

NEIGHBORHOOD HOUSE ASSOCIATION
CLIENT COPY
2018
YEAR ENDING JUNE 30, 2019

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.

2018 FORM 990

2018 CALIFORNIA FORM 199

2018 CALIFORNIA FORM RRF-1

PLEASE RETAIN ALL TAX RECORDS, CANCELLED CHECKS AND OTHER DOCUMENTS THAT WERE USED IN THE PREPARATION OF THESE RETURNS, AS THIS INFORMATION MAY BE REQUESTED SHOULD A FEDERAL OR STATE TAXING AUTHORITY EXAMINE YOUR RETURN.

YOUR COPY HAS EITHER BEEN INCLUDED IN THIS PACKAGE OR SENT TO YOU ELECTRONICALLY. PLEASE RETAIN FOR YOUR FILES.

INSTRUCTIONS FOR FILING THE ABOVE IS INCLUDED FOR EASY REFERENCE.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURNS.

VERY TRULY YOURS,

LISA M. CUMMINGS, CPA
SENIOR MANAGER

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2019

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, 2020

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.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury
Internal Revenue Service

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

KIM PECK
CFO

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

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

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>98,471,310.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date _____

Part III Certification and Authentication

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

68297622147

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ COHNREZNICK LLP Date ▶ 03/10/20

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** (2018)

823051 10-26-18

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEIGHBORHOOD HOUSE ASSN Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5660 COPLEY DRIVE City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA 92111	D Employer identification number 95-1648184 E Telephone number 858-715-2642
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 98,540,675.
J Website: ▶ WWW.NEIGHBORHOODHOUSE.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1923 M State of legal domicile: CA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: NEIGHBORHOOD HOUSE ASSOCIATION IS THE LARGEST MULTIPURPOSE HUMAN SERVICES ORGANIZATION IN SAN DIEGO		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	930
	6	Total number of volunteers (estimate if necessary)	6	1000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	93,525,317.	96,158,824.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,586,246.	2,229,380.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,380.	42,801.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-237,024.	40,305.
			95,885,919.	98,471,310.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,473,593.	1,545,135.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	40,003,432.	41,742,005.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	54,348,756.	54,930,746.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	95,825,781.	98,217,886.	
	19 Revenue less expenses. Subtract line 18 from line 12	60,138.	253,424.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	14,616,103.	12,950,624.
	22	Net assets or fund balances. Subtract line 21 from line 20	10,766,947.	8,848,044.
		3,849,156.	4,102,580.	

Part II Signature Block

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

Sign Here	Signature of officer KIM PECK, CFO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name LISA M. CUMMINGS, CPA	Preparer's signature LISA M. CUMMINGS, CP	Date 03/10/20	Check if self-employed <input type="checkbox"/>	PTIN P00043433
	Firm's name ▶ COHNREZNICK LLP	Firm's address ▶ 400 CAPITOL MALL, SUITE 1200 SACRAMENTO, CA 95814	Firm's EIN ▶ 22-1478099	Phone no. 916-442-9100	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: DEVELOPING CHILDREN, FAMILIES, AND FUTURE LEADERS OF OUR COMMUNITIES THROUGH EMPOWERMENT, EDUCATION, AND WELLNESS FROM OUR HOUSE TO YOURS. THIS IS DONE BY LEADING THE WAY IN DEVELOPING CONFIDENT, SELF-SUFFICIENT, HEALTHY FAMILIES AND COMMUNITIES.

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

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

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

4a (Code:) (Expenses \$ 85,738,635. including grants of \$ 1,318,978.) (Revenue \$ 2,129,632.) CHILD CARE PROGAMS - HEAD START, EARLY HEAD START AND CHILD DEVELOPMENT PROGRAM:

HEAD START IS A FEDERALLY FUNDED CHILD DEVELOPMENT PROGRAM FOR VERY LOW INCOME CHILDREN, AGES 3-5, AND THEIR FAMILIES. IT PROVIDES PRESCHOOL CHILDREN OF LOW INCOME FAMILIES WITH A COMPREHENSIVE PROGRAM TO MEET THEIR EMOTIONAL, SOCIAL HEALTH, NUTRITIONAL AND PSYCHOLOGICAL NEEDS.

EARLY HEAD START FOCUSES ON ENROLLED CHILDREN 6 WEEKS TO 3 YEARS OF AGE AS WELL AS PREGNANT AND POST PARTUM LOW INCOME WOMEN. COMPREHENSIVE SERVICES INCLUDE PARENTING CLASS AND TRANSITION SERVICES FOR CHILDREN MOVING ON TO PRESCHOOL. TOTAL ENROLLED CHILDREN - 6,658.

