EXTENDED TO FEBRUARY 15, 2016

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

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

inter	ngi Have	nua Service	Information about Form 990 and its instructions is at	www be	mou/form@@0.	Inspection				
A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015										
B	heck if pplicebl	C Name	of organization		D Employer Identificati	on number				
	Addre	# НОМ	E OF GUIDING HANDS CORPORATION	1						
	Name	e Dolna	business as		95-6058273					
	Initial return	The state of the s		om/sulle	E Telephone number					
	Final returni	, 182	5 GILLESPIE WAY 200	0		38-2864				
	termin disc	City o	r town, state or province, country, and ZIP or foreign postal code		G. Gross receipts \$	24,033,508.				
	Amana	EL EL	CAJON, CA 92020-0501		H(e) is this a group retur					
	Application of the purchase of	F Name	and address of principal officer:MARK KLAUS		for subordinates?	Yes X No				
Marinero		Lourne	AS C ABOVE		H(b) Arm all materialism time include	(AU)7 Yes No				
			X 501(c)(3) 501(c)() (Insert no.) 4947(a)(1) or 501(c)(1)	527	If "No," attach a list	. (see instructions)				
			.GUIDINGHANDS, ORG		H(o) Group exemption n					
	orm of			L. Year o	of formation: 1961 M S	ate of legal domicile: C.A.				
1				DAVID	MUR LIVER AL	MUACH NE				
8			ribe the organization's mission or most significant activities; TO IMP] BY PROVIDING THE HIGHEST QUALITY PER							
Activities & Governance			DOX If the organization discontinued its operations or disposed	tale types a real dispersed		Committee of the Commit				
Š			voting members of the governing body (Part VI, line 1a)			11				
8	4	Number of i	ndependent voting members of the governing body (Part VI, line 1b)	*******	4	11				
40	5	Total numbe	er of individuals employed in calendar year 2014 (Part V, line 2a)	*1 *********	5	679				
를	8	Total number	er of volunteers (estimate if necessary)	474417742444	6	120				
듄	7 a	Total unrela	ted business revenue from Part VIII, column (C), line 12	********	75	$-2,1\overline{47}$				
4	ь	Net unrelate	id business taxable income from Form 990-T, line 34	4210894 B	76	-7,657.				
					Prior Year	Current Year				
•	8	Contribution	s and grants (Part VIII, line 1h)	1)45	1,057,898.	999,005.				
Ē	9	Program şer	rvice revenue (Part VIII, line 2g)	,	15,022,689.	16,308,599.				
Revenue	10	investment	income (Part VIII, column (A), lines 3, 4, and 7d)	9,120	241,365.	188,031.				
**-	11	Other reven	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-173,048.	-89,985.				
			e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,148,904.	17,405,650.				
	13	Grants and	similar amounts paid (Part IX, column (A), lines 1-3)		26,250.	27,198.				
	14	Benefits pai	d to or for members (Part IX, column (A), line 4)	4174	0.	U .				
Experises	16	Salaries, oth	ner compensation, employee benefita (Part IX, column (A), lines 5-10)	****	11,809,068.	12,732,364.				
Ž	160	Professiona	rer compensation, employee benefits (Part IX, column (A), lines 5-10) I fundraising fees (Part IX, column (A), line 11e) ising expenses (Part IX, column (D), line 25) 252, 286		0 .	<u> </u>				
Ä	D	CAN	ising expenses (Part IX, column (U), line 25)	<u>'- </u>	4,093,675.	4,303,496.				
	17	Other exper	nses (Part IX, column (A), lines 11a-11d, 11/24e)	17,8.9°C	15,928,993.	17,063,058				
			ses. Add lines 13-17 (must equal Part IX, column (A), line 25)		219,911.	342,592.				
<u> </u>	-	UCASING IO	S expenses, Southact are 10 front are 12	11.11	ginsing of Current Year	End of Year				
let Assets or and Balances	20	Total assets	(Part X, line 16)	-	17,148,399.	18,696,901.				
3	21		es (Part X, Brie 26)		8,153,371.	9,473,260.				
要与	22		or fund balances: Subtract line 21 from line 20	****	8,995,028.	9,223,641.				
		Signatu								
Und	er pena	ities of perjui	y, I declare that I have examined this return, including accompanying schedules an	nd statem	ents, and to the best of my k	nowledge and bellet, it is				
true	, correc	t, and comple	ile. Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.					
Sign		1 '	ure of difficer		Date					
Hei	.6		K KLAUS, PRESIDENT / CEO							
			r print name and otte							
Paid			reparer's name Decreater's signature	1	2/5/16 Check	PTIN				
		**************************************	C. GELLMAN Front Copy			₽00183739				
	PATET Owly	Firm's name		۸۸	Firm's EIN 🛌	01-0826173				
456	Only	ritim's addre	SS 10616 SCRIPPS SUMMIT COURT, STE 1 SAN DIEGO, CA 92131	LUIU	mb	705 2000				
1.1	a Albana Fi	<u> </u> ၂၀ ခန္		······································	6 C 5.0n anon 1	-795-2000				
***************************************	y the II 101 11:0		his return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.	-	***********************	X Yes No Form 990 (2014)				
102	W1 1170	0-19 LEM	To the property of the manufacture of the property of the prop			rom: 900 (2014)				

