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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 black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization
NEIGHBORHOOD HOUSE INC

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)
7780 SW CAPITOL HIGHWAY

Room/suite

City or town, state or country, and ZIP + 4
PORTLAND, OR 97219

F Name and address of principal officer
RICHARD NITTI
7780 SW CAPITOL HIGHWAY
PORTLAND, OR 97219

D Employer identification number
93-0386875

E Telephone number
(503) 246-1663

G Gross receipts \$ 5,492,405

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

J Website: WWW.NHWEB.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1905

M State of legal domicile OR

Part I	Summary																											
Activities & Governance	1 Briefly describe the organization's mission or most significant activities BRINGING NEIGHBORS TOGETHER TO PREVENT HUNGER AND HOMELESSNESS																											
	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)319 4 Number of independent voting members of the governing body (Part VI, line 1b)419 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)5252 6 Total number of volunteers (estimate if necessary)6600 7a Total unrelated business revenue from Part VIII, column (C), line 127a0 7b Net unrelated business taxable income from Form 990-T, line 347b0																											
Revenue	<table><tr><th></th><th>Prior Year</th><th>Current Year</th></tr><tr><td>8 Contributions and grants (Part VIII, line 1h)</td><td>5,436,340</td><td>5,283,347</td></tr><tr><td>9 Program service revenue (Part VIII, line 2g)</td><td>106,712</td><td>117,064</td></tr><tr><td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>-11,249</td><td>6,037</td></tr><tr><td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>70,900</td><td>80,045</td></tr><tr><td>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>5,602,703</td><td>5,486,493</td></tr></table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	5,436,340	5,283,347	9 Program service revenue (Part VIII, line 2g)	106,712	117,064	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-11,249	6,037	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70,900	80,045	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,602,703	5,486,493									
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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

RICHARD NITTI EXECUTIVE DIRECTOR

Date

2013-03-10

Paid Preparer's Use Only

Preparer's signature

SANG AHN

Date

Check if self-employed

Preparer's taxpayer identification number (see instructions)

P00540880

Firm's name (or yours if self-employed), address, and ZIP + 4

MCDONALD JACOBS PC
520 SW YAMHILL STE 500
PORTLAND, OR 97204

EIN

93-0900579

Phone no

(503) 227-0581

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐

☒

1

Briefly describe the organization's mission

NEIGHBORHOOD HOUSE BRINGS NEIGHBORS TOGETHER TO PREVENT HUNGER AND HOMELESSNESS AND TO EDUCATE YOUNG AND OLD WE STRENGTHEN COMMUNITY BY PROVIDING RESOURCES TO SUPPORT AND FOSTER SELF-RELIANCE, ECONOMIC INDEPENDENCE, AND DIGNITY IN PEOPLE OF ALL AGES AND BACKGROUNDS

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 and section 4947(a)(1) trusts 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 \$ 1,442,256 including grants of \$) (Revenue \$)