4b (Code:) (Expenses \$ 4,595,554. including grants of \$ 201,346.) (Revenue \$ 124,515.) HEALTH & NUTRITION:

NEIGHBORHOOD HOUSE ASSOCIATION'S ADHC CENTER PROVIDES DUAL DAY TREATMENT PROGRAM OPTIONS TO ADULTS 18 YEARS OF AGE AND OLDER, OFFERING BOTH ADULT DAY HEALTH CARE (ADHC) AS WELL AS ADULT DAY PROGRAM (ADP) SERVICES. ADHC IS A MEDICAL-MODEL PROGRAM DESIGNED FOR ADULTS WITH PHYSICAL, MENTAL, COGNITIVE OR INTELLECTUAL IMPAIRMENTS/DISABILITIES; PROVIDING PARTICIPANTS WITH NURSING, REHABILITATIVE THERAPIES (PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY) AND PSYCHO-SOCIAL SERVICES. THE ADP IS A SOCIAL-MODEL OF CARE FOCUSING ON MEMORY AND PERSONAL CARE ASSISTANCE, WHILE PROVIDING A VARIETY OF COGNITIVELY STIMULATING ACTIVITIES. TOTAL CLIENTS SERVED - 114.

4c (Code:) (Expenses \$ 818,283. including grants of \$ 24,811.) (Revenue \$ 20,325.) YOUTH AND OTHER SERVICES:

NEIGHBORHOOD HOUSE ASSOCIATION'S EMERGENCY SERVICES HOME WORK CENTER PROVIDES TUTORING SERVICES TO CHILDREN FROM ELEMENTARY TO HIGH SCHOOL WITH A QUIET SAFE PLACE TO STUDY WHEN THEIR ALTERNATIVES ARE LIMITED. USE OF NHA'S HOMEWORK CENTER IS FREE TO QUALIFYING STUDENTS AND FEATURES TRANSPORTATION FROM DESIGNATED AREAS TO THE CENTER, COMPUTER AND INTERNENT, PRINTERS, SCHOOL SUPPLIES AND SNACKS. TOTAL STUDENTS - 54.

NHA FINANCIAL COUNSELING AND COACHING PROGRAM (FCCP) WAS CREATED TO PROVIDE VALUABLE COACHING AND FINANCIAL EDUCATION TO LOW-INCOME

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

4e Total program service expenses 91,152,472.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 118	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 18		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **KIM PECK, CFO - 858-715-2642**
5660 COPLEY DRIVE, SAN DIEGO, CA 92111

