

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
NEIGHBORHOOD HOUSE ASSN

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5660 COPLEY DRIVE

City or town, state or province, country, and ZIP or foreign postal code
SAN DIEGO, CA 92111

D Employer identification number
95-1648184

E Telephone number
(858) 715-2642

G Gross receipts \$ 100,425,760

F Name and address of principal officer:
KIM PECK
5660 COPLEY DRIVE
SAN DIEGO, CA 92111

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.NEIGHBORHOODHOUSE.ORG

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1923 **M** State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
NEIGHBORHOOD HOUSE ASSOCIATION IS THE LARGEST MULTIPURPOSE HUMAN SERVICES ORGANIZATION IN SAN DIEGO 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.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	954
6 Total number of volunteers (estimate if necessary)	6	2,122
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	96,158,824	98,247,542
9 Program service revenue (Part VIII, line 2g)	2,229,380	2,058,125
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	42,801	41,130
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,305	18,666
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	98,471,310	100,365,463

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,545,135	1,101,049
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	41,742,005	44,339,897
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	54,930,746	54,438,104
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	98,217,886	99,879,050
19 Revenue less expenses. Subtract line 18 from line 12	253,424	486,413

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	12,950,624	14,878,600
21 Total liabilities (Part X, line 26)	8,848,044	10,289,607
22 Net assets or fund balances. Subtract line 21 from line 20	4,102,580	4,588,993

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2021-04-09
Type or print name and title: KIM PECK CFO

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2021-04-09
Check if self-employed PTIN: P00043433
Firm's name: ▶ COHNREZNICK LLP Firm's EIN: ▶ 22-1478099
Firm's address: ▶ 400 CAPITOL MALL SUITE 1200 Phone no. (916) 442-9100
SACRAMENTO, CA 95814

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **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 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 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 \$	85,977,977	including grants of \$	1,101,049	(Revenue \$	2,110,413)
	See Additional Data					

4b	(Code:) (Expenses \$	5,714,250	including grants of \$		(Revenue \$)
	See Additional Data					

4c	(Code:) (Expenses \$	924,486	including grants of \$		(Revenue \$)
	See Additional Data					

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

4e	Total program service expenses ▶	92,616,713
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	120	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

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



Section A. Governing Body and Management

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

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?; 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?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: KIM PECK CFO 5660 COPLEY DRIVE SAN DIEGO, CA 92111 (858) 715-2642

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRETT STAPLETON BOARD MEMBER	2.10	X					0	0	0	
(2) CYNTHIA AUSTIN BOARD MEMBER	2.10	X					0	0	0	
(3) EDRIENNE BRANDON MBA BOARD MEMBER	2.10	X					0	0	0	
(4) FRAN AYALASOMAYAJULA MPH BOARD MEMBER	2.10	X					0	0	0	
(5) JANET RICHARDS CARSON BOARD MEMBER	2.10	X					0	0	0	
(6) JULIA SLOCOMBE BOARD MEMBER	2.10	X					0	0	0	
(7) KYRA BETHEL BOARD MEMBER	2.10	X					0	0	0	
(8) MARK BLANKENSHIP PHD TREASURER	2.10	X		X			0	0	0	
(9) MEISHA SHERMAN MBA VICE CHAIR	2.10	X		X			0	0	0	
(10) PENNEY NEWELL BOARD MEMBER	2.10	X					0	0	0	
(11) RAY ELLIS BOARD MEMBER	2.10	X					0	0	0	
(12) RICH MILLER BOARD MEMBER	2.10	X					0	0	0	
(13) ROSALBA BARRAGAN BOARD MEMBER	2.10	X					0	0	0	
(14) TODD LANE BOARD MEMBER	2.10	X					0	0	0	
(15) TYRONE MATTHEWS ESQ BOARD CHAIR	2.10	X		X			0	0	0	
(16) VERNA JAGGERS SECRETARY	2.10	X		X			0	0	0	
(17) VIOLETA LOMBERA 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DWIGHT SMITH GM/GENERAL COUNSEL	40.00			X				191,269	0	41,386
(19) KIM PECK GM/CFO	40.00			X				186,734	0	25,334
(20) RUDOLPH A JOHNSON III PRESIDENT/CEO	40.00			X				504,024	0	37,673
(21) DAMON CARSON GM/EDUCATION INSTITUTION	40.00					X		189,172	0	19,260
(22) DUQUETTE F SOBEK VP-FACILITIES/OPERATIONS	40.00					X		164,755	0	9,383
(23) FRANK ZALICH GM/INFORMATION TECHNOLOGY	40.00					X		163,842	0	17,090
(24) MONA S MINTON GM/PRG/CLINICS/COMM AFFAIR	40.00					X		182,235	0	30,158
(25) SHERLY D GEE GM/ORG DEVELOPMENT	40.00					X		170,751	0	9,304
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,752,782	0		189,588

