

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

FEBRUARY 16, 2015

KIM PECK
5660 COPLEY DRIVE
SAN DIEGO, CA 92111

ENCLOSED ARE THE 2013 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2013 FORM 990

2013 CALIFORNIA FORM 199

2013 CALIFORNIA FORM RRF-1

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

STEPHEN M. DAY

PARTNER

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
JUNE 30, 2014

PREPARED FOR:

KIM PECK
5660 COPLEY DRIVE
SAN DIEGO, CA 92111

PREPARED BY:

COHNREZNICK LLP
9255 TOWNE CENTRE DRIVE - SUITE 250
SAN DIEGO, CA 92121

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

PLEASE REVIEW THE TAX RETURN FOR THE CORRECT INCLUSION OF ANY FOREIGN TRANSACTIONS OR INFORMATION. FOR EXAMPLE, FBAR FORM 114 IS REQUIRED TO BE FILED FOR ANY FOREIGN FINANCIAL ACCOUNTS IN WHICH A TAXPAYER HAS A FINANCIAL INTEREST OR SIGNATURE OR OTHER AUTHORITY. FAILURE TO FILE THIS FORM, ALONG WITH OTHER FORMS RELATED TO OVERSEAS ACTIVITIES SUCH AS OWNERSHIP IN FOREIGN ENTITY, GIFTS FROM OVERSEAS OR A RELATIONSHIP WITH A FOREIGN TRUST, WILL POTENTIALLY SUBJECT YOU TO SUBSTANTIAL PENALTIES. PLEASE ADVISE US IMMEDIATELY IF YOU BELIEVE YOU MAY HAVE ANY FOREIGN ACTIVITY OR INVESTMENT AND/OR FOREIGN BANK OR SECURITIES ACCOUNT WHICH CARRIES A FILING REQUIREMENT AND IT IS NOT INCLUDED IN THE TAX RETURNS.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014

2013

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

NEIGHBORHOOD HOUSE ASSN

95-1648184

Name and title of officer

KIM PECK

CHIEF FINANCIAL OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>78,707,026.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize COHNREZNICK LLP to enter my PIN 11111
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3335302222

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEIGHBORHOOD HOUSE ASSN		D Employer identification number 95-1648184
	Doing Business As		E Telephone number 858-715-2642
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 78,797,391.
	5660 COPLEY DRIVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA 92111		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F Name and address of principal officer: KIM PECK SAME AS C ABOVE		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.NEIGHBORHOODHOUSE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 <input type="checkbox"/> 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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	830
	6 Total number of volunteers (estimate if necessary)	6	1000
	7 a 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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	79,626,323.	76,955,665.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	886,301.	1,699,236.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,405.	4,924.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,108,691.	47,201.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	81,625,720.	78,707,026.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,865,104.	1,806,777.
	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)	33,952,466.	33,827,775.
	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)	47,082,188.	43,774,340.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	82,899,758.	79,408,892.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,274,038.	-701,866.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	15,745,372.	13,049,132.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,104,522.	8,119,939.
22 Net assets or fund balances. Subtract line 21 from line 20	5,640,850.	4,929,193.	

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		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 <input type="checkbox"/>	PTIN
	STEPHEN M. DAY				P00227737
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) Yes No

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 68,693,693. including grants of \$ 1,591,897.) (Revenue \$ 713,244.) 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 - 7,335. 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 \$ 3,552,098. including grants of \$ 175,392.) (Revenue \$ 833,144.) 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 - 99. 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 - 1,477. 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 \$ 1,385,063. including grants of \$ 39,488.) (Revenue \$ 270,974.) 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 73,630,854.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

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 government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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 so, complete Schedule L, Part II		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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	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

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included in line 1a... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? 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? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? 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 X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization 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? X; 16b 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?