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRETT STAPLETON BOARD MEMBER	2.10	X						0.	0.	0.
(2) CYNTHIA AUSTIN BOARD MEMBER	2.10	X						0.	0.	0.
(3) DORIANNE MORMANN, CMP SECRETARY	2.10	X		X				0.	0.	0.
(4) EDRIENNE BRANDON BOARD MEMBER	2.10	X						0.	0.	0.
(5) FRAN AYALASOMAYAJULA BOARD MEMBER	2.10	X						0.	0.	0.
(6) JANET RICHARDS CARSON BOARD MEMBER	2.10	X						0.	0.	0.
(7) JEFFREY CARR SR, ED.D. CHAIR	2.10	X		X				0.	0.	0.
(8) JULIA SLOCOMBE BOARD MEMBER	2.10	X						0.	0.	0.
(9) KYRA BETHEL BOARD MEMBER	2.10	X						0.	0.	0.
(10) MARK BLANKENSHIP, PHD BOARD MEMBER	2.10	X						0.	0.	0.
(11) MEISHA SHERMAN, MBA VICE CHAIR	2.10	X		X				0.	0.	0.
(12) PENNEY NEWELL BOARD MEMBER	2.10	X						0.	0.	0.
(13) RAYMOND G. ELLIS BOARD MEMBER	2.10	X						0.	0.	0.
(14) RICH MILLER BOARD MEMBER	2.10	X						0.	0.	0.
(15) ROSALBA BARRAGAN BOARD MEMBER	2.10	X						0.	0.	0.
(16) TODD LANE BOARD MEMBER	2.10	X						0.	0.	0.
(17) TYRONE MATTHEWS, ESQ. BOARD MEMBER	2.10	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) VERNA JAGGERS TREASURER	2.10	X		X				0.	0.	0.
(19) DWIGHT SMITH GM/GENERAL COUNSEL	40.00			X				186,601.	0.	18,982.
(20) KIM PECK GM/CFO	40.00			X				186,217.	0.	24,640.
(21) RUDOLPH A. JOHNSON III PRESIDENT/CEO	40.00			X				430,958.	0.	37,266.
(22) DAMON CARSON GM/EDUCATION INSTITUTION	40.00					X		184,706.	0.	19,056.
(23) DUQUETTE F SOBEK VP-FACILITIES/OPERATIONS	40.00					X		159,122.	0.	12,956.
(24) FRANK ZALICH GM/INFORMATION TECHNOLOGY	40.00					X		166,631.	0.	16,589.
(25) MONA S MINTON GM/PRG/CLINICS/COMM AFFAIR	40.00					X		185,024.	0.	29,616.
(26) RUTH RODRIGUEZ VP-EARLY CHILDHOOD DEVELOPMENT	40.00					X		160,784.	0.	11,057.
1b Sub-total								1,660,043.	0.	170,162.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,660,043.	0.	170,162.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
EPISCOPAL COMMUNITY SERVICES, 401 MILES OF CARS WAY, NATIONAL CITY, CA 91950 AKA HEAD START, INC.	CHILD CARE SERVICES	19,641,905.
620 W MADISON AVE., EL CAJON, CA 92020	CHILD CARE SERVICES	12,536,911.
SHARP HEALTH PLAN PO BOX 57248, LOS ANGELES, CA 90074	HEALTH PROVIDER	2,492,835.
KAISER FOUNDATION PO BOX 60000, SAN DIEGO, CA 94160	HEALTH PROVIDER	2,192,133.
NATIONAL SCHOOL DISTRICT 1500 N AVENUE, NATIONAL CITY, CA 91950	CHILD CARE SERVICES	1,292,196.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **60**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 882.					
	b Membership dues	1b					
	c Fundraising events	1c 197,990.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 95,320,956.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 638,996.					
	g Noncash contributions included in lines 1a-1f: \$	74,436.					
	h Total. Add lines 1a-1f	▶	96,158,824.				
	Program Service Revenue	2 a PAYMENTS FROM VENDORS	Business Code 900099	1,336,370.	1,336,370.		
b MEDICAL/PARENT/SERVICE FEE		900099	893,010.	893,010.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		▶	2,229,380.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	42,801.			42,801.	
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)	▶				
	8 a Gross income from fundraising events (not including \$ 197,990. of contributions reported on line 1c). See Part IV, line 18	a 64,578.					
		b Less: direct expenses	b 69,365.				
		c Net income or (loss) from fundraising events	▶	-4,787.			-4,787.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities		▶					
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS REVENUE	900099	87,855.	87,855.				
b SUBSIDIZED EXPENSE	900099	-42,763.	-42,763.				
c							
d All other revenue							
e Total. Add lines 11a-11d	▶	45,092.					
12 Total revenue. See instructions	▶	98,471,310.	2,274,472.	0.	38,014.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,545,135.	1,545,135.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	942,708.	823,203.	119,505.	
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	31,045,464.	27,047,811.	3,997,653.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,519,545.	1,367,367.	152,178.	
9 Other employee benefits	5,496,530.	4,946,066.	550,464.	
10 Payroll taxes	2,737,758.	2,463,578.	274,180.	
11 Fees for services (non-employees):				
a Management				
b Legal	2,371.	1,745.	626.	
c Accounting	132,539.	97,563.	34,976.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	42,647,926.	41,751,499.	896,427.	
12 Advertising and promotion	14,199.	6,192.	8,007.	
13 Office expenses	2,137,897.	1,970,093.	167,804.	
14 Information technology	608,159.	581,315.	26,844.	
15 Royalties				
16 Occupancy	5,575,769.	5,523,254.	52,515.	
17 Travel	873,963.	707,254.	166,709.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	312,499.	252,889.	59,610.	
20 Interest	97,767.	77,830.	19,937.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	396,524.	164,590.	231,934.	
23 Insurance	545,127.	394,110.	151,017.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	909,024.	868,900.	40,124.	
b OTHER EXPENSES	384,366.	293,233.	91,133.	
c CLIENT ASSISTANCE	182,906.	181,709.	1,197.	
d FOOD EXPENSES	90,995.	72,237.	18,758.	
e All other expenses	18,715.	14,899.	3,816.	
25 Total functional expenses. Add lines 1 through 24e	98,217,886.	91,152,472.	7,065,414.	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,593,264.	1	2,723,099.
	2 Savings and temporary cash investments	2,620,089.	2	2,646,467.
	3 Pledges and grants receivable, net	2,385,439.	3	1,400,681.
	4 Accounts receivable, net	796,261.	4	671,932.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	147,085.	9	309,918.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,793,939.		
	b Less: accumulated depreciation	10b 16,064,190.	10c	4,729,749.
	11 Investments - publicly traded securities	186,833.	11	356,896.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	123,481.	15	111,882.
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,616,103.	16	12,950,624.	
Liabilities	17 Accounts payable and accrued expenses	8,095,386.	17	6,209,260.
	18 Grants payable		18	
	19 Deferred revenue	104,229.	19	208,168.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,395,531.	23	2,308,475.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	171,801.	25	122,141.
	26 Total liabilities. Add lines 17 through 25	10,766,947.	26	8,848,044.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,815,406.	27	4,084,330.
	28 Temporarily restricted net assets	33,750.	28	18,250.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,849,156.	33	4,102,580.	
34 Total liabilities and net assets/fund balances	14,616,103.	34	12,950,624.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	98,471,310.
2	Total expenses (must equal Part IX, column (A), line 25)	2	98,217,886.
3	Revenue less expenses. Subtract line 2 from line 1	3	253,424.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,849,156.
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	4,102,580.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
b	X	
c	X	
3a	X	
3b	X	

