

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

**2019**

Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

|  |   |   |   |
|--|---|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>HOME OF GUIDING HANDS CORPORATION</b>                             |   | <b>D</b> Employer identification number<br><b>95-6058273</b>  |
|  | Doing business as   |   | <b>E</b> Telephone number<br><b>619-938-2864</b>  |
|  | Number and street (or P.O. box if mail is not delivered to street address)                            | Room/suite  | <b>G</b> Gross receipts \$ <b>30,220,503.</b>   |
|  | <b>1908 FRIENDSHIP DRIVE</b>  |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>EL CAJON, CA 92020</b> |   | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
| <b>F</b> Name and address of principal officer: <b>MARK KLAUS</b><br><b>SAME AS C ABOVE</b>  |   | <b>H(c)</b> Group exemption number <b>▶</b>   |   |
| <b>I</b> 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   |   |   |   |
| <b>J</b> Website: <b>▶ WWW.GUIDINGHANDS.ORG</b>  |   |   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   | <b>L</b> Year of formation: <b>1961</b> <b>M</b> State of legal domicile: <b>CA</b> |   |

**Part I Summary**

|   |   |  |                                   |
|---|---|--|-----------------------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO IMPROVE THE LIVES OF THOSE WE SERVE BY PROVIDING THE HIGHEST QUALITY PERSON CENTERED SERVICES.</b> |  |                                   |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |  |                                   |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>   | <b>11</b>                         |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>   | <b>11</b>                         |
|   | <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)   | <b>5</b>   | <b>1044</b>                       |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>   | <b>135</b>                        |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  | <b>0.</b>                         |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 39                     | <b>7b</b>   | <b>0.</b>  |                                   |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b><br>2,702,538.  | <b>Current Year</b><br>2,146,001. |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 23,584,234.  | 27,170,422.                       |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 233,734.   | 241,260.                          |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | -127,258.  | -13,727.                          |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 26,393,248.  | 29,543,956.                       |
|   | <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 34,250.                           |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |   | 0.   | 0.                                |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |   | 18,424,870.  | 20,728,354.                       |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |   | 0.   | 0.                                |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>399,790.</b>        |   |  |                                   |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      |   | 5,869,482.   | 6,080,623.                        |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | 24,328,602.   | 26,846,477.  |                                   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 2,064,646.  | 2,697,479.   |                                   |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b><br>24,365,371.                            | <b>End of Year</b><br>27,492,817. |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 8,432,876.   | 8,927,098.                        |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | 15,932,495.  | 18,565,719.                       |

**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.

|                               |  |                                |                 |   |                  |
|-------------------------------|--|--------------------------------|-----------------|---|------------------|
| <b>Sign Here</b>              | Signature of officer   |                                | Date            |   |                  |
|                               | <b>MARK KLAUS, PRESIDENT/CEO</b>   |                                |                 |   |                  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name   | Preparer's signature           | Date            | Check if self-employed <input type="checkbox"/> | PTIN             |
|                               | <b>ELSA A. ROMERO</b>  | <b>ELSA A. ROMERO</b>          | <b>12/28/20</b> |   | <b>P00485021</b> |
|                               | Firm's name ▶ <b>ALDRICH CPAS AND ADVISORS, LLP</b>                            | Firm's EIN ▶ <b>93-0623286</b> |                 |   |                  |
|                               | Firm's address ▶ <b>7676 HAZARD CENTER DRIVE, STE 1300 SAN DIEGO, CA 92108</b> |                                |                 | Phone no. (619) 810-4940                        |                  |

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 BY PROVIDING THE HIGHEST QUALITY PERSON CENTERED SERVICES.

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 \$ 16,056,065. including grants of \$ 37,500.) (Revenue \$ 16,436,657.) RESIDENTIAL: HOME OF GUIDING HANDS OFFERS MORE THAN JUST A PLACE TO LIVE FOR 174 INDIVIDUALS IN A COMFORTABLE, FRIENDLY LIVING ENVIRONMENT WITH VARYING LEVELS OF INDIVIDUAL SUPPORT & TRAINING THROUGH 24-HOUR CARE AND SUPERVISION. RESIDENTS LIVE, WORK, ATTEND SCHOOL, AND ENJOY THEIR COMMUNITY IN ONE OF 30 HOMES ACCOMMODATING 4-6 PEOPLE RANGING IN AGES 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 \$ 3,320,553. including grants of \$ ) (Revenue \$ 4,903,088.) 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 ONGOING NEEDS OF THEIR FAMILY. HOME OF GUIDING HANDS "IN HOME RESPITE PROGRAM" PROVIDES 1,309 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 LOVED ONE'S PARTICULAR NEEDS. (SAN DIEGO AND IMPERIAL VALLEY).

4c (Code: ) (Expenses \$ 2,788,697. including grants of \$ ) (Revenue \$ 2,367,624.) TRANSPORTATION: HOME OF GUIDING HANDS PROVIDES SPECIALIZED TRANSPORTATION SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES WHO ALSO EXPERIENCE SIGNIFICANT PHYSICAL AND/OR MEDICAL CHALLENGES & OTHER FROM THE SENIOR COMMUNITY. THE FLEET OF 27 ADAPTED BUSES, PRIMARILY MADE AVAILABLE THROUGH DEPT. OF TRANSPORTATION 5310 GRANT PROGRAM, TRANSPORTS APPROXIMATELY 405 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 on Schedule O.) (Expenses \$ 904,858. including grants of \$ ) (Revenue \$ 3,463,053.)

4e Total program service expenses 23,070,173.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Contains 21 main questions and sub-questions regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules** (continued)

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

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

|            |  | Yes | No   |
|------------|--|-----|------|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |     |      |
|            | 2a   |     | 1044 |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)         | X   |      |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | X    |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  |     |      |
| <b>4a</b>  | 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, securities account, or other financial account)? |     | X    |
| <b>b</b>   | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |      |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X    |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X    |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |     |      |
| <b>6a</b>  | 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 as charitable contributions?                                    |     | X    |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |      |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |      |
| <b>a</b>   | 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?  | X   |      |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | X   |      |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | X    |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  |     | 7d   |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X    |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | X    |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |      |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |      |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   |     |      |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |      |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   |     |      |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |     |      |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |      |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | 10a |      |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b |      |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |      |
| <b>a</b>   | Gross income from members or shareholders  | 11a |      |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | 11b |      |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | 12a |      |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b |      |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |      |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | 13a |      |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | 13b |      |
| <b>c</b>   | Enter the amount of reserves on hand   | 13c |      |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   |     | X    |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 14b |      |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see instructions and file Form 4720, Schedule N.                   | 15  | X    |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | 16  | X    |

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included on line 1a, above, who are independent (11); 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, 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); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 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? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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