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 ▶ **8**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
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	Yes	
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		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EPISCOPAL COMMUNITY SERVICES 401 MILES OF CARS WAY NATIONAL CITY, CA 91950 AKA HEAD START INC	CHILD CARE SERVICES	19,603,176
620 W MADISON AVE EL CAJON, CA 92020	CHILD CARE SERVICES	12,961,714
SAN DIEGO UNIFIED SCHOOL DISTRICT 4100 NORMAL ST ROOM 101 SAN DIEGO, CA 92013	CHILD CARE SERVICES	4,313,102
SHARP HEALTH PLAN PO BOX 57248 LOS ANGELES, CA 90074	HEALTH PROVIDER	2,621,809
KAISER FOUNDATION PO BOX 60000 SAN DIEGO, CA 94160	HEALTH PROVIDER	2,237,307

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 ▶ **51**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 819			
	b Membership dues	1b			
	c Fundraising events	1c 88,990			
	d Related organizations	1d			
	e Government grants (contributions)	1e 97,559,202			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 598,531			
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		98,247,542		

Program Service Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
2a PAYMENTS FROM VENDORS		900099	1,164,338	1,164,338		
b MEDICAL/PARENT/SERVICE FEE		900099	893,787	893,787		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			2,058,125			

Other Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
3 Investment income (including dividends, interest, and other similar amounts)			41,130			41,130
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real				
		(ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ 88,990 of contributions reported on line 1c). See Part IV, line 18						
		8a 26,675				
		b Less: direct expenses	8b 60,297			
c Net income or (loss) from fundraising events			-33,622		-33,622	
9a Gross income from gaming activities. See Part IV, line 19						
		9a				
		b Less: direct expenses	9b			
c Net income or (loss) from gaming activities						
10a 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	Business Code					
11a MISCELLANEOUS REVENUE	900099	73,719	73,719			
b SUBSIDIZED EXPENSE	900099	-21,431	-21,431			
c						
d All other revenue						
e Total. Add lines 11a-11d			52,288			
12 Total revenue. See instructions			100,365,463	2,110,413	0	7,508

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,101,049	1,101,049		
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	1,019,087	890,553	128,534	
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	33,166,984	28,927,359	4,239,625	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,639,000	1,470,254	168,746	
9 Other employee benefits	5,642,001	5,061,120	580,881	
10 Payroll taxes	2,872,825	2,577,049	295,776	
11 Fees for services (non-employees):				
a Management				
b Legal	53,976	37,783	16,193	
c Accounting	160,448	112,313	48,135	
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 Schedule O)	42,357,105	41,601,925	755,180	
12 Advertising and promotion	16,357	10,569	5,788	
13 Office expenses	3,014,688	2,838,501	176,187	
14 Information technology	868,441	838,551	29,890	
15 Royalties				
16 Occupancy	3,927,223	3,857,550	69,673	
17 Travel	792,445	652,260	140,185	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	408,049	335,864	72,185	
20 Interest	106,245	83,905	22,340	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	437,057	184,960	252,097	
23 Insurance	534,168	379,122	155,046	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD EXPENSES	561,614	553,245	8,369	
b OTHER EXPENSES	525,214	448,618	76,596	
c REPAIRS & MAINTENANCE	506,519	489,085	17,434	
d CLIENT ASSISTANCE	152,017	152,017		
e All other expenses	16,538	13,061	3,477	
25 Total functional expenses. Add lines 1 through 24e	99,879,050	92,616,713	7,262,337	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 IX