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, physical address, and telephone number of the person who possesses the books and records of the organization:
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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREA WALDRON BOARD MEMBER	2.10	X						0.	0.	0.
(2) RANDY FRISCH, ESQ. BOARD MEMBER	2.10	X						0.	0.	0.
(3) VANESSA NELSON BOARD MEMBER	2.10	X						0.	0.	0.
(4) DR. SHARON LEE RHODES BOARD MEMBER	2.10	X						0.	0.	0.
(5) JUDITH WENKER BOARD MEMBER	2.10	X						0.	0.	0.
(6) FELICIA BAKER BOARD MEMBER	2.10	X						0.	0.	0.
(7) JEFFREY CARR SR, ED.D. BOARD MEMBER	2.10	X						0.	0.	0.
(8) BILL HARDT VICE CHAIRMAN	2.10	X		X				0.	0.	0.
(9) LAUREN ABRAMS BOARD MEMBER	2.10	X						0.	0.	0.
(10) RUBEN BARRALES BOARD MEMBER	2.10	X						0.	0.	0.
(11) THERESA HUDGINS BOARD MEMBER	2.10	X						0.	0.	0.
(12) DORIANNE MORMANN, CMP. BOARD MEMBER	2.10	X						0.	0.	0.
(13) WALTER LAM BOARD MEMBER	2.10	X						0.	0.	0.
(14) VICTOR BAKER CHAIRMAN	3.10	X		X				0.	0.	0.
(15) PATRICIA ZAHARAPoulos, ESQ. SECRETARY	2.10	X		X				0.	0.	0.
(16) DEREK BROWN TREASURER	2.10	X		X				0.	0.	0.
(17) JACKIE LOAIZA, ESQ. 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) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MEISHA SHERMAN BOARD MEMBER	2.10	X					0.	0.	0.	
(19) JULIA SLOCOMBE BOARD MEMBER	2.10	X					0.	0.	0.	
(20) RUDOLPH A JOHNSON III PRESIDENT/CEO	40.00			X			382,529.	0.	41,547.	
(21) MICHAEL KEMP EXECUTIVE VP/COO	40.00			X			168,104.	0.	18,277.	
(22) DWIGHT SMITH EXECUTIVE VP/GENERAL COUNS	40.00			X			172,623.	0.	23,887.	
(23) KIM PECK VP/CFO	40.00			X			163,551.	0.	14,852.	
(24) DAMON CARSON VP/CYFS	40.00					X	149,007.	0.	14,984.	
(25) FRANK ZALICH VP/INFORMATION TECHNOLOGY	40.00					X	133,893.	0.	14,887.	
(26) SHERYL D GEE VP/ORG DEVELOPMENT	40.00					X	136,566.	0.	14,996.	
1b Sub-total							1,306,273.	0.	143,430.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,306,273.	0.	143,430.	

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 **7**

	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	17,236,362.
ALPHA KAPPA ALPHA 620 W MADISON AVE., EL CAJON, CA 92020	CHILD CARE SERVICES	10,740,106.
SAN DIEGO UNIFIED SCHOOL DISTRICT, 4100 NORMAL STREET ROOM 101, SAN DIEGO, CA	CHILD CARE SERVICES	5,771,141.
NATIONAL SCHOOL DISTRICT 1500 N AVENUE, NATIONAL CITY, CA 91950	CHILD CARE SERVICES	1,581,817.
THE CHICANO FEDERATION OF SAN DIEGO COUNTY, 3180 UNIVERSITY AVENUE, SAN DIEGO, CA 92104	CHILD CARE SERVICES	592,879.
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		12

