NEIGHBORHOOD HOUSE ASSOCIATION CLIENT COPY 2017 Year Ending June 30, 2018





KIM PECK NEIGHBORHOOD HOUSE ASSOCIATION 5660 COPLEY DRIVE SAN DIEGO, CA 92111

DEAR KIM,

WE HAVE PREPARED THE FOLLOWING TAX RETURNS PRIMARILY FROM THE INFORMATION YOU FURNISHED. SINCE YOU HAVE THE FINAL RESPONSIBILITY FOR THE TAX RETURNS, YOU SHOULD REVIEW THEM CAREFULLY BEFORE YOU SIGN AND FILE THEM OR AUTHORIZE THEM TO BE ELECTRONICALLY FILED.

2017 FORM 990

2017 CALIFORNIA FORM 199

2017 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.

SINCERELY.

LISA M. CUMMINGS, CPA SENIOR MANAGER

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2018

PREPARED FOR:

KIM PECK NEIGHBORHOOD HOUSE ASSOCIATION 5660 COPLEY DRIVE SAN DIEGO, CA 92111

PREPARED BY:

COHNREZNICK LLP 400 CAPITOL MALL, SUITE 1200 SACRAMENTO, CA 95814

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. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2019

PLEASE ENSURE YOU HAVE MET ALL YOUR FILING REQUIREMENTS FOR THE CORRECT INCLUSION OF ANY FOREIGN TRANSACTION OR INFORMATION. FAILURE TO FILE FOREIGN INFORMATIONAL FORMS WILL POTENTIALLY SUBJECT YOU TO SUBSTANTIAL PENALTIES. PLEASE CONTACT US IF YOU BELIEVE YOU HAVE ANY FOREIGN ACTIVITY OR INVESTMENT AND/OR FOREIGN BANK OR SECURITIES ACCOUNT THAT NEED TO BE ADDRESSED.

IRS e-file Signature Authorization for an Exempt Organization

	-	_			
or calendar year 2017, or fiscal year beginning	JUL 1	, 2017, and ending	JUN 3	30	, 20 1

8

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

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization	Employer identification number
NEIGHBORHOOD HOUSE ASSN	95-1648184
Name and title of officer	73 1040104
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 line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable than 1 line in Part I.	then leave line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1ь 95,885,919.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	
5a Form 8868 check here ▶	5b
Part II Declaration and Signature Authorization of Officer	
intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to t (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in proce the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an edebit) entry to the financial institution account indicated in the tax preparation software for payment of the organizar eturn, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial in processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic retorganization's consent to electronic funds withdrawal. Officer's PIN: check one box only	essing the return or refund, and (c) electronic funds withdrawal (direct ation's federal taxes owed on this Treasury Financial Agent at nstitutions involved in the I resolve issues related to the
X authorize COHNREZNICK LLP	to enter my PIN 11111
ERO firm name	Enter five numbers, bu
	do not enter all zeros
as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within the is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also autled 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 2017 of indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charic 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. 68297622147 Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeFe-file Providers for Business Returns.	
ERO's signature ► COHNREZNICK LLP Date ► 03/	14/19
ERO Must Retain This Form - See Instructions	
Do Not Submit This Form to the IRS Unless Requested To Do	So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

EXTENDED TO MAY 15, 2019

Form **990**

Internal Revenue Service

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Α	For the	2017 calendar year, or tax year beginning UL 1, 2017 and ending	g Jī	JN 30, 20	18							
В	Check if applicable	C Name of organization		D Employer ide	ntific	ation number						
	Addres											
	Name change	Doing business as		95	-16	548184						
	Initial return	, ,										
	Final return/	5660 COPLEY DRIVE	858-715-2642									
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	<u> </u>	G Gross receipts \$		95,939,758.						
L	Amendereturn Applica	SAN DIEGO, CA 92111		H(a) Is this a grou	-							
L	tion pending	F Name and address of principal officer: KIM FECK		for subording								
_		SAME AS C ABOVE	$\overline{}$	H(b) Are all subordina								
		mpt status:	527			list. (see instructions)						
		e: ► WWW.NEIGHBORHOODHOUSE.ORG organization: X Corporation Trust Association Other ► L		H(c) Group exem								
		organization: X Corporation	year o	Titormation: 192	3 N	State of legal domicile: CA						
•	_	Briefly describe the organization's mission or most significant activities: NEIGHBOR	RHOC	ח אווופד ז	<u> </u>	CCT A TT ON						
9	1 6	IS THE LARGEST MULTIPURPOSE HUMAN SERVICES OF										
аĎ	2	Check this box if the organization discontinued its operations or disposed of the organization discontinued its operations of the organization disposed of the organization discontinued its operations or disposed or dispos										
Governance	3 1	Number of voting members of the governing body (Part VI, line 1a)			3	19						
Ĝ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			4	<u></u>						
ა თ	5	Fotal number of individuals employed in calendar year 2017 (Part V, line 2a)			5	931						
Activities &	6	Total number of volunteers (estimate if necessary)			6	1000						
čĘ	7a 7	Fotal unrelated business revenue from Part VIII, column (C), line 12			7a	0.						
_	l d	Net unrelated business taxable income from Form 990-T, line 34			7b	0.						
				Prior Year		Current Year						
Φ	8 (Contributions and grants (Part VIII, line 1h)	8	86,234,29		93,525,317.						
enn	9 F	Program service revenue (Part VIII, line 2g)		1,849,73		2,586,246.						
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		11,31		11,380.						
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		118,73		-237,024.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		88,214,07		95,885,919.						
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,630,13		1,473,593.						
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.						
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	38,842,30	0.	40,003,432.							
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e) Fotal fundraising expenses (Part IX, column (D), line 25)			•	<u>U•</u>						
Ř	17	Total fundraising expenses (Part IX, column (D), line 25) ■ U Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		48,229,87	9.	54,348,756.						
	'' \	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		88,702,31	8.	95,825,781.						
	1	Revenue less expenses. Subtract line 18 from line 12		-488,24		60,138.						
	G .		Bea	inning of Current Ye	\neg	End of Year						
ets	20	Total assets (Part X, line 16)		13,032,11		14,616,103.						
ASS	21	Total liabilities (Part X, line 26)		9,243,09	$\overline{}$	10,766,947.						
Net Assets or	22 1	Net assets or fund balances. Subtract line 21 from line 20		3,789,01	8.	3,849,156.						
P	art II	Signature Block										
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st			of my	knowledge and belief, it is						
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer h	as any knowledge.								
		Signature of officer		l Date								
Sig		•		Date								
Hei	re	KIM PECK, CHIEF FINANCIAL OFFICER Type or print name and title										
		Print/Type preparer's name Preparer's signature	Da	ate Check	k Γ	PTIN						
Pai			ı	3/14/19 self-e								
		Firm's name COHNREZNICK LLP	0 -	Firm's EIN		22-1478099						
		Firm's address 400 CAPITOL MALL, SUITE 1200		I IIIII 3 LIIV								
	,	SACRAMENTO, CA 95814		Phone no.	916	6-442-9100						
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)		1		X Yes No						

THE HOUSING COUNSELING PROGRAM OFFERS EDUCATION AND COUNSELING TO RENTERS, LANDLORDS, HOMEOWNERS, AND POTENTIAL HOME OWNERS. THIS COMPREHENSIVE HOUSING PROGRAM FACILITATES SAFE AND ADEQUATE RENTAL HOUSING AND RESOLUTION OF TENANT/LANDLORD DISPUTES. TOTAL CLIENTS

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$

Total program service expenses ▶ 88,593,170.

) (Revenue \$

Form **990** (2017)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا ا	v	
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G. Part III	19	000	X

Form **990** (2017)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			1
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			_
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			_
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u> X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2017) NEIGHBORHOOD HOUSE ASSN Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V									
					Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	134							
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0							
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portal	ole gaming							
	(gambling) winnings to prize winners?			1c	Х					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 931									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b						
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		X				
b	If "Yes," enter the name of the foreign country: ▶									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		_X_				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit							
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).			_	v					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		irod	7b						
C	to file Form 8282?	as requ	illed	7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		***************************************	7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	e							
	sponsoring organization have excess business holdings at any time during the year?			8						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:	ı	ı							
	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	ا								
	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
40-	amounts due or received from them.)	11b	<u> </u>	40-						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411 12b		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	IZD								
13 a				13a						
а	Note. See the instructions for additional information the organization must report on Schedule O.			.oa						
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
	Did the executive vestion and the second for indeed to be a second of the second of th			14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule			14b						
				Form	990	(2017)				

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					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 19								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19								
2									
_	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
		6	Х	- 21					
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-	-21						
7a		7-	Х						
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a							
b		_		Х					
•	persons other than the governing body?	7b							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v						
a	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		37					
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion 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) as	ailable)						
	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	financ	al						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
	KIM PECK, CFO - 858-715-2642								
	5660 COPLEY DRIVE, SAN DIEGO, CA 92111								

Form **990** (2017)

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.

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

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

(A) Name and Title	(B) Average	(do	not c	Pos	C) ition	l than o	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director	, cer an lustitutional trustee		irecto		tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) BRETT STAPLETON	2.10	.,						0.	_	0
BOARD MEMBER (2) CYNTHIA SULLIVAN	2 10	Х						0.	0.	0.
(2) CYNTHIA SULLIVAN BOARD MEMBER	2.10	Х						0.	0.	0.
(3) DORIANNE MORMANN, CMP	2.10	Λ						0.	0.	· ·
SECRETARY	2.10	х		х				0.	0.	0.
(4) EDRIENNE BRANDON	2.10									
BOARD MEMBER		Х						0.	0.	0.
(5) FELICIA BAKER	2.10									
BOARD MEMBER		Х						0.	0.	0.
(6) FRAN AYALASOMAYAJULA	2.10								_	_
BOARD MEMBER		Х						0.	0.	0.
(7) JANET RICHARDS CARSON	2.10	1								_
BOARD MEMBER		Х						0.	0.	0.
(8) JEFFREY CARR SR, ED.D.	2.10									
CHAIR	- 10	Х		Х				0.	0.	0.
(9) JULIA SLOCOMBE	2.10	ļ								•
BOARD MEMBER		Х						0.	0.	0.
(10) KYRA BETHEL	2.10									•
BOARD MEMBER	0.10	Х						0.	0.	0.
(11) MARK BLANKENSHIP, PHD	2.10	3,7							_	•
BOARD MEMBER	2.10	Х						0.	0.	0.
(12) MEISHA SHERMAN, MBA VICE CHAIR	2.10	Х		х				0.	0.	0.
(13) MICHAEL MICHAELS	2.10	Λ		^				0.	0.	· ·
BOARD MEMBER	2.10	Х						0.	0.	0.
(14) PENNEY NEWELL	2.10	Λ						0.	0.	<u></u>
BOARD MEMBER	2.10	Х						0.	0.	0.
(15) RAYMOND G. ELLIS	2.10									<u></u>
BOARD MEMBER		х						0.	0.	0.
(16) RICH MILLER	2.10								•	•
BOARD MEMBER		х						0.	0.	0.
(17) ROSALBA BARRAGAN	2.10	ļ								
BOARD MEMBER		Х						0.	0.	0.
	•	•				•		•	-	Form 990 (2017)