NEIGHBORHOOD HOUSE IS THE PREMIER PROVIDER OF HEAD START AND EARLY OREGON PREKINDERGARTEN SERVICES IN WEST MULTNOMAH COUNTY HEAD START CONTINUES TO PLAY A KEY ROLE IN FOCUSING THE ATTENTION OF THE NATION ON THE IMPORTANCE AND EFFICACY OF HIGH QUALITY EARLY CHILDHOOD EDUCATION IN FACILITATING CHILD AND FAMILY WELL-BEING AND FUTURE SUCCESS IN SCHOOL, WORK AND LIFE DESIGNED PRIMARILY TO SERVE LOW INCOME CHILDREN AGED 0 TO 5 YEARS OLD AND THEIR FAMILIES, NEIGHBORHOOD HOUSE OFFERS AN INCLUSIVE, COMPREHENSIVE EARLY CHILDHOOD DEVELOPMENT AND FAMILY ENGAGEMENT PROGRAM THAT SUCCESSFULLY SERVES CHILDREN WITH DISABILITIES ALONGSIDE THEIR TYPICALLY DEVELOPING PEERS, AND ALSO SERVES A SMALL PERCENTAGE OF CHILDREN WHOSE FAMILY INCOMES EXCEED THE FEDERAL POVERTY LEVEL IF SPACES REMAIN AVAILABLE ONCE ALL INCOME-ELIGIBLE CHILDREN HAVE BEEN ENROLLED MODELED AFTER THE RIGOROUS AND RESEARCH-BASED FEDERAL EARLY/HEAD START PROGRAMS, THE GOALS OF NEIGHBORHOOD HOUSE HEAD START AND EARLY PREKINDERGARTEN PROGRAM ARE TO FACILITATE CHILDRENS SOCIAL COMPETENCE AND SCHOOL READINESS BY PARTNERING WITH EACH FAMILY TO NURTURE AND ENHANCE EVERY CHILD'S SOCIAL-EMOTIONAL, COGNITIVE AND PHYSICAL HEALTH AND DEVELOPMENT THE NEIGHBORHOOD HOUSE HEAD START PROGRAM USES THE CREATIVE CURRICULUM DEVELOPMENTAL CONTINUUM TO ASSESS CHILDREN'S PROGRESS THROUGHOUT THE YEAR ASSESSMENT RESULTS INDICATE THAT IN GENERAL, STUDENTS IN END THE YEAR WITH STRONGER FINE AND GROSS MOTOR SKILLS THE MAJORITY OF STUDENTS ALSO GAINED SUFFICIENT SKILLS, KNOWLEDGE AND ATTITUDES TO ADVANCE AN ENTIRE STEP IN THE DOMAINS OF SOCIAL-EMOTIONAL, COGNITIVE, AND LANGUAGE DEVELOPMENT

4b

(Code) (Expenses \$ 1,182,661 including grants of \$ 573,543) (Revenue \$ 25,744)

NEIGHBORHOOD HOUSE'S COMMUNITY SERVICES PROGRAM HELPS LOW-INCOME AND HOMELESS FAMILIES MEET THEIR IMMEDIATE NEEDS RELATED TO FOOD, HOUSING AND EMPLOYMENT, AND SUPPORTS THEM TO WORK TOWARD LONG-TERM SELF-SUFFICIENCY SERVICES INCLUDE EMERGENCY FOOD BOX PROGRAM, RENTAL ASSISTANCE, UTILITY ASSISTANCE, EMPLOYMENT CASE MANAGEMENT, TURNING POINT - TRANSITIONAL HOUSING FOR HOMELESS FAMILIES, INFORMATION AND REFERRAL TO OTHER NEEDED SERVICES HIGHLIGHTS -SUPPORTED BY 480 VOLUNTEERS, OVER 8,000 EMERGENCY FOOD BOXES WERE DISTRIBUTED, FEEDING 8,254 UNDUPLICATED INDIVIDUALS-150 FAMILIES AVOIDED POSSIBLE HOMELESSNESS WITH HELP FROM OUR RENTAL ASSISTANCE PROGRAM-EXPANDED OUR ENERGY ASSISTANCE PROGRAM TO PROVIDE 900 FAMILIES WITH ASSISTANCE IN PAYING THEIR UTILITY BILLS THEREBY PREVENTING THE LOSS OF HEAT, LIGHTS AND GAS FOR COOKING-PROVIDED TRANSITIONAL HOUSING FOR 54 HOMELESS FAMILIES AT OUR TURNING POINT TRANSITIONAL HOUSING FACILITY

4c

(Code) (Expenses \$ 776,812 including grants of \$ 14,685) (Revenue \$ 38,718)