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 3,876.				
	b Membership dues	1b				
	c Fundraising events	1c 89,183.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 76,395,637.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 466,969.				
	g Noncash contributions included in lines 1a-1f: \$	287,665.				
	h Total. Add lines 1a-1f	▶ 76,955,665.				
	Program Service Revenue	2 a MEDICAL/PARENT/SERVICE FEES	Business Code 900099	962,747.	962,747.	
b PAYMENTS FROM VENDORS		900099	736,489.	736,489.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 1,699,236.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 4,924.			4,924.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)	▶				
	8 a Gross income from fundraising events (not including \$ 89,183. of contributions reported on line 1c). See Part IV, line 18	a 19,440.				
		b Less: direct expenses	b 90,365.			
c Net income or (loss) from fundraising events		▶ -70,925.			-70,925.	
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	118,126.	118,126.		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶ 118,126.				
12 Total revenue. See instructions.	▶ 78,707,026.	1,817,362.	0.	-66,001.		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	1,806,777.	1,806,777.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,621,883.	168,926.	1,452,957.	
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	23,478,101.	21,679,832.	1,798,269.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,172,449.	1,112,668.	59,781.	
9 Other employee benefits	5,395,953.	4,930,081.	465,872.	
10 Payroll taxes	2,159,389.	1,943,072.	216,317.	
11 Fees for services (non-employees):				
a Management	1,184,088.	473,208.	710,880.	
b Legal	208,529.	187,614.	20,915.	
c Accounting	152,769.		152,769.	
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.)	199.	-118,545.	118,744.	
12 Advertising and promotion	16,461.	11,914.	4,547.	
13 Office expenses	1,788,561.	1,634,637.	153,924.	
14 Information technology	829,363.	844,832.	-15,469.	
15 Royalties				
16 Occupancy	3,236,207.	3,199,884.	36,323.	
17 Travel	691,237.	612,769.	78,468.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	254,855.	225,924.	28,931.	
20 Interest	253,891.	152,241.	101,650.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	802,517.	606,042.	196,475.	
23 Insurance	544,405.	439,354.	105,051.	
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 SUBCONTRACTS - NHA DELE	33,412,367.	33,398,796.	13,571.	
b				
c				
d				
e All other expenses	398,891.	320,828.	78,063.	
25 Total functional expenses. Add lines 1 through 24e	79,408,892.	73,630,854.	5,778,038.	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	5,382,739.	1	5,306,881.
	2 Savings and temporary cash investments	298,224.	2	300,009.
	3 Pledges and grants receivable, net	3,782,563.	3	1,618,563.
	4 Accounts receivable, net	414,572.	4	357,693.
	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	66,798.	9	125,079.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24,186,198.		
	b Less: accumulated depreciation	10b 19,051,774.	5,633,536.	10c 5,134,424.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	93,339.	12	132,882.
	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	73,601.
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,745,372.	16	13,049,132.	
Liabilities	17 Accounts payable and accrued expenses	8,044,781.	17	5,736,899.
	18 Grants payable		18	
	19 Deferred revenue	24,969.	19	128,614.
	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	2,034,772.	23	2,254,426.
	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	10,104,522.	26	8,119,939.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,640,850.	27	4,929,193.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	5,640,850.	33	4,929,193.	
34 Total liabilities and net assets/fund balances	15,745,372.	34	13,049,132.	

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	78,707,026.
2	Total expenses (must equal Part IX, column (A), line 25)	2	79,408,892.
3	Revenue less expenses. Subtract line 2 from line 1	3	-701,866.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,640,850.
5	Net unrealized gains (losses) on investments	5	-9,791.
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	4,929,193.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis 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?
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?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2013)

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	83923331.	84238967.	78957043.	79626323.	76955665.	403701329
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	83923331.	84238967.	78957043.	79626323.	76955665.	403701329
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.						403701329

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	83923331.	84238967.	78957043.	79626323.	76955665.	403701329
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,688.	7,037.	6,830.	4,405.	4,924.	33,884.
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 IV.)						
11 Total support. Add lines 7 through 10						403735213
12 Gross receipts from related activities, etc. (see instructions)					12	9,918,224.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99.99 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.98 %
16a 33 1/3% support test - 2013. 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	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2012. 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	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
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	▶ <input type="checkbox"/>	

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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

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

2013

Name of the organization

NEIGHBORHOOD HOUSE ASSN

Employer identification number

95-1648184

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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	DEPARTMENT OF HEALTH AND HUMAN SERVICES 90 7TH ST REGION IX SAN FRANCISCO, CA 94103	\$ 67,629,639.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CALIFORNIA DEPARTMENT OF EDUCATION 1430 N ST SUITE 2213 SACRAMENTO, CA 95814	\$ 3,733,445.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COUNTY OF SAN DIEGO 3255 CAMINO DEL RIO S SAN DIEGO, CA 92108	\$ 3,036,892.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEIGHBORHOOD HOUSE ASSN	Employer identification number 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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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.

