

PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: NEIGHBORHOOD HOUSE ASSN
D Employer identification number: 95-1648184
E Telephone number: 858-715-2642
G Gross receipts \$: 130,525,095.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.NEIGHBORHOODHOUSE.ORG
K Form of organization:
L Year of formation: 1923
M State of legal domicile: CA

Part I Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, expenses, and net assets.

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.

Signature of officer: KENNETH MAZO, CFO
Preparer: JOLANTA TUCK, COHNREZNICK ADVISORY LLC
Firm's address: 621 CAPITOL MALL, SUITE 2150 SACRAMENTO, CA 95814

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 \$ 110,842,428. including grants of \$ 40,662,254.) (Revenue \$ 3,681,751.) 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 AGES 6 WEEKS TO 3 YEARS, AS WELL AS PREGNANT AND POSTPARTUM LOW-INCOME WOMEN. COMPREHENSIVE SERVICES INCLUDE PARENTING CLASSES AND TRANSITION SERVICES FOR CHILDREN MOVING ON TO PRESCHOOL. TOTAL ENROLLED CHILDREN: 4,442

4b (Code:) (Expenses \$ 8,854,112. including grants of \$) (Revenue \$) HEALTH & NUTRITION:

HEALING OAKS CLINIC WAS ESTABLISHED IN 2023 AND IS A HYBRID OUTPATIENT TREATMENT FACILITY THAT PROVIDES BOTH BIOPSYCHOSOCIAL REHABILITATION (BPSR) AND SUBSTANCE USE DISORDER (SUD) TREATMENT. THERE ARE TWO SERVICE TRACKS AT HEALING OAKS FOR INDIVIDUALS EXPERIENCING CONCERNS WITH MENTAL HEALTH, SUBSTANCE USE, OR BOTH. TRACK ONE PROVIDES BPSR SERVICES FOR MENTAL HEALTH CONCERNS, WHICH INCLUDE CO-OCCURRING INDIVIDUALS WHO MAY ALSO BE EXPERIENCING SUBSTANCE USE. THE BPSR TRACK IS SHORT-DOYLE MEDICAL CERTIFIED TO PROVIDE MENTAL HEALTH SERVICES TO INDIVIDUALS 18 YEARS OR OLDER WITH A PRIMARY DIAGNOSIS OF A MENTAL HEALTH CONCERN RESIDING IN SAN DIEGO COUNTY. TOTAL CLIENTS SERVED: 387

4c (Code:) (Expenses \$ 2,345,793. including grants of \$) (Revenue \$) YOUTH AND OTHER SERVICES:

THE 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, CREATE A SPENDING PLAN AND BUDGET, AND ESTABLISH VIABLE SAVINGS ACCOUNTS AND EMERGENCY FUNDS. THE FINANCIAL COUNSELING AND COACHING PROGRAM ALSO PROVIDES FULL RESIDENT SERVICES, INCLUDING AFTERSCHOOL AND TUTORING SERVICES, TO BOTH THE CORONADO TERRACE AND VISTA TERRACE HILLS APARTMENTS LOCATED IN SAN DIEGO COUNTY. TUTORING SERVICES ARE PROVIDED TO STUDENTS IN GRADES 3 THROUGH 12 IN THE SUBJECTS OF MATH, ENGLISH, READING, AND SOCIAL STUDIES.

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

4e Total program service expenses 122,042,333.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' responses.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and their compliance status.

