

NEIGHBORHOOD HOUSE ASSOCIATION  
CLIENT COPY  
2021  
YEAR ENDING JUNE 30, 2022

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KENNETH MAZO  
NEIGHBORHOOD HOUSE ASSOCIATION  
5660 COPLEY DRIVE  
SAN DIEGO, CA 92111

DEAR KENNETH:

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.

2021 FORM 990

2021 CALIFORNIA FORM 199

2021 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 TAXING AUTHORITY EXAMINE A 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 RETURN.

VERY TRULY YOURS,

LISA M. CUMMINGS, CPA  
SENIOR MANAGER

**IMPORTANT  
PLEASE RESPOND IMMEDIATELY**

**EFILE SIGNATURE AUTHORIZATION FORM(S)**

**\*\*URGENT – NEW E-FILING RULE WITH MAJOR IMPACT\*\***

DUE TO MORE STRINGENT STATE REQUIREMENTS REGARDING E-FILED RETURNS, WE MUST RECEIVE YOUR E-FILE FORMS WITHIN THE NEXT 5 DAYS OR BY RETURN'S DUE DATE IF EARLIER. IF NOT RECEIVED, YOUR E-FILING MAY BE DELAYED AND A HIGH LIKELIHOOD THAT WE WILL NEED YOU TO RE-SIGN AND DATE ONE OR MORE E-FILE FORMS.

PLEASE REVIEW YOUR TAX RETURN(S) IMMEDIATELY! YOUR TAX RETURN(S) CANNOT BE FILED BY US UNTIL WE RECEIVE THE ENCLOSED AUTHORIZATION FORM(S) FROM YOU AUTHORIZING US TO FILE THE ATTACHED FORMS!

**CURRENTLY, THE IRS WILL ACCEPT AN ELECTRONIC SIGNATURE FOR ALL FEDERAL E-FILE FORMS.**

**AS THE STATE/LOCAL RULES MAY VARY, MANUAL SIGNATURES ARE RECOMMENDED ON SUCH E-FILE AUTHORIZATION FORMS.**

**RETURN THE SIGNED AND DATED AUTHORIZATION FORM(S) VIA:**

- EMAIL: [SACREFILE@COHNREZNICK.COM](mailto:SACREFILE@COHNREZNICK.COM)
- FAX: (916) 930-5739
- SECURE UPLOAD VIA SHAREFILE WEB SOLUTION: CLICK [THIS LINK](#) TO ACCESS **USE OTHER RETURN OPTIONS IF UNABLE TO ACCESS SHAREFILE LINK**

**IF AN ELECTRONIC PAYMENT IS BEING MADE WITH THE RETURN(S),** PLEASE NOTIFY YOUR BANKING INSTITUTION OF THE PENDING WITHDRAWAL AND ENSURE THAT YOU HAVE VERIFIED YOUR BANK ACCOUNT NUMBER AND WITHDRAWAL AMOUNTS WITH YOUR ENGAGEMENT TEAM.

WE APPRECIATE YOUR EFFORTS TO RETURN THE COMPLETED ENCLOSED FORM(S) AS SOON AS POSSIBLE.

THANK YOU,

*CohnReznick LLP*

COHNREZNICK LLP

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2022

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**PREPARED FOR:**

KENNETH MAZO  
NEIGHBORHOOD HOUSE ASSOCIATION  
5660 COPLEY DRIVE  
SAN DIEGO, CA 92111

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**PREPARED BY:**

COHNREZNICK LLP  
621 CAPITOL MALL, SUITE 2150  
SACRAMENTO, CA 95814

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**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-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2023

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer <b>NEIGHBORHOOD HOUSE ASSN</b>	EIN or SSN <b>95-1648184</b>
Name and title of officer or person subject to tax <b>KENNETH MAZO CFO</b>	

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, 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.**

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>106,302,705.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

### 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 tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax \_\_\_\_\_ 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.

**68297668297**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 ▶ 04/17/23

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

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

Form **8879-TE** (2021)

# 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](http://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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>NEIGHBORHOOD HOUSE ASSN</b>	Taxpayer identification number (TIN) <b>95-1648184</b>
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. <b>5660 COPLEY DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN DIEGO, CA 92111</b>	

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 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
Form 990-T (corporation)	07		

**KENNETH MAZO, 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2023**, 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, 2021**, and ending **JUN 30, 2022**.

**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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</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	<b>C</b> Name of organization <b>NEIGHBORHOOD HOUSE ASSN</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5660 COPLEY DRIVE</b> City or town, state or province, country, and ZIP or foreign postal code <b>SAN DIEGO, CA 92111</b> <b>F</b> Name and address of principal officer: <b>KENNETH MAZO</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>95-1648184</b> <b>E</b> Telephone number <b>858-715-2642</b> <b>G</b> Gross receipts \$ <b>106,348,252.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.NEIGHBORHOODHOUSE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1923</b>		<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>NEIGHBORHOOD HOUSE ASSOCIATION IS THE LARGEST MULTIPURPOSE HUMAN SERVICES ORGANIZATION IN SAN DIEGO</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	888
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	16
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	95,309,720.	104,032,903.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,249,262.	2,185,464.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,304.	23,607.
<b>12</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	113,411.	60,731.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	97,699,697.	106,302,705.
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	101,225.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	44,295,797.	46,775,214.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	52,718,519.	58,470,176.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	97,115,541.	106,037,315.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	584,156.	265,390.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	20,146,968.	20,792,026.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	14,973,819.	15,353,487.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	5,173,149.	5,438,539.