11-28-17 Form **990** (2017)

	OKHOOD HOU								95-1046	TO4	Рa	ige o
Part VII Section A. Officers, Directors,	Trustees, Key Emp	oloye	ees,			ghes	t C	ompensated Employees	(continued)			
(A)	(A) (B) (C) (D) (E)							(E)	(F)		
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	Estir	nated	b
	hours per	box,	, unle	ss per	rson i	s both	an	compensation	compensation	amo)f
	week (list any		l ai	lu a u	liecto	i/ii us	(66)	from	from related		her	•
	hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compe	ensat n the	
	related	96 Or (stee			ısatec		(W-2/1099-MISC)	(***-27 1099-141100)	organ		
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** = *********************************		and r		
	below	idual	tution	ie.	Key employee	est co loyee	ıer			organi	zatio	ns
	line)	Indi	Insti	Officer	Key 6	High	Former					
(18) TYRONE MATTHEWS	2.10							_				
BOARD MEMBER		Х						0.	0.			0.
(19) VERNA JAGGERS	2.10											_
TREASURER	40.00	Х		Х				0.	0.			0.
(20) DWIGHT SMITH	40.00	-						100 000	•	10	. .	. –
GM/GENERAL COUNS	40.00			Х				182,802.	0.	19	, 24	:5.
(21) KIM PECK	40.00	-		х				102 012	0.	10	4 5	. ^
GM/CFO (22) MICHAEL KEMP	40.00	\vdash		A				183,013.	0.	19	, 45	
GM/COO	40.00			Х				340,150.	0.	2	2.2	20.
(23) RUDOLPH A. JOHNSON III	40.00			^				340,130.	0.	<u> </u>	, 44	
PRESIDENT/CEO	40.00	1		х				474,966.	0.	27	. 67	8.
(24) DAMON CARSON	40.00	\Box						1,1,3001			, .	
GM/EDUCATION INSTITUTION		1				х		179,985.	0.	16	. 56	8.
(25) DUQUETTE F SOBEK	40.00							- ,				
VP-FACILITIES/OPERATIONS		1				х		140,429.	0.	21	, 88	33.
(26) FRANK ZALICH	40.00							-				
GM/INFORMATION TECHNOLOGY						Х		158,088.	0.	14	, 94	8.
1b Sub-total							•	1,659,433.	0.	122		
c Total from continuation sheets to Pa							>	317,824.	0.	27		
d Total (add lines 1b and 1c)		<u></u>					<u> </u>	1,977,257.	0.	150	<u>, 95</u>	4.
2 Total number of individuals (including	but not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,0	000 of reportable			
compensation from the organization	<u> </u>											17
									ı	Y	es	No
3 Did the organization list any former of				•	•	•		•	. ,			
line 1a? If "Yes," complete Schedule J										3		X
4 For any individual listed on line 1a, is t												
and related organizations greater than										4	X	
5 Did any person listed on line 1a receive	e or accrue comper	ısatio	on fr	om	any	unre	elate	d organization or individ	ual for services			

Section B. Independent Contractors

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 MILES OF		
CARS WAY, NATIONAL CITY, CA 91950	CHILD CARE SERVICES	19,139,446.
AKA HEAD START, INC.		
620 W MADISON AVE., EL CAJON, CA 92020	CHILD CARE SERVICES	12,555,209.
SAN DIEGO UNIFIED SCHOOL DISTRICT, 4100		
NORMAL STREET, ROOM 101, SAN DIEGO, CA	CHILD CARE SERVICES	3,965,664.
SHARP HEALTH PLAN		
PO BOX 57248, LOS ANGELES, CA 90074	HEALTH PROVIDER	2,419,096.
KAISER FOUNDATION		
PO BOX 60000, SAN DIEGO, CA 94160	HEALTH PROVIDER	2,061,921.
2 Total number of independent contractors (including but not limited to those listed	l above) who received more than	
\$100,000 of compensation from the organization > 11		

SEE PART VII, SECTION A CONTINUATION SHEETS

rendered to the organization? If "Yes." complete Schedule J for such person

Form 990 (2017)

m 990 NEIGHBORHOOD HOUSE ASSN 95-1648184										
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd F	ligh	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(с	heck	Pos	C) sition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) MONA S MINTON M/PRG/CLINICS/COMM AFFAIRS	40.00	-				x		161 527	0.	10 522
(28) SHERYL D. WHITE	40.00					^		161,537.	0.	19,522
GM/ORG DEVELOPMENT						х		156,287.	0.	8,440
		_	_							
		_								
		_								
Total to Part VII, Section A, line 1c								317,824.		27,962

Form 990 (2017) NEIGHBO
Part VIII Statement of Revenue

		Check if Schedule O conta	ins a response	or note to any line	e 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
S S	1 a	Federated campaigns	1a	2,433.				012 011
ant	ı a h	Membership dues						
Gr		Fundraising events		90,000.				
fts, Ar	ں م			20,000.				
ig i	u	Related organizations		92,792,453.				
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contribution		72,172,433.				
	т	All other contributions, gifts, grants		640 431				
		similar amounts not included above	· · · · · · · · · · · · · · · · · · ·	640,431.				
no n	9	Noncash contributions included in lines 1a			93,525,317.			
<u>O</u> 8	n	Total. Add lines 1a-1f			73,323,317.			
		DAVMENTE FROM VENDORS		Business Code 900099	1 600 730	1,688,738.		
ice	2 a			900099	1,688,738.	, , , , , , , , , , , , , , , , , , ,		+
erv	р	MEDICAL/PARENT/SERVICE	r e e	300033	897,508.	897,508.		+
n S Ien	C							-
araı Rev	d							+
Program Service Revenue	e							+
ш		All other program service reven			2 506 246			
		Total. Add lines 2a-2f			2,586,246.			
	3	Investment income (including of			11,380.			11 390
		other similar amounts)			11,300.			11,380.
	4	Income from investment of tax-						+
	5	Royalties						
	_		(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	р	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
ө		Net gain or (loss)Gross income from fundraising		P				
		including \$90,	000. of					
Other Revenu		contributions reported on line 1	1c). See					
r R		Part IV, line 18	a	95,963.				
the	b	Less: direct expenses	b	53,839.				
O	С	Net income or (loss) from fundr	raising events		42,124.			42,124.
	9 a	Gross income from gaming act	ivities. See					
		Part IV, line 19		١				
	b	Less: direct expenses	b					
	С	Net income or (loss) from gamin	ng activities .	<u></u>				
	10 a	Gross sales of inventory, less re	eturns					
		and allowances	a	1				
	b	b Less: cost of goods sold b)				
	С	Net income or (loss) from sales	of inventory .					
		Miscellaneous Revenue)	Business Code				
		MISCELLANEOUS REVENUE		900099	170,309.	170,309.		
	b	SUBSIDIZED EXPENSE		900099	-449,457.	-449,457.		
	С							
		All other revenue						
		Total. Add lines 11a-11d			-279,148.			
	12	Total revenue. See instructions.	<u></u>	▶	95,885,919.	2,307,098.	0 .	53,504.

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,473,593.	1,473,593.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	021 052	010 047	120 006	
_	trustees, and key employees	931,853.	810,947.	120,906.	
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	29,617,809.	25,636,010.	3,981,799.	
8	Pension plan accruals and contributions (include		23,030,010	0,00±,100•	
•	section 401(k) and 403(b) employer contributions)	1,532,602.	1,384,518.	148,084.	
9	Other employee benefits	5,282,562.	4,772,147.	510,415.	
10	Payroll taxes	2,638,606.	2,383,657.	254,949.	
11	Fees for services (non-employees):			•	
а	Management				
b	Legal	172,869.	119,673.	53,196.	
	Accounting	148,276.	102,648.	45,628.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		44 400 550	255 242	
	column (A) amount, list line 11g expenses on Sch O.)	42,066,092.		866,313.	
12	Advertising and promotion	12,193.		5,195.	
13	Office expenses	2,653,739.	2,480,175.	173,564.	
14	Information technology	1,120,164.	1,032,462.	87,702.	
15	Royalties	4,547,848.	4,397,604.	150,244.	
16	Occupancy	788,932.	644,674.	144,258.	
17	Travel Payments of travel or entertainment expenses	700,332.	044,074.	144,230.	
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	309,374.	252,804.	56,570.	
20	Interest	107,049.	81,049.	26,000.	
21	Payments to affiliates	. ,	. , , , = . ,	.,	
22	Depreciation, depletion, and amortization	493,098.	167,612.	325,486.	
23	Insurance	500,598.	382,614.	117,984.	
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 0.) REPAIRS & MAINTENANCE	701,319.	646,410.	54,909.	
	OTHER EXPENSES	374,584.	286,544.	88,040.	
b	FOOD EXPENSES	222,183.	211,156.	11,027.	
d	CLIENT ASSISTANCE	108,701.	103,638.	5,063.	
-	All other expenses	21,737.	16,458.	5,279.	
25	Total functional expenses. Add lines 1 through 24e	95,825,781.	88,593,170.	7,232,611.	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)				
	·	·	·		000

Form **990** (2017)

Form 990 (2017)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,805,167.	1	3,627,014.
	2				2,610,834.	2	2,620,089.
	3	Savings and temporary cash investments Pledges and grants receivable, net			2,115,167.	3	2,385,439.
	4	Pledges and grants receivable, net Accounts receivable, net			784,649.	4	796,261.
	5	Loans and other receivables from current and fo			701,015.	4	750,201
	3			, , , , , , , , , , , , , , , , , , ,			
		trustees, key employees, and highest compensa Part II of Schedule L				5	
	6	Part II of Schedule L Loans and other receivables from other disqualif				3	
	"	section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sect		·		6	
Assets		employees' beneficiary organizations (see instr).					
Ass	7	Notes and loans receivable, net				7	
1	8	Inventories for sale or use		1	138,968.	<u>8</u> 9	147,085.
	9		 I I		130,300.	9	147,005.
	10a	Land, buildings, and equipment: cost or other	40-	20 431 317			
	١.	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	15 667 666	1 391 507	40-	1 763 651
		Less: accumulated depreciation	106	15,007,000.	4,384,507.		4,763,651. 186,833.
	11	Investments - publicly traded securities			103,090.	11	100,033.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			00 721	14	00 721
	15	Other assets. See Part IV, line 11			89,731.	15	89,731.
	16	Total assets. Add lines 1 through 15 (must equa			13,032,113.	16	14,616,103.
	17	Accounts payable and accrued expenses			6,497,196.	17	8,095,386.
	18	Grants payable			84,779.	18	104,229.
	19	Deferred revenue			04,//3•	19	104,229.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to current and former					
Ħ		key employees, highest compensated employee					
Liabilities					2 472 205	22	2,395,531.
_	23	Secured mortgages and notes payable to unrela			2,473,305.	23	2,393,331.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-	•	107 015		171 001
		Schedule D			187,815. 9,243,095.	25	171,801. 10,766,947.
	26	Total liabilities. Add lines 17 through 25		V	9,243,093.	26	10,700,347.
		Organizations that follow SFAS 117 (ASC 958		nere 🖊 🔼 and			
Ses		complete lines 27 through 29, and lines 33 and			3,700,542.	07	3,815,406.
anc	27	Unrestricted net assets		Г	88,476.	27	33,750.
Bal	28				00,470.	28	33,730•
2	29					29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958)	, check here			
S O	20	and complete lines 30 through 34.				20	
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or eq		Г		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc		Г	3,789,018.	32	3 8/0 156
_	33				13,032,113.	33	3,849,156. 14,616,103.
	34	Total liabilities and net assets/fund balances			13,034,113.	34	14,010,103.