OMB No. 1545-0047

2013

Open to Public Inspection

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

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes/No, 6 Did the organization inform all grantees... 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).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution...
Table with 2 columns: Held at the End of the Tax Year, rows 2a, 2b, 2c, 2d.
3 Number of conservation easements modified...
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring...
6 Staff and volunteer hours devoted to monitoring...
7 Amount of expenses incurred in monitoring...
8 Does each conservation easement reported on line 2(d) above satisfy the requirements...
9 In Part XIII, describe how the organization reports 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...
1b 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...
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 Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

- 3 Using the organization's 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? 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.	2,330,487.	2,437,513.
c Leasehold improvements		9,224,181.	8,304,556.	919,625.
d Equipment		6,164,321.	5,672,278.	492,043.
e Other		2,837,946.	2,744,453.	93,493.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,134,424.

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

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	79,297,177.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	499,786.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	90,365.	
e	Add lines 2a through 2d	2e		590,151.
3	Subtract line 2e from line 1		3	78,707,026.
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	78,707,026.

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	80,008,834.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	499,786.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	100,156.	
e	Add lines 2a through 2d	2e		599,942.
3	Subtract line 2e from line 1		3	79,408,892.
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	79,408,892.

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:

EXPLANATION: 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, 2014 AND 2013, 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, 2014 AND 2013.

NHA'S FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO FISCAL YEARS 2011 AND 2010, 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 90,365.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE 90,365.

LOSS ON MARK TO MARKET SWAP INTEREST RATE 9,791.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 100,156.

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))	
		CHEFS TABLE (event type)	GOLF TOURNAMENT (event type)	1 (total number)		
Revenue	1	Gross receipts	67,552.	36,071.	5,000.	108,623.
	2	Less: Contributions	67,552.	16,631.	5,000.	89,183.
	3	Gross income (line 1 minus line 2)		19,440.		19,440.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	2,556.	247.	548.	3,351.
	8	Entertainment		10,415.		10,415.
	9	Other direct expenses	75,459.		1,140.	76,599.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				90,365.
11	Net income summary. Subtract line 10 from line 3, column (d)				-70,925.	

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			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? 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: _____

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
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 AMOUNT INCURRED FOR BUS PASSES, TUITION REIMBURS	3900	160,173.	0.	ACTUAL COSTS INCURRED	
MEALS SERVED TO HEAD START CHILDREN - NUTRITION SERVICES PROVIDED TO ELIGIBLE CLIENTS GRANTED BY THE CHILD CARE PROGRAM UNDER THE	2340	1,448,035.	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.	220	198,569.	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:

EXPLANATION: 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.

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: MEALS SERVED TO HEAD START CHILDREN - NUTRITION SERVICES PROVIDED TO ELIGIBLE CLIENTS GRANTED BY THE CHILD CARE PROGRAM UNDER THE

Part IV Supplemental Information

AUSPICES OF THE U.S. DEPARTMENT OF AGRICULTURE.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2013

Open to Public Inspection

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. ▶ See separate instructions.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NEIGHBORHOOD HOUSE ASSN

Employer identification number

95-1648184

Part I Questions Regarding Compensation

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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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?

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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2013

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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RUDOLPH A JOHNSON III PRESIDENT/CEO	(i)	319,729.	44,800.	18,000.	32,800.	8,747.	424,076.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL KEMP EXECUTIVE VP/COO	(i)	159,704.	0.	8,400.	9,979.	8,298.	186,381.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DWIGHT SMITH EXECUTIVE VP/GENERAL COUNS	(i)	159,050.	5,173.	8,400.	9,793.	14,094.	196,510.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KIM PECK VP/CFO	(i)	151,004.	6,547.	6,000.	9,169.	5,683.	178,403.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAMON CARSON VP/CYFS	(i)	136,093.	5,564.	7,350.	8,216.	6,768.	163,991.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SHERYL D GEE VP/ORG DEVELOPMENT	(i)	124,370.	6,196.	6,000.	7,649.	7,347.	151,562.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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:

EXPLANATION: RUDOLPH A JOHNSON III, PRESIDENT/CEO - SECTION 457(B)

DEFERRED COMPENSATION PLAN COMPENSATION IS \$13,577.