YOUTH & FAMILY SERVICES IS A LEADING AREA PROVIDER OF EDUCATIONAL SUPPORT AND AFTERSCHOOL PROGRAMMING, SERVING STUDENTS AT SCHOOLS IN SOUTHWEST AND NORTH PORTLAND WORKING WITH YOUTH (AGES 6-18), THEIR FAMILIES, LOCAL SCHOOLS AND COMMUNITY GROUPS, WE DELIVER INNOVATIVE AND EFFECTIVE SERVICES THAT HELP STRUGGLING STUDENTS SUCCEED IN SCHOOL AND LIFE SUN COMMUNITY SCHOOL PROGRAMS OFFER A WIDE ARRAY OF EDUCATIONAL, ENRICHMENT AND SOCIAL SERVICES SUN (SCHOOLS UNITING NEIGHBORHOODS) PROGRAMS CREATE FULL-SERVICE COMMUNITY CENTERS THAT STRENGTHEN YOUTH AND FAMILIES AND INCREASE THEIR CONNECTION TO SCHOOL SUN COMMUNITY SCHOOL EXTENDED DAY ACTIVITIES INCLUDE HOMEWORK HELP, TUTORING, ACADEMIC CLASSESART, SPORTS AND OTHER ENRICHMENTSAFE, SUPPORTIVE PLACES BEFORE AND AFTER SCHOOLCLASSES FOR ADULTS (PARENT EDUCATION)CULTURAL AND COMMUNITY EVENTSAACCESS TO SOCIAL SERVICES/BASIC NEEDS SUCH AS FOOD BOXES, ENERGY ASSISTANCE, RENT ASSISTANCE AND COUNSELING- SERVED OVER 50 HIGH SCHOOL-AGED YOUTH WITH INTENSIVE ACADEMIC CASE MANAGEMENT SERVICES-EXPANDED OUR BACKPACK PROJECT, OUR CHILDREN'S WEEKEND, HUNGER-RELIEF EFFORT, TO SERVE 3 ADDITIONAL SCHOOLS IN PARTNERSHIP WITH TAKE ACTION, INC - MORE THAN 2,400 STUDENTS AT 9 SCHOOLS WERE SERVED

(Code) (Expenses \$ 1,317,749 including grants of \$ 16,060) (Revenue \$ 35,844)