Form 990 (2017)

Pa	rt 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	95,885		
2	Total expenses (must equal Part IX, column (A), line 25)	2	95,825		
3	Revenue less expenses. Subtract line 2 from line 1	3			38.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,789	9,0	<u> 18.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,849	9,1	<u>56.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule ().			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990 ((2017)

722012 11 20 17

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

1

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

NEIGHBORHOOD HOUSE ASSN

Employer identification number

			HROKHOOD HO					5-1648184	
Pa	rt I	Reason for Public (Charity Status 🖟	All organizations must co	mplete th	is part.) Se	e instructions.		
The	orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of ch)(A)(i).		
2		A school described in secti							
3		A hospital or a cooperative					i).		
4	一	A medical research organization					•	the hospital's name.	
		city, and state:	·				CARA 7	,	
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describ	ed in	
_		section 170(b)(1)(A)(iv). (C		,		, 5			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that norma	-					public described in	
•		section 170(b)(1)(A)(vi). (C		Titlal part of its support in	om a gove	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	arms or normano gonerar	public decembed in	
8		A community trust describe		1\alpha\vi) (Complete Par	+ II)				
9	Ħ	An agricultural research org				ed in coniu	inction with a land-grant	college	
Ū		or university or a non-land-g				-	-	-	
		university:	rant conego or agrico	and o (oco mondonomo).		iarrio, orty,	, and state of the coneg.	0 01	
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supr	ort from c	ontributio	ns, membership fees, ar	nd aross receipts from	-
		activities related to its exem	•				· · ·	-	
		income and unrelated busin	•	•	. ,		• •	•	
		See section 509(a)(2). (Cor		(1000 00011011 011 111/1/110		.ooo aoqa	ou by the organization	a	
11		An organization organized a	•	vely to test for public sat	etv. See	section 50)9(a)(4).		
12	一	An organization organized a	•	•	•			purposes of one or	
		more publicly supported or	· ·	•	-		•		
		lines 12a through 12d that							
а		Type I. A supporting orga	* *					aivina	
		the supported organization	•		•	_			
		organization. You must o			, ,			3	
b		Type II. A supporting org	-		ion with its	s supporte	ed organization(s), by ha	vina	
		control or management o	•					-	
		organization(s). You mus					3		
С		Type III functionally inte			in connect	ion with. a	and functionally integrate	ed with.	
		its supported organization					• •	•	
d		Type III non-functionally		·				zation(s)	
		that is not functionally int					• • • •	* *	
		requirement (see instructi	•	• ,	•		•		
е		Check this box if the orga	· ·	-					
		functionally integrated, or					<i>y y y y y y y y y y</i>		
f	Ent	er the number of supported o							
g		vide the following information							
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
									_
									_
Tota	al							1	

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.)

Sec	tion A. Public Support						,
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	76955665 .	81609831.	84717354.	86234298.	93525317.	423042465
2	Tax revenues levied for the organ-						
	ization'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	76955665 .	81609831.	84717354.	86234298.	<u>93525317.</u>	423042465
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)						
	Public support. Subtract line 5 from line 4.						423042465
Sec	tion B. Total Support			_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	<u>76955665.</u>	<u>81609831.</u>	84717354.	86234298.	<u>93525317.</u>	423042465
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,924.	2,438.	3,403.	11,313.	11,380.	33,458.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	137,566.	82,605.	84,134.	151,643.		
11	Total support. Add lines 7 through 10						423798143
	Gross receipts from related activities,	•	,				,768,833.
13	First five years. If the Form 990 is for						
600	organization, check this box and stop	. ^					>
	tion C. Computation of Publi		_			T T	00 00
	Public support percentage for 2017 (I		•	* * * * * * * * * * * * * * * * * * * *		14	99.82 %
	Public support percentage from 2016					15	99.60 %
16a	33 1/3% support test - 2017. If the c						
	stop here. The organization qualifies						
D	33 1/3% support test - 2016. If the						
4	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			•	•	•	
I.	meets the "facts-and-circumstances"						
a	10% -facts-and-circumstances test	_					
	more, and if the organization meets the		•		•		▶ □
10	organization meets the "facts-and-circ		•				
18	Private foundation. If the organization	п ана пот спеск а	oux on line 13, 16	a, 100, 17a, 0r 1/b	, check this box a	nu see mstructions	· 🖊 🔼

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	(a) 2013	(b) 2014	(6) 2010	(u) 2010	(6) 2017	(i) Total
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization's	s first, second. thir	d, fourth. or fifth to	ax year as a section	n 501(c)(3) organi:	zation,
check this box and stop here	· ·			•		·
Section C. Computation of Publi						
15 Public support percentage for 2017 (li	ne 8, column (f) di	vided by line 13, c	olumn (f))		15	%
16 Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	117 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2016. If the						
line 18 is not more than 33 1/3%, check						▶∐
20 Private foundation If the organization	n did not check a	hay on line 1/ 10	a or 10h check th	nie hov and see inc	etructions	▶

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
h			
H	2		
ı	2-		
H	3a		
L	3b		
	0-		
H	3с		
ı	4a		
H	4b		
L	4c		
	5a		
ŀ	5b 5c		
h	30		
	6		
	6		
	7		
	8		
	9a		
	OI:		
	9b		
	9с		
-	10a		
	10b		
99	0 or 99	0-F7	2017

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations		1 1	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. stion C. Type II Supporting Organizations	2		
Sec	non C. Type if Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N1 -
	Want a majority of the approximation to discontinuous design the day, one also a majority of the discontinuous		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sec	the supported organization(s). stion D. All Type III Supporting Organizations	1		
000	alon b. All Type in capporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	 3).		
а		•		
b				
С		structions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	d Type III supporting orga	nization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2017

Par	^ব V │ Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI

(See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: FUNDRAISING EVENTS 2013 AMOUNT: \$ 19,440. 2014 AMOUNT: \$ 17,856. 21,044. 2015 AMOUNT: \$ 25,049. 2016 AMOUNT: \$ 2017 AMOUNT: \$ 95,963. MISCELLANEOUS REVENUE 2013 AMOUNT: \$ 118,126. 2014 AMOUNT: \$ 64,749. 2015 AMOUNT: \$ 63,090. 2016 AMOUNT: \$ 126,594. 2017 AMOUNT: \$ 170,309.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,

Schedule B (Form 990 990-F7

or 990-PF) Department of the Treasury

Internal Revenue Service

Schedule of Contributors

► Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

95-1648184

Name of the organization **Employer identification number**

NEIGHBORHOOD HOUSE ASSN

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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

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) (2017)

723451 11-01-17

NEIGHBORHOOD HOUSE ASSN

95-1648184

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal 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	\$78,747,516.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CALIFORNIA DEPARTMENT OF EDUCATION 1430 N ST., SUITE 2213 SACRAMENTO, CA 95814	\$6,183,127. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	COUNTY OF SAN DIEGO 3255 CAMINO DEL RIO S SAN DIEGO, CA 92108		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

NEIGHBORHOOD HOUSE ASSN

95-1648184

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u></u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	990 990-F7 or 990-PF) (2017

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 Name of organization Employer identification number NEIGHBORHOOD HOUSE ASSN 95-1648184 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NEIGHBORHOOD HOUSE ASSN

Employer identification number 95-1648184

Pai	rt I Organization	s Maintaining Donor Advised	l Funds or Other Similar Funds o	or Accounts. Complete if the
	organization ans	wered "Yes" on Form 990, Part IV, line	e 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of	year		
2		ributions to (during year)		
3	Aggregate value of gran	its from (during year)		
4	Aggregate value at end	of year		
5	Did the organization info	orm all donors and donor advisors in w	riting that the assets held in donor advise	d funds
	are the organization's pr	roperty, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization info	orm all grantees, donors, and donor ac	dvisors in writing that grant funds can be u	sed only
	for charitable purposes	and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
D	impermissible private be			
Pai		· · · · · · · · · · · · · · · · · · ·	anization answered "Yes" on Form 990, Pa	art IV, line 7.
1	`` <i>`</i>	ion easements held by the organizatio	`	
		nd for public use (e.g., recreation or ed	, <u> </u>	rically important land area
	Protection of natu		Preservation of a certif	ied historic structure
_	Preservation of op	•		
2		gh 2d if the organization held a qualific	ed conservation contribution in the form of	
	day of the tax year.			Held at the End of the Tax Year
-				I I
b			eture included in (a)	
C C			cture included in (a) fter 7/25/06, and not on a historic structure	
d				I I
3			eased, extinguished, or terminated by the c	
Ü	year >	reasements modified, transferred, refe	asea, extinguished, or terminated by the c	ngamzation daming the tax
4	•	— property subject to conservation ease	ement is located	
5			odic monitoring, inspection, handling of	
_		nent of the conservation easements it		Yes No
6	·		nandling of violations, and enforcing conse	
	>			
7	Amount of expenses inc	curred in monitoring, inspecting, handl	ing of violations, and enforcing conservation	on easements during the year
	> \$			
8	Does each conservation	easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)	(ii)?		Yes No
9	In Part XIII, describe how	w the organization reports conservatio	n easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, th	e text of the footnote to the organizati	on's financial statements that describes th	e organization's accounting for
D	conservation easements		And Historical Transcriptor an Other	au Oineilau Aaaala
Pai		-	Art, Historical Treasures, or Oth	er Similar Assets.
	·	organization answered "Yes" on Form		
1a	· ·	, ,	C 958), not to report in its revenue stateme	, and the second se
		•	ibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
		to its financial statements that describ		
р	-		C 958), to report in its revenue statement a	
		ar assets nero for public exhibition, edi	ucation, or research in furtherance of publ	ic service, provide the following amounts
	relating to these items:	on Form 990 Part VIII line 1		L ¢
2	(ii) Assets included in F		usures, or other similar assets for financial	
2	-	equired to be reported under SFAS 11		yanı, provide
а	-		o (ASC 936) relating to these items.	> \$
	Assets included in Form			L A
		tion Act Notice, see the Instructions		Schedule D (Form 990) 2017