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	2,723,099	1	2,968,793	
	2 Savings and temporary cash investments	2,646,467	2	3,128,155	
	3 Pledges and grants receivable, net	1,400,681	3	2,408,807	
	4 Accounts receivable, net	671,932	4	388,190	
	5 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		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	309,918	9	319,525	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	21,593,382			
	b Less: accumulated depreciation	16,501,247	4,729,749	10c	5,092,135
	11 Investments—publicly traded securities	356,896	11	414,143	
	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	111,882	15	158,852	
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,950,624	16	14,878,600		
Liabilities	17 Accounts payable and accrued expenses	6,209,260	17	7,902,419	
	18 Grants payable		18		
	19 Deferred revenue	208,168	19	90,254	
	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	2,308,475	23	2,206,784	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	122,141	25	90,150	
	26 Total liabilities. Add lines 17 through 25	8,848,044	26	10,289,607	
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	4,084,330	27	4,588,993	
	28 Net assets with donor restrictions	18,250	28	0	
	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	4,102,580	32	4,588,993		
33 Total liabilities and net assets/fund balances	12,950,624	33	14,878,600		

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	100,365,463
2	Total expenses (must equal Part IX, column (A), line 25)	2	99,879,050
3	Revenue less expenses. Subtract line 2 from line 1	3	486,413
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,102,580
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,588,993

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 95-1648184

Name: NEIGHBORHOOD HOUSE ASSN

Form 990 (2019)

Form 990, Part III, Line 4a:

CHILD CARE PROGAMS - HEAD START, EARLY HEAD START AND CHILD DEVELOPMENT PROGRAM:HEAD START IS A FEDERALLY FUNDED CHILD DEVELOPMENT PROGRAM FOR VERY LOW INCOME CHILDREN, AGES 3-5, AND THEIR FAMILIES. IT PROVIDES PRESCHOOL CHILDREN OF LOW INCOME FAMILIES WITH A COMPREHENSIVE PROGRAM TO MEET THEIR EMOTIONAL, SOCIAL HEALTH, NUTRITIONAL AND PSYCHOLOGICAL NEEDS.EARLY HEAD START FOCUSES ON ENROLLED CHILDREN 6 WEEKS TO 3 YEARS OF AGE AS WELL AS PREGNANT AND POST PARTUM LOW INCOME WOMEN. COMPREHENSIVE SERVICES INCLUDE PARENTING CLASS AND TRANSITION SERVICES FOR CHILDREN MOVING ON TO PRESCHOOL. TOTAL ENROLLED CHILDREN - 6,658.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 - 583,358.

Form 990, Part III, Line 4b:

HEALTH & NUTRITION-NEIGHBORHOOD HOUSE ASSOCIATION'S ADHC CENTER PROVIDES DUAL DAY TREATMENT PROGRAM OPTIONS TO ADULTS 18 YEARS OF AGE AND OLDER, OFFERING BOTH ADULT DAY HEALTH CARE (ADHC) AS WELL AS ADULT DAY PROGRAM (ADP) SERVICES. ADHC IS A MEDICAL-MODEL PROGRAM DESIGNED FOR ADULTS WITH PHYSICAL, MENTAL, COGNITIVE OR INTELLECTUAL IMPAIRMENTS/DISABILITIES; PROVIDING PARTICIPANTS WITH NURSING, REHABILITATIVE THERAPIES (PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY) AND PSYCHO-SOCIAL SERVICES. THE ADP IS A SOCIAL-MODEL OF CARE FOCUSING ON MEMORY AND PERSONAL CARE ASSISTANCE, WHILE PROVIDING A VARIETY OF COGNITIVELY STIMULATING ACTIVITIES. TOTAL CLIENTS SERVED - 114. PROJECT ENABLE IS A FULL SCOPE MENTAL HEALTH PROGRAM THAT WAS ESTABLISHED IN 1982. SINCE 1982, ADDITIONAL PROGRAMS WERE ADDED: FRIENDSHIP CLUBHOUSE, GERIATRIC SPECIALTY, EMPLOYMENT SUPPORT SERVICES AND PROJECT IN-REACH. NHA FRIENDSHIP CLUBHOUSE IS A MEMBER-DRIVEN REHABILITATION AND RECOVERY PROGRAM FOR ADULTS 18 AND ABOVE WITH A HISTORY OF SERIOUS AND PERSISTENT MENTAL ILLNESS INCLUDING THOSE WHO MAY HAVE CO-OCCURRING SUBSTANCE USE DISORDERS. THE CLUBHOUSE'S SERVICES FOCUS ON SOCIAL AND INDEPENDENT LIVING SKILLS ENHANCEMENT, HEALTH AND WELLNESS, RECREATION AND VOCATIONAL REHABILITATION. THESE SERVICES ARE FACILITATED IN COMPLIANCE WITH THE PRINCIPLES OF BPSR VIA A VARIETY OF SELF-HELP GROUPS, WORK GROUPS, CLASSES, INDIVIDUAL SUPPORT AND PEER-LED ACTIVITIES. BESIDES PURSUING PERSONAL RECOVERY GOALS OF THEIR OWN CHOICE, MEMBERS OF THE CLUBHOUSE FULLY PARTICIPATE IN THE PLANNING AND CONDUCTING OF ALL PROGRAM ACTIVITIES. THE GOAL OF THE PROGRAM IS THE EMPOWERMENT OF MEMBERS TO RE-ESTABLISH NORMAL ROLES IN THEIR COMMUNITY AND SUCCESSFULLY RE-INTEGRATE INTO COMMUNITY LIFE. PROJECT ENABLE'S GERIATRIC PROGRAM PROVIDES OUTREACH, ENGAGEMENT AND CASE-MANAGEMENT SERVICES TO THE FORMERLY HOMELESS AT ALPHA SQUARE. THE FOCUS IS TO ASSIST ALPHA SQUARE RESIDENTS, 60 YEARS AND OLDER TO DECREASE CURRENT AND FUTURE HOMELESSNESS, TO THRIVE IN PERMANENT HOUSING, TO IMPROVE THEIR OVERALL FUNCTIONING, QUALITY OF LIFE AND, AS APPROPRIATE, VOCATIONAL STATUS. SENIOR OUTREACH SERVICES COMPOSED OF GERIATRIC SPECIALISTS WHO PROVIDE IN-HOME ASSESSMENT TO AT RISK SENIORS, 60 AND OLDER IN THE CENTRAL REGION. THE INTENT OF THE PROGRAM IS TO REACH OUT TO OLDER ADULTS WHO ARE EXPERIENCING A MENTAL HEALTH ISSUE, WHO ARE UNABLE OR UNWILLING SEEK ASSISTANCE FROM OTHER MENTAL HEALTH SETTINGS, WHO ARE AT RISK, AND MAY BE ISOLATED, HOMEBOUND AND UNABLE TO ACCESS NEEDED RESOURCES AND COUNSELING TO MAINTAIN A HEALTHY, FULFILLING LIFE. GERIATRIC SPECIALISTS HAVE EXPERTISE AND KNOWLEDGE OF THE GERIATRIC POPULATION AND CAN PROVIDE SHORT-TERM CRISIS AND CASE MANAGEMENT BROKERAGE LINKAGE SERVICES. FIELD-BASED SERVICES INCLUDE: IN-HOME NEEDS ASSESSMENT; SHORT-TERM CASE MANAGEMENT & SUPPORTIVE COUNSELING; NURSING EXPERTISE AND COMPREHENSIVE COMMUNITY-BASED REFERRALS TO SUPPORT COMMUNITY BASED LIVING. GERIATRIC SPECIALISTS ALSO PROVIDE MOBILE CRISIS INTERVENTION SERVICES, INCLUDING ASSESSMENT FOR VOLUNTARY OR INVOLUNTARY HOSPITALIZATIONS IF INDICATED; CONSULT WITH PRIMARY CARE PHYSICIANS AND OTHER HEALTH PROFESSIONALS ON CO-OCCURRING MENTAL HEALTH AND PHYSICAL HEALTH CONDITIONS. PROJECT ENABLE BPSR CLINIC IS A TIME-LIMITED OUTPATIENT SPECIALTY MENTAL HEALTH PROGRAM THAT FOCUSES ON STABILIZATION AND RECOVERY GOALS WITH THE EXPECTATION THAT CLIENTS WILL EFFECTIVELY RECOVER WITH TREATMENT SO THAT THEY MAY GRADUATE FROM THE PROGRAM. PROJECT ENABLE OFFERS MEDICATION MANAGEMENT, SHORT-TERM INDIVIDUAL THERAPY, CO-OCCURRING SPECIALTY SERVICES, GROUP THERAPY, PEER SUPPORT, REHABILITATIVE COUNSELING, CASE MANAGEMENT, LINKAGE TO SUPPORTIVE COMMUNITY