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, Yes, No. Rows 1a, 1b, 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 reporting, tax shelter 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 20; 1b Enter the number of voting members included... 20; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (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.
[X] Own website [] Another's website [X] 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, box 6 of 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			623,600.	0.	37,961.	
(2) DWIGHT SMITH GM/GENERAL COUNSEL	40.00				X		405,941.	0.	40,250.	
(3) DAMON CARSON GM/EDUCATION INSTITUTION	40.00				X		207,322.	0.	41,305.	
(4) MONA S MINTON GM/PROGRAMS/CLINICS/COMMUN	40.00				X		199,508.	0.	43,843.	
(5) KENNETH MAZO GM/CFO	40.00			X			197,654.	0.	39,675.	
(6) DUQUETTE F SOBEK VP- FACILITIES/OPERATIONS	40.00				X		209,183.	0.	20,780.	
(7) FRANK ZALICH GM/INFORMATION TECHNOLOGY	40.00				X		195,208.	0.	25,931.	
(8) ALEX WATERS BOARD MEMBER	2.10	X					0.	0.	0.	
(9) ALEXANDRA ALBRO BOARD MEMBER (OUTGOING)	2.10	X					0.	0.	0.	
(10) ARTHUR BENJAMIN BOARD MEMBER	2.10	X					0.	0.	0.	
(11) CARYL HILLARD BOARD MEMBER	2.10	X					0.	0.	0.	
(12) CHRISTOPHER GRASSA BOARD MEMBER	2.10	X					0.	0.	0.	
(13) CYNTHIA AUSTIN BOARD MEMBER	2.10	X					0.	0.	0.	
(14) DIANE LITTLE BOARD MEMBER	2.10	X					0.	0.	0.	
(15) DR. JOHN PARKER BOARD MEMBER	2.10	X					0.	0.	0.	
(16) GAGE MERCER BOARD MEMBER (OUTGOING)	2.10	X					0.	0.	0.	
(17) GAIL COLE-AVENT BOARD MEMBER	2.10	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) GARRET PAGON BOARD MEMBER (OUTGOING)	2.10	X						0.	0.	0.
(19) GEVENA CUNNINGHAM PARENT POLICY COUNCIL REPRESENTATIVE	2.10	X						0.	0.	0.
(20) JASON SHANLEY BOARD MEMBER	2.10	X						0.	0.	0.
(21) JOY FREEMAN BOARD MEMBER	2.10	X						0.	0.	0.
(22) KYRA SEAY BOARD MEMBER	2.10	X						0.	0.	0.
(23) MARK BLANKENSHIP, PHD VICE CHAIR	2.10	X		X				0.	0.	0.
(24) MEISHA SHERMAN CHAIR	2.10	X		X				0.	0.	0.
(25) MELINDA VALENCIA BOARD MEMBER	2.10	X						0.	0.	0.
(26) SARAH PRETANVIL BOARD MEMBER	2.10	X						0.	0.	0.
1b Subtotal								2,038,416.	0.	249,745.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,038,416.	0.	249,745.

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 103

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SHARP HEALTH PLAN PO BOX 57248, LOS ANGELES, CA 90074	HEALTH PROVIDER	3,005,038.
KAISER FOUNDATION PO BOX 60000, SAN DIEGO, CA 94160	HEALTH PROVIDER	2,845,270.
PRAVA CONSTRUCTION SERVICES INC, 300 RANCHEROS DRIVE STE. 150, SAN MARCOS, CA	RENOVATIONS	1,542,676.
CHILDCARE CAREERS, 2000 SIERRA POINT PKWY, SUITE 702, BRISBANE, CA 94005	CHILD CARE	1,424,524.
CHICANO FEDERATION OF SD, 3180 UNIVERSITY AVE. STE 317, SAN DIEGO, CA 92104	CHILD CARE	1,297,470.

