

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021****B** Check if applicable:Address change  
Name change  
Initial return  
Final return/terminated  
Amended return  
Application pending**C** Name of organization**SAN DIEGO HABITAT FOR HUMANITY, INC.**

Doing business as

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

**8128 MERCURY COURT**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**SAN DIEGO, CA 92111****F** Name and address of principal officer: **ANDREA PETRAY****SAME AS C ABOVE****D** Employer identification number**\*\* - \*\*\*9190****E** Telephone number**(619) 283-4663****G** Gross receipts \$**7,919,654.****H(a)** Is this a group returnfor subordinates? ..... Yes ☒ No**H(b)** Are all subordinates included? Yes No

If "No," attach a list. See instructions

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527**J** Website: ▶ **WWW.SANDIEGOHABITAT.ORG****K** Form of organization: ☒ Corporation Trust Association Other ▶**L** Year of formation: **1988****M** State of legal domicile: **CA****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SAN DIEGO HABITAT PARTNERS WITH PEOPLE IN NEED OF IMPROVED HOUSING TO BUILD AND REPAIR HOMES.</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>22</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>22</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a) ..... <b>5</b> <b>55</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>807</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) ..... <b>3,888,548.</b> <b>3,301,294.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) ..... <b>5,986,195.</b> <b>2,880,235.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>14,039.</b> <b>97,989.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>-154,914.</b> <b>-116,030.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>9,733,868.</b> <b>6,163,488.</b>
	<b>Expenses</b>	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>3,567,831.</b> <b>2,378,068.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>502,942.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>9,652,373.</b> <b>4,093,084.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>13,220,204.</b> <b>6,471,152.</b>
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12 ..... <b>-3,486,336.</b> <b>-307,664.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) ..... <b>17,050,501.</b> <b>17,424,275.</b>
	<b>21</b>	Total liabilities (Part X, line 26) ..... <b>13,670,824.</b> <b>14,134,479.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 ..... <b>3,379,677.</b> <b>3,289,796.</b>

**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	<b>CLIENT'S COPY</b>				Date
	<b>KWOFI REED, PRESIDENT &amp; CEO</b> Type or print name and title					
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN	
	<b>DANIEL P. SCHREIBER</b>		<b>5/10/22</b>	<input type="checkbox"/>	<b>P00089202</b>	
<b>Firm's name</b>	Firm's name ▶ <b>JGD &amp; ASSOCIATES LLP</b>			Firm's EIN ▶ <b>** - ***2551</b>		
	Firm's address ▶ <b>9191 TOWNE CENTRE DRIVE #340 SAN DIEGO, CA 92122-1274</b>			Phone no. <b>858-587-1000</b>		

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

☒**1** Briefly describe the organization's mission:

SEEKING TO PUT GOD'S LOVE INTO ACTION, SAN DIEGO HABITAT FOR HUMANITY BRINGS PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES, AND HOPE.

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

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 3,374,164. including grants of \$ ) (Revenue \$ 1,165,466.)  
PEOPLE IN OUR COMMUNITY AND ALL OVER THE WORLD PARTNER WITH HABITAT FOR HUMANITY TO BUILD OR IMPROVE A PLACE THEY CAN CALL HOME. HABITAT HOMEOWNERS HELP BULD THEIR OWN HOMES ALONGSIDE VOLUNTEERS AND PAY AN AFFORDABLE MORTGAGE. WITH OUR HELP, HABITAT HOMEOWNERS ACHIEVE THE STRENGTH, STABILITY, AND INDEPENDENCE THEY NEED TO BUILD A BETTER LIFE FOR THEMSELVES AND THEIR FAMILIES.

SAN DIEGO HABITAT FOR HUMANITY IS THE LOCAL, INDEPENDENT AFFILATE OF HABITAT FOR HUMANITY INTERNATIONAL. WE ARE GOVERNED, RAISE FUNDS, AND BUILD LOCALLY IN SAN DIEGO COUNTY.