	990 (2014) HOME OF GUIDING HANDS CORPORATION 95-6058273 Page t III Statement of Program Service Accomplishments
	Check If Schedule O contains a response or note to any line in this Part III
·	Briefly describe the organization's mission:
	TO IMPROVE THE LIVES OF THOSE WE SERVE.
****	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in frow it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	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.
-	(Code:) (Expenses \$ 11,855,194. Including grants of \$ 27,198.) (Revenue \$ 12,271,649
	RESIDENTIAL: HOME OF GUIDING HANDS OFFERS MORE THAN JUST A PLACE TO
	LIVE FOR 182 INDIVIDUALS IN A COMFORTABLE, FRIENDLY LIVING ENVIRONMENT
	WITH VARYING LEVELS OF INDIVIDUAL SUPPORT AND TRAINING THROUGH 24-HOUR
	CARE AND SUPERVISION. RESIDENTS LIVE, WORK, ATTEND SCHOOL, AND ENJOY
	THEIR COMMUNITY IN ONE OF 31 HOMES ACCOMMODATING 4 - 6 PROPLE RANGING 1
	AGE FROM 8 TO 80. HOMES ARE OPERATED UNDER THE REGULATIONS OF THE
	STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH OR THE DEPARTMENT OF
	SOCIAL SERVICES.
	SOCIAL BERVICES.
_	
	(Code:) (Expenses \$ 1,229,277 a including grants of \$ 0 a) (Revenue \$ 1,486,375
	RESPITE: FAMILIES CARING FOR THEIR FAMILY MEMBER WITH A DEVELOPMENTAL
	DISABILITY OR OTHER CHALLENGE IN THEIR OWN HOME OFTEN HAVE A NEED FOR
	FEW HOURS AWAY TO REVITALIZE THEMSELVES IN ORDER TO MEET THE ON-GOING
	NEEDS OF THEIR FAMILY. HGH'S "IN HOME RESPITE PROGRAM" PROVIDES CLOSI
	TO 500 FAMILIES TIME TO ENJOY OUTSIDE ACTIVITIES WITH THE KNOWLEDGE
	THAT THEIR FAMILY MEMBER IS SAFE AND WELL CARED FOR BY TRAINED STAFF
	WHO ARE FAMILIAR WITH THEIR LOVE ONE'S PARTICULAR NEEDS. (SAN DIEGO
	AND IMPERIAL VALLEY)
,	
	(Code:) (Expenses \$ 1,001,695. Including grants of \$ 0.) (Revenue \$ 999,130
	TRANSPORTATION: HGH PROVIDES SPECIALIZED TRANSPORTATION SERVICES FOR
	INDIVIUDALS WITH DEVELOPMENTAL DISABILITIES WHO ALSO EXPERIENCE
	SIGNIFICANT PHYSICAL AND /OR MEDICAL CHALLENGES AND OTHER FROM THE
	SENIOR COMMUNITY. THE FLEET OF 15 ADAPTED BUSES, PRIMARILY MADE
	AVAILABLE THROUGH DEPT OF TRANSPORTATION 5310 GRANT PROGRAM,
	TRANSPORTS APPROXIMATELY 180 ADULTS TO VARIOUS "DAY PROGRAMS" IN SAN
	DIEGO COUNTY ON A DAILY BASIS. CERTIFIED DRIVERS AND TRAINED AIDES
	ENABLE ADULTS WITH PROFOUND MEDICAL AND OTHER NEEDS TO CONNECT WITH
	THE WHITE THE PARTY STREET OF WASHINGT AND WASHINGTON
	OTHERS IN THEIR COMMUNITY IN A SAFE AND EFFECTIVE MANNER.
	OTHERS IN THEIR COMMUNITY IN A SAFE AND EFFECTIVE MANNER.
	OTHERS IN THEIR COMMUNITY IN A SAFE AND EFFECTIVE MANNER.
	Other program services (Describe in Schedule O.)