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 74

SEE PART VII, SECTION A CONTINUATION SHEETS

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	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	141,982.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	126,055,900.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	343,188.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			126541070.			
Program Service Revenue	2 a	FOOD REIMB FOR CHILDCARE PROGRAM	Business Code	624110	3,553,381.	3,553,381.		
	b	SERVICE FEES	Business Code	624110	1,441.	1,441.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			3,554,822.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			262,540.		262,540.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
d	Net gain or (loss)							
8 a	Gross income from fundraising events (not including \$ 141,982. of contributions reported on line 1c). See Part IV, line 18	8a		39,734.				
				78,546.				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events			-38,812.		-38,812.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue		900099	126,929.	126,929.		
	e	Total. Add lines 11a-11d			126,929.			
12	Total revenue. See instructions			130446549.	3,681,751.	0.	223,728.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	39,204,257.	39,204,257.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,457,997.	1,457,997.		
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	1,004,933.	903,257.	101,676.	
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	49,190,340.	44,155,996.	5,034,344.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,155,853.	1,960,587.	195,266.	
9 Other employee benefits	6,331,703.	5,758,209.	573,494.	
10 Payroll taxes	4,081,450.	3,711,773.	369,677.	
11 Fees for services (nonemployees):				
a Management				
b Legal	301,585.	246,220.	55,365.	
c Accounting	154,660.	126,268.	28,392.	
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.)	7,635,370.	6,705,451.	929,919.	
12 Advertising and promotion	94,643.	72,070.	22,573.	
13 Office expenses	3,026,640.	2,870,071.	156,569.	
14 Information technology	1,536,905.	1,536,905.		
15 Royalties				
16 Occupancy	7,290,368.	6,852,554.	437,814.	
17 Travel	1,040,222.	845,937.	194,285.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	554,517.	450,948.	103,569.	
20 Interest	37,724.	18,559.	19,165.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,494,527.	1,101,622.	392,905.	
23 Insurance	834,364.	652,818.	181,546.	
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 FOOD EXPENSE	1,447,953.	1,438,427.	9,526.	
b CLIENT ASSISTANCE	915,853.	909,518.	6,335.	
c OPERATIONAL EXPENSES	834,555.	417,838.	416,717.	
d REPAIRS & MAINTENANCE	593,162.	645,051.	-51,889.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	131,219,581.	122,042,333.	9,177,248.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	1,704,293.	1	5,078,977.
	2 Savings and temporary cash investments	4,624,267.	2	4,830,853.
	3 Pledges and grants receivable, net	9,173,343.	3	2,048,342.
	4 Accounts receivable, net	549,294.	4	691,539.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	700,193.	9	71,594.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,993,077.		
	b Less: accumulated depreciation	10b 19,152,113.	10c	12,840,964.
	11 Investments - publicly traded securities	590,657.	11	786,671.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	306,616.	15	188,431.
16 Total assets. Add lines 1 through 15 (must equal line 33)	30,820,161.	16	26,537,371.	
Liabilities	17 Accounts payable and accrued expenses	11,715,686.	17	9,848,215.
	18 Grants payable		18	
	19 Deferred revenue	5,400,990.	19	3,627,249.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	303,829.	23	268,040.
	24 Unsecured notes and loans payable to unrelated third parties		24	840,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,847,180.	25	5,174,423.
	26 Total liabilities. Add lines 17 through 25	23,267,685.	26	19,757,927.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,282,346.	27	6,627,499.
	28 Net assets with donor restrictions	270,130.	28	151,945.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,552,476.	32	6,779,444.
	33 Total liabilities and net assets/fund balances	30,820,161.	33	26,537,371.

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	130,446,549.
2	Total expenses (must equal Part IX, column (A), line 25)	2	131,219,581.
3	Revenue less expenses. Subtract line 2 from line 1	3	-773,032.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,552,476.
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	6,779,444.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	95309720.	104032903	116828839	126630346	126541070	569342878
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	95309720.	104032903	116828839	126630346	126541070	569342878
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						569342878

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	95309720.	104032903	116828839	126630346	126541070	569342878
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	27,304.	23,607.	25,128.	153,612.	262,540.	492,191.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...	16,560.					16,560.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	96,851.	79,479.	134,698.	115,719.	126,929.	553,676.
11 Total support. Add lines 7 through 10						570405305
12 Gross receipts from related activities, etc. (see instructions)					12	12,930,805.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.81	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.85	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 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: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

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, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

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). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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

2020 AMOUNT: \$ 96,851.
 2021 AMOUNT: \$ 79,479.
 2022 AMOUNT: \$ 134,698.
 2023 AMOUNT: \$ 115,719.
 2024 AMOUNT: \$ 126,929.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

NEIGHBORHOOD HOUSE ASSN

Employer identification number

95-1648184

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 in 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? | 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		1,210,254.		1,210,254.
b Buildings		5,481,412.	4,784,833.	696,579.
c Leasehold improvements		9,528,303.	7,274,530.	2,253,773.
d Equipment		5,924,501.	4,089,188.	1,835,313.
e Other		9,848,607.	3,003,562.	6,845,045.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				12,840,964.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

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) LEASE LIABILITY	5,174,423.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	5,174,423.