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	81609831.	84717354.	86234298.	93525317.	96158824.	442245624
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	81609831.	84717354.	86234298.	93525317.	96158824.	442245624
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						442245624

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	81609831.	84717354.	86234298.	93525317.	96158824.	442245624
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,438.	3,403.	11,313.	11,380.	42,801.	71,335.
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.)	82,605.	84,134.	151,643.	266,272.	152,433.	737,087.
11 Total support. Add lines 7 through 10						443054046
12 Gross receipts from related activities, etc. (see instructions)					12	10,298,977.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.82 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.82 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

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

(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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, 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. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GROSS INCOME FROM FUNDRAISING EVENTS

2014 AMOUNT: \$ 17,856.

2015 AMOUNT: \$ 21,044.

2016 AMOUNT: \$ 25,049.

2017 AMOUNT: \$ 95,963.

2018 AMOUNT: \$ 64,578.

MISCELLANEOUS REVENUE

2014 AMOUNT: \$ 64,749.

2015 AMOUNT: \$ 63,090.

2016 AMOUNT: \$ 126,594.

2017 AMOUNT: \$ 170,309.

2018 AMOUNT: \$ 87,855.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

NEIGHBORHOOD HOUSE ASSN

Employer identification number

95-1648184

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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

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 (entering "N/A" in column (b) instead of the contributor name and address), 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization NEIGHBORHOOD HOUSE ASSN	Employer identification number 95-1648184
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALIFORNIA DEPARTMENT OF EDUCATION 1430 N ST., SUITE 2213 SACRAMENTO, CA 95814	\$ 6,044,079.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COUNTY OF SAN DIEGO 3255 CAMINO DEL RIO S SAN DIEGO, CA 92108	\$ 5,983,132.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DEPARTMENT OF HEALTH AND HUMAN SERVICES 90 7TH ST. REGION IX SAN FRANCISCO, CA 94103	\$ 81,440,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEIGHBORHOOD HOUSE ASSN	Employer identification number 95-1648184
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization NEIGHBORHOOD HOUSE ASSN	Employer identification number 95-1648184
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" 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

2018 Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures, and a table for revenue and assets included.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Temporarily restricted endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,215,004.		1,215,004.
b Buildings		5,481,413.	3,835,233.	1,646,180.
c Leasehold improvements		8,091,399.	6,703,313.	1,388,086.
d Equipment		3,915,791.	3,767,636.	148,155.
e Other		2,090,332.	1,758,008.	332,324.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,729,749.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	122,141.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	122,141.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	99,053,535.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	479,110.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	103,115.	
e	Add lines 2a through 2d	2e		582,225.
3	Subtract line 2e from line 1		3	98,471,310.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	98,471,310.

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

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

1	Total expenses and losses per audited financial statements		1	98,800,111.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	479,110.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	103,115.	
e	Add lines 2a through 2d	2e		582,225.
3	Subtract line 2e from line 1		3	98,217,886.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	98,217,886.

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, 2019 AND 2018, MANAGEMENT OF NHA BELIEVES IT HAS ADEQUATE SUPPORT FOR ALL MATERIAL TAX POSITIONS AND THAT IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION. NHA RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO TAX IN INTEREST EXPENSE. NHA HAS ANALYZED THE TAX POSITIONS TAKEN IN ITS FILINGS WITH THE INTERNAL REVENUE SERVICE AND THE CALIFORNIA

Part XIII Supplemental Information (continued)

FRANCHISE TAX BOARD. ACCORDINGLY, NHA HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 2019 AND 2018.