NEIGHBORHOOD HOUSE'S SENIOR SERVICES PROGRAM IS COMMITTED TO KEEPING SENIORS CONNECTED-TO NEEDED ASSISTANCE AND THE COMMUNITY WE PROMOTE ACTIVE AND HEALTHY LIVES FOR SENIORS AND ASSIST THEM TO REMAIN LIVING INDEPENDENTLY IN THEIR HOMES FOR AS LONG AS POSSIBLE WE OFFER SERVICES TO ENHANCE LIFE SOCIALLY, PHYSICALLY AND INTELLECTUALLY, WITH AN EMPHASIS ON PROMOTING CHOICE AND DIGNITY FOR ELDERLY ISOLATION IS A BIG PROBLEM FOR SENIORS WITHOUT NEEDED SUPPORT AND ACCESS TO SERVICES AND RECREATION, THEY MAY LOSE THEIR ABILITY TO LIVE INDEPENDENT AND FULFILLING LIVES OUR SERVICES INCLUDE 1 CASE MANAGEMENT HELPS AT-RISK SENIORS ACCESS NECESSARY SERVICES THAT ENABLE THEM TO REMAIN INDEPENDENT2 SENIOR CENTER OFFERS A WIDE RANGE OF EDUCATIONAL, RECREATIONAL, SOCIAL AND HEALTH IMPROVEMENT ACTIVITIES3 INFORMATION AND ASSISTANCE ASSISTS WITH ACCESSING SERVICES INCLUDING MEDICAL TRANSPORTATION, HOUSING INFORMATION, MEDICAL/DENTAL INFORMATION, CAREGIVER LISTINGS, CARE MANAGEMENT REFERRALS, SENIOR LAW PROJECT AND HEALTH INSURANCE BENEFITS 4 SENIOR TRANSPORTATION PROVIDES SHUTTLE SERVICE, SHOPPING AND RECREATIONAL TRIPS, MEDICAL AND OTHER TRANSPORT SERVICES TO SENIORS AND ADULTS WITH DISABILITIES HIGHLIGHTS -WE OFFERED OVER 3,000 EVENTS AND CLASSES WITH A COMBINED ATTENDANCE OF OVER 35,000-RESPONDED TO 7,745 REQUESTS FOR INFORMATION AND REFERRALS-PROVIDED OVER 9,000 RIDES THROUGH OUR SENIOR TRANSPORTATION AND VOLUNTEER DRIVER PROGRAM SUCCESS, OPPORTUNITY, LEADERSHIP (SOL), DEVELOPED BY THE NATIONAL CENTERS ON ALCOHOL AND SUBSTANCE ABUSE, IS A NATIONALLY-PROVEN, SCHOOL-BASED PROGRAM THAT SUPPORTS THE SUCCESS OF AT-RISK YOUTH AGES 8 TO 13, WHILE KEEPING THEM AWAY FROM DRUGS AND DELINQUENCY MORE THAN JUST AN AFTERSCHOOL PROGRAM, THE KEY TO SOL'S EFFECTIVENESS IS ITS INTENSIVE SERVICES EACH CHILD IS MATCHED TO A CASE MANAGER WHO BECOMES A SUPPORTIVE AND CONSISTENT PRESENCE IN HIS/HER LIFE CASE MANAGERS ALSO WORK WITH FAMILIES, CONNECTING PARENTS WITH NEEDED SERVICES, AS WELL AS THEIR CHILD'S SCHOOL HIGHLIGHTS EXPANDED PROGRAM BY ADDING SERVICES AT THE ROSA PARKS ELEMENTARY SCHOOL, AS WELL AS YOUTH RESIDING AT THE NEW COLUMBIA HOUSING DEVELOPMENT IN NORTH PORTLANDPROVIDED INTENSIVE SCHOOL-BASED CASE MANAGEMENT FOR 151 AT-RISK STUDENTS ENROLLED AT THE 4 PARTICIPATING SCHOOLSNEIGHBORHOOD HOUSE'S PARENTING PROGRAM HELPS PARENTS ENHANCE THEIR PARENTING SKILLS SO THEY ARE MORE ABLE TO SUPPORT THEIR CHILDRENS HEALTHY DEVELOPMENT AND EDUCATION IT PROVIDES CULTURALLY AND DEVELOPMENTALLY APPROPRIATE SERVICES FOR FAMILIES WITH CHILDREN AGES 0-6 THE PROGRAM VALUES THE DIVERSE BACKGROUNDS OF THE FAMILIES IT SERVES AND RESPECTS CULTURAL DIFFERENCES AS IT WORKS TO SUPPORT FAMILIES IN MAKING DECISIONS RELATING TO EARLY CHILDHOOD EDUCATION AND PARENTING HIGHLIGHTS -EXPANDED OUR ADULT ESL CLASSES TO SERVE PARENTS AT FIVE SCHOOLS, AS PART OF OUR NEW FAMILY ENGAGEMENT PROJECT TARGETING AFRICAN AMERICAN AND MIDDLE EASTERN IMMIGRANT FAMILIES-80% OF PARTICIPATING PARENTS DEMONSTRATED INCREASED KNOWLEDGE OF APPROPRIATE PRACTICES TO PROMOTE CHILD HEALTH, LEARNING AND SAFETY- SERVED 260 CHILDREN AND THEIR FAMILIES, MORE THAN 90% OF PARTICIPANTS WERE RECENT IMMIGRANTSNEIGHBORHOOD HOUSE'S CHILD CARE IMPROVEMENT PROJECT HELPS FAMILY CHILD CARE PROVIDERS ENHANCE THE QUALITY OF THEIR CHILD CARE PROGRAMS AND SUPPORTS THEIR PROFESSIONAL DEVELOPMENT HIGHLIGHTS -IMPROVED THE CARE RECEIVED BY OVER 400 CHILDREN CARED FOR BY 70 AREA CHILD CARE PROVIDERS-WITH GROWING GARDENS, HELPED PROVIDERS CREATE BACKYARD GARDENS TO TEACH CHILDREN WHERE THEIR FOOD COMES FROM, AND ENCOURAGE HEALTHY EATING- PILOTED AN EFFORT TO TRAIN PROVIDERS IN USING TWO INNOVATIVE EXERCISE AND WELLNESS PROGRAMS WITH THE CHILDREN IN THEIR CARE

4d

Other program services (Describe in Schedule O)

(Expenses \$ 1,317,749 including grants of \$ 16,060) (Revenue \$ 35,844)

4e

Total program service expenses

\$ 4,719,478

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, 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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII 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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV.		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part 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.		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 hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 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 to any question in this Part V ☐						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	107			
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				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return. .	2a	252			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? .	3a				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. .	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? .	4a			No	
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a			No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? .	6a			No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .	7a	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? .	7b	Yes			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .	7c			No	
d	If "Yes," indicate the number of Forms 8282 filed during the year. .	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966? .	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person? .	9b				
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12. .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders. .	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). .	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. .	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. .	13b				
c	Enter the aggregate amount of reserves on hand. .	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year? .	14a			No	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. .	14b				