SERVICES AND EMPLOYMENT SUPPORT SERVICES. THE GOAL OF NHA PROJECT ENABLE SERVICES IS TO HELP CLIENT STABILIZE AND LEARN TO MANAGE SYMPTOMS IN ORDER TO FACILITATE GRADUATION AND TRANSITION TO A LOWER LEVEL OF CARE, SUCH AS PRIMARY CARE, SOCIALIZATION, SELF-HELP, AND RECOVERY FOCUSED SERVICES WILL CONTINUE TO BE AVAILABLE AT THE NHA FRIENDSHIP CLUBHOUSE TO OUR CLIENTS AFTER THEIR GRADUATION FROM NHA PROJECT ENABLE BPSR CENTER. THE EMPLOYMENT SUPPORT SERVICES PROGRAM, WHICH IS PART OF THE CLINIC, IS DESIGNED TO SERVICE THE SEVERELY MENTALLY ILL (SMI) CLIENTS THAT ARE WITHIN THE PROJECT ENABLE CLINIC. THE PROGRAM UTILIZES THE INDIVIDUAL PLACEMENT AND SUPPORT MODEL. THE EMPLOYMENT SUPPORT SERVICES PROVIDE THE FOLLOWING SERVICES TO CLIENTS; JOB SERVICES (INTEGRATING WORK PLAN WITH TREATMENT PLAN), JOB PREPARATION TRAINING (CLIENT PREFERENCE, SOFT SKILLS, BENEFITS COUNSELING), JOB DEVELOPMENT AND FOLLOW ALONG SUPPORTS (POST-PLACEMENT SERVICES, STAY WITH CLIENTS FOR 45 DAYS AFTER EMPLOYED). NHA PROJECT IN-REACH IS AN OUTREACH AND ENGAGEMENT PROGRAM FOR SERIOUS MENTALLY ILL INCARCERATED INDIVIDUALS AGES 18+ WHO HAVE OR ARE AT RISK OF SUBSTANCE USE AND/OR PSYCHOLOGICAL DISORDERS AS THEY PREPARE TO EXIT THE DETENTION FACILITY. CLIENTS MAY BE ENROLLED UP TO 6 MONTHS PRE-RELEASE AND STAY IN THE PROGRAM UP TO 3 MONTHS POST-RELEASE. SERVICES INCLUDE CASE MANAGEMENT, OUTREACHING AND ORGANIZING THE NECESSARY COMMUNITY RESOURCES IN ORDER TO SUPPORT CLIENT'S TRANSITION OUT OF THE CORRECTIONAL FACILITY, GROUP AND SOME INDIVIDUAL COUNSELING, MENTAL HEALTH AND RECOVERY SERVICES, AND CRISIS INTERVENTION FOR ADULTS IN CORRECTIONAL FACILITIES. THE PROGRAM SERVES ALL OF SAN DIEGO COUNTY. PROGRAM GOALS ARE TO IMPROVE CLIENT'S QUALITY OF LIFE, TO DECREASE RELAPSE AND REDUCE RECIDIVISM AND TO DIMINISH IMPACT OF UNTREATED HEALTH, MENTAL HEALTH AND/OR SUBSTANCE ABUSE ISSUES. FURTHERMORE, THE PROGRAM HELPS INMATES WITH SUBSTANCE USE AND CO-OCCURRING DISORDERS TO BECOME EDUCATED ABOUT ADDICTION, LEARN NEW COPING MECHANISMS, WEAN OFF CRAVINGS THROUGH APPROPRIATE USE OF MEDICATION, PREPARE FOR RE-ENTRY INTO THE COMMUNITY AND LEARN PRO-SOCIAL BEHAVIOR AND BETTER COMMUNICATION SKILLS. THE PROGRAM AIMS AT INCREASING AND STRENGTHENING PARTICIPATION IN COMMUNITY AFTERCARE SUBSTANCE USE PROGRAMS BY PROMOTING THEIR VALUE TO IN-JAIL POPULATIONS AND ENSURING THE SUCCESSFUL LINKAGE BETWEEN IN-JAIL PROGRAMS AND COMMUNITY AFTERCARE. TOTAL CLIENTS SERVED THROUGH THESE FIVE PROGRAMS - 2,292. THE HIV CASE MANAGEMENT PROGRAM WAS ESTABLISHED IN 1993. THE PROGRAM SERVES ALL OF SAN DIEGO COUNTY, AND IS FUNDED THROUGH HIV, STD & HEPATITIS BRANCH OF PUBLIC HEALTH SERVICES, COUNTY OF SAN DIEGO HEALTH & HUMAN SERVICES AGENCY. THE PROGRAM HELPS IMPROVE THE HEALTH STATUS AND QUALITY OF LIFE FOR THOSE DIAGNOSED WITH HIV/AIDS. SERVICES INCLUDE BUT ARE NOT LIMITED TO: INFORMATION & REFERRALS, ASSISTANCE IN SECURING BENEFITS AND RESOURCES, ASSESSMENT OF HEALTH AND SOCIAL SERVICE'S NEEDS, ADVOCACY REGARDING HEALTH AND SOCIAL SERVICE NEEDS, PROVISION OF HIV INFORMATION & SUPPORT TO CLIENTS AND FAMILY MEMBERS, COMPREHENSIVE CASE MANAGEMENT. TOTAL CLIENTS SERVED - 200. NHA'S SENIOR NUTRITION CENTER PROVIDES LUNCH MEALS TO ADULTS 60 YEARS OF AGE AND OLDER, AS WELL AS, SOCIALIZATION, RECREATION, EDUCATION, HEALTH AND NUTRITION SERVICES TO ASSIST IN THE INDEPENDENCE AND SAFETY OF THESE INDIVIDUALS. WITH A TEAM OF DEDICATED VOLUNTEERS AND EMPLOYEES, THE PROGRAM PROVIDES NUTRITION-CENTERED SERVICES THAT LINK SENIOR ADULTS WITH HEALTHY MEALS, EXERCISING, TRANSPORTATION, SOCIAL ACTIVITIES, EMOTIONAL SUPPORT SYSTEMS AND OTHER SERVICES THAT MEET EACH INDIVIDUALS LEVEL OF NEED. TOTAL MEALS SERVED - 9,512 AND 2,212 MTS RIDES.