**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.

<b>Sign Here</b>	Signature of officer <b>KENNETH MAZO, CFO</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LISA M. CUMMINGS, CPA</b>	Preparer's signature <b>LISA M. CUMMINGS, CP</b>	Date <b>04/17/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00043433</b>
	Firm's name ▶ <b>COHNREZNICK LLP</b>	Firm's address ▶ <b>621 CAPITOL MALL, SUITE 2150 SACRAMENTO, CA 95814</b>	Firm's EIN ▶ <b>22-1478099</b>	Phone no. <b>916-442-9100</b>	

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 91,457,518. including grants of \$ 791,925. ) (Revenue \$ 2,264,943. ) CHILD CARE PROGRAMS - HEAD START, EARLY HEAD START AND CHILD DEVELOPMENT PROGRAMS:

HEAD START IS A FEDERALLY FUNDED CHILD DEVELOPMENT PROGRAM FOR VERY LOW-INCOME CHILDREN, AGES 3-5, AND THEIR FAMILIES. IT PROVIDES PRESCHOOL CHILDREN OF LOW-INCOME FAMILIES WITH A COMPREHENSIVE PROGRAM TO MEET THEIR EMOTIONAL, SOCIAL HEALTH, NUTRITIONAL AND PSYCHOLOGICAL NEEDS. EARLY HEAD START FOCUSES ON ENROLLED CHILDREN 6 WEEKS TO 3 YEARS OF AGE AS WELL AS PREGNANT AND POST-PARTUM LOW-INCOME WOMEN. COMPREHENSIVE SERVICE INCLUDES PARENTING CLASS AND TRANSITION SERVICES FOR CHILDREN MOVING ON TO PRESCHOOL. TOTAL ENROLLED CHILDREN - 6,328.

4b (Code: ) (Expenses \$ 6,142,315. including grants of \$ ) (Revenue \$ 0. ) HEALTH & NUTRITION:

PROJECT ENABLE IS A FULL SCOPE MENTAL HEALTH PROGRAMS THAT WAS ESTABLISHED IN 1982. SINCE 1982, ADDITIONAL PROGRAMS WERE ADDED: FRIENDSHIP CLUBHOUSE, GERIATRIC SPECIALTY, EMPLOYMENT SUPPORT SERVICES AND PROJECT IN REACH. IN 2019, A NEW PROGRAM WAS ADDED, PROJECT IN REACH MINISTRY.

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 PROGRAM WAS FUNCTIONING FOR THREE

4c (Code: ) (Expenses \$ 1,293,308. including grants of \$ ) (Revenue \$ 0. ) OTHER PROGRAMS:

NHA FINANCIAL COUNSELING AND COACHING PROGRAM (FCCP) WAS CREATED TO PROVIDE VALUABLE COACHING AND FINANCIAL EDUCATION TO LOW-INCOME FAMILIES. THE PROGRAM TEACHES FAMILIES HOW TO MANAGE AND OVERCOME DEBT, CREATING A SPENDING PLAN AND BUDGET, AND ESTABLISH A VIABLE SAVING ACCOUNT AND EMERGENCY FUNDS. FINANCIAL COUSELING AND COACHING PROGRAM ALSO PROVIDES FULL RESIDENT SERVICES; INCLUDING AFTERSCHOOL AND TUTORING SERVES, TO BOTH THE CORONADO TERRACE AND VISTA TERRACE HILLS APARTMENTS LOCATED IN SAN DIEGO COUNTY. TUTORING SERVICES ARE PROVIDED STUDENTS IN GRADE 3 THROUGH 12 IN THE SUBJECTS OF MATH, ENGLISH, READING AND SOCIAL STUDIES. THE TOTAL CLIENTS SERVED: 1,494.

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

4e Total program service expenses 98,893,141.



**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 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 on 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
<b>1a</b>	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 on Schedule O.		
	16		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	16		
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
<b>16a</b>	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>b</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?		

**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 on Schedule O)
- 19** Describe on 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 **KENNETH MAZO, 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) RUDOLPH A JOHNSON III PRESIDENT/CEO	40.00			X				540,270.	0.	38,902.
(2) KIM PECK GM/CFO	40.00			X				333,099.	0.	25,932.
(3) MONA S MINTON GM/PROGRAMS/CLINICS/COMMUNITY AFFAIR	40.00					X		191,367.	0.	31,994.
(4) DAMON CARSON GM/EDUCATION INSTITUTION	40.00					X		197,854.	0.	21,850.
(5) DWIGHT SMITH GM/GENERAL COUNSEL	40.00			X				198,068.	0.	19,345.
(6) DUQUETTE F SOBEK VP- FACILITIES/OPERATIONS	40.00					X		187,581.	0.	10,310.
(7) FRANK ZALICH GM/INFORMATION TECHNOLOGY	40.00					X		165,887.	0.	25,780.
(8) SHERYL D GEE GM/ORG DEVELOPMENT	40.00					X		165,291.	0.	9,567.
(9) KENNETH MAZO GM/CFO	40.00			X				81,455.	0.	8,366.
(10) ALEX WATERS BOARD MEMBER	2.10	X						0.	0.	0.
(11) ALEXANDRA ALBRO BOARD MEMBER	2.10	X						0.	0.	0.
(12) CARYL HILLIARD BOARD MEMBER	2.10	X						0.	0.	0.
(13) EDRIENNE BRANDON BOARD MEMBER	2.10	X						0.	0.	0.
(14) FRAN AYALASOMAYAJULA BOARD MEMBER	2.10	X						0.	0.	0.
(15) GARRETT PAGON BOARD MEMBER	2.10	X						0.	0.	0.
(16) JANET CARSON BOARD MEMBER	2.10	X						0.	0.	0.
(17) MARK BLANKENSHIP, PHD TREASURER	2.10	X		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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MATTHEW GUILLORY BOARD MEMBER	2.10	X						0.	0.	0.
(19) MEISHA SHERMAN VICE CHAIR	2.10	X		X				0.	0.	0.
(20) PENNEY NEWELL BOARD MEMBER	2.10	X						0.	0.	0.
(21) ROSALBA BARRAGAN BOARD MEMBER	2.10	X						0.	0.	0.
(22) TERRELL FLETCHER BOARD MEMBER	2.10	X						0.	0.	0.
(23) TODD LANE SECRETARY	2.10	X		X				0.	0.	0.
(24) TYRONE MATTHEWS, ESQ CHAIR	2.10	X		X				0.	0.	0.
(25) VIOLETA LOMBERA PARENT POLICY COUNCIL REP	2.10	X						0.	0.	0.
<b>1b Subtotal</b>								2,060,872.	0.	192,046.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,060,872.	0.	192,046.