IN FISCAL YEAR 2021, SAN DIEGO HABITAT SOLD A TOTAL OF 3 HOMES, SERVING 5 ADULTS AND 9 CHILDREN. WE ALSO CONTINUED WORK ON TWO NEW HOMES IN THE

**4b** (Code: ) (Expenses \$ 1,714,769. including grants of \$ ) (Revenue \$ 1,558,754.)  
IN ADDITION TO BUILDING AND REPAIRING HOMES, HABITAT FOR HUMANITY OPERATES RESTORES, DISCOUNT HOME IMPROVEMENT CENTERS, LOCATED IN SAN DIEGO, ESCONDIDO, NATIONAL CITY, AND CARLSBAD THAT ACCEPT DONATIONS OF NEW AND USED BUILDING MATERIALS AND HOME FURNISHINGS TO SELL TO THE PUBLIC IN SUPPORT OF HABITAT'S HOMEBUILDING MISSION.

**4c** (Code: ) (Expenses \$ 3,700. including grants of \$ ) (Revenue \$ )  
FINALLY, ACKNOWLEDGING GOD'S ABUNDANT PROVISION, SAN DIEGO HABITAT FOR HUMANITY SHARES ITS FIRST-FRUIT THROUGH THE PRACTICE OF TITHING A DISCRETIONARY PORTION OF UNDESIGNATED CASH CONTRIBUTIONS TOWARD HABITAT FOR HUMANITY INTERNATIONAL'S WORLDWIDE HOUSE-BUILDING EFFORTS. IN FISCAL YEAR 2021, OUR TITHING SUPPORTED HOUSE BUILDING IN THE SMALL, LANDLOCKED AFRICAN COUNTRY OF LESOTHO.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 5,092,633.

Form 990 (2020)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b> X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b> X	
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>	X

**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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</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>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	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? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	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>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	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? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b>	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>1a</b>	42
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	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	55
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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	3b	
<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)?	4a	X
<b>b</b> If "Yes," enter the name of the foreign country		
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?	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<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?	6a	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?	6b	
<b>7 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?	7a	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	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?	7e	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8 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?	8	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10 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 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 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 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?	13a	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<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?	14a	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?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

Form 990 (2020)

**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**

	1a	22	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year		22		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	1b	22		
<b>2</b> 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		X
<b>3</b> 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?		3		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
<b>6</b> Did the organization have members or stockholders?		6		X
<b>7a</b> 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		X
<b>b</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		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?		8a	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?		8b		X
<b>9</b> 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		9		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</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).		
<b>16a</b> 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
<b>b</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?		

**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.  
☒ Own website ☐ Another's website ☒ 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 **ALISON WEBER - 760-707-4927**  
**8128 MERCURY COURT, SAN DIEGO, CA 92111**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LORI HOLT PFEILER FORMER PRESIDENT & CEO	40.00						X	180,592.	0.	9,705.
(2) ALISON WEBER CFO	40.00			X				136,215.	0.	11,127.
(3) ANDREA PETRAY CHAIR	2.00	X		X				0.	0.	0.
(4) XIOMARA ARROYO VICE CHAIR	2.00	X		X				0.	0.	0.
(5) SARAH MORRELL SECRETARY	2.00	X		X				0.	0.	0.
(6) JOSEPH BOGASKI TREASURER	2.00	X		X				0.	0.	0.
(7) ALEYDA ORTIZ BOARD MEMBER	1.00	X						0.	0.	0.
(8) CHARLES LICKEL BOARD MEMBER	1.00	X						0.	0.	0.
(9) EDWARD SCARPELLI BOARD MEMBER	1.00	X						0.	0.	0.
(10) ELIZABETH RODRIGUEZ BOARD MEMBER	1.00	X						0.	0.	0.
(11) JANET BERONIO BOARD MEMBER	1.00	X						0.	0.	0.
(12) JOHN NEAGLEY BOARD MEMBER	1.00	X						0.	0.	0.
(13) MARTHA ZAPATA BOARD MEMBER	1.00	X						0.	0.	0.
(14) MICHAEL O'NEAL BOARD MEMBER	1.00	X						0.	0.	0.
(15) PAT GETZEL BOARD MEMBER	1.00	X						0.	0.	0.
(16) PAVEL CONSUEGRA BOARD MEMBER	1.00	X						0.	0.	0.
(17) RODNEY BRUCE BOARD MEMBER	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STACY WEBER BOARD MEMBER	1.00	X						0.	0.	0.
(19) TIMOTHY DAHLQUIST BOARD MEMBER	1.00	X						0.	0.	0.
(20) KEVIN GERAGHTY BOARD MEMBER	1.00	X						0.	0.	0.
(21) SUZANNE SCHLUNDT BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								316,807.	0.	20,832.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								316,807.	0.	20,832.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

**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
VASQUEZ CONSTRUCTION COMPANY 3009 G STREET, SAN DIEGO, CA 92102	CONSTRUCTION MATERIALS AND LABOR	309,000.
NATIONAL CITY BLVD COMMERCIAL HOLDINGS, LLC 460 JACARANDA DRIVE, CHULA VISTA, CA 91910	RENT, TAXES, AND INSURANCE FOR RESTOR	170,059.