MICHAEL KEMP, EXECUTIVE VP/COO - SECTION 457(F) NONQUALIFIED DEFERRED

COMPENSATION PLAN COMPENSATION IS \$29,708.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (OTHER DONATED)	X	16	287,665.	FMV
26	Other ▶ ()				
27	Other ▶ ()				
28	Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2013

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 - 818,417

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 - 280. 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 - 18,574.

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.

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

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 - 501.

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

EXPLANATION: NEIGHBORHOOD HOUSE IS A MEMBERSHIP ORGANIZATION.

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

EXPLANATION: 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:

EXPLANATION: 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:

EXPLANATION: 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

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

CONFLICT OF INTEREST QUESTIONNAIRE. IN THE EVENT A NEW DIRECTOR OR KEY EMPLOYEE JOINS THE ORGANIZATION, A QUESTIONNAIRE AND CERTIFICATION OF COMPLIANCE IS REQUESTED AT THAT TIME. 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:

EXPLANATION: 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:

EXPLANATION: NHA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REASONABLE REQUEST. DOCUMENTS ARE

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

ALSO POSTED ON THE AGENCY'S INTRANET. FINANCIAL STATEMENTS ARE PRESENTED ON A MONTHLY BASIS TO THE BOARD'S FINANCE COMMITTEE AND THEN TO THE FULL GOVERNING BOARD. INQUIRIES ARE MADE OF ALL VENDORS TO ASCERTAIN POTENTIAL CONFLICT OF INTEREST.

PART XII, LINE 2C:

EXPLANATION: THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

JUNE 30, 2014

PREPARED FOR:

KIM PECK
5660 COPLEY DRIVE
SAN DIEGO, CA 92111

PREPARED BY:

COHNREZNICK LLP
9255 TOWNE CENTRE DRIVE - SUITE 250
SAN DIEGO, CA 92121

AMOUNT OF TAX:

BALANCE DUE OF \$10.

MAKE CHECK PAYABLE TO:

FRANCHISE TAX BOARD

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THE FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE FTB.

YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW AS SOON AS POSSIBLE.

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 "2013 FTB 3586" ON THE CHECK OR MONEY ORDER.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

JUNE 30, 2014

PREPARED FOR:

KIM PECK
5660 COPLEY DRIVE
SAN DIEGO, CA 92111

PREPARED BY:

COHNREZNICK LLP
9255 TOWNE CENTRE DRIVE - SUITE 250
SAN DIEGO, CA 92121

MAIL TAX RETURN TO:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

RETURN MUST BE MAILED ON OR BEFORE:

FEBRUARY 17, 2015

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

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.

A COPY OF THE FEDERAL RETURN IS ALSO PROVIDED. IN CONJUNCTION WITH FORM RRF-1 THIS COMPRISES THE ANNUAL REPORT TO BE FILED WITH THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS.

California Exempt Organization Annual Information Return

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) **07/01/2013**, and ending (mm/dd/yyyy) **06/30/2014**

Corporation/Organization Name NEIGHBORHOOD HOUSE ASSN			California corporation number 0106576
Address (suite, room, or PMB no.) 5660 COPLEY DRIVE			FEIN 95-1648184
City SAN DIEGO	State CA	ZIP Code 92111	

A First Return Yes No

B Amended Information Return Yes No

C IRC Section 4947(a)(1) trust Yes No

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

E Check accounting method:
 (1) Cash (2) Accrual (3) Other

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

G Is this a group filing for the subordinates/affiliates? ... Yes No
If "Yes," attach a roster. See instructions

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

I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? Yes No
If "Yes," explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? Yes No
If "Yes," complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____

L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required.

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

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	1,841,726.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	76,955,665.00
	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	78,797,391.00
	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	78,797,391.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	79,499,257.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-701,866.00
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 CHIEF FINANICIA	Title	Date	<input type="checkbox"/> Telephone
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	<input type="checkbox"/> PTIN
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address COHNREZNICK LLP 9255 TOWNE CENTRE DRIVE - SUITE 250 SAN DIEGO, CA 92121			P00227737
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> FEIN
				22-1478099
			858-535-2000	<input type="checkbox"/> Telephone

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.