Form 990, Part III, Line 4c:

YOUTH AND OTHER SERVICES: NEIGHBORHOOD HOUSE ASSOCIATION'S EMERGENCY SERVICES HOME WORK CENTER PROVIDES TUTORING SERVICES TO CHILDREN FROM ELEMENTARY TO HIGH SCHOOL WITH A QUIET SAFE PLACE TO STUDY WHEN THEIR ALTERNATIVES ARE LIMITED. USE OF NHA'S HOMEWORK CENTER IS FREE TO QUALIFYING STUDENTS AND FEATURES TRANSPORTATION FROM DESIGNATED AREAS TO THE CENTER, COMPUTER AND INTERNET, PRINTERS, SCHOOL SUPPLIES AND SNACKS. TOTAL STUDENTS - 54. NHA FINANCIAL COUNSELING AND COACHING PROGRAM (FCCP) WAS CREATED TO PROVIDE VALUABLE COACHING AND FINANCIAL EDUCATION TO LOW-INCOME FAMILIES. THE PROGRAM TEACHES FAMILIES HOW TO MANAGE AND OVERCOME DEBT, CREATE A SPENDING PLAN AND BUDGET, AND ESTABLISH A VIABLE SAVING ACCOUNT AND EMERGENCY FUNDS. THE FINANCIAL COUNSELING AND COACHING PROGRAM ALSO PROVIDES FULL RESIDENT SERVICES; INCLUDING AFTERSCHOOL AND TUTORING SERVICES, TO BOTH THE CORONADO TERRACE AND VISTA TERRACE HILLS APARTMENTS LOCATED IN SAN DIEGO