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

	t III Organizations Maintaining C	collections of Art	t, Histo	orical Tre	asures, or	Othe	r Simil	ar Asset	s (continu	ued)	ige —
3	Using the organization's acquisition, accessi								,		
	(check all that apply):	•	,	,	· ·						
а	Public exhibition	d		Loan or exc	hange progra	ms					
b	Scholarly research	е			0.0						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how the	ey further th	ne organizatio	n's exer	npt purp	ose in Part	XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran								line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other intermedi	iary for c	ontribution	s or other ass	ets not	included				
	on Form 990, Part X?							[Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Thre	e years back	(e) Four	years l	back_
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that	are held ar	nd administer	ed for th	ne organ	ization	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)	_	
									3a(ii)	_	
b	If "Yes" on line 3a(ii), are the related organization								. 3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or o		. ,	or other		ccumula		(d) Book	value	9
		basis (investn	nent)		(other)	de	preciation	on	1 015	^ ^	2.4
	Land				5,004.		C 17 0	205	1,215,004. 1,808,475.		
b	Buildings				6,870.		678,				
С	Leasehold improvements				5,942.		515,		1,570		
d	Equipment				7,952.		737,		120		
	Other				5,549.	Ι,	736,	303.	49	_	36.
I Ota	Add lines 1a through 1e (Column (d) must a	aud Farm OOO Dart	V aalum	n (D) line 1	0-1				4 / 0 1	ຸດໍ	1 1 .

Schedule D (Form 990) 2017 NEIGHBORHOOD	HOUSE AS	SN	95-	-1648184	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" o					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market v	ralue
(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" of	on Form 990. Part IV	/ line 11c. See Form 990.	Part X. line 13.		
(a) Description of investment	(b) Book value		aluation: Cost or end-	of-year market v	/alue
(1)				<u> </u>	
(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.					
	Farma 000 David IV	/ line 114 Can Farms 000	Doub V. line 15		
Complete if the organization answered "Yes" o	Description	, line 11d. See Form 990,	Part X, line 15.	(b) Book va	aluo
	<u>Jescription</u>			(b) DOOK VE	- Jue
(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" or	on Form 990, Part IV		990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2) DEFERRED RENT		171,801.			
(0)	l l	1			

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	171,801.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	171,801.

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

Pa	t XI Reconciliation of Revenue per Audited Financial Stat	tements with i	Revenue per Re	tui i i.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	96,490,667.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	479,091.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	125,657.		
е	Add lines 2a through 2d			2e	604,748.
3	Subtract line 2e from line 1			3	95,885,919.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	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	95,885,919.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Sta) atements With		5	95,885,919. n.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir) atements With ne 12a.	Expenses per F	5 Retur	n.
5 Pa 1	rt XII Reconciliation of Expenses per Audited Financial Sta) atements With ne 12a.	Expenses per F	5	95,885,919. n. 96,430,529.
1 2	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:) atements With ne 12a.	Expenses per F	5 Retur	n.
1 2	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements) atements With ne 12a.	Expenses per F	5 Retur	n.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With ne 12a.	Expenses per F	5 Retur	n.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, ling Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	Expenses per F	5 Retur	n.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	479,091.	5 Retur	n. 96,430,529.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	479,091.	5 Retur	96,430,529. 604,748.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	479,091. 125,657.	5 Return	n. 96,430,529.
1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lire Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	479,091. 125,657.	5 Return	96,430,529. 604,748.
1 2 a b c d e 3	Table 1 Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lire Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	479,091. 125,657.	5 Return	96,430,529. 604,748.
1 2 a b c d e 3 4 a	Table 1 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, ling Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	479,091. 125,657.	5 Return	604,748. 95,825,781.
1 2 a b c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lire Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	479,091.	5 Return	96,430,529. 604,748.

∣ Part XIII∣ Supplemental Information.

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

PART X, LINE 2:

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

FOR THE YEARS ENDED JUNE 30, 2018 AND 2017, 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

53,839.

d)

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, 2018 AND 2017.

NHA'S FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO FISCAL YEARS 2015 AND 2014, 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 EVENT EXPENSES

NET ASSETS RELEASED FROM DONOR RESTRICTIONS	71,826.
ROUNDING	-8.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	125,657.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	53,839.
ROUNDING	-8.
NET ASSETS RELEASED FROM DONOR RESTRICTIONS	71,826.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	125,657.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

NETCHBORHOOD HOUSE ASSN

Employer identification number

	NICCH TOUGE ASSI				33-1040	104				
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not				
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.										
	a Mail solicitations e Solicitation of non-government grants									
<u> </u>	b Internet and email solicitations f Solicitation of government grants									
c Phone solicitations g Special fundraising events										
d In-person solicitations										
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or										
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?										
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be										
compensated at least \$5,000 by the	organization.									
,	-	1		<u> </u>	<u> </u>					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c	ustody	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser	(vi) Amount paid to (or retained by)				
or oriaty (tandidisor)		or con contrib	utions?	monn donvity	listed in col. (i)	organization				
		Yes	No			_				
- Total		l	_							
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration				
or noorising.										
						_				

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

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 NEIGHBORHOOD HOUSE ASSN 95-1648184 Page 2 Fundraising Events. Complete if the organization answered "Yes" on 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 GOLFNONE (add col. (a) through TOURNAMENT ANNUAL GALA col. (c)) (event type) (total number) (event type) 65,933. 120,030. 185,963. 1 Gross receipts 37,000. 53,000. 90,000. 2 Less: Contributions 28,933. 95,963. **3** Gross income (line 1 minus line 2) 67,030. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 1,759. 1,264. 3,023. 7 Food and beverages 8 Entertainment 5,290. 45,526. 50,816. Other direct expenses 53,839. **10** Direct expense summary. Add lines 4 through 9 in column (d) 42,124 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _

Schedule G (Form 990 or 990-EZ) 2017

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Sch	edule G (Form 990 or 990-EZ) 2017 NEIGHBORHOOD HOUSE ASSN	95-16	<u>48184</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Г	Yes	No
12	Indicate the percentage of gaming activity conducted in:			110
		1.	ا ۔ ا	0/
	ı The organization's facility		3a	<u>%</u>
	An outside facility		3b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	nt		
	of gaming revenue retained by the third party > \$			
	: If "Yes," enter name and address of the third party:			
	······································			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	·			
ā	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Г		N.
	retain the state gaming license?	L	Yes	∟ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	:he		
_	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lines	9, 9b, 10	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				

Schedule G	(Form 990 or 990-EZ)	NEIGHBORHOOD	HOUSE	ASSN	95-1648184	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)				
		(55.14.1.55)				
-						
_						
_						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2017
Open to Public

Inspection

Employer identification number Name of the organization 95-1648184 NEIGHBORHOOD HOUSE ASSN Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

(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 noncash assistance
N KIND ASSISTANCE - ACTUAL AMOUNT INCURRED FOR					
SUS PASSES, TUITION REIMBURSEMENT	1986	119,960.	0.	ACTUAL COSTS INCURRED	
ACTUAL PAYMENTS FOR MILEAGE AND CHILD CARE					
REIMBURSEMENTS TO PARENTS WHO PAR	113	28,041.	0.	ACTUAL PAYMENTS	
MEALS SERVED TO HEAD START CHILDREN - NUTRITION	1005	4 225 522			
SERVICES PROVIDED TO ELIGIBL	1895	1,325,592.	0.	ACTUAL COSTS INCURRED	
Part IV Supplemental Information. Provide the information red	quired in Part I, line	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
	ON DECETY	EC 3 DEDOE	OM EDOM MILE	IIEADCMADM	
ON A MONTHLY BASIS, THE ORGANIZATI	ON RECEIV	ES A REPUR	CT FROM THE	HEADSTART	
CENTER DIRECTOR SIGNED BY THE PARE	NTS ACKNO	WLEDGING T	HE SERVICE	S WERE	
PROVIDED TO THEIR CHILDREN.					

SCHEDULE J (Form 990)

Compensation Information

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

2017

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

NEIGHBORHOOD HOUSE ASSN

 $Employer\ identification\ number \\ 95-1648184$

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	\perp
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 on line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	. <u>5a</u>		X
b	Any related organization?	. <u>5b</u>		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	. <u>6a</u>		X
b	Any related organization?	. 6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

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 on 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 aren't 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-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990	
(1) DWIGHT SMITH	(i)	163,302.	7,500.	12,000.	10,212.	9,033.	202,047.	0.	
GM/GENERAL COUNS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) KIM PECK	(i)	163,513.	7,500.	12,000.	10,176.	9,274.	202,463.	0.	
GM/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) MICHAEL KEMP	(i)	339,150.	0.	1,000.	2,449.	771.	343,370.	0.	
GM/COO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) RUDOLPH A. JOHNSON III	(i)	368,966.	106,000.	0.	16,754.	10,924.	502,644.	0.	
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) DAMON CARSON	(i)	157,985.	10,000.	12,000.	9,645.	6,923.	196,553.	0.	
GM/EDUCATION INSTITUTION	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) DUQUETTE F SOBEK	(i)	132,079.	0.	8,350.	7,931.	13,952.	162,312.	0.	
VP-FACILITIES/OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) FRANK ZALICH	(i)	139,738.	10,000.	8,350.	8,440.	6,508.	173,036.	0.	
GM/INFORMATION TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) MONA S MINTON	(i)	134,887.	15,000.	11,650.	8,598.	10,924.	181,059.	0.	
GM/PRG/CLINICS/COMM AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) SHERYL D. WHITE	(i)	137,937.	10,000.	8,350.	8,440.	0.	164,727.	0.	
GM/ORG DEVELOPMENT	(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:						
MICHAEL KEMP, EXECUTIVE VP/COO - INCLUDED IN WAGES AND SALARIES IS THE						
PAYMENT FROM A 457(F) NONQUALIFIED DEFERRED COMPENSATION PLAN OF \$275,045						
WHICH IS FUNDED AND PAID FROM UNRESTRICTED FUNDS.						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

NEIGHBORHOOD HOUSE ASSN

Employer identification number 95-1648184

Pai	rt I Types of Property						
		(a) Check if	(b) Number of	(c) Noncash contribution		(d) determining	
		applicable	contributions or	amounts reported on		ibution amounts	8
			items contributed	Form 990, Part VIII, line 1g			
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 (SUPPLIES)	X	1		AMOUNT OF		
26	Other ► (FRAMES & LENS)	X	1	28,744.	AMOUNT OF	CONTRIBU	JTI
27	Other						
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions			
	for which the organization completed Form 828	3, Part IV, [Donee Acknowledg	ement 29			
						Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throuç	h 28, that it		
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be u	sed for		
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contribu	tions?	31	X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is che	cked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

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: 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 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 760,443.

PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ESTABLISHED IN 1982. SINCE 1982, ADDITIONAL PROGRAMS WERE ADDED: FRIENDSHIP CLUBHOUSE, GERIATRIC SPECIALTY AND PROJECT IN REACH. NHA FRIENDSHIP CLUBHOUSE IS A MEMBER-DRIVEN REHABILITATION AND RECOVERY PROGRAM FOR ADULTS 18 AND ABOVE WITH A HISTORY OF SERIOUS AND PERSISTENT MENTAL ILLNESS INCLUDING THOSE WHO MAY HAVE CO-OCCURRING SUBSTANCE USE DISORDERS. THE CLUBHOUSE'S SERVICES FOCUS ON SOCIAL AND INDEPENDENT LIVING SKILLS ENHANCEMENT, HEALTH AND WELLNESS, RECREATION AND VOCATIONAL REHABILITATION. THESE SERVICES ARE FACILITATED IN

732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization **Employer identification number** 95-1648184 NEIGHBORHOOD HOUSE ASSN COMPLIANCE WITH THE PRINCIPLES OF BPSR VIA A VARIETY OF SELF-HELP GROUPS, WORK GROUPS, CLASSES, INDIVIDUAL SUPPORT AND PEER-LED ACTIVITIES. BESIDES PURSUING PERSONAL RECOVERY GOALS OF THEIR OWN CHOICE, MEMBERS OF THE CLUBHOUSE FULLY PARTICIPATE IN THE PLANNING AND CONDUCTING OF ALL PROGRAM ACTIVITIES. THE GOAL OF THE PROGRAM IS THE EMPOWERMENT OF MEMBERS TO RE-ESTABLISH NORMAL ROLES IN THEIR COMMUNITY AND SUCCESSFULLY RE-INTEGRATE INTO COMMUNITY LIFE. PROJECT ENABLE'S GERIATRIC PROGRAM PROVIDES OUTREACH, ENGAGEMENT AND CASE-MANAGEMENT SERVICES TO THE FORMERLY HOMELESS AT ALPHA SQUARE. THE FOCUS IS TO ASSIST ALPHA SQUARE RESIDENTS, 60 YEARS AND OLDER TO DECREASE CURRENT AND FUTURE HOMELESSNESS, TO THRIVE IN PERMANENT HOUSING, TO IMPROVE THEIR OVERALL FUNCTIONING, QUALITY OF LIFE AND, AS APPROPRIATE, VOCATIONAL STATUS. SENIOR OUTREACH SERVICES COMPOSED OF GERIATRIC SPECIALISTS WHO PROVIDE IN-HOME ASSESSMENT TO AT RISK SENIORS, 60 AND OLDER IN THE CENTRAL REGION. THE INTENT OF THE PROGRAM IS TO REACH OUT TO OLDER ADULTS WHO ARE EXPERIENCING A MENTAL HEALTH ISSUE, WHO ARE UNABLE OR UNWILLING TO SEEK ASSISTANCE FROM OTHER MENTAL HEALTH SETTINGS, WHO ARE AT RISK, AND MAY BE ISOLATED, HOMEBOUND AND UNABLE TO ACCESS NEEDED RESOURCES AND COUNSELING TO MAINTAIN A HEALTHY, FULFILLING LIFE. GERIATRIC SPECIALISTS HAVE EXPERTISE AND KNOWLEDGE OF THE GERIATRIC POPULATION AND CAN PROVIDE SHORT-TERM CRISIS AND CASE MANAGEMENT BROKERAGE LINKAGE SERVICES. FIELD-BASED SERVICES INCLUDE: IN-HOME NEEDS ASSESSMENT; SHORT-TERM CASE MANAGEMENT & SUPPORTIVE COUNSELING; NURSING EXPERTISE AND COMPREHENSIVE COMMUNITY-BASED REFERRALS TO SUPPORT COMMUNITY BASED LIVING. GERIATRIC SPECIALISTS ALSO PROVIDE MOBILE CRISIS INTERVENTION SERVICES, INCLUDING ASSESSMENT FOR VOLUNTARY OR INVOLUNTARY HOSPITALIZATIONS IF INDICATED; CONSULT WITH PRIMARY CARE PHYSICIANS AND OTHER HEALTH PROFESSIONALS ON CO-OCCURRING

12480314 147227 0141256-0141256.0990

Name of the organization **Employer identification number** 95-1648184 NEIGHBORHOOD HOUSE ASSN MENTAL HEALTH AND PHYSICAL HEALTH CONDITIONS. PROJECT ENABLE BPSR CLINIC IS A TIME-LIMITED OUTPATIENT SPECIALTY MENTAL HEALTH PROGRAM THAT FOCUSES ON STABILIZATION AND RECOVERY GOALS WITH THE EXPECTATION THAT CLIENTS WILL EFFECTIVELY RECOVER WITH TREATMENT SO THAT THEY MAY GRADUATE FROM THE PROGRAM. PROJECT ENABLE OFFERS MEDICATION MANAGEMENT, SHORT-TERM INDIVIDUAL THERAPY, CO-OCCURRING SPECIALTY SERVICES, GROUP THERAPY, PEER SUPPORT, REHABILITATIVE COUNSELING, CASE MANAGEMENT AND LINKAGE TO SUPPORTIVE COMMUNITY SERVICES. THE GOAL OF NHA/PROJECT ENABLE BPSR SERVICES IS TO HELP CLIENT STABILIZE AND LEARN TO MANAGE SYMPTOMS IN ORDER TO FACILITATE GRADUATION AND TRANSITION TO A LOWER LEVEL OF CARE, SUCH AS PRIMARY CARE. SOCIALIZATION, SELF-HELP, AND RECOVERY FOCUSED SERVICES WILL CONTINUE TO BE AVAILABLE AT THE NHA/FRIENDSHIP CLUBHOUSE TO OUR CLIENTS AFTER THEIR GRADUATION FROM NHA/PROJECT ENABLE BPSR CENTER. THE EMPLOYMENT SUPPORT SERVICES PROGRAM, WHICH IS PART OF THE CLINIC, IS DESIGNED TO SERVICE THE SEVERELY MENTALLY ILL (SMI) CLIENTS THAT ARE WITHIN THE PROJECT ENABLE CLINIC. THE PROGRAM UTILIZES THE INDIVIDUAL PLACEMENT AND SUPPORT MODEL. THE EMPLOYMENT SUPPORT SERVICES PROVIDE THE FOLLOWING SERVICES TO CLIENTS; SUPPORT SERVICES (INTERGRADING WORK PLAN WITH TREATMENT PLAN), JOB PREPARATION TRAINING (CLIENT PREFERENCE, SOFT SKILLS, BENEFITS COUNSELING), JOB DEVELOPMENT AND FOLLOW ALONG SUPPORTS (POST-PLACEMENT SERVICES, STAY WITH CLIENTS FOR 45 DAYS AFTER EMPLOYED). NHA PROJECT IN-REACH IS AN OUTREACH AND ENGAGEMENT PROGRAM FOR SERIOUS MENTALLY ILL INCARCERATED INDIVIDUALS AGES 18+ WHO HAVE OR ARE AT RISK OF SUBSTANCE USE AND/OR PSYCHOLOGICAL DISORDERS AS THEY PREPARE TO EXIT

THE DETENTION FACILITY. CLIENTS MAY BE ENROLLED UP TO SIX-MONTHS

Name of the organization **Employer identification number** 95-1648184 NEIGHBORHOOD HOUSE ASSN PRE-RELEASE AND STAY IN THE PROGRAM UP TO 3 MONTHS POST-RELEASE. SERVICES INCLUDE CASE MANAGEMENT, OUTREACHING AND ORGANIZING THE NECESSARY COMMUNITY RESOURCES IN ORDER TO SUPPORT CLIENT'S TRANSITION OUT OF THE CORRECTIONAL FACILITY, GROUP AND SOME INDIVIDUAL COUNSELING, MENTAL HEALTH AND RECOVERY SERVICES, AND CRISIS INTERVENTION FOR ADULTS IN CORRECTIONAL FACILITIES. THE PROGRAM SERVES ALL OF SAN DIEGO COUNTY. PROGRAM GOALS ARE TO IMPROVE CLIENT'S QUALITY OF LIFE, TO DECREASE RELAPSE AND REDUCE RECIDIVISM AND TO DIMINISH IMPACT OF UNTREATED HEALTH, MENTAL HEALTH AND/OR SUBSTANCE ABUSE ISSUES. FURTHERMORE, THE PROGRAM HELPS INMATES WITH SUBSTANCE ABUSE AND CO-OCCURRING DISORDERS TO BECOME EDUCATED ABOUT ADDICTION, LEARN NEW COPING MECHANISMS, WEAN OFF CRAVINGS THROUGH APPROPRIATE USE OF MEDICATION, PREPARE FOR RE-ENTRY INTO THE COMMUNITY AND LEARN PRO-SOCIAL BEHAVIOR AND BETTER COMMUNICATION SKILLS. THE PROGRAM AIMS AT INCREASING AND STRENGTHENING PARTICIPATION IN COMMUNITY AFTERCARE SUBSTANCE USE PROGRAMS BY PROMOTING THEIR VALUE TO IN-JAIL POPULATIONS AND ENSURING THE SUCCESSFUL LINKAGE BETWEEN IN-JAIL PROGRAMS AND COMMUNITY AFTERCARE. TOTAL CLIENTS SERVED THROUGH THESE FOUR PROGRAMS: 2,107. THE HIV CASE MANAGEMENT PROGRAM WAS ESTABLISHED IN 1993. THE PROGRAM SERVES ALL OF SAN DIEGO COUNTY, AND IS FUNDED THROUGH HIV, STD & HEPATITIS BRANCH OF PUBLIC HEALTH SERVICES, COUNTY OF SAN DIEGO HEALTH & HUMAN SERVICES AGENCY. THE PROGRAM HELPS IMPROVE THE HEALTH STATUS AND QUALITY OF LIFE FOR THOSE DIAGNOSED WITH HIV/AIDS. SERVICES INCLUDE BUT ARE NOT LIMITED TO: INFORMATION & REFERRALS, ASSISTANCE IN SECURING BENEFITS AND RESOURCES, ASSESSMENT OF HEALTH AND SOCIAL SERVICE'S NEEDS, ADVOCACY REGARDING HEALTH AND SOCIAL SERVICE NEEDS, PROVISION OF HIV INFORMATION & SUPPORT TO CLIENTS AND FAMILY MEMBERS, COMPREHENSIVE