NHA'S FEDERAL AND STATE INFORMATION RETURNS PRIOR TO FISCAL YEARS 2016 AND 2015, 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	69,365.
NET ASSETS RELEASED FROM RESTRICTIONS	33,750.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	103,115.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	69,365.
NET ASSETS RELEASED FROM RESTRICTIONS	33,750.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	103,115.

Part II 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 (add col. (a) through col. (c))
		ANNUAL GALA (event type)	GOLF TOURNAMENT (event type)	NONE (total number)	
Revenue	1	Gross receipts	85,610.	176,958.	262,568.
	2	Less: Contributions	81,395.	116,595.	197,990.
	3	Gross income (line 1 minus line 2)	4,215.	60,363.	64,578.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	1,310.	1,293.	2,603.
	8	Entertainment			
	9	Other direct expenses	3,535.	63,227.	66,762.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			69,365.
11	Net income summary. Subtract line 10 from line 3, column (d)			-4,787.	

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.

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**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

2018

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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.

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

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2018)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
IN KIND ASSISTANCE - ACTUAL AMOUNT INCURRED FOR BUS PASSES, TUITION REIMBURSEMENT	3081	102,863.	0.	ACTUAL PAYMENTS	
ACTUAL PAYMENTS FOR MILEAGE AND CHILD CARE REIMBURSEMENTS TO PARENTS WHO PARTICIPATED	92	22,810.	0.	ACTUAL PAYMENTS	
MEALS SERVED TO HEAD START CHILDREN - NUTRITION SERVICES PROVIDED TO ELIGIBLE PARTICIPANTS	1955	1,419,462.	0.	ACTUAL PAYMENTS	

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

Only section 501(c)(3), 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:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- 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

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

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

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

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

Schedule J (Form 990) 2018

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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DWIGHT SMITH GM/GENERAL COUNSEL	(i)	167,101.	7,500.	12,000.	10,266.	8,716.	205,583.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIM PECK GM/CFO	(i)	166,717.	7,500.	12,000.	10,229.	14,411.	210,857.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RUDOLPH A. JOHNSON III PRESIDENT/CEO	(i)	376,858.	54,100.	0.	17,706.	19,560.	468,224.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAMON CARSON GM/EDUCATION INSTITUTION	(i)	162,706.	10,000.	12,000.	10,251.	8,805.	203,762.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DUQUETTE F SOBEK VP-FACILITIES/OPERATIONS	(i)	150,722.	0.	8,400.	8,598.	4,358.	172,078.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) FRANK ZALICH GM/INFORMATION TECHNOLOGY	(i)	148,231.	10,000.	8,400.	8,628.	7,961.	183,220.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MONA S MINTON GM/PRG/CLINICS/COMM AFFAIR	(i)	158,024.	15,000.	12,000.	10,056.	19,560.	214,640.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) RUTH RODRIGUEZ VP-EARLY CHILDHOOD DEVELOPMENT	(i)	144,030.	8,354.	8,400.	8,741.	2,316.	171,841.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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:

DWIGHT SMITH, KIM PECK, AND DAMON CARSON PARTICIPATED IN NHA'S 457(F),
NONQUALIFIED DEFERRED COMPENSATION PLAN.

THE AMOUNT CONTRIBUTED FOR THE BENEFIT OF DWIGHT SMITH WAS \$118,274

THE AMOUNT CONTRIBUTED FOR THE BENEFIT OF KIM PECK WAS \$39,413

THE AMOUNT CONTRIBUTED FOR THE BENEFIT OF DAMON CARSON WAS \$12,573

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>SUPPLIES</u>)	X	1	42,551 . COST	
26 Other ▶ (<u>FRAMES/LENSES</u>)	X	1	31,885 . COST	
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN (B).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

NEIGHBORHOOD HOUSE ASSN

Employer identification number

95-1648184

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

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

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

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 - 721,303.

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

PROJECT ENABLE IS A FULL SCOPE MENTAL HEALTH PROGRAM THAT WAS ESTABLISHED IN 1982.

SINCE 1982, ADDITIONAL PROGRAMS WERE ADDED: FRIENDSHIP CLUBHOUSE, GERIATRIC SPECIALTY, EMPLOYMENT SUPPORT SERVICES AND PROJECT IN REACH.

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

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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 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, LINKAGE TO SUPPORTIVE COMMUNITY SERVICES AND EMPLOYMENT SUPPORT SERVICES. THE GOAL OF NHA PROJECT ENABLE 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 (INTEGRATING WORK PLAN WITH TREATMENT PLAN), JOB PREPARATION TRAINING (CLIENT PREFERENCE, SOFT SKILLS, BENEFITS COUNSELING), JOB DEVELOPMENT AND FOLLOW ALONG

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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 6 MONTHS 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 USE 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 FIVE PROGRAMS - 2,292.