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 to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	19		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19
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?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ☒ OR
18	Section 6104 requires an organization to make its Form 1023 (or 1024 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
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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ☒ RICHARD NITTI 7780 SW CAPITOL HIGHWAY PORTLAND, OR 97219 (503) 246-1663

Part VII

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) TED COONFIELDELLERGNE PRESIDENT	1 00	X		X				0	0	0
(2) ELLEN SINGER MD VICE PRESIDENT	1 00	X		X				0	0	0
(3) DAVID GUTZLER TREASURER	1 00	X		X				0	0	0
(4) JENNIFER CLARK SECRETARY	1 00	X		X				0	0	0
(5) BETH BLENZ-CLUCAS DIRECTOR	1 00	X						0	0	0
(6) JOHN CALHOUN DIRECTOR	1 00	X						0	0	0
(7) TOM DOHERTY DIRECTOR	1 00	X						0	0	0
(8) DOUG GASLIN DIRECTOR	1 00	X						0	0	0
(9) LINDA GERBER DIRECTOR	1 00	X						0	0	0
(10) LUKE HUFFSTUTTER DIRECTOR	1 00	X						0	0	0
(11) MARCIA KAKIUCHI DIRECTOR	1 00	X						0	0	0
(12) JIM SCHERZINGER DIRECTOR	1 00	X						0	0	0
(13) LAURIE ROSS DIRECTOR	1 00	X						0	0	0
(14) SUSAN RUDLOFF DIRECTOR	1 00	X						0	0	0
(15) TONI SMITH DIRECTOR	1 00	X						0	0	0
(16) MARK REYNOLDS DIRECTOR	1 00	X						0	0	0
(17) JOAN STEINBACH DIRECTOR	1 00	X						0	0	0

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	99,581	0	3,414

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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

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 ►0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	89,360				
	b	Membership dues	1b					
	c	Fundraising events	1c	47,448				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	4,459,120				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	687,419				
	g	Noncash contributions included in lines 1a-1f \$ 185,454						
	h	Total. Add lines 1a-1f						5,283,347
Program Service Revenue			Business Code					
	2a	YOUTH AND FAMILY	900099	38,718	38,718			
	b	AGING SERVICES	900099	35,844	35,844			
	c	COMMUNITY AND SERVICE	900099	25,744	25,744			
	d	OTHER PROGRAM REVENUE	900099	16,758	16,758			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			117,064			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		6,037			6,037	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real						
		(ii) Personal						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(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 \$ 47,448 of contributions reported on line 1c) See Part IV, line 18		84,262				
	b	Less direct expenses						5,912
	c	Net income or (loss) from fundraising events . .						78,350
9a	Gross income from gaming activities See Part IV, line 19							
b	Less direct expenses							
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances							
b	Less cost of goods sold							
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue			Business Code					
11a	OTHER INCOME		900099	1,695			1,695	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			1,695				
12	Total revenue. See Instructions			5,486,493	117,064	0	86,082	

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	603,288	603,288		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	104,334	86,390	13,896	4,048
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	2,907,744	2,406,172	388,303	113,269
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	26,678	22,499	3,269	910
9	Other employee benefits	397,353	335,111	48,686	13,556
10	Payroll taxes	312,329	262,379	37,959	11,991
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	19,730	14,039	2,416	3,275
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	148,838	105,906	18,228	24,704
12	Advertising and promotion	1,670	381	211	1,078
13	Office expenses	177,800	118,617	18,771	40,412
14	Information technology				
15	Royalties				
16	Occupancy	342,600	317,587	18,853	6,160
17	Travel	70,971	69,420	1,303	248
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	65,252	58,587	6,530	135
20	Interest	21	5	3	13
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	41,888	12,883	29,005	
23	Insurance	44,927	38,426	6,006	495
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SUPPLIES	142,282	131,827	6,578	3,877
b	PROGRAM SUBCONTRACTORS	112,745	112,745		
c	MISCELLANEOUS	31,748	7,234	4,019	20,495
d	TRANSITIONAL HOUSING	12,673	12,673		
e					
f	All other expenses	7,028	3,309	3,634	85
25	Total functional expenses. Add lines 1 through 24f	5,571,899	4,719,478	607,670	244,751
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			284,943	1	304,180
	2	Savings and temporary cash investments			365,059	2	488,898
	3	Pledges and grants receivable, net			233,000	3	0
	4	Accounts receivable, net			795,017	4	792,129
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			1,197	8	0
	9	Prepaid expenses and deferred charges			77,436	9	72,084
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,081,440			
	b	Less: accumulated depreciation	10b	566,565	507,635	10c	514,875
	11	Investments—publicly traded securities			224,845	11	232,780
	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			9,716	15	14,915
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,498,848	16	2,419,861
Liabilities	17	Accounts payable and accrued expenses			567,042	17	554,245
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	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			9,432	25	15,264
	26	Total liabilities. Add lines 17 through 25			576,474	26	569,509
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,568,639	27	1,698,834
	28	Temporarily restricted net assets			353,735	28	151,518
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,922,374	33	1,850,352
	34	Total liabilities and net assets/fund balances			2,498,848	34	2,419,861