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 **10**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
EPISCOPAL COMMUNITY SERVICES, 401 MILES OF CARS WAY, NATIONAL CITY, CA 91950	CHILD CARE SERVICES	21,536,639.
ALL KIDS ACADEMY HEAD START INC. 620 W MADISON AVE., EL CAJON, CA 92020	CHILD CARE SERVICES	15,385,622.
SHARP HEALTH PLAN PO BOX 57248, LOS ANGELES, CA 90074	HEALTH PROVIDER	2,729,877.
KAISER FOUNDATION PO BOX 60000, SAN DIEGO, CA 94160	HEALTH PROVIDER	2,419,152.
NATIONAL SCHOOL DISTRICT 1500 N AVENUE, NATIONAL CITY, CA 91950	CHILD CARE SERVICES	1,586,539.

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 **58**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>	322.				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	248,049.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	103,160,048.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	624,484.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			104032903.			
Program Service Revenue	<b>2 a</b> PAYMENTS FROM VENDORS	<b>Business Code</b>	900099	1,544,454.	1,544,454.		
	<b>b</b> MEDICAL/PARENT/SERVICE FEE		900099	641,010.	641,010.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			2,185,464.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			23,607.		23,607.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
<b>d</b> Net gain or (loss)							
<b>8 a</b> Gross income from fundraising events (not including \$ 248,049. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		26,799.				
		<b>b</b> Less: direct expenses	<b>8b</b>	45,547.			
		<b>c</b> Net income or (loss) from fundraising events			-18,748.		-18,748.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
		<b>b</b> Less: direct expenses	<b>9b</b>				
		<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
		<b>b</b> Less: cost of goods sold	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory					
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS REVENUE	<b>Business Code</b>	900099	79,479.	79,479.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			79,479.			
<b>12 Total revenue.</b> See instructions			106302705.	2,264,943.	0.	4,859.	



**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 .....	791,925.	791,925.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	1,238,622.	1,086,129.	152,493.	
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 .....	35,371,183.	30,987,582.	4,383,601.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,746,884.	1,553,528.	193,356.	
9 Other employee benefits .....	5,396,338.	4,799,036.	597,302.	
10 Payroll taxes .....	3,022,187.	2,687,672.	334,515.	
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	14,239.	11,927.	2,312.	
c Accounting .....	145,955.	122,255.	23,700.	
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.)	40,490,199.	40,144,629.	345,570.	
12 Advertising and promotion .....	35,448.	28,058.	7,390.	
13 Office expenses .....	4,697,334.	4,553,762.	143,572.	
14 Information technology .....	1,868,121.	1,852,891.	15,230.	
15 Royalties .....				
16 Occupancy .....	5,320,466.	5,227,691.	92,775.	
17 Travel .....	762,302.	640,680.	121,622.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	379,061.	318,583.	60,478.	
20 Interest .....	113,194.	87,022.	26,172.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	630,468.	306,964.	323,504.	
23 Insurance .....	572,691.	392,409.	180,282.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>FOOD EXPENSES</b>	1,184,013.	1,179,866.	4,147.	
b <b>REPAIRS &amp; MAINTENANCE</b>	1,167,645.	1,158,125.	9,520.	
c <b>OTHER EXPENSES</b>	652,711.	539,747.	112,964.	
d <b>CLIENT ASSISTANCE</b>	413,703.	405,265.	8,438.	
e All other expenses .....	22,626.	17,395.	5,231.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	106,037,315.	98,893,141.	7,144,174.	0.
26 <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,567,451.	<b>1</b>	2,656,661.
	<b>2</b> Savings and temporary cash investments .....	3,134,459.	<b>2</b>	3,535,997.
	<b>3</b> Pledges and grants receivable, net .....	6,965,711.	<b>3</b>	6,449,162.
	<b>4</b> Accounts receivable, net .....	390,941.	<b>4</b>	739,481.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	356,212.	<b>9</b>	294,236.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 24,059,583.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 17,554,892.	6,089,639.	<b>10c</b> 6,504,691.
	<b>11</b> Investments - publicly traded securities .....	418,938.	<b>11</b>	403,390.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	223,617.	<b>15</b>	208,408.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	20,146,968.	<b>16</b>	20,792,026.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	9,643,360.	<b>17</b>	10,111,228.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	3,054,288.	<b>19</b>	3,090,413.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,086,498.	<b>23</b>	1,968,642.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	189,673.	<b>25</b>	183,204.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	14,973,819.	<b>26</b>	15,353,487.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	5,173,149.	<b>27</b>	5,438,539.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	5,173,149.	<b>32</b>	5,438,539.
<b>33</b> Total liabilities and net assets/fund balances .....	20,146,968.	<b>33</b>	20,792,026.	

**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	106,302,705.
2	Total expenses (must equal Part IX, column (A), line 25)	2	106,037,315.
3	Revenue less expenses. Subtract line 2 from line 1	3	265,390.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,173,149.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,438,539.