THE HIV CASE MANAGEMENT PROGRAM WAS ESTABLISHED IN 1993. THE PROGRAM SERVES ALL OF SAN DIEGO COUNTY, AND IS FUNDED THROUGH HIV, STD &

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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 CASE MANAGEMENT. TOTAL CLIENTS SERVED - 200.

NHA'S SENIOR NUTRITION CENTER PROVIDES 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 MEET EACH INDIVIDUALS LEVEL OF NEED. TOTAL MEALS SERVED - 9,512 AND 2212 MTS RIDES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
FAMILIES. THE PROGRAM TEACHES FAMILIES HOW TO MANAGE AND OVERCOME DEBT, CREATE A SPENDING PLAN AND BUDGET, AND ESTABLISH A VIABLE SAVING ACCOUNT AND EMERGENCY FUNDS. THE FINANCIAL COUNSELING AND COACHING PROGRAM ALSO PROVIDES FULL RESIDENT SERVICES; INCLUDING AFTERSCHOOL AND TUTORING SERVICES, TO BOTH THE CORONADO TERRACE AND VISTA TERRACE HILLS APARTMENTS LOCATED IN SAN DIEGO

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

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

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)

Name of the organization NEIGHBORHOOD HOUSE ASSN	Employer identification number 95-1648184
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AFFECTED. THE PRESIDENT/CEO OR A MAJORITY OF DISINTERESTED DIRECTORS WILL ANALYZE THE FACTS AND ISSUES AND MAKE A DETERMINATION ABOUT HOW THE SITUATION WILL BE HANDLED. A POTENTIAL CONFLICT CAN BE ADDRESSED IN SEVERAL WAYS DEPENDING ON THE NATURE OF THE SITUATION, FOR EXAMPLE BY EXCLUSION OF THE MEMBER(S) OR PERSON(S) WITH THE CONFLICT FROM THE GOVERNING BODY, OR THE MEMBER'S RECUSAL FROM DISCUSSION OF, AND VOTING ON ISSUES THAT WOULD CREATE A CONFLICT. OTHER WAYS TO ELIMINATE A CONFLICT WOULD BE TO TERMINATE THE RELATIONSHIP OR CONTRACT RELATING TO THE OFFENDING TRANSACTION.

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

THE EXECUTIVE COMMITTEE OF THE BOARD SETS THE SALARY FOR THE CEO/PRESIDENT. A LABOR MARKET ANALYSIS OF DATA GATHERED FROM THE IRS'S FORM 990 FILED BY COMPARABLE ORGANIZATIONS, AND SALARY SURVEYS CONDUCTED BY AN OUTSIDE CONSULTANT AND THE HUMAN RESOURCES DEPARTMENT WERE UTILIZED. DATA WERE ON JOBS MATCHED BASED ON CONTENT, RESPONSIBILITIES, LEVEL AND QUALIFICATIONS. THE SAME ANALYTICAL PROCESS IS USED FOR OTHER MANAGEMENT POSITIONS AND THE SALARIES ARE SET BY THE CEO/PRESIDENT.

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

NHA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REASONABLE REQUEST. DOCUMENTS ARE ALSO POSTED ON THE AGENCY'S INTRANET. FINANCIAL STATEMENTS ARE PRESENTED ON A MONTHLY BASIS TO THE BOARD'S FINANCE COMMITTEE AND THEN TO THE FULL GOVERNING BOARD. INQUIRIES ARE MADE OF ALL VENDORS TO ASCERTAIN POTENTIAL CONFLICTS OF INTEREST.

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

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

PROGRAM SERVICE EXPENSES	39,250,978.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	39,250,978.

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	2,500,521.
MANAGEMENT AND GENERAL EXPENSES	896,427.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,396,948.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	42,647,926.

FORM 990, PART XII, LINC 2C:

THE ORGANIZATION HAS A COMMITTEE RESPONSIBLE FOR THE OVERSIGHT OF THE
AUDIT AS WELL AS THE SELECTION OF THE INDEPENDENT ACCOUNTANT.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

KIM PECK, CFO

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

1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

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

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

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

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

JUNE 30, 2019

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	\$	0

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	0
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:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

JUNE 30, 2019

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:

DEPARTMENT OF JUSTICE

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.