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,486,493
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,571,899
3	Revenue less expenses Subtract line 2 from line 1	3	-85,406
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,922,374
5	Other changes in net assets or fund balances (explain in Schedule O)	5	13,384
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,850,352

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

		Yes	No
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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
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?	Yes	
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	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization NEIGHBORHOOD HOUSE INC	Employer identification number 93-0386875
--	--

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 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 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)

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,414,606	5,382,095	5,012,975	5,436,340	5,283,347	26,529,363
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	5,414,606	5,382,095	5,012,975	5,436,340	5,283,347	26,529,363
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						26,529,363

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	5,414,606	5,382,095	5,012,975	5,436,340	5,283,347	26,529,363
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,859	1,347	9,587	3,789	6,037	28,619
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	4,036	9,607	134,752	70,900	80,044	299,339
11 Total support (Add lines 7 through 10)						26,857,321

12 Gross receipts from related activities, etc (See instructions)

12

794,676

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	98.780 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	98.980 %
16a 33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2010. 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 IV 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NEIGHBORHOOD HOUSE INC

Employer identification number
93-0386875

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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 may 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" to 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 pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

Using the organization's 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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV 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?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	Investment earnings or 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 year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

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

b

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

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. 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		250,527		250,527
b Buildings		94,416	71,997	22,419
c Leasehold improvements		378,801	234,095	144,706
d Equipment		105,467	34,471	70,996
e Other		252,229	226,002	26,227
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				514,875

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,486,493
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,571,899
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-85,406
4	Net unrealized gains (losses) on investments	4	13,384
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	13,384
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-72,022

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

1	Total revenue, gains, and other support per audited financial statements	1	5,511,531
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	13,384
b	Donated services and use of facilities	2b	11,654
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	25,038
3	Subtract line 2e from line 1	3	5,486,493
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	5,486,493

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

1	Total expenses and losses per audited financial statements	1	5,583,553
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	11,654
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	11,654
3	Subtract line 2e from line 1	3	5,571,899
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	5,571,899

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to 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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NEIGHBORHOOD HOUSE INC

Employer identification number
93-0386875

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(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 funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		SPRING AUCTION (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	131,710		131,710
	2	Less Charitable contributions	47,448		47,448
	3	Gross income (line 1 minus line 2)	84,262		84,262
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages	2,768		2,768
	8	Entertainment	3,144		3,144
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					(5,912)
					78,350

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			
					()

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

a Is the organization licensed to operate 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 operate 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 operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide 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

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

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
NEIGHBORHOOD HOUSE INC

Employer identification number
93-0386875

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance

2

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

3

Enter total number of other organizations listed in the line 1 table ▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EMERGENCY FOOD BOX	8500	23,382	185,454	COST/LB	FOOD
(2) RENT ASSISTANCE	710	331,083			
(3) PARENT SUBSIDIES	1	2,250			
(4) TRANSITIONAL HOUSING	275	32,624			
(5) CHILDCARE PROVIDER GRANTS	60	13,502			
(6) OTHER	96	14,993			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 TRACKING FORMS REQUIRED BY EACH FUNDER ARE USED CASE MANAGERS' WORK IS REVIEWED BY PROGRAM MANAGERS RENT ASSISTANCE IS PAID DIRECTLY TO LAND LORDS AND NOT GIVEN TO INDIVIDUALS
		WE ASSUMED THAT A "FAMILY" SERVED EQUATED TO APPROXIMATELY 3 INDIVIDUALS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NEIGHBORHOOD HOUSE INC