**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 **2**



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	62,104.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	320,016.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	2,919,174.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,625,287.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> SALE OF HOMES		531390	1,450,626.	1,450,626.		
	<b>b</b> OTHER PROGRAM REVENUE		531390	1,007,137.	1,007,137.		
	<b>c</b> MORTGAGE LOAN DISCOUNT AMORTIZATI		531390	422,472.	422,472.		
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			2,880,235.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			97,989.			97,989.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ 62,104. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		81,382.				
<b>b</b> Less: direct expenses .....	<b>8b</b>		41,397.				
<b>c</b> Net income or (loss) from fundraising events .....			39,985.			39,985.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		1,558,754.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>		1,714,769.				
<b>c</b> Net income or (loss) from sales of inventory .....			-156,015.	-156,015.			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	<b>11 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			6,163,488.	2,724,220.	0.	137,974.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	537,179.	183,207.	171,407.	182,565.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,516,034.	1,134,649.	174,314.	207,071.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	30,347.	23,492.	3,099.	3,756.
<b>9</b> Other employee benefits .....	110,619.	85,633.	11,295.	13,691.
<b>10</b> Payroll taxes .....	183,889.	142,354.	18,776.	22,759.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	7,054.		7,054.	
<b>c</b> Accounting .....	35,200.		35,200.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	235,765.	115,056.	112,420.	8,289.
<b>12</b> Advertising and promotion .....	217,158.	159,243.	23,887.	34,028.
<b>13</b> Office expenses .....				
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	560,819.	423,629.	119,360.	17,830.
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	414,693.	330,535.	71,894.	12,264.
<b>21</b> Payments to affiliates .....	28,700.	28,700.		
<b>22</b> Depreciation, depletion, and amortization .....	291,981.	170,100.	121,881.	
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> COST OF HOMES SOLD	1,539,799.	1,539,799.		
<b>b</b> CONSTRUCTION MATERIALS	424,233.	424,233.		
<b>c</b> MORTGAGE DISCOUNT SUBSI	235,035.	235,035.		
<b>d</b> VEHICLE EXPENSES AND MI	88,917.	88,256.	420.	241.
<b>e</b> All other expenses	13,730.	8,712.	4,570.	448.
<b>25</b> Total functional expenses. Add lines 1 through 24e	6,471,152.	5,092,633.	875,577.	502,942.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	913,606.	<b>1</b>	2,044,150.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	35,444.	<b>4</b>	371,259.
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	6,414,560.	<b>7</b>	5,005,800.
	<b>8</b> Inventories for sale or use .....	301,335.	<b>8</b>	363,185.
	<b>9</b> Prepaid expenses and deferred charges .....	85,151.	<b>9</b>	69,593.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,701,688.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,331,675.	<b>10c</b>	5,370,013.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	1,200,776.	<b>13</b>	1,188,646.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,504,736.	<b>15</b>	3,011,629.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	17,050,501.	<b>16</b>	17,424,275.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	428,631.	<b>17</b>	644,927.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	124,879.	<b>19</b>	106,667.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	13,068,724.	<b>23</b>	13,378,812.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	48,590.	<b>25</b>	4,073.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	13,670,824.	<b>26</b>	14,134,479.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,042,775.	<b>27</b>	2,871,961.
	<b>28</b> Net assets with donor restrictions .....	336,902.	<b>28</b>	417,835.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	3,379,677.	<b>32</b>	3,289,796.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	17,050,501.	<b>33</b>	17,424,275.

Form 990 (2020)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	6,163,488.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,471,152.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-307,664.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	3,379,677.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	217,783.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	3,289,796.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	<b>3a</b>	<b>X</b>
<b>b</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 on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	<b>X</b>

Form 990 (2020)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4418142.	4195391.	4196672.	4123699.	3519077.	20452981.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4418142.	4195391.	4196672.	4123699.	3519077.	20452981.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						20452981.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	4418142.	4195391.	4196672.	4123699.	3519077.	20452981.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	39,909.	24,330.	42,662.	3,010.	97,989.	207,900.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						20660881.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	98.99 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	99.45 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		► <input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

[illegible]

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

SAN DIEGO HABITAT FOR HUMANITY, INC.