California Exempt Organization Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) **07/01/2018**, and ending (mm/dd/yyyy) **06/30/2019**

Corporation/Organization name NEIGHBORHOOD HOUSE ASSN		California corporation number 0106576	
Additional information. See instructions.		FEIN 95-1648184	
Street address (suite or room) 5660 COPLEY DRIVE		PMB no.	
City SAN DIEGO		State CA	ZIP code 92111
Foreign country name		Foreign province/state/county	
		Foreign postal code	

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,381,851	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	96,158,824	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	98,540,675	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	98,540,675	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	98,287,251	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	253,424	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	N/A	00
	16	Penalties and Interest. See General Information J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00

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

Sign Here	Signature of officer	Title CFO	Date	• Telephone
Paid Preparer's Use Only	Preparer's signature	LISA M. CUMMINGS, CPA	Date 03/10/20	• PTIN P00043433
	Firm's name (or yours, if self-employed) and address	COHNREZNICK LLP 400 CAPITOL MALL, SUITE 1200 SACRAMENTO, CA 95814		• Firm's FEIN 22-1478099
				• Telephone 916-442-9100

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

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.

828951 12-12-18

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	64,578	00
	2	Interest	•	2	42,801	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions)	•	6		00
	7	Other income	•	7	2,274,472	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	2,381,851	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	1,545,135	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees	•	11	942,708	00
	12	Other salaries and wages	•	12	31,045,464	00
	13	Interest	•	13	97,767	00
	14	Taxes	•	14	2,737,758	00
	15	Rents	•	15	5,575,769	00
	16	Depreciation and depletion (See instructions)	•	16	396,524	00
	17	Other Expenses and Disbursements	•	17	55,946,126	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	98,287,251	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		6,213,353		5,369,566
2 Net accounts receivable		796,261		671,932
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments	STMT 6	186,833		356,896
10 a Depreciable assets	19,216,313		19,578,935	
b Less accumulated depreciation	(15,667,666)	3,548,647	(16,064,190)	3,514,745
11 Land		1,215,004		1,215,004
12 Other assets	STMT 7	2,656,005		1,822,481
13 Total assets		14,616,103		12,950,624
Liabilities and net worth				
14 Accounts payable		8,095,386		6,209,260
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable		2,395,531		2,308,475
18 Other liabilities	STMT 8	276,030		330,309
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		3,849,156		4,102,580
22 Total liabilities and net worth		14,616,103		12,950,624

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	253,424
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	Total. Add line 1 through line 5		253,424
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		253,424

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CALIFORNIA DEPARTMENT OF EDUCATION	1430 N ST., SUITE 2213 SACRAMENTO, CA 95814	06/30/19	6,044,079.
COUNTY OF SAN DIEGO	3255 CAMINO DEL RIO S SAN DIEGO, CA 92108	06/30/19	5,983,132.
DEPARTMENT OF HEALTH AND HUMAN SERVICES	90 7TH ST. REGION IX SAN FRANCISCO, CA 94103	06/30/19	81,440,025.
TOTAL INCLUDED ON LINE 3			<u>93,467,236.</u>

CA 199

OTHER INCOME

STATEMENT 2

DESCRIPTION	AMOUNT
MISCELLANEOUS REVENUE	87,855.
SUBSIDIZED EXPENSE	-42,763.
PAYMENTS FROM VENDORS	1,336,370.
MEDICAL/PARENT/SERVICE FEE	893,010.
TOTAL TO FORM 199, PART II, LINE 7	<u>2,274,472.</u>

CA 199 NONCASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 3
AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION: BUS PASSES, TUITION REIMBURSEMENT & MISC ASSISTANCE

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
VARIOUS	VARIOUS - VARIOUS, CA 99999	NONE	102,863.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/19	0.	VARIOUS	ACTUAL PAYMENTS

TOTAL FOR THIS ACTIVITY 102,863.

ACTIVITY CLASSIFICATION: MILEAGE & CHILD CARE REIMBURSEMENTS-HEAD START PROG

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
VARIOUS	VARIOUS - VARIOUS, CA 99999	NONE	22,810.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/19	0.	VARIOUS	ACTUAL PAYMENTS

TOTAL FOR THIS ACTIVITY 22,810.

ACTIVITY CLASSIFICATION: MEALS SERVED TO HEAD START CHILDREN

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
VARIOUS	VARIOUS - VARIOUS, CA 99999	NONE	1,419,462.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/19	0.	VARIOUS	ACTUAL PAYMENTS

TOTAL FOR THIS ACTIVITY 1,419,462.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

1,545,135.