328951 11-14-13

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	19,440.00
	2	Interest	•	2	4,924.00
	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	•	7	1,817,362.00
	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	1,841,726.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	1,806,777.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	1,621,883.00
	12	Other salaries and wages	•	12	23,478,101.00
	13	Interest	•	13	253,891.00
	14	Taxes	•	14	2,159,389.00
	15	Rents	•	15	3,236,207.00
	16	Depreciation and depletion (See instructions)	•	16	802,517.00
	17	Other Expenses and Disbursements	•	17	46,140,492.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	79,499,257.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		5,680,963.		5,606,890.
2 Net accounts receivable		414,572.		357,693.
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock		93,339.		132,882.
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets	22,691,044.		22,994,448.	
b Less accumulated depreciation	(18,249,258.)	4,441,786.	(19,051,774.)	3,942,674.
11 Land		1,191,750.		1,191,750.
12 Other assets	STMT 5	3,922,962.		1,817,243.
13 Total assets		15,745,372.		13,049,132.
Liabilities and net worth				
14 Accounts payable		8,044,781.		5,736,899.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable		2,034,772.		2,254,426.
18 Other liabilities	STMT 6	24,969.		128,614.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		5,640,850.		4,929,193.
22 Total liabilities and net worth		15,745,372.		13,049,132.

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	•	-711,657.	7 Income recorded on books this year not included in this return. STMT 7
2 Federal income tax	•		•
3 Excess of capital losses over capital gains	•		8 Deductions in this return not charged against book income this year
4 Income not recorded on books this year	•		•
5 Expenses recorded on books this year not deducted in this return	•		9 Total. Add line 7 and line 8
6 Total. Add line 1 through line 5		-711,657.	10 Net income per return. Subtract line 9 from line 6
			•
			-9,791.
			-9,791.
			-701,866.

FORM 199

CASH CONTRIBUTIONS OF \$5000 OR MORE
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
DEPARTMENT OF HEALTH AND HUMAN SERVICES	90 7TH ST REGION IX SAN FRANCISCO, CA 94103	07/01/13	67,629,639.
CALIFORNIA DEPARTMENT OF EDUCATION	1430 N ST SUITE 2213 SACRAMENTO, CA 95814	07/01/13	3,733,445.
COUNTY OF SAN DIEGO	3255 CAMINO DEL RIO S SAN DIEGO, CA 92108	07/01/13	3,036,892.
LAKESHORE LEARNING MATERIAL	2695 E. DOMINGUEZ ST CARSON, CA 90895	06/09/14	5,001.
COX COMMUNICATIONS	1400 LAKE HEARN DRIVE ATLANTA, GA 30319	01/03/14	10,000.
THE SAN DIEGO FOUNDATION	2508 HISTONE DECATUR RD STE. 200 SAN DIEGO, CA 92106	01/03/14	10,000.
WELLS FARGO PHILANTHROPIC WEST	PO BOX 20160 LONG BEACH, CA 90801	10/09/13	10,000.
UNION BANK	530 B. STREET SUITE 1450 SAN DIEGO, CA 92101	05/13/14	20,000.
SDGE/SEMPRA ENERGY	PO BOX 129007 SAN DIEGO, CA 92112	06/30/14	27,500.
WELLS FARGO FOUNDATION	90 SOUTH 7TH ST MINNEAPOLIS, MN 55479	07/29/13	30,000.
BARNEY & BARNEY FOUNDATION	PO BOX 85638 SAN DIEGO, CA 92186	01/28/14	40,000.
PRICE FAMILY CHARITABLE FUND	7979 IVANHOE AVE. SUITE 520 LA JOLLA, CA 92087	08/14/13	50,000.
TORREY PINES BANK	12220 EL CAMINO REAL, SUITE 110 SAN DIEGO, CA 92130	03/12/14	50,000.

NEIGHBORHOOD HOUSE ASSN

95-1648184

JEWISH COMMUNITY

4950 MURPHY CANYON RD SAN
DIEGO, CA 92123

07/30/13

62,000.

TOTAL INCLUDED ON LINE 3

74,714,477.

FORM 199

OTHER INCOME

STATEMENT 2

DESCRIPTION

AMOUNT

ALL OTHER REVENUE

118,126.

MEDICAL/PARENT/SERVICE FEES

962,747.

PAYMENTS FROM VENDORS

736,489.