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.

1	Total revenue, gains, and other support per audited financial statements		1	130,525,095.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	78,546.	
e	Add lines 2a through 2d	2e		78,546.
3	Subtract line 2e from line 1		3	130,446,549.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	130,446,549.

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

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

1	Total expenses and losses per audited financial statements		1	131,298,127.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	78,546.	
e	Add lines 2a through 2d	2e		78,546.
3	Subtract line 2e from line 1		3	131,219,581.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	131,219,581.

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, 2025 AND 2024, 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 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, 2025 AND 2024.

NHA'S FEDERAL AND STATE INFORMATION RETURNS PRIOR TO FISCAL YEARS 2022 AND 2021, 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 78,546.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES 78,546.

Lined area for supplemental information.

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)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	181,716.			181,716.
	2 Less: Contributions	141,982.			141,982.
	3 Gross income (line 1 minus line 2)	39,734.			39,734.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	1,403.			1,403.
	8 Entertainment				
	9 Other direct expenses	77,143.			77,143.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				78,546.
11 Net income summary. Subtract line 10 from line 3, column (d)				-38,812.	

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

9 Enter the state(s) in which the organization 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 IV Supplemental Information (continued)

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EPISCOPAL COMMUNITY SERVICES 401 MILE OF CARS WAY, SUITE 350 NATIONAL CITY, CA 91950	95-1945256	501C3	24,021,781.	0.			CHILD CARE PROGRAMMING
ALL KIDS ACADEMY HEAD START, INC 620 WEST MADISON AVENUE EL CAJON, CA 92020	95-2565264	501C3	15,182,476.	0.			CHILD CARE PROGRAMMING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2.

3 Enter total number of other organizations listed in the line 1 table 0.

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	2666	27,771.	0.	ACTUAL PAYMENTS	
ACTUAL PAYMENTS FOR MILEAGE AND CHILD CARE REIMBURSEMENTS TO PARENTS WHO PARTICIPATED	44	5,777.	0.	ACTUAL PAYMENTS	
MEALS SERVED TO HEAD START CHILDREN - NUTRITION SERVICES PROVIDED TO ELIGIBLE PARTICIPANTS	580572	1,424,449.	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)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

NEIGHBORHOOD HOUSE ASSN

Employer identification number

95-1648184

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
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RUDOLPH A JOHNSON III PRESIDENT/CEO	(i)	514,809.	97,000.	11,791.	10,350.	27,611.	661,561.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DWIGHT SMITH GM/GENERAL COUNSEL	(i)	373,367.	17,000.	15,574.	30,500.	9,750.	446,191.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAMON CARSON GM/EDUCATION INSTITUTION	(i)	174,034.	17,000.	16,288.	30,500.	10,805.	248,627.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MONA S MINTON GM/PROGRAMS/CLINICS/COMMUN	(i)	164,208.	17,000.	18,300.	16,380.	27,463.	243,351.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KENNETH MAZO GM/CFO	(i)	163,763.	17,000.	16,891.	12,671.	27,004.	237,329.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DUQUETTE F SOBEK VP- FACILITIES/OPERATIONS	(i)	178,087.	17,000.	14,096.	19,881.	899.	229,963.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) FRANK ZALICH GM/INFORMATION TECHNOLOGY	(i)	168,650.	14,500.	12,058.	15,396.	10,535.	221,139.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 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 - \$25,000 WAS CONTRIBUTED BY NHA
MONA MINTON - \$43,250 WAS CONTRIBUTED BY NHA
DUQUETTE SOBEK - \$20,000 WAS CONTRIBUTED BY NHA
KENNETH MAZO - \$20,000 WAS CONTRIBUTED BY NHA
DWIGHT SMITH - \$30,000 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 2024 W-2.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

NEIGHBORHOOD HOUSE ASSN

Employer identification number

95-1648184

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.