01412561

12480314 147227 0141256-0141256.0990

Employer identification number Name of the organization NEIGHBORHOOD HOUSE ASSN 95-1648184 CASE MANAGEMENT. TOTAL CLIENTS SERVED: 199. NHA'S SENIOR NUTRITION CENTER PROVIDES DAILY BREAKFAST AND LUNCH MEALS TO ADULTS 60 YEARS OF AGE AND OLDER, AS WELL AS, SOCIALIZATION, RECREATION, EDUCATION, HEALTH AND NUTRITION SERVICES TO ASSIST IN THE INDEPENDENCE AND SAFETY OF THESE INDIVIDUALS. WITH A TEAM OF DEDICATED VOLUNTEERS AND EMPLOYEES, THE PROGRAM PROVIDES NUTRITION-CENTERED SERVICES THAT LINK SENIOR ADULTS WITH HEALTHY MEALS, EXERCISING, TRANSPORTATION, SOCIAL ACTIVITIES, EMOTIONAL SUPPORT SYSTEMS AND OTHER SERVICES THAT MEETS EACH INDIVIDUALS LEVEL OF NEED. TOTAL MEALS SERVED: 11,426. TOTAL MTS RIDES: 2,579. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: SERVED: 223. FORM 990, PART VI, SECTION A, LINE 6: NEIGHBORHOOD HOUSE IS A MEMBERSHIP ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 7A: CURRENTLY, MEMBERS WHO CONTRIBUTE FINANCIALLY OR WHO PARTICIPATE IN PROGRAM ACTIVITIES MAY QUALIFY TO PARTICIPATE IN THE ELECTION OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11B: 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.

Name of the organization

NEIGHBORHOOD HOUSE ASSN

Employer identification number
95-1648184

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

NEIGHBORHOOD HOUSE ASSOCIATION SENDS AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE TO ALL DIRECTORS AND KEY EMPLOYEES WHICH SOLICITS INFORMATION TO ASCERTAIN ANY CURRENT FINANCIAL INTEREST IN CERTAIN BUSINESS RELATIONSHIPS. IN ADDITION, AN ANNUAL CERTIFICATION OF COMPLIANCE WITH THE AGENCY'S APPROVED VENDOR LIST FOR ANY ACTUAL OR APPEARANCE OF CONFLICT WITH NHA. FURTHER, THE LEGAL DEPARTMENT REVIEWS THE INFORMATION FOR ANY POSSIBLE CONFLICT BETWEEN ANY NEW VENDOR AND THE INFORMATION PROVIDED IN THE CONFLICT OF INTEREST QUESTIONNAIRE. IN THE EVENT A NEW DIRECTOR OR KEY EMPLOYEE JOINS THE ORGANIZATION, A QUESTIONNAIRE AND CERTIFICATION OF COMPLIANCE IS REQUESTED AT THAT TIME. IN THE EVENT A SITUATION ARISES THAT CREATES THE APPEARANCE OF, OR AN ACTUAL CONFLICT OF INTEREST AS DEFINED BY THE HEAD START ACT REGULATIONS AND NHA CORPORATE POLICY #105, A FULL AND COMPLETE DISCLOSURE OF THE FACTS MUST BE MADE BY THE INDIVIDUAL(S) AFFECTED. THE PRESIDENT/CEO OR A MAJORITY OF DISINTERESTED DIRECTORS WILL ANALYZE THE FACTS AND ISSUES AND MAKE A DETERMINATION ABOUT HOW THE SITUATION WILL BE HANDLED. A POTENTIAL CONFLICT CAN BE ADDRESSED IN SEVERAL WAYS DEPENDING ON THE NATURE OF THE SITUATION, FOR EXAMPLE BY EXCLUSION OF THE MEMBER(S) OR PERSON(S) WITH THE CONFLICT FROM THE GOVERNING BODY, OR THE MEMBER'S RECUSAL FROM DISCUSSION OF, AND VOTING ON ISSUES THAT WOULD CREATE A CONFLICT. OTHER WAYS TO ELIMINATE A CONFLICT WOULD BE TO TERMINATE THE RELATIONSHIP OR CONTRACT RELATING TO THE OFFENDING TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD SETS THE SALARY FOR THE

Name of the organization NEIGHBORHOOD HOUSE ASSN	Employer identification number 95-1648184
CEO/PRESIDENT. A LABOR MARKET ANALYSIS OF DATA GATHERED FR	OM 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, L	EVEL AND
QUALIFICATIONS. THE SAME ANALYTICAL PROCESS IS USED FOR OT	HER MANAGEMENT
POSITIONS AND THE SALARIES ARE SET BY THE CEO/PRESIDENT.	
FORM 990, PART VI, SECTION C, LINE 19:	
NHA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST PO	LICY AND
FINANCIAL STATEMENTS AVAILABLE UPON REASONABLE REQUEST. DO	CUMENTS ARE 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 ASCE	RTAIN POTENTIAL
CONFLICTS OF INTEREST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CHILD CARE CONTRACTS:	
PROGRAM SERVICE EXPENSES	39,250,853.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	39,250,853.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	1,948,926.
MANAGEMENT AND GENERAL EXPENSES	866,313.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,815,239.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	42,066,092. dule O (Form 990 or 990-EZ) (2017)
732212 09-07-17 Scher	uule U (FUIIII 990 01 990-EZ) (2017)

12480314 147227 0141256-0141256.0990

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization NEIGHBORHOOD HOUSE ASSN	Employer identification number 95-1648184
FORM 990, PART XII, LINCE 2C:	
THE ORGANIZATION HAS A COMMITTEE RESPONSIBLE FOR THE OVER	SIGHT OF THE
AUDIT AS WELL AS THE SELECTION OF THE INDEPENDENT ACCOUNT.	ANI.

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	•			Enter file	er's identifyi	ng number
Type or						n number (EIN) or
print					05 16	40104
File by the	NEIGHBORHOOD HOUSE ASSN				95-16	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 5660 COPLEY DRIVE	ee instruct	ions.	Social se	curity numb	er (SSN)
instructions.	City, town or post office, state, and ZIP code. For a fo	reign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	a separat	e application for each return)			0 1
Application	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			
Form 990	-T (trust other than above)	06	Form 8870			12
Teleph If the c If this i box ▶ [1 I rec for t ▶ [one No. ► 858-715-2642 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box ► [quest an automatic 6-month extension of time until the organization named above. The extension is for the organization or the color of the group or the group or the group or the group or the group of the group or the group of the gro	in the Uni Group Exe and atta MAN organizatio	Fax No. ted States, check this box mption Number (GEN) . If the a list with the names and EINs of the transfer of the transfe	this is for	r the whole gers the exter	group, check this asion is for.
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069 d	enter the tentative tax less any			
	refundable credits. See instructions.	За	\$	0.		
	is application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and	Ja	Ψ	•
	mated tax payments made. Include any prior year overpa	•		3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa			35	Ψ	.
	using EFTPS (Electronic Federal Tax Payment System). S	•	• •	3c	\$	0.
	If you are going to make an electronic funds withdrawal				d Form 0070	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

instructions.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

JUNE 30, 2018

JUNE 30, 2018					
PREPARED FOR:					
KIM PECK NEIGHBORHOOD HOUSE ASSOCIATION 5660 COPLEY DRIVE SAN DIEGO, CA 92111					
PREPARED BY:					
COHNREZNICK LLP 400 CAPITOL MALL, SUITE 1200 SACRAMENTO, CA 95814					
TO BE SIGNED AND DATED BY:					
NOT APPLICABLE					
AMOUNT OF TAX:					
TOTAL TAX \$ 0 LESS: PAYMENTS AND CREDITS \$ 0 PLUS: OTHER AMOUNT \$ 0 PLUS: INTEREST AND PENALTIES \$ 0 NO PAYMENT IS REQUIRED \$					
OVERPAYMENT:					
CREDITED TO YOUR ESTIMATED \$ 0 TAX OTHER AMOUNT \$ 0 REFUNDED TO YOU \$ 0					
MAKE CHECK PAYABLE TO:					
NOT APPLICABLE					
MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:					
THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.					
RETURN MUST BE MAILED ON OR BEFORE:					

SPECIAL INSTRUCTIONS:

NOT APPLICABLE

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

JUNE 30, 2018

PREPARED FOR:

KIM PECK NEIGHBORHOOD HOUSE ASSOCIATION 5660 COPLEY DRIVE SAN DIEGO, CA 92111

PREPARED BY:

COHNREZNICK LLP 400 CAPITOL MALL, SUITE 1200 SACRAMENTO, CA 95814

AMOUNT OF TAX:

BALANCE DUE OF \$300

MAKE CHECK PAYABLE TO:

ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS

MAIL TAX RETURN TO:

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

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

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

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.

A COMPLETED AND SIGNED COPY OF THE FEDERAL FORM 990 (AND ALL APPLICABLE ATTACHMENTS) MUST BE INCLUDED WITH FORM RRF-1.