Employer identification number
93-0386875

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	2,442	185,454	COST/LB DONATED
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ►()				
27 Other ►()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.****► Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
NEIGHBORHOOD HOUSE INC**Employer identification number**

93-0386875

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE IS COMPRISED OF ELECTED BOARD OFFICERS AND THE PAST PRESIDENT THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR REVIEWING ALL MAJOR OPERATIONAL CHANGES, INCLUDING MAJOR CONTRACTS AND GRANTS IT ALSO HANDLES MATTERS ARISING BETWEEN BOARD MEMBERS
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 WILL BE REVIEWED AT THE BOARD MEETING FOLLOWING THE COMPLETION OF THE 990 THE DIRECTOR OF FINANCE WILL PRESENT THE 990 TO THE FINANCE COMMITTEE AND THE FINANCE COMMITTEE WILL MAKE A RECOMMENDATION ABOUT THE 990 TO BE VOTED ON BY THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS MUST SIGN AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM IF A POTENTIAL CONFLICT ARISES, THE EXECUTIVE COMMITTEE OF THE BOARD WOULD REVIEW THE CIRCUMSTANCES AND MAKE AN APPROPRIATE DECISION
	FORM 990, PART VI, SECTION B, LINE 15	EXECUTIVE DIRECTOR IS REVIEWED BY THE BOARD OF DIRECTORS OTHER KEY EMPLOYEES REVIEWED ANNUALLY BY THE EXECUTIVE DIRECTOR
	FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST AND VIA THE ANNUAL REPORT, WHICH IS AVAILABLE TO THE COMMUNITY AT LARGE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 13,384
COMMITTEE PROVIDING OVERSIGHT OF AUDITED FINANCIAL STATEMENTS	FORM 990, PART XI, LINE 2	THE ORGANIZATION HAS A COMMITTEE WHICH ASSUMES RESPONSIBILITY FOR OVERSIGHT OF AUDITED FINANCIAL STATEMENTS THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Additional Data