PROGRAM SERVICE ACCOMPLISHMENTS:

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: 580,572

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

TRACK TWO PROVIDES SUD TREATMENT FOR INDIVIDUALS EXPERIENCING SUBSTANCE USE ISSUES, WHICH MAY ALSO INCLUDE INDIVIDUALS EXPERIENCING MILD-TO-MODERATE MENTAL HEALTH CONCERNS. SUD IS AN OUTPATIENT AND INTENSIVE OUTPATIENT TREATMENT PROGRAM INTEGRATED WITH MEDICATION-ASSISTED TREATMENT (MAT) AND AMBULATORY WITHDRAWAL MANAGEMENT SERVICES FOR INDIVIDUALS WITH PRIMARY SUBSTANCE USE CONCERNS. THE SUD TRACK IS FUNDED BY AND IN PARTNERSHIP WITH THE HEALTH AND HUMAN SERVICES AGENCY OF SAN DIEGO COUNTY.

TOTAL UNDUPLICATED CLIENTS SERVED THROUGH THESE TWO PROGRAMS: 1,257

SAFE CONNECTIONS WAS ESTABLISHED IN 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 STIGMA AMONG THOSE STRUGGLING WITH THEIR MENTAL HEALTH AND TO 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.

SAFE CONNECTIONS SERVES ADULTS AGES 18+ WHO HAVE AN SMI DIAGNOSIS, ARE NOT CONNECTED TO OUTPATIENT PROVIDERS, HAVE HAD REPEATED PSYCHIATRIC HOSPITALIZATIONS, AND ARE REFERRED BY SHARP GROSSMONT, PARADISE VALLEY, AND BAYVIEW PSYCHIATRIC HOSPITALS.

TOTAL CLIENTS SERVED: 196

THE COORDINATED HIV SERVICES (CHIVS) PROGRAM PROVIDES CLIENT-CENTERED SERVICES FOR THOSE LIVING WITH HIV/AIDS SUCH AS CASE MANAGEMENT, MENTAL HEALTH AND SUBSTANCE USE REFERRALS, PEER NAVIGATION, AND TRANSPORTATION. THE PROGRAM LINKS CLIENTS WITH HEALTH CARE,

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization	NEIGHBORHOOD HOUSE ASSN	Employer identification number	95-1648184
<p>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 (POC). 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 OF POC 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 TO IMPROVE HEALTH OUTCOMES FOR PERSONS LIVING WITH HIV/AIDS, ELIMINATE HEALTH DISPARITIES, AND ACHIEVE VIRAL SUPPRESSION (A VERY LOW LEVEL OF HIV IN THE BODY OR A LOW VIRAL LOAD) AND INCREASE IN CD4 COUNT (INDICATOR OF HOW WELL THE IMMUNE SYSTEM IS WORKING AND THE STRONGEST PREDICTOR OF HIV PROGRESSION). CHIVS PROGRAM SUNSET AS OF FEBRUARY 28, 2025.</p> <p>TOTAL CLIENTS SERVED: 226</p>			

NHA PROJECT IN-REACH AND PROJECT IN REACH MINISTRY ARE OUTREACH AND ENGAGEMENT PROGRAMS FOR INCARCERATED INDIVIDUALS AGES 18+ WHO HAVE OR ARE AT RISK OF SUBSTANCE USE AND/OR SEVERE MENTAL ILLNESS 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 WHERE CLIENTS ARE LINKED AND ASSISTED TO TREATMENT PROGRAMS FOR SUBSTANCE USE AND/OR MENTAL HEALTH. SERVICES ALSO INCLUDE SUPPORTING CLIENTS' TRANSITION OUT OF THE CORRECTIONAL FACILITY, GROUP COUNSELING, ASSESSMENT FOR MEDICAL NEEDS, ASSESSMENT FOR EMPLOYMENT NEEDS AND LINKAGES TO EMPLOYMENT READINESS PROGRAMS, AND ASSISTANCE WITH OBTAINING QUALIFYING BENEFITS AND DOCUMENTATION. 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 TO WEAN 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 SERVED THROUGH THESE TWO PROGRAMS: 309