**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 on 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 on 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 on Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2021)



**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	93525317.	96158824.	98247542.	95309720.	104032903	487274306
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	93525317.	96158824.	98247542.	95309720.	104032903	487274306
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						487274306

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	93525317.	96158824.	98247542.	95309720.	104032903	487274306
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	11,380.	42,801.	41,130.	27,304.	23,607.	146,222.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	42,124.	0.	0.	16,560.	0.	58,684.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	170,309.	87,855.	73,719.	96,851.	79,479.	508,213.
<b>11 Total support.</b> Add lines 7 through 10						487987425
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	11,308,477.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.85 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	99.80 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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.

14 First 5 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**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:

MISCELLANEOUS REVENUE

2017 AMOUNT: \$ 170,309.

2018 AMOUNT: \$ 87,855.

2019 AMOUNT: \$ 73,719.

2020 AMOUNT: \$ 96,851.

2021 AMOUNT: \$ 79,479.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), 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), 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).

Name of organization  <b>NEIGHBORHOOD HOUSE ASSN</b>	Employer identification number  <b>95-1648184</b>
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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	\$ 5,418,241.	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	\$ 7,073,682.	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	\$ 88,975,832.	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  <b>NEIGHBORHOOD HOUSE ASSN</b>	Employer identification number  <b>95-1648184</b>
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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  <b>NEIGHBORHOOD HOUSE ASSN</b>	Employer identification number  <b>95-1648184</b>
--	---

**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

2021

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 of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), 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 art and historical treasures, and a table for revenue and assets included.

**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 make 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 program
  - 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 Term 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? <input type="checkbox"/> | 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		5,481,412.	4,310,033.	1,171,379.
c Leasehold improvements		9,021,471.	7,384,445.	1,637,026.
d Equipment		4,766,405.	3,947,963.	818,442.
e Other		3,575,291.	1,912,451.	1,662,840.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,504,691.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	183,204.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	183,204.

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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	106,348,252.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	45,547.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	45,547.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	106,302,705.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	106,302,705.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	106,082,862.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	45,547.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	45,547.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	106,037,315.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	106,037,315.

**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, 2022 AND 2021, 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, 2022 AND 2021.

NHA'S FEDERAL AND STATE INFORMATION RETURNS PRIOR TO FISCAL YEARS 2019 AND 2018, 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 45,547.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES 45,547.





**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))
		GOLF TOURNAMENT (event type)	ANNUAL GALA (event type)	NONE (total number)	
Revenue	1	Gross receipts	197,537.	77,311.	274,848.
	2	Less: Contributions	175,516.	72,533.	248,049.
	3	Gross income (line 1 minus line 2)	22,021.	4,778.	26,799.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	1,272.	32.	1,304.
	8	Entertainment			
	9	Other direct expenses	36,372.	7,871.	44,243.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			45,547.
11	Net income summary. Subtract line 10 from line 3, column (d)			-18,748.	

**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: \_\_\_\_\_







**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	9426	65,909.	0.	ACTUAL PAYMENTS	
ACTUAL PAYMENTS FOR MILEAGE AND CHILD CARE REIMBURSEMENTS TO PARENTS WHO PARTICIPATED	35	5,326.	0.	ACTUAL PAYMENTS	
MEALS SERVED TO HEAD START CHILDREN - NUTRITION SERVICES PROVIDED TO ELIGIBLE PARTICIPANTS	351229	720,690.	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

**2021**

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](http://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 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 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
1a		
1b		
2		
3		
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) 2021





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 3:

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.

PART I, LINE 4B:

THE FOLLOWING INDIVIDUALS PARTICIPATED IN NHA'S 457(F), NONQUALIFIED DEFERRED COMPENSATION PLAN:

DAMON CARSON - \$13,000 WAS CONTRIBUTED BY NHA

DWIGHT SMITH - \$45,000 WAS CONTRIBUTED BY NHA

PART I, LINE 7:

INCLUDED IN SCHEDULE J, COLUMN B(II) ARE AMOUNTS REPRESENTING BONUSES. THESE AMOUNTS WERE APPROVED BY THE BOARD OF DIRECTORS AND INCLUDED IN EACH INDIVIDUAL'S 2021 W-2.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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 - 335,398.

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

MONTHS AND CLOSED SEPTEMBER 30, 2021. TOTAL CLIENTS SERVED: 200

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

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization NEIGHBORHOOD HOUSE ASSN	Employer identification number 95-1648184
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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: 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. TOTAL CLIENTS SERVED: 684