Employer identification number

\*\*-\*\*\*9190

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
<b>SAN DIEGO HABITAT FOR HUMANITY, INC.</b>	<b>** - ***9190</b>

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT ST AMERICUS, GA 31709-3423	\$ 223,582.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CITY OF SAN DIEGO 202 C ST SAN DIEGO, CA 92101-3860	\$ 313,085.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WELLS FARGO FOUNDATION 550 S. 4TH STREET, MAC N9310-074 MINNEAPOLIS, MN 55415	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	REALTY INCOME CORPORATION 11995 EL CAMINO REAL SAN DIEGO, CA 92130	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE KASPERICK FOUNDATION 4121 CAMINO DEL RIO SOUTH SAN DIEGO, CA 92108	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	GOOGLE AD GRANTS 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043	\$ 89,713.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

\*\*-\*\*\*9190

## Part II

(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
6	GOOGLE AD GRANTS	\$ 89,713.	06/30/21
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$	

Name of organization

Employer identification number

**SAN DIEGO HABITAT FOR HUMANITY, INC.****\*\* - \*\*\* 9190****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020****Open to Public Inspection****Name of the organization**

SAN DIEGO HABITAT FOR HUMANITY, INC.

**Employer identification number**

\*\*-\*\*\*9190

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II****Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III****Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ .....

(ii) Assets included in Form 990, Part X ▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange program  
 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 XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	336,901.	349,097.	352,424.	345,588.	323,621.
b Contributions					
c Net investment earnings, gains, and losses	97,989.	4,687.	13,238.	23,364.	38,675.
d Grants or scholarships	15,363.	15,206.	14,881.	14,774.	15,060.
e Other expenditures for facilities and programs					
f Administrative expenses	1,693.	1,677.	1,684.	1,754.	1,648.
g End of year balance	417,834.	336,901.	349,097.	352,424.	345,588.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☒ 97.0000 %  
 c Term endowment ☒ 3.0000 %

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

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

	Yes	No
(i) Unrelated organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,874,778.		1,874,778.
b Buildings		4,121,129.	1,131,924.	2,989,205.
c Leasehold improvements				
d Equipment		705,781.	199,751.	506,030.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,370,013.

Schedule D (Form 990) 2020

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN NEW MARKET		
(2) TAX CREDIT PROGRAM	1,188,646.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	1,188,646.	

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FNDN	417,835.
(2) CONSTRUCTION IN PROCESS	2,500,916.
(3) DEPOSITS	40,088.
(4) OTHER ASSETS	52,790.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	3,011,629.

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) BENEFITS LIABILITIES	4,073.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,073.

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

Schedule D (Form 990) 2020

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	6,381,271.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	217,783.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	217,783.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,163,488.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	6,163,488.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	6,471,152.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,471,152.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	6,471,152.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART IV, LINE 2B:**

AS PART OF THE MORTGAGE SERVICING PROCESS, SDHFH COLLECTS MONTHLY AMOUNTS FOR PROPERTY TAXES AND INSURANCE FROM THE HOMEOWNERS, ALONG WITH THEIR MONTHLY MORTGAGE PAYMENTS. SDHFH THEN REMITS THE PROPERTY TAXES AND INSURANCE, WHEN DUE, TO THE COUNTY TAX COLLECTOR AND INSURANCE PROVIDERS, USING THE IMPOUNDED FUNDS.

**PART X, LINE 2:**

SDHFH, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION, IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1954, AS AMENDED, AND THE REVENUE AND TAXATION CODE OF THE STATE OF CALIFORNIA.

**Part XIII** Supplemental Information *(continued)*

FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, MANAGEMENT OF SDHFH BELIEVES IT HAS ADEQUATE SUPPORT FOR ALL MATERIAL TAX POSITIONS AND THAT IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION. SDHFH HAS ANALYZED THE TAX POSITIONS TAKEN IN ITS FILINGS WITH THE INTERNAL REVENUE SERVICE AND THE CALIFORNIA FRANCHISE TAX BOARD. SDHFH BELIEVES THAT ITS INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE SDHFH'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS. ACCORDINGLY, SDHFH HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES, FOR UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 2021 AND 2020.

MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		WOMEN BUILD			
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	143,486.			143,486.
	2 Less: Contributions .....	62,104.			62,104.
	3 Gross income (line 1 minus line 2) .....	81,382.			81,382.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....	858.			858.
	6 Rent/facility costs .....				
	7 Food and beverages .....	2,574.			2,574.
	8 Entertainment .....	3,120.			3,120.
	9 Other direct expenses .....	34,845.			34,845.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				41,397.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				39,985.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ☐ \_\_\_\_\_Address ☐ \_\_\_\_\_

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

**b** If "Yes," enter the amount of gaming revenue received by the organization ☐ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ☐ \$ \_\_\_\_\_

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

Name ☐ \_\_\_\_\_Address ☐ \_\_\_\_\_

- 16** Gaming manager information:

Name ☐ \_\_\_\_\_Gaming manager compensation ☐ \$ \_\_\_\_\_Description of services provided ☐ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

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



[illegible]

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

**SAN DIEGO HABITAT FOR HUMANITY, INC.**

Employer identification number

**\*\*-\*\*\*9190**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

**1b**

**2**

**4a**

**4b**

**4c**

**5a**

**5b**

**6a**

**6b**

**7**

**8**

**9**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

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

[illegible]

<b>Part III</b>	<b>Supplemental Information</b>
-----------------	---------------------------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**SAN DIEGO HABITAT FOR HUMANITY, INC.**

Employer identification number

**\*\* - \*\*\*9190**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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 .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <u>BUILDING ITEM</u> )	X	5,347	1,541,383.	FMV
26 Other ▶ ( <u>CONSTRUCTION</u> )	X	2	55,415.	FMV
27 Other ▶ ( <u>APPLIANCES</u> )	X	2	2,017.	FMV
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 V, Donee Acknowledgement .....

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

SAN DIEGO HABITAT FOR HUMANITY, INC.

Employer identification number

\*\*-\*\*\*9190

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CITY OF ENCINITAS, AND SIX NEW HOMES IN NATIONAL CITY.

MANY OF SAN DIEGO HABITAT'S NEW CONSTRUCTION SITES ARE NESTLED INTO

OLDER NEIGHBORHOODS THAT ARE IN NEED OF SOME ATTENTION AND CARE.

THROUGH OUR NEIGHBORHOOD REVITALIZATION (NR) PROGRAM, SAN DIEGO HABITAT

TAKES A HOLISTIC APPROACH TO ENTIRE COMMUNITY TRANSFORMATION BY

CREATING NEIGHBORHOOD PARTNERSHIPS THAT FORM VIBRANT, SAFE, AND

INVITING COMMUNITIES FOR CURRENT AND FUTURE RESIDENTS. THE PROGRAM

SUPPORTS FAMILIES WHO ALREADY OWN THEIR HOMES, AND OFFERS AN ARRAY OF

HOUSING SOLUTIONS INCLUDING HOME REPAIR, WEATHERIZATION, AND HOME

PRESERVATION. HABITAT HAS IMPLEMENTED MAJOR MULTI-YEAR NR EFFORTS IN

LOGAN HEIGHTS AND WILL CONTINUE TO WORK IN NEIGHBORHOODS WHERE THERE IS

A NEED. IN THE LAST FISCAL YEAR, 4 HOMES WERE REPAIRED, SERVING A TOTAL

OF 19 INDIVIDUALS.

SAN DIEGO COUNTY IS HOME TO MORE THAN 400,000 VETERANS, AND HAS ONE OF

THE LARGEST POPULATIONS OF MILITARY PERSONNEL IN THE COUNTRY. HABITAT

MADE A STRATEGIC DECISION IN 2012 TO SERVE THIS MILITARY COMMUNITY AND

IMPLEMENTED PROGRAMS THAT PROVIDE NEW HOMEOWNERSHIP OPPORTUNITIES AND

CRITICAL HOME REPAIR TO VETERANS AND THEIR FAMILIES. WE REPAIRED 6

VETERAN HOMES IN FISCAL YEAR 2021, SERVING 9 VETERANS.

IN ORDER TO BUILD AND REPAIR ALL OF THESE HOMES, HABITAT UTILIZES

VOLUNTEERS. APPROXIMATELY 800 DEDICATED VOLUNTEERS PARTICIPATED IN

FISCAL YEAR 2021. ANYONE WHO IS WILLING TO LEND TIME AND ENERGY CAN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

SAN DIEGO HABITAT FOR HUMANITY, INC.