			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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
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	3		Х
4	tion 501(o)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	e tax year? If 'Yes,' complete Schedule C, Part II		Х	***************************************
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	5		x
6	Old 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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		₩.
8	te environment, historic land areas, or historic structures? if "Yes," complete Schedule D, Part II. Id the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
w	Schedule D, Part III	В		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
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	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedula D,			
	Part VI annual construction and the formation of the construction and the construction of the construction	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VII	116		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	111		X
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	110	X	************
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.1f		·v-
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			X
1,22	Schoolule D. Perto VI and VII			х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
	if "Yes," and if the organization answered "No" to line 12s, then completing Schedule D, Parts XI and XII is optional	12b	Х	l i
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	1 fill the 1 the total and the	14a	************	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			X
15	or more? !/ "Yes," complete Schedule F, Perts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- V
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.	16	<u> </u>	X
	column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes,"		<u> </u>	
	complete Schedule G, Part III	19	<u> </u>	X
20a	Did the organization operate one or more hospital facilities? // "Yes," complete Schedule H	20a		X
b If 'Yes' to lide 20a, did the organization attach a copy of its audited financial statements to this return?				<u> </u>
		FORT	SAC	(2014)

h				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21	x	
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, Perts I and III	22	.,	х
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		v	
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Х	
240	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 25s	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	***************************************	·····
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	246		
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	*	х
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-E2? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		**************************************	·
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	2Bb		Х
¢°	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If *Yes, * complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes, complete Schedule N, Part I/	32		х
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, Pert I	33		х
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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35#		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	338		
	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		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 Illers are required to complete Schedule O	38	X	

Form 990 (2014)

			515 544 10 374 5657 10 5 11 12 3 A 11 11		990	120014
<u>b</u>	It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu		edebal base Manufacture	14b	1	1
14a				14e	1	X
¢	Enter the amount of reserves on hand			1	-	
	organization is licensed to issue qualified health plans	136	L			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the				1	
	Note. See the instructions for additional information the organization must report on Schedule O.				†*****************	1
a	Is the organization licensed to issue qualified health plans in more than one state?			13a	†	- Commercial Control of the Control
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>] .		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Ì		t	1
12a	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form		?	128		1
_	amounts due or received from them.)	116		1		1
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1				
	Gross income from members or shareholders	11a		}	1	
11	Section 501(c)(12) organizations. Enter:	ربون	<u> </u>			
- b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	105		:		Ī
		10a	1] · :	l	1
10	Section 501(c)(7) organizations. Enter;	rianessiva	ájadesykavrákki tákriájerokése.		 	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	+25X449 1 64	eg nijne eg nijne er e e e e e e e e e e e e e e e e e	96	<u> </u>	ļ
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		1
9	Sponsoring organizations maintaining donor advised funds.	- 14 j lesg.pp	***************************************		 	
-	and the same and the first of the same and the state of the same and t	•		8]	ŀ
8	Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained			7h .	<u> </u>	
9	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza-			<u>79</u>	<u> </u>	
f g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont If the organization received a contribution of qualified intellectual property, did the organization file F			71	 	├ ^
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	contra	CITY	70	 	X
		7 <u>d</u>	<u>i</u>	.	1	
لد	to file Form 8282?	7		7c	ļ	<u>X</u>
Ġ	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	*******	¥#6\$;2744%\$75##6772###4144#A4	7b	X	ļ
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	Х	<u></u>
7	Organizations that may receive deductible contributions under section 170(c).					1
	were not tax deductible?	******	and to span the span of the second span is a span span in the span is a span in the span i	6b	<u> </u>	
b	If "Yes," did the organization include with every solicitation an express statement that such contribu-	tlona c	r gifts		l	-
	any contributions that were not tax deductible as charitable contributions?			6a		x
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did ti	he org	anization solicit	 -	 	
G	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		ammidutering and the graining	5¢		†
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transc	action	}	5b		X
5a	Was the organization a party to a prohibited lax shelter transaction at any time during the tax year?			5a .		x
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).			
b	If "Yes," enter the name of the foreign country:	aucou	3.14/1 /3 13 3	~9#		1 4×
70	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule. At any time during the calendar year, did the organization have an interest in, or a signature or other			3b		
Ja L	Did the organization have unrelated business gross income of \$1,000 or more during the year?		************	Эa	X	ļ
٥.	Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s) ,,,,,	*****************	_	40*	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?	*******************	26	X	<u> </u>
	filed for the calendar year ending with or within the year covered by this return		679			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		cna l			
_	(gambiling) winnings to prize winners?		**************************************	1c	X	<u></u>
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	15	U			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	93			
1a	Fisher the examples assessed in the Bost Book Book 1990 But a Book 1991 But a	1	انعت ا		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	No