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

Name of the organization NEIGHBORHOOD HOUSE ASSN	Employer identification number 95-1648184
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LEVEL OF CARE, SUCH AS PRIMARY CARE, SOCIALIZATION, SELF-HELP, AND RECOVERY FOCUSED SERVICES WILL CONTINUE TO BE AVAILABLE AT THE NHA FRIENDSHIP CLUBHOUSE TO OUR CLIENTS AFTER THEIR GRADUATION FROM NHA PROJECT ENABLE BPSR CENTER. THE EMPLOYMENT SUPPORT SERVICES PROGRAM, WHICH IS PART OF THE CLINIC, IS DESIGNED TO SERVICE THE SEVERELY MENTALLY ILL (SMI) CLIENTS THAT ARE WITHIN THE PROJECT ENABLE CLINIC. THE PROGRAM UTILIZES THE INDIVIDUAL PLACEMENT AND SUPPORT MODEL. THE EMPLOYMENT SUPPORT SERVICES PROVIDE THE FOLLOWING SERVICES TO CLIENTS; SUPPORT SERVICES (INTERGRADING WORK PLAN WITH TREATMENT PLAN), JOB PREPARATION TRAINING (CLIENT PREFERENCE, SOFT SKILLS, BENEFITS COUNSELING), JOB DEVELOPMENT AND FOLLOW ALONG SUPPORTS (POST-PLACEMENT SERVICES, STAY WITH CLIENTS FOR 45 DAYS AFTER EMPLOYED) GERIATRIC SPECIALISTS HAVE EXPERTISE AND KNOWLEDGE OF THE GERIATRIC POPULATION AND CAN PROVIDE SHORT-TERM CRISIS AND CASE MANAGEMENT BROKERAGE LINKAGE SERVICES. FIELD-BASED SERVICES INCLUDE: IN-HOME NEEDS ASSESSMENT; SHORT-TERM CASE MANAGEMENT & SUPPORTIVE COUNSELING; NURSING EXPERTISE AND COMPREHENSIVE COMMUNITY-BASED REFERRALS TO SUPPORT COMMUNITY BASED LIVING. GERIATRIC SPECIALISTS ALSO PROVIDE MOBILE CRISIS INTERVENTION SERVICES, INCLUDING ASSESSMENT FOR VOLUNTARY OR INVOLUNTARY HOSPITALIZATIONS IF INDICATED; CONSULT WITH PRIMARY CARE PHYSICIANS AND OTHER HEALTH PROFESSIONALS ON CO-OCCURRING MENTAL HEALTH AND PHYSICAL HEALTH CONDITIONS. PROJECT ENABLE BPSR CLINIC IS A TIME-LIMITED OUTPATIENT PROGRAM. TOTAL CLIENTS SERVED: 659

SAFE CONNECTIONS WAS ESTABLISHED OCTOBER 2021 AND IS DESIGNED TO MEET THE MENTAL HEALTH NEEDS OF CLIENTS WHO HAVE HAD REPEATED USE OF EMERGENCY PSYCHIATRIC HOSPITALIZATIONS AND HAVE BEEN UNSUCCESSFUL IN ACCESSING OUTPATIENT MENTAL HEALTH SERVICES. THE GOAL IS TO REDUCE THE

Name of the organization NEIGHBORHOOD HOUSE ASSN	Employer identification number 95-1648184
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STIGMA OF THOSE STRUGGLING WITH THEIR MENTAL HEALTH AND REDUCE HOSPITALIZATIONS BY PROVIDING INDIVIDUALIZED SUPPORT THROUGH SHORT-TERM INTENSIVE CASE MANAGEMENT, THERAPY, AND LINKAGES TO TREATMENT AND COMMUNITY SERVICES SUCH AS HOUSING, TRANSPORTATION, PEER SUPPORT, LIFE SKILLS, AND MEDICATION MANAGEMENT. THE SAFE CONNECTIONS TEAM IS COMPRISED OF SAFE CONNECTIONS SERVES ADULTS AGES 18+ WHO HAVE AN SMI DIAGNOSIS, ARE NOT CONNECTED TO ANY OUTPATIENT PROVIDERS, HAVE HAD REPEATED PSYCHIATRIC HOSPITALIZATIONS, AND ARE REFERRED BY SHARP GROSSMONT, PARADISE VALLEY, AND BAYVIEW PSYCHIATRIC HOSPITALS. TOTAL CLIENTS SERVED: 182

THE COORDINATED HIV SERVICES (CHIVS) PROGRAM PROVIDES CLIENT-CENTERED SERVICES SUCH AS CASE MANAGEMENT, CASE WORKER, MENTAL HEALTH, SUBSTANCE USE OUTPATIENT, PEER NAVIGATION AND TRANSPORTATION. THE PROGRAM LINKS CLIENTS WITH HEALTH CARE, PSYCHOSOCIAL SUPPORT, LEGAL SERVICES, HOME DELIVERED MEALS, EMERGENCY HOUSING AND OTHER SERVICES THAT MEET EACH CLIENT'S INDIVIDUAL LEVEL OF NEED. THE PRIMARY GOAL OF CHIVS IS ENSURING THAT PEOPLE LIVING WITH HIV/AIDS ARE ENROLLED AND SUSTAINED IN HIV PRIMARY CARE. THE CHIVS PROGRAM RECEIVES FUNDING TO SERVE PERSONS OF COLOR. TARGETED SERVICES FOR PERSONS OF COLOR IDENTIFY, ENGAGE, REFER AND LINK PEOPLE LIVING WITH HIV/AIDS TO HIV PRIMARY CARE, AND USE OTHER HEALTH CARE AND SUPPORT SERVICES TO KEEP THEM IN CARE OVER TIME. THE GOAL IS TO IMPROVE ACCESS TO HIV CARE AND HEALTH OUTCOMES FOR DISPROPORTIONATELY AFFECTED MINORITY POPULATIONS. THE CHIVS PROGRAM PROMOTES RETENTION IN CARE AND MEDICATION ADHERENCE WITH THE GOAL OF IMPROVING HEALTH OUTCOMES FOR PERSONS LIVING WITH HIV/AIDS, ELIMINATING HEALTH DISPARITIES, AND ACHIEVING VIRAL SUPPRESSION (A VERY LOW LEVEL OF HIV IN THE BODY OR A LOW VIRAL LOAD) AS WELL AS AN INCREASE IN CD4



Name of the organization NEIGHBORHOOD HOUSE ASSN	Employer identification number 95-1648184
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COUNT (INDICATOR OF HOW WELL THE IMMUNE SYSTEM IS WORKING AND THE STRONGEST PREDICTOR OF HIV PROGRESSION). TOTAL CLIENTS SERVED: 248.