CA 199

COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 4

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
BRETT STAPLETON 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
CYNTHIA AUSTIN 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
DORIANNE MORMANN, CMP 5660 COPLEY DRIVE SAN DIEGO, CA 92111	SECRETARY 2.10	0.
EDRIENNE BRANDON 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
FRAN AYALASOMAYAJULA 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
JANET RICHARDS CARSON 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
JEFFREY CARR SR, ED.D. 5660 COPLEY DRIVE SAN DIEGO, CA 92111	CHAIR 2.10	0.
JULIA SLOCOMBE 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
KYRA BETHEL 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
MARK BLANKENSHIP, PHD 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
MEISHA SHERMAN, MBA 5660 COPLEY DRIVE SAN DIEGO, CA 92111	VICE CHAIR 2.10	0.

NEIGHBORHOOD HOUSE ASSN

95-1648184

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.
TODD LANE 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
TYRONE MATTHEWS, ESQ. 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 COUNSEL 40.00	254,664.
KIM PECK 5660 COPLEY DRIVE SAN DIEGO, CA 92111	GM/CFO 40.00	232,416.
RUDOLPH A. JOHNSON III 5660 COPLEY DRIVE SAN DIEGO, CA 92111	PRESIDENT/CEO 40.00	455,628.

TOTAL TO FORM 199, PART II, LINE 11

942,708.

CA 199	OTHER EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
REPAIRS & MAINTENANCE		909,024.
OTHER EXPENSES		384,366.
CLIENT ASSISTANCE		182,906.
FOOD EXPENSES		90,995.
DIRECT EXPENSES OF FUNDRAISING EVENTS		69,365.
PENSION PLAN CONTRIBUTIONS		1,519,545.
OTHER EMPLOYEE BENEFITS		5,496,530.
LEGAL FEES		2,371.
ACCOUNTING FEES		132,539.
OTHER PROFESSIONAL FEES		42,647,926.
ADVERTISING AND PROMOTION		14,199.
OFFICE EXPENSES		2,137,897.
INFORMATION TECHNOLOGY		608,159.
TRAVEL		873,963.
CONFERENCES AND CONVENTIONS		312,499.
INSURANCE		545,127.
ALL OTHER EXPENSES		18,715.
TOTAL TO FORM 199, PART II, LINE 17		55,946,126.

CA 199	OTHER INVESTMENTS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
EQUITIES	186,833.	356,896.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	186,833.	356,896.

CA 199	OTHER ASSETS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	2,385,439.	1,400,681.
PREPAID EXPENSES AND DEFERRED CHARGES	147,085.	309,918.
SECURITY DEPOSITS	89,731.	93,632.
RESTRICTED CASH	33,750.	18,250.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,656,005.	1,822,481.

CA 199	OTHER LIABILITIES	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED RENT	171,801.	122,141.
DEFERRED REVENUE	104,229.	208,168.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	276,030.	330,309.

CA 199	FUND BALANCES	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	3,815,406.	4,084,330.
TEMPORARILY RESTRICTED ASSETS	33,750.	18,250.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	3,849,156.	4,102,580.

TAXABLE YEAR

2018

California e-file Return Authorization for Exempt Organizations

FORM 8453-EO

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

Part I Electronic Return Information (whole dollars only)

Table with 3 rows: 1 Total gross receipts (Form 199, line 4) 98,540,675; 2 Total gross income (Form 199, line 8) 98,540,675; 3 Total expenses and disbursements (Form 199, line 9) 98,287,251

Part II Settle Your Account Electronically for Taxable Year 2018

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

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

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

Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2018 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign Here Signature of officer Date Title CFO

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

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

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

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

**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 four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

<p>_____ NEIGHBORHOOD HOUSE ASSN Name of Organization</p> <p>_____ List all DBAs and names the organization uses or has used</p> <p>5660 COPLEY DRIVE Address (Number and Street)</p> <p>SAN DIEGO, CA 92111 City or Town, State, and ZIP Code</p> <p>858-715-2642 Telephone Number</p> <p>_____ E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number CT003875</p> <p>Corporation or Organization No. 0106576</p> <p>Federal Employer ID No. 95-1648184</p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice**

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2018 ending 06/30/2019) list:

Gross Annual Revenue \$ <u>98,471,310</u>	Noncash Contributions \$ <u>74,436</u>	Total Assets \$ <u>12,950,624</u>
Program Expenses \$ <u>91,152,472</u>	Total Expenses \$ <u>98,217,886</u>	

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 10	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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

KIM PECK	CFO	
Signature of Authorized Agent	Printed Name	Title
		Date

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING
PART B, LINE 5

STATEMENT 10

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 PERSON: EDS
PHONE NUMBER: 800-541-5555

AGENCY NAME: COUNTY OF SAN DIEGO HEALTH & HUMAN SERVICES
PROJECT ENABLE
ADDRESS: 3255 CAMINO DEL RIO SOUTH MAIL STOP P531F, SAN DIEGO, CA 92108
CONTACT PERSON: 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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