TAXABLE YEAR **2017**

California Exempt Organization Annual Information Return

728941 12-06-17 FORM

199

Ca	lendar Vear	r 2017	or fiscal year beginning (mm/dd/yyyy)	07/01/2	017	, and ending	(mm/dd/vv	vv)	0.6	/30/2018 .
_	Corporation/Or		, , , , , , , , , , , , , , , , , , , ,	0,,01,2	1017	, and onding		ifornia corpo		· · · · · · · · · · · · · · · · · · ·
								·		
N	ETGHB	ORE	HOOD HOUSE ASSN					01065	576	
_			n. See instructions.				FE	EIN		
								95-16	548	184
_ s	treet address	(suite	or room)					PMB no.		
			LEY DRIVE							
_	ity	<u> </u>					State	ZIP code		
S	AN DI	EGO)				CA	92111	1	
_	oreign country			Foreign province/state	e/county			Foreign po		de
A	First Retu	ırn		Yes X No	.l If exe	mpt under R&TC S	Section 237	01d has th	ne ora	anization
В			ırn●[ed in political activ				
C			947(a)(1) trust			organization exem				== ==
D			on Return?			s," enter the gross	•			· — —
		Dissol		erged/Reorganized		anization is exemp	-			
	Enter date:	(mm/c	dd/yyyy) ●		_	eets the filing fee				
Ε	Check ac	count	ing method: (1) Cash (2) X Accrual	(3) Other		_				
F			filed? (1) ● 990T (2) ● 990PF (3)			organization a Lin				
			990 series			e organization file		-		
G	Is this a	group	filing? See instructions •	Yes X No	report	taxable income?				● Yes X No
Н			ation in a group exemption	Yes X No	0 Is the	organization unde	r audit by t	he IRS or I	nas the	е
	If "Yes," v	vhat i	s the parent's name?		IRS a	udited in a prior ye	ear?			• Yes X No
						eral Form 1023/10				
I			zation have any changes to its guidelines		Date f	iled with IRS				
	not repor	ted to	the FTB? See instructions	Yes X No						
<u>F</u>	Part I	Comp	ete Part I unless not required to file this for							
		1	Gross sales or receipts from other sources	. From Side 2, Part I	I, line 8				1	2,414,441. 00
		2	Gross dues and assessments from membe						2	00
	Receipts	3	Gross contributions, gifts, grants, and simi Total gross receipts for filing requirement test. Add This line must be completed. If the result is less tha	lar amounts received	i		STM	г1•	3	93,525,317.00
	and	4	This line must be completed. If the result is less that	n \$50,000, see General I	nformation B			•	4	95,939,758.00
F	Revenues	5	Cost of goods sold					00		
•		6	Cost or other basis, and sales expenses of	assets sold	•	6		00		
		7						I .	7	00
_		8	Total gross income. Subtract line 7 from lin						8	95,939,758. od
	Expenses	9	Total expenses and disbursements. From S						9	95,879,620.00
_		10	Excess of receipts over expenses and disbu						10	60,138. 00
		11							11	00
		12	Use tax. See General Information K					•	12	00
		13	Payments balance. If line 11 is more than I						13	00
ŀ	Filing Fee	14	Use tax balance. If line 12 is more than line					Г	14	N / N
		15	Filing fee \$10 or \$25. See General Informat						15	N/A 00
		16	Penalties and Interest. See General Informa			the recult		······	16	00
_		Unde	Balance due. Add line 12, line 15, and line er penalties of perjury, I declare that I have examined true, correct, and complete. Declaration of preparer (or	io. IIIeII SUDIFACT III his return, including acco	ompanying s	chedules and stateme	ents, and to th	ie best of my	knowle	edge and belief,
Si		it is t	rue, correct, and complete. Declaration of preparer (or	ther than taxpayer) is bas		ormation of which pre		knowledge.		
Here		Sign	ature		Title	F FINANC	T Δ Date			Telephone
_		of of	icer		CILLE	Date		.,		PTIN
		Prep	arer's ► LISA M. CUMMINGS	CDA		03/14/1	Check self-er	nployed		P00043433
Pa	nid.			, CIA		03/14/1	3011-61			● FEIN
	eparer's	(or yo								22-1478099
	eparers se Only	if sel	$\frac{1}{400}$ CAPITOL MALL	, SUITE 1	200					● Telephone
US	o only		address SACRAMENTO, CA 9		_00					916-442-9100
		May	the FTB discuss this return with the prepare		inetruction	າຣ		• X		D No
_		ινια	ano i io diodao ano iotarii witti tilo prepare	. GITOWIT ADOVO: OCC	เกอน นบนป	10	· · · · · · · · · · · · · · · · · · ·	22	1 162	L INU

NEIGHBORHOOD HOUSE ASSN

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.

728951 12-06-	728951 12	2-06-1	
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			0 1 :					0E 062 as
			Gross sales or receipts from all				1	
							2	
		3	Dividends			•	3	00
Recei	pts	4	Gross rents	4	00			
from		5	Gross royalties			•	5	00
Other		6	Gross amount received from sa	e of assets (See Instructions)		•	6	00
Sourc	es	7	Other income		SEE STA	ATEMENT 2 •	7	2,307,098.00
		8	Total gross sales or receipts fro	m other sources. Add line 1 th	rough line 7. Enter here and	on Side 1, Part I, line 1	8	2,414,441.00
		9	Contributions, gifts, grants, and	similar amounts paid		•	9	1,473,593.00
		10	Disbursements to or for member	rs		•	10	00
		11	Disbursements to or for member Compensation of officers, direct	ors, and trustees	SEE STA	ATEMENT 3 •	11	931,853.00
		12	Other salaries and wages	,		•	12	
Expen	ses		Interest				13	
and			Taxes				14	
Disbu	rse-		Rents				15	
ments		16	Depreciation and depletion (See	instructions)		•	16	
		17	Depreciation and depletion (See Other Expenses and Disburseme	ents	SEE STA	ATEMENT 4 •	17	
		18	Total expenses and disburseme	nts Add line 9 through line 17	Enter here and on Side 1 P	art I line 9		95,879,620.00
Sch	edul			Beginning of				xable year
Asset			Datanos onost	(a)	(b)	(c)		(d)
1 0				(u)	5,416,001.	• • • • • • • • • • • • • • • • • • • •		• 6,247,103.
			receivable		784,649.			• 796,261.
					704,047.			• 750,201.
			ceivable					•
								•
			state government obligations					
			in other bonds					•
			in stock					•
	1ortga				102 000			100 022
			ments STMT 5	10 145 052	103,090.		_	• 186,833.
10 a	Depr	eciab	le assets	19,145,073.	2 400 555	19,216,31		2 5 4 2 6 4 5
			mulated depreciation	(15,952,316.)		(15,667,666	• /	3,548,647.
11 L	and		STMT 6		1,191,750.			• 1,215,004.
					2,343,866.			• 2,622,255.
13 T	otal a	ssets			13,032,113.			14,616,103.
			et worth					
			yable		6,497,196.			8,095,386.
15 C	ontrib	utions	s, gifts, or grants payable					•
			otes payable					•
17 N	1ortga	ges p	ayable es STMT 7		2,473,305.			2,395,531.
18 0	ther li	abiliti	es STMT 7		272,594.			276,030.
19 C	apital	stock	or principal fund					•
20 P	aid-in o	r capit	al surplus. Attach reconciliation					•
21 R	etaine	d ear	nings or income fund		3,789,018.			 3,849,156.
22 T	otal li	abiliti	ies and net worth		13,032,113.			14,616,103.
Sch	edul	е М	I-1 Reconciliation of income	per books with income per ref	turn			
			Do not complete this sche	dule if the amount on Schedule	e L, line 13, column (d), is le	ss than \$50,000.		
1 N	let inc	ome p	per books	• 60,1	38. 7 Income recorded	d on books this year		
			ne tax		not included in t			•
			pital losses over capital gains			is return not charged		
			ecorded on books this year			ome this year		•
5 Expenses recorded on books this year not					9 Total. Add line 7			
			this return	•	10 Net income per i			
			ne 1 through line 5					60,138.
	Juli /	.44 111			Cabildot iiilo o ii			1 22,2200

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	S	TATEMENT 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	12/31/17	78,747,516.
CALIFORNIA DEPARTMENT OF EDUCATION	1430 N ST., SUITE 2213 SACRAMENTO, CA 95814	12/31/17	6,183,127.
COUNTY OF SAN DIEGO	3255 CAMINO DEL RIO S SAN DIEGO, CA 92108	12/31/17	6,060,462.
TOTAL INCLUDED ON LINE 3			90,991,105.

CA 199	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
MISCELLANEOUS REVENUE SUBSIDIZED EXPENSE PAYMENTS FROM VENDORS MEDICAL/PARENT/SERVICE FEE		170,309. -449,457. 1,688,738. 897,508.
TOTAL TO FORM 199, PART II, LINE	7	2,307,098.

CA 199	COMPENSATION OF O	FFICERS, DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADI	DRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
BRETT STAPLI 5660 COPLEY SAN DIEGO, (DRIVE	BOARD MEMBER 2.10	0.
CYNTHIA SULI 5660 COPLEY SAN DIEGO, (DRIVE	BOARD MEMBER 2.10	0.
DORIANNE MOI 5660 COPLEY SAN DIEGO, (DRIVE	SECRETARY 2.10	0.
EDRIENNE BRA 5660 COPLEY SAN DIEGO, (DRIVE	BOARD MEMBER 2.10	0.
FELICIA BAKI 5660 COPLEY SAN DIEGO, (DRIVE	BOARD MEMBER 2.10	0.
FRAN AYALASO 5660 COPLEY SAN DIEGO, O	DRIVE	BOARD MEMBER 2.10	0.
JANET RICHAI 5660 COPLEY SAN DIEGO, (DRIVE	BOARD MEMBER 2.10	0.
JEFFREY CARI 5660 COPLEY SAN DIEGO, (DRIVE	CHAIR 2.10	0.

NEIGHBORHOOD HOUSE ASSN JULIA SLOCOMBE 5660 COPLEY DRIVE	BOARD MEMBER 2.10	$\frac{95-1648184}{0.}$
SAN DIEGO, CA 92111 KYRA BETHEL 5660 COPLEY DRIVE	BOARD MEMBER 2.10	0.
SAN DIEGO, CA 92111 MARK BLANKENSHIP, PHD	BOARD MEMBER	0.
5660 COPLEY DRIVE SAN DIEGO, CA 92111	2.10	0
MEISHA SHERMAN, MBA 5660 COPLEY DRIVE SAN DIEGO, CA 92111	VICE CHAIR 2.10	0.
MICHAEL MICHAELS 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
PENNEY NEWELL 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
RAYMOND G. ELLIS 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
RICH MILLER 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
ROSALBA BARRAGAN 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
TYRONE MATTHEWS 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
VERNA JAGGERS 5660 COPLEY DRIVE SAN DIEGO, CA 92111	TREASURER 2.10	0.
DWIGHT SMITH 5660 COPLEY DRIVE SAN DIEGO, CA 92111	GM/GENERAL COUNS 40.00	235,992.