NHA PROJECT IN-REACH AND PROJECT IN REACH MINISTRY ARE OUTREACH AND ENGAGEMENT PROGRAMS 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 4 MONTHS POST-RELEASE. SERVICES INCLUDE CLINICAL CASE MANAGEMENT AND CARE COORDINATION, 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 PROGRAMS SERVE ALL OF SAN DIEGO COUNTY. ADDITIONALLY, PROJECT IN REACH MINISTRY PROVIDES FAITH BASE SERVICES IN ADDITION TO THE OTHER SERVICES MENTIONED ABOVE. 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 EDUCATES INCARCERATED INDIVIDUALS WITH SUBSTANCE USE AND CO-OCCURRING DISORDERS ABOUT SUBSTANCE USE DISORDERS, TEACHES NEW COPING MECHANISMS AND HOW TOWEAN OFF CRAVINGS THROUGH APPROPRIATE USE OF MEDICATION, PREPARES INDIVIDUALS FOR RE-ENTRY INTO THE COMMUNITY AND ASSISTS PARTICIPANTS WITH LEARNING PRO-SOCIAL BEHAVIORS AND BETTER COMMUNICATION SKILLS. THE PROGRAM AIMS AT INCREASING AND STRENGTHENING PARTICIPATION IN COMMUNITY AFTERCARE BEHAVIORAL HEALTH PROGRAMS BY PROMOTING THEIR VALUE TO INCARCERATED POPULATIONS AND ENSURING THE SUCCESSFUL LINKAGE BETWEEN IN-JAIL PROGRAMS AND COMMUNITY AFTERCARE. TOTAL UNDUPLICATED CLIENTS

Name of the organization NEIGHBORHOOD HOUSE ASSN	Employer identification number 95-1648184
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SERVED THROUGH THESE TWO PROGRAMS: 1,300

NHA'S SENIOR CENTER PROVIDES CONTINENTAL BREAKFAST AND LUNCH MEALS TO ADULTS 60 YEARS OF AGE AND OLDER, AS WELL AS SOCIALIZATION, RECREATION, EDUCATION, HEALTH AND NUTRITION SERVICES TO ASSIST IN THE INDEPENDENCE AND SAFETY OF THESE INDIVIDUALS. THE PROGRAM PROVIDES NUTRITION-CENTERED SERVICES THAT LINK SENIOR ADULTS WITH HEALTHY MEALS, EXERCISING, TRANSPORTATION, SOCIAL ACTIVITIES, EMOTIONAL SUPPORT SYSTEMS AND OTHER SERVICES THAT MEETS EACH INDIVIDUALS LEVEL OF NEED.

TOTAL CLIENTS SERVED: 70

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: 90

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

BLACK INFANT HEALTH PROGRAM (BIH) COMPLETED ITS 27TH YEAR OF PROGRAM SERVICES TO AFRICAN AMERICAN WOMEN, FAMILIES AND THE COMMUNITY. THE PROGRAM WAS ABLE TO MEET AND EXCEED EXPECTATIONS FOR THE NUMBER OF WOMEN SERVED. BIH'S GOAL IS TO HELP REDUCE THE INFANT MORTALITY RATE

Name of the organization NEIGHBORHOOD HOUSE ASSN	Employer identification number 95-1648184
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FOR AFRICAN AMERICAN BABIES AND TO REDUCE AFRICAN AMERICAN PREGNANCY RELATED MATERNAL MORBIDITY AND MORTALITY; RESULTING IN A REDUCTION IN PREGNANCY AND BIRTH RELATED HEALTH DISPARITIES EXPERIENCED BY AFRICAN-AMERICANS. THE PROGRAM WORKS WITH WOMEN TO INCREASE OPPORTUNITIES FOR HEALTHIER PREGNANCIES THROUGH: ONE-ON-ONE CASE MANAGEMENT AND LIFE PLANNING; TEN-WEEK PRENATAL AND POSTPARTUM GROUPS; REFERRAL SERVICES; TRANSPORTATION ASSISTANCE TO PROGRAM ACTIVITIES AND TO MEDICAL APPOINTMENTS; TIPS AND TECHNIQUES FOR STRESS MANAGEMENT AND REDUCTION; DEVELOPMENT OF ADVOCACY AND EMPOWERMENT SKILLS; AND OTHER SUPPORTIVE ACTIVITIES SPECIFICALLY GEARED TO PREGNANT AND PARENTING WOMEN. EACH PARTICIPANT IS ASSIGNED TO WORK WITH AND RECEIVE SUPPORT FROM A FAMILY HEALTH ADVOCATE. IN ADDITION TO THE FAMILY HEALTH ADVOCATES/GROUP FACILITATORS, THE BIH TEAM ALSO CONSISTS OF A DEDICATED COMMUNITY OUTREACH LIAISON, A MENTAL HEALTH PROFESSIONAL, A PUBLIC HEALTH NURSE, A DATA ENTRY/OFFICE ASSISTANT AND A PROGRAM DIRECTOR. BIH PARTICIPATION IS OPEN TO ANY AFRICAN-AMERICAN WOMAN, 18 YEARS OF AGE AND OLDER, WHO IS 30 WEEKS OR LESS GESTATION AT THE TIME OF ENROLLMENT. TOTAL CLIENTS SERVED: 194.

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

NEIGHBORHOOD HOUSE IS A MEMBERSHIP ORGANIZATION.

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

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

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

THE FINANCE DEPARTMENT PROVIDES THE REQUIRED INPUTS TO OUR INDEPENDENT

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

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

CHILD CARE CONTRACTS:

PROGRAM SERVICE EXPENSES	38,361,984.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	38,361,984.

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	1,782,645.
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Name of the organization NEIGHBORHOOD HOUSE ASSN	Employer identification number 95-1648184
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MANAGEMENT AND GENERAL EXPENSES 345,570.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,128,215.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 40,490,199.