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NEIGHBORHOOD HOUSE ASSN

Employer identification number
95-1648184

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

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

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

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

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

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

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	84,717,354	86,234,298	93,525,317	96,158,824	98,247,542	458,883,335
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	84,717,354	86,234,298	93,525,317	96,158,824	98,247,542	458,883,335
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.						458,883,335

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.	84,717,354	86,234,298	93,525,317	96,158,824	98,247,542	458,883,335
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,403	11,313	11,380	42,801	41,130	110,027
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	84,134	151,643	266,272	152,433	100,394	754,876
11	Total support. Add lines 7 through 10						459,748,238
12	Gross receipts from related activities, etc. (see instructions)					12	10,662,942

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.810 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	99.820 %

- 16a 33 1/3% support test—2019.** 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
- b 33 1/3% support test—2018.** 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
- 17a 10%-facts-and-circumstances test—2019.** 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
- b 10%-facts-and-circumstances test—2018.** 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
- 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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
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>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
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>		
	3b		
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>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
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>		
	4b		
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>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
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>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
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>		
	10a		
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>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	GROSS INCOME FROM FUNDRAISING EVENTS - 2015 AMOUNT: \$ 21,044. 2016 AMOUNT: \$ 25,049. 2017 AMOUNT: \$ 95,963. 2018 AMOUNT: \$ 64,578. 2019 AMOUNT: \$ 26,675. MISCELLANEOUS REVENUE - 2015 AMOUNT: \$ 63,090. 2016 AMOUNT: \$ 126,594. 2017 AMOUNT: \$ 170,309. 2018 AMOUNT: \$ 87,855 . 2019 AMOUNT: \$ 73,719.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

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? Yes 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? Yes 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 (e.g., recreation or education) Preservation of an 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 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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 2(d) 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, 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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, 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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
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** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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		5,498,946	3,993,499	1,505,447
c Leasehold improvements		8,603,922	6,878,749	1,725,173
d Equipment		3,961,825	3,802,563	159,262
e Other		2,313,685	1,826,436	487,249
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				5,092,135

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	90,150
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	90,150

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	101,055,810
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	630,050	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	60,297	
e	Add lines 2a through 2d		2e	690,347
3	Subtract line 2e from line 1		3	100,365,463
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	100,365,463

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	100,569,397
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	630,050	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	60,297	
e	Add lines 2a through 2d		2e	690,347
3	Subtract line 2e from line 1		3	99,879,050
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	99,879,050

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 95-1648184

Name: NEIGHBORHOOD HOUSE ASSN

Supplemental Information

Return Reference	Explanation
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, 2020 AND 2019, 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 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, 2020 AND 2019. NHA'S FEDERAL AND STATE INFORMATION RETURNS PRIOR TO FISCAL YEARS 2017 AND 2016, 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.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENT EXPENSES 60,297.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENT EXPENSES 60,297.