TOTAL TO FORM 199, PART II, LINE 7

1,817,362.

FORM 199

COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ANDREA WALDRON 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
RANDY FRISCH, ESQ. 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
VANESSA NELSON 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
DR. SHARON LEE RHODES 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
JUDITH WENKER 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
FELICIA BAKER 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
JEFFREY CARR SR, ED.D. 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
BILL HARDT 5660 COPLEY DRIVE SAN DIEGO, CA 92111	VICE CHAIRMAN 2.10	0.

NEIGHBORHOOD HOUSE ASSN

95-1648184

LAUREN ABRAMS 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
RUBEN BARRALES 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
THERESA HUDGINS 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
DORIANNE MORMANN, CMP. 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
WALTER LAM 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
VICTOR BAKER 5660 COPLEY DRIVE SAN DIEGO, CA 92111	CHAIRMAN 3.10	0.
PATRICIA ZAHARAOULOS, ESQ. 5660 COPLEY DRIVE SAN DIEGO, CA 92111	SECRETARY 2.10	0.
DEREK BROWN 5660 COPLEY DRIVE SAN DIEGO, CA 92111	TREASURER 2.10	0.
JACKIE LOAIZA, ESQ. 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
MEISHA SHERMAN 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
JULIA SLOCOMBE 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
RUDOLPH A JOHNSON III 5660 COPLEY DRIVE SAN DIEGO, CA 92111	PRESIDENT/CEO 40.00	425,760.

NEIGHBORHOOD HOUSE ASSN

95-1648184

MICHAEL KEMP
5660 COPLEY DRIVE
SAN DIEGO, CA 92111

EXECUTIVE VP/COO
40.00

190,528.

DWIGHT SMITH
5660 COPLEY DRIVE
SAN DIEGO, CA 92111

EXECUTIVE VP/GENERAL COUNS
40.00

208,420.

KIM PECK
5660 COPLEY DRIVE
SAN DIEGO, CA 92111

VP/CFO
40.00

180,524.

DAMON CARSON
5660 COPLEY DRIVE
SAN DIEGO, CA 92111

VP/CYFS
40.00

168,926.

FRANK ZALICH
5660 COPLEY DRIVE
SAN DIEGO, CA 92111

VP/INFORMATION TECHNOLOGY
40.00

156,081.

SHERYL D GEE
5660 COPLEY DRIVE
SAN DIEGO, CA 92111

VP/ORG DEVELOPMENT
40.00

159,469.

ELIZABETH HERNANDEZ
5660 COPLEY DRIVE
SAN DIEGO, CA 92111

VP/SOCIAL SERVICES
40.00

132,175.

RUTH A. RODRIGUEZ
5660 COPLEY DRIVE
SAN DIEGO, CA 92111

ASSOCIATE VP/CYFS
40.00

0.

TOTAL TO FORM 199, PART II, LINE 11

1,621,883.

FORM 199

OTHER EXPENSES

STATEMENT 4

DESCRIPTION	AMOUNT
SUBCONTRACTS - NHA DELE	33,412,367.
DIRECT EXPENSES OF FUNDRAISING EVENTS	90,365.
PENSION PLAN CONTRIBUTIONS	1,172,449.
OTHER EMPLOYEE BENEFITS	5,395,953.
MANAGEMENT FEES	1,184,088.
LEGAL FEES	208,529.
ACCOUNTING FEES	152,769.
OTHER PROFESSIONAL FEES	199.
ADVERTISING AND PROMOTION	16,461.
OFFICE EXPENSES	1,788,561.
INFORMATION TECHNOLOGY	829,363.
TRAVEL	691,237.
CONFERENCES AND CONVENTIONS	254,855.
INSURANCE	544,405.
ALL OTHER EXPENSES	398,891.
TOTAL TO FORM 199, PART II, LINE 17	46,140,492.

FORM 199

OTHER ASSETS

STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	3,782,563.	1,618,563.
PREPAID EXPENSES AND DEFERRED CHARGES	66,798.	125,079.
PREPAID RENT	73,601.	73,601.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	3,922,962.	1,817,243.

FORM 199

OTHER LIABILITIES

STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	24,969.	128,614.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	24,969.	128,614.