FORM 990, PART XII, LINE 2C:

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



# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

JUNE 30, 2022

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**PREPARED FOR:**

KENNETH MAZO  
NEIGHBORHOOD HOUSE ASSOCIATION  
5660 COPLEY DRIVE  
SAN DIEGO, CA 92111

---

**PREPARED BY:**

COHNREZNICK LLP  
621 CAPITOL MALL, SUITE 2150  
SACRAMENTO, CA 95814

---

**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

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**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT IS REQUIRED	\$	

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**OVERPAYMENT:**

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**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.

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

JUNE 30, 2022

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**PREPARED FOR:**

KENNETH MAZO  
NEIGHBORHOOD HOUSE ASSOCIATION  
5660 COPLEY DRIVE  
SAN DIEGO, CA 92111

---

**PREPARED BY:**

COHNREZNICK LLP  
621 CAPITOL MALL, SUITE 2150  
SACRAMENTO, CA 95814

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**AMOUNT OF TAX:**

BALANCE DUE OF \$1,000

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**MAKE CHECK PAYABLE TO:**

DEPARTMENT OF JUSTICE

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**MAIL TAX RETURN TO:**

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

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**RETURN MUST BE MAILED ON OR BEFORE:**

MAY 15, 2023

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**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 2021 or fiscal year beginning (mm/dd/yyyy) **07/01/2021**, and ending (mm/dd/yyyy) **06/30/2022**

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

<p><b>A</b> First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final information return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized          Enter date: (mm/dd/yyyy) _____</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> 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><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> 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><b>I</b> 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><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> 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><b>O</b> 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.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,315,349	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	104,032,903	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	106,348,252	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	106,348,252	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	106,082,862	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	265,390	00
<b>Filing Fee</b>	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	Penalties and interest. See General Information J	15		00
	16	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00
<b>Sign Here</b>	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.				
	Signature of officer	Title <b>CFO</b>	Date	• Telephone	
<b>Paid Preparer's Use Only</b>	Preparer's signature	<b>LISA M. CUMMINGS, CPA</b>	Date <b>04/17/23</b>	Check if self-employed <input type="checkbox"/>	• PTIN <b>P00043433</b>
	Firm's name (or yours, if self-employed) and address	<b>COHNREZNICK LLP 621 CAPITOL MALL, SUITE 2150 SACRAMENTO, CA 95814</b>			• Firm's FEIN <b>22-1478099</b>
					• Telephone <b>916-442-9100</b>
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

128951 01-19-22

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	26,799	00
	2	Interest	•	2	23,607	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	2,264,943	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	2,315,349	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	791,925	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees	•	11	1,238,622	00
	12	Other salaries and wages	•	12	35,371,183	00
	13	Interest	•	13	113,194	00
	14	Taxes	•	14	3,022,187	00
	15	Rents	•	15	5,320,466	00
	16	Depreciation and depletion (See instructions)	•	16	630,468	00
	17	Other expenses and disbursements	•	17	59,594,817	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	106,082,862	00

<b>Schedule L Balance Sheet</b>	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		5,701,910		6,192,658
2 Net accounts receivable		390,941		739,481
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	418,938		403,390
10 a Depreciable assets	21,895,072		22,844,579	
b Less accumulated depreciation	( 17,020,437 )	4,874,635	( 17,554,892 )	5,289,687
11 Land		1,215,004		1,215,004
12 Other assets	STMT 7	7,545,540		6,951,806
13 <b>Total assets</b>		20,146,968		20,792,026
<b>Liabilities and net worth</b>				
14 Accounts payable		9,643,360		10,111,228
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable		2,086,498		1,968,642
18 Other liabilities	STMT 8	3,243,961		3,273,617
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		5,173,149		5,438,539
22 <b>Total liabilities and net worth</b>		20,146,968		20,792,026

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
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	•	265,390	7 Income recorded on books this year not included in this return. Attach schedule
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5		265,390	
			265,390

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	06/30/22	5,418,241.
COUNTY OF SAN DIEGO	3255 CAMINO DEL RIO S SAN DIEGO, CA 92108	06/30/22	7,073,682.
DEPARTMENT OF HEALTH AND HUMAN SERVICES	90 7TH ST. REGION IX SAN FRANCISCO, CA 94103	06/30/22	88,975,832.
TOTAL INCLUDED ON LINE 3			101,467,755.

CA 199

OTHER INCOME

STATEMENT 2

DESCRIPTION	AMOUNT
MISCELLANEOUS REVENUE	79,479.
PAYMENTS FROM VENDORS	1,544,454.
MEDICAL/PARENT/SERVICE FEE	641,010.
TOTAL TO FORM 199, PART II, LINE 7	2,264,943.

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

ACTIVITY CLASSIFICATION: GRANTS AND CONTRIBUTIONS PAID

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
9,426 RECIPIENTS	VARIOUS - VARIOUS, CA 99999	NONE	65,909.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
	0.	BUS PASSES, TUITION REIMBURSEMENT	ACTUAL PAYMENTS

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
35 RECIPIENTS	VARIOUS - VARIOUS, CA 99999	NONE	5,326.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
	0.	MILEAGE AND CHILD CARE REIMBURSEMENTS	ACTUAL PAYMENTS

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
351,229 RECIPIENTS	VARIOUS - VARIOUS, CA 99999	NONE	720,690.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
	0.	MEALS SERVED TO HEAD START CHILDREN	ACTUAL PAYMENTS

TOTAL FOR THIS ACTIVITY 791,925.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 791,925.