NEIGHBORHOOD HOUSE ASSN		95-1648184
KIM PECK 5660 COPLEY DRIVE SAN DIEGO, CA 92111	GM/CFO 40.00	222,355.
MICHAEL KEMP 5660 COPLEY DRIVE SAN DIEGO, CA 92111	GM/COO 40.00	0.
RUDOLPH A. JOHNSON III 5660 COPLEY DRIVE SAN DIEGO, CA 92111	PRESIDENT/CEO 40.00	473,506.
DAMON CARSON 5660 COPLEY DRIVE SAN DIEGO, CA 92111	GM/EDUCATION INSTITUTION 40.00	0.
DUQUETTE F SOBEK 5660 COPLEY DRIVE SAN DIEGO, CA 92111	VP-FACILITIES/OPERATIONS 40.00	0.
FRANK ZALICH 5660 COPLEY DRIVE SAN DIEGO, CA 92111	GM/INFORMATION TECHNOLOGY 40.00	0.
MONA S MINTON 5660 COPLEY DRIVE SAN DIEGO, CA 92111	GM/PRG/CLINICS/COMM AFFAIR 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		931,853.

CA 199 OTH	ER EXPENSES		STATEMENT 4
DESCRIPTION			AMOUNT
REPAIRS & MAINTENANCE			701,319.
OTHER EXPENSES			374,584.
FOOD EXPENSES			222,183.
CLIENT ASSISTANCE			108,701.
DIRECT EXPENSES OF FUNDRAISING EVENT	S		53,839.
PENSION PLAN CONTRIBUTIONS			1,532,602.
OTHER EMPLOYEE BENEFITS			5,282,562.
LEGAL FEES			172,869.
ACCOUNTING FEES			148,276.
OTHER PROFESSIONAL FEES			42,066,092.
ADVERTISING AND PROMOTION			12,193.
OFFICE EXPENSES			2,653,739.
INFORMATION TECHNOLOGY			1,120,164.
TRAVEL			788,932.
CONFERENCES AND CONVENTIONS			309,374.
INSURANCE			500,598.
ALL OTHER EXPENSES			21,737.
TOTAL TO FORM 199, PART II, LINE 17			56,069,764.
CA 199 OTHE	R INVESTMENTS		STATEMENT 5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
EQUITIES	_	103,090.	186,833.
TOTAL TO FORM 199, SCHEDULE L, LINE	9	103,090.	186,833.
	=		
CA 199 OT	HER ASSETS		STATEMENT 6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	_	2,115,167.	2,385,439.
PREPAID EXPENSES AND DEFERRED CHARGE	.g	138,968.	147,085.
SECURITY DEPOSITS	-	89,731.	89,731.
	_		
TOTAL TO FORM 199, SCHEDULE L, LINE	12	2,343,866.	2,622,255

CA 199 OTHER LIABILITIES	S	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	187,815. 84,779.	171,801. 104,229.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	272,594.	276,030.

022	
Date Accepted	

TAXABLE YEAR

California e-file Return Authorization for

FORM

201	7 Exer	npt Organiza	tions	i izatioi i	OI .				8453-EC
Exempt Organ	ization name							dentifying	g number
NEIGH	BORHOOD HOU	SE ASSN						95-1	648184
Part I I	Electronic Return In	formation (whole dollars	s only)						
1 Total	gross receipts (Form	199, line 4)							95,939,758. o
2 Total	gross income (Form	199, line 8)							95,939,758. o
3 Total	expenses and disbur	sements (Form 199, line	9)					. 3 2	95,879,620. o
Part II	Settle Your Account	Electronically for Taxa	ble Year 2017						
4 i	Electronic funds with	drawal 4a Amount		4b W	/ithdrawal c	date (mm	/dd/yy	уу)	
Part III I	Banking Information	(Have you verified the e	exempt organization's b	anking informa	tion?)				
5 Routin	g number				-				
6 Accou	nt number			7 Type of a	account:	Che	cking		Savings
Part IV I	Declaration of Office	er							
I authorize t on line 4a.	he exempt organization'	s account to be settled as d	esignated in Part II. If I ch	ieck Part II, Box 4	, I authorize	an electro	nic fund	ls withd	rawal for the amount listed
organization statements l	n will remain liable for th be transmitted to the FTI	hat if the Franchise Tax Boa e fee liability and all applica B by the ERO, transmitter, c close to the ERO or interme	ble interest and penalties. or intermediate service pro	I authorize the exposider. If the procee reason(s) for the	empt organizes	zation retu e exempt	urn and organiz	accomp ation's :	anying schedules and return or refund is
I declare that am only an in accurately reprovided the 1345, 2017 the exempt I declare that	at I have reviewed the ab intermediate service pro eflects the data on the re e organization officer wit e-file Handbook for Auth organization return is file at I have examined the al	conic Return Originator ove exempt organization's r vider, I understand that I an eturn.) I have obtained the o th a copy of all forms and in orized e-file Providers. I wi ed, whichever is later, and I bove exempt organization's this declaration based on all	return and that the entries in not responsible for revie organization officer's signa offormation that I will file will fill keep form FTB 8453-EC will make a copy available return and accompanying	on form FTB 845 ewing the exempt ture on form FTB ith the FTB, and I on file for four y to the FTB upon schedules and st	organization 8453-EO be have followe ears from the request. If I	's return. fore trans ed all othe e due date am also tl	I declare mitting r require e of the he paid	e, howe this retu ements return o prepare	ver, that form FTB 8453-EO Irn to the FTB; I have described in FTB Pub. Ir four years from the date r, under penalties of perjury
	\			Date	Check if	1	Check		ERO's PTIN
	RO's- gnature	EZNICK LLP		03/14/19	also paid		if self-	. —	P00043433
	rm's name (or yours	COHNREZNICK	T.T.D	03/14/13	preparer	<u> </u>	employe		22-1478099
Cian if	self-employed) -	400 CAPITOL		1200				FEIN Z	12-14/0099
Oigii ar	nd address	SACRAMENTO,	•	1200				ZIP code	95814
		that I have examined the at d complete. I make this dec					ments,	and to t	he best of my knowledge
,	, ,	a complete. I make this deci	iai alion baseu on an inion		HAVO KITUWIE	Ü			
Paid	Paid preparer's			Date		Check if self-	_	Pai	id preparer's PTIN
Prepare		<u> </u>				employed	j [
Must Sign	Firm's name (or yours if self-employed) and address	>						FEIN	

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2017

ZIP code

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

Failure to submit this report annually no later than the 15th day of the 5th month 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:						
	Change of address						
NEIGHBORHOOD HOUSE ASSN Name of Organization	Amended report						
5660 COPLEY DRIVE Address (Number and Street)	Corporate (or Organization No0106576					
SAN DIEGO, CA 92111 City or Town, State and ZIP Code	Federal Em	nployer I.D. No. 95-1648184					
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Attorney General's R							
Gross Receipts Fee Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	Fe	<u>e</u>			
Less than \$25,000 0 Between \$100,001 and \$250,000 \$50 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million \$75 Between \$10,000,001 and \$50 million Greater than \$50 million							
PART A - ACTIVITIES							
For your most recent full accounting period (beginning $\frac{07/01/2017}{14,616,103}$ ending $\frac{06/30/2018}{14,616,103}$) list:							
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD O	OF THIS REI	PORT					
Note: If you answer "yes" to any of the questions below, you must attach a se "yes" response. Please review RRF-1 instructions for information requi		e providing an explanation and details fo	r eac	h			
During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization				No			
and any officer, director or trustee thereof either directly or with an entity in wh any financial interest?				х			
During this reporting period, were there any theft, embezzlement, diversion or or funds?	misuse of th	e organization's charitable property		х			
3. During this reporting period, did non-program expenditures exceed 50% of gro	ss revenue?			х			
4. During this reporting period, were any organization funds used to pay any pena with the Internal Revenue Service, attach a copy.	alty, fine or j	udgment? If you filed a Form 4720		х			
5. During this reporting period, were the services of a commercial fundraiser or full f "yes," provide an attachment listing the name, address, and telephone numbers.	•	·		х			
6. During this reporting period, did the organization receive any governmental funname of the agency, mailing address, contact person, and telephone number.	nding? If so,	provide an attachment listing the SEE STATEMENT 8	Х				
7. During this reporting period, did the organization hold a raffle for charitable put the number of raffles and the date(s) they occurred.	rposes? If "y	ves," provide an attachment indicating		х			
8. Does the organization conduct a vehicle donation program? If "yes," provide a operated by the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity of the charity or whether the organization contracts with a commercial contract of the charity o				х			
9. Did your organization have prepared an audited financial statement in accorda principles for this reporting period?	nce with gei	nerally accepted accounting	Х				
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 is true, correct and complete.	documents,	and to the best of my knowledge and belief, th	e conte	ent			
,		HIEF FINANCIAL					
Signature of authorized officer Printed Name	Tit	FFICER le Date					

729291 12-27-17 RRF-1 (08/2017)

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

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

CONTACT PERSON: YASHIMA DANIELS, MANAGER

PHONE NUMBER: 916-324-4531

AGENCY NAME: DEPARTMENT OF HEALTH AND HUMAN SERVICES HEAD START PROGRAM

ADDRESS: 90 7TH STREET (9TH FLOOR), SAN FRANCISCO, CA 94103

CONTACT PERSON: OSCAR ESCRUCERIA, FINANCIAL OPERATIONS SPECIALIST

PHONE NUMBER: 415-437-8506

AGENCY NAME: CALIFORNIA DEPARTMENT OF EDUCATION CHILD AND ADULT FOOD PROGRAM

ADDRESS: 1430 H STREET #2213, SACRAMENTO, CA 95814

CONTACT PERSON: CLAIRE CAMP, ANALYST

AGENCY: CALIFORNIA DEPARTMENT OF AGING ADULT DAY HEALTHCARE

ADDRESS: 1300 NATIONAL DRIVE, SACRAMENTO, CA 95834

CONTACT PERSONE: EDS

PHONE NUMBER: 800-541-5555

AGENCY NAME: COUNTY OF SAN DIEGO HEALTH & HUMAN SERVICES

PROJECT ENABLE

ADDRESS: 3255 CAMINO DEL RIO SOUTH MAIL STOP P531F, SAN DIEGO, CA 92108

CONTACT PERSON: JAMES MCCABE PHONE NUMBER: 619-584-5053

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

ADDRESS: 3851 ROSECRANS ST # 207, SAN DIEGO, CA 92110

CONTACT PERSON: BRAD CONE PHONE NUMBER: 619-293-4717

AGENCY NAME: COUNTY OF SAN DIEGO HEALTH & HUMAN SERVICES

BLACK INFANT HEALTH PROGRAM

ADDRESS: 3851 ROSECRANS ST, CA 92110-3134

CONTACT PERSON: DONNA PETERSON

PHONE NUMBER: 619-542-4070

AGENCY NAME: FINANCIAL COUNSELING & COACHING PROGRAM

EDEN HOUSING RESIDENT SERVICES

ADDRESS: 22645 GRAND STREET, HAYWARD, CA, 94541

CONTACT PERSON: ANNA GWYN SIMPSON, DIRECTOR

PHONE NUMBER: 510-247-8181



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