

EXTENDED TO MAY 15, 2019

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2017
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

| | | |
|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization HOME OF GUIDING HANDS CORPORATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1908 FRIENDSHIP DRIVE City or town, state or province, country, and ZIP or foreign postal code EL CAJON, CA 92020 F Name and address of principal officer: MARK KLAUS SAME AS C ABOVE | D Employer identification number 95-6058273 E Telephone number (619) 938-2864 G Gross receipts \$ 30,457,073. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.GUIDINGHANDS.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | |
| L Year of formation: 1961 | | M State of legal domicile: CA |

Part I Summary

| | | | |
|-----------------------------|---------|--|--|
| | 1 | Briefly describe the organization's mission or most significant activities: TO IMPROVE THE LIVES OF THOSE WE SERVE BY PROVIDING THE HIGHEST QUALITY PERSON CENTERED SERVICE. | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 13 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 13 |
| | 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 914 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 145 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a 0. |
| | 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b 0. |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) |
| 9 | | Program service revenue (Part VIII, line 2g) | 20,371,866. 21,724,088. |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 192,902. 267,792. |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -55,140. -82,932. |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 21,613,581. 24,733,043. |
| Expenses | | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 15,742,459. 16,895,757. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 27,687. 0. |
| | 17 | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 428,290. | |
| | 18 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 5,042,144. 5,514,289. |
| | 19 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 20,841,290. 22,453,846. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 772,291. 2,279,197. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 20,883,127. End of Year 22,432,359. |
| | 21 | Total liabilities (Part X, line 26) | 9,682,390. 8,738,211. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 11,200,737. 13,694,148. |

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 MARK KLAUS, PRESIDENT/CEO | Date |
| | Type or print name and title | |
| Paid Preparer Use Only | Print/Type preparer's name AMY A. O'LOUGHLIN | Preparer's signature |
| | Firm's name ▶ CBIZ MHM, LLC | Date |
| | Firm's address ▶ 4722 N 24TH ST, STE 300 PHOENIX, AZ 85016 | Check if self-employed <input type="checkbox"/> PTIN P00869687 |
| | | Firm's EIN ▶ 34-1884125 |
| | | Phone no. 602-264-6835 |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO IMPROVE THE LIVES OF THOSE WE SERVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 13,153,975. Including grants of \$ 43,800.) (Revenue \$ 14,111,576.) RESIDENTIAL; HOME OF GUIDING HANDS OFFERS MORE THAN JUST A PLACE TO LIVE FOR 178 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 ACCOMODATING 4 - 6 PEOPLE RANGING IN 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.

4b (Code:) (Expenses \$ 2,461,700. Including grants of \$) (Revenue \$ 3,292,147.) RESPITE; FAMILIES CARING FOR THEIR FAMILY MEMBER WITH A DEVELOPMENTAL DISABILITY OR OTHER CHALLENGE IN THEIR OWN HOME OFTEN HAVE A NEED FOR A FEW HOURS AWAY TO REVITALIZE THEMSELVES IN ORDER TO MEET THE ON-GOING NEEDS OF THEIR FAMILY. HGH'S "IN HOME RESPITE PROGRAM" PROVIDES 1,109 INDIVIDUALS 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)

4c (Code:) (Expenses \$ 1,992,065. Including grants of \$) (Revenue \$ 1,772,245.) TRANSPORTATION; HGH PROVIDES SPECIALIZED TRANSPORTATION SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES WHO ALSO EXPERIENCE SIGNIFICANT PHYSICAL AND /OR MEDICAL CHALLENGES AND OTHER FROM THE SENIOR COMMUNITY. THE FLEET OF 21 ADAPTED BUSES, PRIMARILY MADE AVAILABLE THROUGH DEPT OF TRANSPORTATION 5310 GRANT PROGRAM, TRANSPORTS APPROXIMATELY 350 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 OTHERS IN THEIR COMMUNITY IN A SAFE AND EFFECTIVE MANNER.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,944,372. Including grants of \$) (Revenue \$ 2,538,491.)

4e Total program service expenses 19,552,112.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-19 contain various questions about organizational requirements and their status.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 20a through 38, covering topics like hospital facilities, financial statements, grants, compensation, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes sub-sections for Organizations that may receive deductible contributions, Sponsoring organizations, and Section 501(c)(7) and 501(c)(12) organizations.

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.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (13); 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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JAN ADAMS, CFO - 619-938-2864 1908 FRIENDSHIP DRIVE, EL CAJON, CA 92020