Software ID:
Software Version:
EIN: 93-0386875
Name: NEIGHBORHOOD HOUSE INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services					
(Code	) (Expenses \$	1,317,749	including grants of \$	16,060) (Revenue \$	35,844)
NEIGHBORHOOD HOUSE'S SENIOR SERVICES PROGRAM IS COMMITTED TO KEEPING SENIORS CONNECTED-TO NEEDED ASSISTANCE AND THE COMMUNITY WE PROMOTE ACTIVE AND HEALTHY LIVES FOR SENIORS AND ASSIST THEM TO REMAIN LIVING INDEPENDENTLY IN THEIR HOMES FOR AS LONG AS POSSIBLE WE OFFER SERVICES TO ENHANCE LIFE SOCIALLY, PHYSICALLY AND INTELLECTUALLY, WITH AN EMPHASIS ON PROMOTING CHOICE AND DIGNITY FOR ELDER'S ISOLATION IS A BIG PROBLEM FOR SENIORS WITHOUT NEEDED SUPPORT AND ACCESS TO SERVICES AND RECREATION, THEY MAY LOSE THEIR ABILITY TO LIVE INDEPENDENT AND FULFILLING LIVES OUR SERVICES INCLUDE 1 CASE MANAGEMENT HELPS AT-RISK SENIORS ACCESS NECESSARY SERVICES THAT ENABLE THEM TO REMAIN INDEPENDENT2 SENIOR CENTER OFFERS A WIDE RANGE OF EDUCATIONAL, RECREATIONAL, SOCIAL AND HEALTH IMPROVEMENT ACTIVITIES3 INFORMATION AND ASSISTANCE ASSISTS WITH ACCESSING SERVICES INCLUDING MEDICAL TRANSPORTATION, HOUSING INFORMATION, MEDICAL/DENTAL INFORMATION, CAREGIVER LISTINGS, CARE MANAGEMENT REFERRALS, SENIOR LAW PROJECT AND HEALTH INSURANCE BENEFITS 4 SENIOR TRANSPORTATION PROVIDES SHUTTLE SERVICE, SHOPPING AND RECREATIONAL TRIPS, MEDICAL AND OTHER TRANSPORT SERVICES TO SENIORS AND ADULTS WITH DISABILITIES HIGHLIGHTS -WE OFFERED OVER 3,000 EVENTS AND CLASSES WITH A COMBINED ATTENDANCE OF OVER 35,000-RESPONDED TO 7,745 REQUESTS FOR INFORMATION AND REFERRALS-PROVIDED OVER 9,000 RIDES THROUGH OUR SENIOR TRANSPORTATION AND VOLUNTEER DRIVER PROGRAM SUCCESS, OPPORTUNITY, LEADERSHIP (SOL), DEVELOPED BY THE NATIONAL CENTERS ON ALCOHOL AND SUBSTANCE ABUSE, IS A NATIONALLY-PROVEN, SCHOOL-BASED PROGRAM THAT SUPPORTS THE SUCCESS OF AT-RISK YOUTH AGES 8 TO 13, WHILE KEEPING THEM AWAY FROM DRUGS AND DELINQUENCY MORE THAN JUST AN AFTERSCHOOL PROGRAM, THE KEY TO SOL'S EFFECTIVENESS IS ITS INTENSIVE SERVICES EACH CHILD IS MATCHED TO A CASE MANAGER WHO BECOMES A SUPPORTIVE AND CONSISTENT PRESENCE IN HIS/HER LIFE CASE MANAGERS ALSO WORK WITH FAMILIES, CONNECTING PARENTS WITH NEEDED SERVICES, AS WELL AS THEIR CHILD'S SCHOOL HIGHLIGHTS EXPANDED PROGRAM BY ADDING SERVICES AT THE ROSA PARKS ELEMENTARY SCHOOL, AS WELL AS YOUTH RESIDING AT THE NEW COLUMBIA HOUSING DEVELOPMENT IN NORTH PORTLANDPROVIDED INTENSIVE SCHOOL-BASED CASE MANAGEMENT FOR 151 AT-RISK STUDENTS ENROLLED AT THE 4 PARTICIPATING SCHOOLSNEIGHBORHOOD HOUSE'S PARENTING PROGRAM HELPS PARENTS ENHANCE THEIR PARENTING SKILLS SO THEY ARE MORE ABLE TO SUPPORT THEIR CHILDREN'S HEALTHY DEVELOPMENT AND EDUCATION IT PROVIDES CULTURALLY AND DEVELOPMENTALLY APPROPRIATE SERVICES FOR FAMILIES WITH CHILDREN AGES 0-6 THE PROGRAM VALUES THE DIVERSE BACKGROUNDS OF THE FAMILIES IT SERVES AND RESPECTS CULTURAL DIFFERENCES AS IT WORKS TO SUPPORT FAMILIES IN MAKING DECISIONS RELATING TO EARLY CHILDHOOD EDUCATION AND PARENTING HIGHLIGHTS -EXPANDED OUR ADULT ESL CLASSES TO SERVE PARENTS AT FIVE SCHOOLS, AS PART OF OUR NEW FAMILY ENGAGEMENT PROJECT TARGETING AFRICAN AMERICAN AND MIDDLE EASTERN IMMIGRANT FAMILIES-80% OF PARTICIPATING PARENTS DEMONSTRATED INCREASED KNOWLEDGE OF APPROPRIATE PRACTICES TO PROMOTE CHILD HEALTH, LEARNING AND SAFETY- SERVED 260 CHILDREN AND THEIR FAMILIES, MORE THAN 90% OF PARTICIPANTS WERE RECENT IMMIGRANTSNEIGHBORHOOD HOUSE'S CHILD CARE IMPROVEMENT PROJECT HELPS FAMILY CHILD CARE PROVIDERS ENHANCE THE QUALITY OF THEIR CHILD CARE PROGRAMS AND SUPPORTS THEIR PROFESSIONAL DEVELOPMENT HIGHLIGHTS -IMPROVED THE CARE RECEIVED BY OVER 400 CHILDREN CARED FOR BY 70 AREA CHILD CARE PROVIDERS-WITH GROWING GARDENS, HELPED PROVIDERS CREATE BACKYARD GARDENS TO TEACH CHILDREN WHERE THEIR FOOD COMES FROM, AND ENCOURAGE HEALTHY EATING- PILOTED AN EFFORT TO TRAIN PROVIDERS IN USING TWO INNOVATIVE EXERCISE AND WELLNESS PROGRAMS WITH THE CHILDREN IN THEIR CARE					