THE DISTRICT ATTORNEY'S PROSECUTOR INITIATED RESENTENCING AND REENTRY PROGRAM (DAPIRR) IS INTENDED TO BENEFIT INDIVIDUALS RELEASED FROM THE CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION (CDCR) AFTER RESENTENCING INITIATED BY THE SAN DIEGO COUNTY DISTRICT ATTORNEY'S OFFICE OR CDCR UNDER PENAL CODE SECTION 1172.1. THE DAPIRR PROGRAM WAS CREATED TO ASSIST RETURNING CITIZENS WITH ADJUSTING TO LIFE IN THE COMMUNITY AND SOCIETY AT LARGE AFTER THEIR RELEASE FROM PRISON. REFERRED INDIVIDUALS QUALIFY FOR UP TO 12 MONTHS OF CARE COORDINATION AND CASE MANAGEMENT SERVICES.

TOTAL CLIENTS SERVED: 13

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THE SHERIFF'S DEPARTMENT PEER REENTRY LEADERSHIP ACADEMY IS A LEADERSHIP TRAINING ACADEMY INTENDED TO BENEFIT THOSE WHO HAVE LIVED EXPERIENCE AS A FORMERLY INCARCERATED PERSON AND THOSE CURRENTLY INCARCERATED AT A SAN DIEGO COUNTY SHERIFF'S DEPARTMENT DETENTION AND/OR REENTRY FACILITY. THE PROGRAM WAS CREATED BY THE SHERIFF'S DEPARTMENT AND IS FACILITATED BY NHA LEADERSHIP STAFF. PEER LEADERS WHO SUCCESSFULLY COMPLETE THE LEADERSHIP ACADEMY MAY BE INVITED BY THE SHERIFF'S DEPARTMENT TO DELIVER SPEAKING ENGAGEMENTS TO INCARCERATED INDIVIDUALS IN SAN DIEGO COUNTY DETENTION FACILITIES.
TOTAL CLIENTS SERVED: 32

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: 58

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) AND 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. ADHC SERVICES WERE SUSPENDED AS OF OCTOBER 16, 2023. T
OTAL CLIENTS SERVED: 0

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
TOTAL CLIENTS SERVED: 2,877

THE BLACK INFANT HEALTH PROGRAM (BIH) AIMS TO HELP REDUCE THE INFANT MORTALITY RATE FOR AFRICAN AMERICAN BABIES AND TO REDUCE AFRICAN AMERICAN PREGNANCY-RELATED MATERNAL MORBIDITY AND MORTALITY, RESULTING IN A REDUCTION OF 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 MEDICAL APPOINTMENTS
- TIPS AND TECHNIQUES FOR STRESS MANAGEMENT AND REDUCTION
- DEVELOPMENT OF ADVOCACY AND EMPOWERMENT SKILLS
- OTHER SUPPORTIVE ACTIVITIES SPECIFICALLY GEARED TOWARD PREGNANT AND PARENTING WOMEN

BIH PARTICIPATION IS OPEN TO ANY BLACK WOMAN, 16 YEARS OF AGE OR OLDER, WHO IS AT ANY STAGE OF PREGNANCY OR UP TO 6 MONTHS POSTPARTUM AT THE TIME OF ENROLLMENT.
TOTAL CLIENTS SERVED: 246

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THE CARE LINK PROGRAM PROVIDES BOTH ENHANCED CARE MANAGEMENT (ECM) AND HOUSING NAVIGATION SERVICES. THE PROGRAM PROVIDES REFERRAL COORDINATION TO SOCIAL SERVICES AND LOCAL HOUSING RESOURCES, INCLUDING EMERGENCY SHELTERS, TRANSITIONAL HOUSING, AND PERMANENT HOUSING. CARE LINK ALSO PROVIDES INDIVIDUALS WITH GUIDANCE ON DEVELOPING A SPENDING PLAN AND BUDGETING SYSTEM. THE PROGRAM OFFERS SUPPORT WITH HOUSING APPLICATIONS AND HELPS INDIVIDUALS NAVIGATE THE PROCESS EFFECTIVELY. ELIGIBLE PARTICIPANTS INCLUDE ENROLLED MEMBERS OF MEDICAL WHO ARE 18 YEARS OF AGE OR OLDER.