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for 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 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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
		<u>ANNUAL GALA</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	36,449	79,216		115,665
	2 Less: Contributions	34,150	54,840		88,990
	3 Gross income (line 1 minus line 2)	2,299	24,376		26,675
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	3,735	922		4,657
	8 Entertainment				
	9 Other direct expenses	4,034	51,606		55,640
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				60,297
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-33,622

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))
		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: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) IN-KIND ASSISTANCE - ACTUAL AMOUNT INCURRED FOR BUS PASSES, TUITION REIMBURSEMENT	15014	97,956		ACTUAL PAYMENTS	
(2) ACTUAL PAYMENTS FOR MILEAGE AND CHILD CARE REIMBURSEMENTS TO PARENTS WHO PARTICIPATED	82	9,482		ACTUAL PAYMENTS	
(3) MEALS SERVED TO HEAD START CHILDREN - NUTRITION SERVICES PROVIDED TO ELIGIBLE PARTICIPANTS	1951	993,611		ACTUAL PAYMENTS	
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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

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.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NEIGHBORHOOD HOUSE ASSN

Employer identification number
95-1648184

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 idemnification 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 (e.g., maid, chauffeur, chef)		
<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 idemnification 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 (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>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.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DWIGHT SMITH GM/GENERAL COUNSEL	(i)	171,769	7,500	12,000	33,404	7,982	232,655	0
	(ii)	0	0	0	0	0	0	0
2 KIM PECK GM/CFO	(i)	167,234	7,500	12,000	10,292	15,042	212,068	0
	(ii)	0	0	0	0	0	0	0
3 RUDOLPH A JOHNSON III PRESIDENT/CEO	(i)	392,966	111,058	0	17,256	20,417	541,697	0
	(ii)	0	0	0	0	0	0	0
4 DAMON CARSON GM/EDUCATION INSTITUTION	(i)	167,172	10,000	12,000	10,142	9,118	208,432	0
	(ii)	0	0	0	0	0	0	0
5 DUQUETTE F SOBEK VP-FACILITIES/OPERATIONS	(i)	155,605	0	9,150	8,855	528	174,138	0
	(ii)	0	0	0	0	0	0	0
6 FRANK ZALICH GM/INFORMATION TECHNOLOGY	(i)	145,442	10,000	8,400	8,796	8,294	180,932	0
	(ii)	0	0	0	0	0	0	0
7 MONA S MINTON GM/PRG/CLINICS/COMM AFFAIR	(i)	155,235	15,000	12,000	9,741	20,417	212,393	0
	(ii)	0	0	0	0	0	0	0
8 SHERLY D GEE GM/ORG DEVELOPMENT	(i)	152,351	10,000	8,400	9,304	0	180,055	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation
PART I, LINE 4B	DWIGHT SMITH AND KIM PECK PARTICIPATED IN NHA'S 457(F), NONQUALIFIED DEFERRED COMPENSATION PLAN. THE AMOUNT CONTRIBUTED FOR THE BENEFIT OF DWIGHT SMITH WAS \$30,000 THE AMOUNT CONTRIBUTED FOR THE BENEFIT OF KIM PECK WAS \$25,000

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization
NEIGHBORHOOD HOUSE ASSN

Employer identification number

95-1648184

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	NEIGHBORHOOD HOUSE IS A MEMBERSHIP ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CHILD CARE CONTRACTS: PROGRAM SERVICE EXPENSES 39,839,860. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 39,839,860. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 1,762,065. MANAGEMENT AND GENERAL EXPENSES 755,180. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,517,245.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINC 2C:	THE ORGANIZATION HAS A COMMITTEE RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AS WELL AS THE SELECTION OF THE INDEPENDENT ACCOUNTANT.