FORM 199

INCOME RECORDED ON BOOKS THIS YEAR
NOT INCLUDED IN THIS RETURN

STATEMENT 7

DESCRIPTION

AMOUNT

UNREALIZED MARK TO MARKET LOSS

-9,791.

TOTAL TO FORM 199, SCHEDULE M-1, LINE 7

-9,791.

FORM 199

NONCASH CONTRIBUTIONS, GIFTS, GRANTS
AND SIMILAR AMOUNTS PAID

STATEMENT 8

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	160,173.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
	0.	VARIOUS	ACTUAL COSTS INCURRED	
			TOTAL FOR THIS ACTIVITY	160,173.

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	198,569.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
	0.	VARIOUS	ACTUAL PAYMENTS	
			TOTAL FOR THIS ACTIVITY	198,569.

ACTIVITY CLASSIFICATION

MEALS SERVED TO HEAD START CHILDREN

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
VARIOUS	VARIOUS - VARIOUS, CA 99999	NONE	1,448,035.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
	0.	VARIOUS	ACTUAL COSTS INCURRED	
			TOTAL FOR THIS ACTIVITY	1,448,035.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

1,806,777.

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 "2013 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 17, 2014.
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.

339035
12-11-13

--- 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 **2013** **Payment Voucher for Corps and Exempt Orgs e-filed Returns**

CALIFORNIA FORM
3586 (e-file)

0106576 NEIG 95-1648184 000000000000 13 FORM 3
TYB 07-01-2013 TYE 06-30-2014

NEIGHBORHOOD HOUSE ASSN
5660 COPLEY DRIVE
SAN DIEGO CA 92111

(858) 715-2642

Total Payment Amt 10.

TAXABLE YEAR

2013

California e-file Return Authorization for Exempt Organizations

FORM 8453-EO

Table with 2 columns: Exempt Organization name, Identifying number. Row 1: NEIGHBORHOOD HOUSE ASSN, 95-1648184

Part I Electronic Return Information (whole dollars only)

Table with 3 rows: 1 Total gross receipts (Form 199, line 4) 78,797,391.00; 2 Total gross income (Form 199, line 8) 78,797,391.00; 3 Total expenses and disbursements (Form 199, line 9) 79,499,257.00

Part II Settle Your Account Electronically for Taxable Year 2013

Table with 2 columns: 4 Electronic funds withdrawal, 4a Amount, 4b Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

Table with 2 columns: 5 Routing number, 6 Account number, 7 Type of account: Checking, Savings

Part IV Declaration of Officer

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2013 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.

Sign Here Signature of Officer Date Title CHIEF FINANCIAL OFFICER

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2013 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Table with 4 columns: ERO's signature, Date, Check if also paid preparer (checked), Check if self-employed, ERO's PTIN, Firm's name (or yours if self-employed) and address, FEIN, ZIP Code. Row 1: COHNREZNICK LLP, 9255 TOWNE CENTRE DRIVE - SUITE 250, SAN DIEGO, CA, 22-1478099, 92121

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Table with 4 columns: Paid preparer's signature, Date, Check if self-employed, Paid preparer's PTIN, Firm's name (or yours if self-employed) and address, FEIN, ZIP Code

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	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report
NEIGHBORHOOD HOUSE ASSN <small>Name of Organization</small>	Corporate or Organization No. <u>0106576</u>
<u>5660 COPLEY DRIVE</u> <small>Address (Number and Street)</small>	Federal Employer I.D. No. <u>95-1648184</u>
<u>SAN DIEGO, CA 92111</u> <small>City or Town, State and ZIP Code</small>	

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 07/01/2013 ending 06/30/2014) list:
 Gross annual revenue \$ 78,707,026. Total assets \$ 13,049,132.

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 9	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.

KIM PECK

**CHIEF FINANCIAL
 OFFICER**

Signature of authorized officer

Printed Name

Title

Date

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 9

AGENCY NAME: CALIFORNIA DEPARTMENT OF EDUCATION
ADDRESS: 1430 N STREET # 2213, SACRAMENTO, CA 95814
CONTACT PERSON: LORI ANDERSON, 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 PERSON: 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