TOTAL CLIENTS SERVED: 263

FORM 990, PART VI, SECTION A, LINE 6:
NEIGHBORHOOD HOUSE IS A MEMBERSHIP ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:
CURRENTLY, MEMBERS WHO CONTRIBUTE FINANCIALLY OR WHO PARTICIPATE IN PROGRAM ACTIVITIES MAY QUALIFY TO PARTICIPATE IN THE ELECTION OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FINANCE DEPARTMENT PROVIDES THE REQUIRED INPUTS TO OUR INDEPENDENT ACCOUNTANTS WHO PREPARE THE DRAFT TAX RETURNS. THE DRAFT OF THE RETURNS IS REVIEWED BY THE FINANCE DEPARTMENT AND ANY NECESSARY REVISIONS ARE MADE TO THE TAX RETURNS. THE COMPLETED RETURNS ARE THEN REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD AND THEN PRESENTED TO THE BOARD PRIOR TO FILING AND ELECTRONIC SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:
NEIGHBORHOOD HOUSE ASSOCIATION SENDS AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE TO ALL DIRECTORS AND KEY EMPLOYEES WHICH SOLICITS INFORMATION TO ASCERTAIN ANY CURRENT FINANCIAL INTEREST IN CERTAIN BUSINESS RELATIONSHIPS. IN ADDITION, AN ANNUAL CERTIFICATION OF COMPLIANCE WITH THE AGENCY'S APPROVED VENDOR LIST FOR ANY ACTUAL OR APPEARANCE OF CONFLICT WITH NHA. FURTHER, THE LEGAL DEPARTMENT REVIEWS THE INFORMATION FOR ANY POSSIBLE CONFLICT BETWEEN ANY NEW VENDOR AND THE INFORMATION PROVIDED IN THE CONFLICT OF INTEREST QUESTIONNAIRE. IN THE EVENT A NEW DIRECTOR OR KEY EMPLOYEE JOINS THE ORGANIZATION, A QUESTIONNAIRE AND CERTIFICATION OF COMPLIANCE IS REQUESTED AT THAT TIME. IN THE EVENT A SITUATION ARISES THAT CREATES THE APPEARANCE OF, OR AN ACTUAL CONFLICT OF INTEREST AS DEFINED BY THE HEAD START ACT REGULATIONS AND NHA CORPORATE POLICY #105, A FULL AND COMPLETE DISCLOSURE OF THE FACTS MUST BE MADE BY THE INDIVIDUAL(S) AFFECTED. THE PRESIDENT/CEO OR A MAJORITY OF DISINTERESTED DIRECTORS WILL ANALYZE THE FACTS AND ISSUES AND MAKE A DETERMINATION ABOUT HOW THE SITUATION WILL BE HANDLED. A POTENTIAL CONFLICT CAN BE ADDRESSED IN SEVERAL WAYS DEPENDING ON THE NATURE OF THE SITUATION, FOR EXAMPLE BY EXCLUSION OF THE MEMBER(S) OR PERSON(S) WITH THE CONFLICT FROM THE GOVERNING BODY, OR THE MEMBER'S RECUSAL FROM DISCUSSION OF, AND VOTING ON ISSUES THAT WOULD CREATE A CONFLICT. OTHER WAYS TO ELIMINATE A CONFLICT WOULD BE TO TERMINATE THE RELATIONSHIP OR CONTRACT RELATING TO THE OFFENDING TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE COMMITTEE OF THE BOARD SETS THE SALARY FOR THE 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

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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.