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CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT 4

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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
RUDOLPH A JOHNSON III 5660 COPLEY DRIVE SAN DIEGO, CA 92111	PRESIDENT/CEO 40.00	531,163.
KIM PECK 5660 COPLEY DRIVE SAN DIEGO, CA 92111	GM/CFO 40.00	270,535.
DWIGHT SMITH 5660 COPLEY DRIVE SAN DIEGO, CA 92111	GM/GENERAL COUNSEL 40.00	229,758.
KENNETH MAZO 5660 COPLEY DRIVE SAN DIEGO, CA 92111	GM/CFO 40.00	207,166.
ALEX WATERS 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
ALEXANDRA ALBRO 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
CARYL HILLIARD 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 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.
GARRETT PAGON 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
JANET CARSON 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.

NEIGHBORHOOD HOUSE ASSN

95-1648184

MARK BLANKENSHIP, PHD 5660 COPLEY DRIVE SAN DIEGO, CA 92111	TREASURER 2.10	0.
MATTHEW GUILLORY 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
MEISHA SHERMAN 5660 COPLEY DRIVE SAN DIEGO, CA 92111	VICE CHAIR 2.10	0.
PENNEY NEWELL 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.
TERRELL FLETCHER 5660 COPLEY DRIVE SAN DIEGO, CA 92111	BOARD MEMBER 2.10	0.
TODD LANE 5660 COPLEY DRIVE SAN DIEGO, CA 92111	SECRETARY 2.10	0.
TYRONE MATTHEWS, ESQ 5660 COPLEY DRIVE SAN DIEGO, CA 92111	CHAIR 2.10	0.
VIOLETA LOMBERA 5660 COPLEY DRIVE SAN DIEGO, CA 92111	PARENT POLICY COUNCIL REP 2.10	0.

TOTAL TO FORM 199, PART II, LINE 11

1,238,622.

CA 199	OTHER EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
FOOD EXPENSES		1,184,013.
REPAIRS & MAINTENANCE		1,167,645.
OTHER EXPENSES		652,711.
CLIENT ASSISTANCE		413,703.
DIRECT EXPENSES OF FUNDRAISING EVENTS		45,547.
PENSION PLAN CONTRIBUTIONS		1,746,884.
OTHER EMPLOYEE BENEFITS		5,396,338.
LEGAL FEES		14,239.
ACCOUNTING FEES		145,955.
OTHER PROFESSIONAL FEES		40,490,199.
ADVERTISING AND PROMOTION		35,448.
OFFICE EXPENSES		4,697,334.
INFORMATION TECHNOLOGY		1,868,121.
TRAVEL		762,302.
CONFERENCES AND CONVENTIONS		379,061.
INSURANCE		572,691.
ALL OTHER EXPENSES		22,626.
TOTAL TO FORM 199, PART II, LINE 17		59,594,817.

CA 199	OTHER INVESTMENTS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
EQUITY SECURITIES	418,938.	403,390.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	418,938.	403,390.

CA 199	OTHER ASSETS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	6,965,711.	6,449,162.
PREPAID EXPENSES AND DEFERRED CHARGES	356,212.	294,236.
SECURITY DEPOSITS	93,632.	93,632.
RESTRICTED CASH	129,985.	114,776.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	7,545,540.	6,951,806.

CA 199	OTHER LIABILITIES	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED RENT	189,673.	183,204.
DEFERRED REVENUE	3,054,288.	3,090,413.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	3,243,961.	3,273,617.

CA 199	FUND BALANCES	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	5,173,149.	5,438,539.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	5,173,149.	5,438,539.

TAXABLE YEAR  
**2021**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>NEIGHBORHOOD HOUSE ASSN</b>	<b>95-1648184</b>

**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b>	<b>106,348,252</b>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b>	<b>106,348,252</b>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b>	<b>106,082,862</b>

**Part II Settle Your Account Electronically for Taxable Year 2021**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> Account number _____	

**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 2021 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.**

<b>Sign Here</b>		_____ Signature of officer		_____ Date		<b>CFO</b> Title
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**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, 2021 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.

<b>ERO</b>	ERO's signature	<b>COHNREZNICK LLP</b>	Date	04/17/23	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN	P00043433
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address	<b>COHNREZNICK LLP</b> <b>621 CAPITOL MALL, SUITE 2150</b> <b>SACRAMENTO, CA</b>	Firm's FEIN	22-1478099			ZIP code	95814

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.

<b>Paid Preparer</b>	Paid preparer's signature	_____ Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address	_____ Firm's FEIN	ZIP code	

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**  
Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 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.

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400  
WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

**NEIGHBORHOOD HOUSE ASSN**

Name of Organization

List all DBAs and names the organization uses or has used

**5660 COPLEY DRIVE**

Address (Number and Street)

**SAN DIEGO, CA 92111**

City or Town, State, and ZIP Code

**858-715-2642**

Telephone Number

E-mail Address

Check if:

- Change of address  
 Amended report

State Charity Registration Number **CT003875**

Corporation or Organization No. **0106576**

Federal Employer ID No. **95-1648184**

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2021 ending 06/30/2022) list:

Total Revenue (including noncash contributions) \$ 106,302,705 Noncash Contributions \$ 0 Total Assets \$ 20,792,026  
Program Expenses \$ 98,893,141 Total Expenses \$ 106,037,315

**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?	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.**

**KENNETH MAZO**

**CFO**

Signature of Authorized Agent

Printed Name

Title

Date

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

AGENCY NAME: DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADDRESS: 90 7TH STREET (9TH FLOOR), SAN FRANCISCO, CA 94103  
PHONE NUMBER: 415-437-8506

AGENCY NAME: COUNTY OF SAN DIEGO  
ADDRESS: 3255 CAMINO DEL RIO SOUTH, SAN DIEGO, CA 92108  
PHONE NUMBER: 866-901-3212





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