR NUTRITION
ADDRESS: 5660 OVERLAND AVENUE, SAN DIEGO,CA 92123
CONTACT PERSON: MICHAEL STRAWN
PHONE NUMBER: 858-505-6955

AGENCY NAME: AGENCY CONTRACT SUPPORT/OFFICE OF AIDS COORD.
HIV CASE MANAGEMENT/ TRANSP PROGRAM.
ADDRESS: 3851 ROSECRANS ST # 207, SAN DIEGO,CA 92110
CONTACT PERSON: TRACY BALL
PHONE NUMBER: 619-293-4717

## Voucher at bottom of page.

| |
|---|
| **DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.** |
| **If the amount of payment is zero, do not mail this voucher.** |

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2014 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD**
**PO BOX 942857**
**SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** **Fiscal Year - See instructions.**
**Calendar Year - File and Pay by March 16, 2015.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov** for more information.

CLIENT'S COPY

439035
12-04-14

--- DETACH HERE -------- IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER -------- DETACH HERE ---

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR **2014** **Payment Voucher for Corps and Exempt Orgs e-filed Returns** CALIFORNIA FORM **3586 (e-file)**

0106576 NEIG 95-1648184 000000000000 14 FORM 3
TYB 07-01-2014 TYE 06-30-2015
NEIGHBORHOOD HOUSE ASSN

5660 COPLEY DRIVE
SAN DIEGO CA 92111

(858) 715-2642

Total Payment Amt 10.

022 6181146