Form 990 (2014) HOME OF GUIDING HANDS CORPORATION 95-6058273 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 95-6058273 Page 6

	Check if Schedule O contains a response or note to any line in this Part VI	ilitera es	*********		talkot	LXJ
Sec	tion A. Governing Body and Management	······································				20121
		,	4	***************************************	Yes	No
ta	Enter the number of voting members of the governing body at the end of the tax year	18	1.			
	If there are material differences in voting rights among members of the governing body, or if the governing	1	1			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1	•	ŀ		
þ	Enter the number of voting members included in line 1a, above, who are independent	16	1.3			
2	Old any officer, director, trustee, or key employee have a family relationship or a business relationshi	ip with	any other	1	ŀ	1
	officer, director, trustee, or key employee?					Х
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 w	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	112114241571119514459444000	5		Х
6	Did the organization have members or stockholders?					
7e	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?		***********************	7a		X.
Þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	••• ••• • • • • •	177477588988L719884519961744	7b		X
8						
0	The governing body?	144 TB4 FT-94		Ва	Х	ļ
Þ	Each committee with authority to act on behalf of the governing body?		.448.1897.4854.8644.45844.264	Bb	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the			
<u> </u>	organization's malling address? If "Yes," provide the names and addresses in Schedule O	etratikani	Akandata da aya ta a turka ta kana a kana	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the internal A	evenu	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		lv.Lx1.x4fe4,014.chq cheqqq,cqqq	10a		X
ь	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapte	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ ,$			10ъ		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	re filing the form?	11a	X	
Þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				ľ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 19			12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	a to cor	illicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compilance with the policy? If ")					
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whietleblower policy?	es# 127 Feet	七分とからの 本後の アーダム しょうえれり ぐるしせ とっかがん	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?		**-**-*******	14	X	-
15	Did the process for determining compensation of the following persons include a review and approve		ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,			ļ	1
a	The organization's CEO, Executive Director, or top management official	2 4 + 2 (# ;	/***·*****************	15a	X	
b	Other officers or key employees of the organization				X	ļ
	if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
Bür	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a		1	
	taxable entity during the year?		******************	16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the organization of the organization to evaluate the organization of the organizatio				1	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization an	ınizatio	on's			
0	exempt status with respect to such enangements?	**********	***************	166		<u> </u>
***************************************	tion C. Disclosure					··· • • • • • • • • • • • • • • • • • •
17	List the states with which a copy of this Form 990 is required to be filed CA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9904	r (Sec	tion 501(c)(3)s only)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain)					
4P	approximation of the control of the					
19	, and the state of					
200	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 to JAN ADAMS, CFO $-619-938-2864$	oks a	na records: 🟲	····		······································
	1825 GILLESPIE WAY, SUITE 200, EL CAJON, CA 92020	Υ				·····
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