Employer identification number

\*\*-\*\*\*9190

HELP BUILD A HOME

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE A COMMITTEE THAT HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD WILL REVIEW AND DISCUSS THE 990 PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, THE BOARD SECRETARY SHALL DISTRIBUTE A CONFLICT OF INTEREST QUESTIONNAIRE TO EACH DIRECTOR, OFFICER, AND PRESIDENT AND CHIEF EXECUTIVE OFFICER . EACH INTERESTED PERSON MUST COMPLETE AND RETURN THE QUESTIONNAIRE IN A TIMELY MANNER. ANY CONFLICTS DISCLOSED ON THE QUESTIONNAIRE SHALL BE RESOLVED ACCORDING TO THE GUIDELINES. AN INTERESTED PERSON SHALL MAKE AN APPROPRIATE DISCLOSURE OF ALL MATERIAL FACTS, INCLUDING THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST OR ETHICAL QUESTION, WHENEVER SUCH A SITUATION ARISES. SUCH DISCLOSURE SHALL BE MADE FIRST TO THE CHAIR OF THE BOARD; PROVIDED, HOWEVER, THAT IF THE CHAIR HAS THE POTENTIAL CONFLICT, DISCLOSURE SHALL BE MADE TO THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, WHO SHALL TAKE THE MATTER UP WITH THE REMAINING MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD. THE INTERESTED PERSON SHALL BE ENTITLED TO MAKE A PRESENTATION TO THE BOARD IF HE OR SHE BELIEVES THAT THE POTENTIALLY CONFLICTING INTEREST DOES NOT, IN FACT, PRESENT A DISQUALIFYING CONFLICT OF INTEREST. AFTER THE DISCLOSURE REQUIRED OF AN INTERESTED PERSON, AND ANY PRESENTATION MADE TO THE BOARD, A DETERMINATION WILL BE MADE AS TO THE EXISTENCE OF A CONFLICT OF INTEREST. DETERMINATION WILL BE MADE ON A CASE-BY-CASE BASIS WHETHER A CONFLICT



Name of the organization

SAN DIEGO HABITAT FOR HUMANITY, INC.

Employer identification number

\*\*-\*\*\*9190

EXISTS AND, IF SO, THE APPROPRIATE METHOD FOR PROCEEDING, IN THE SOLE REASONABLE DISCRETION OF THE DETERMINING PERSON OR BODY. FACTORS THE DECISION-MAKING PERSON(S) SHALL CONSIDER WILL INCLUDE THE PROXIMITY OF THE INTERESTED PERSON'S INTEREST TO THE DECISION AT ISSUE, WHETHER THE INTERESTED PERSON'S INTEREST IS DE MINIMIS; THE DEGREE TO WHICH THE INTERESTED PERSON MIGHT PERSONALLY BENEFIT FROM THE TRANSACTION AT ISSUE.

IF IT IS DETERMINED THAT AN ACTUAL CONFLICT OF INTEREST EXISTS, THEN THE MATTER CAN ONLY BE RESOLVED BY (I) THE RECUSAL OF THE INTERESTED PERSON FROM ANY DISCUSSION OR OTHER INVOLVEMENT IN THE DECISION THAT IS THE SUBJECT OF OR AFFECTED BY THE CONFLICT; OR (II) WAIVER BY THE BOARD OR PRESIDENT AND CHIEF EXECUTIVE OFFICER, UNDER CIRCUMSTANCES THAT ARE RECORDED IN THE MINUTES OF THE BOARD OR BY MEMORANDUM TO THE BOARD FROM THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, AS APPROPRIATE, OR (III) IF THE TRANSACTION INVOLVES "SELF-DEALING" AS THAT TERM IS USED IN CALIFORNIA CORPORATIONS CODE SECTION 5233, THEN IF THE TRANSACTION IS APPROVED BY A SUPER-MAJORITY VOTE OF THE NON-INTERESTED DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION CONSISTS OF REVIEWING COMPARABLE SALARIES FOR NON-PROFIT ORGANIZATION POSITIONS IN CONSTRUCTION OR SIMILAR ASSOCIATIONS BASED IN SAN DIEGO COUNTY AND APPROVAL BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18:

THE FORM 990 IS PUBLISHED ON THE ORGANIZATION'S WEBSITE AS WELL AS THE CHARITY NAVIGATOR AND GUIDESTAR WEBSITES.

Name of the organization

SAN DIEGO HABITAT FOR HUMANITY, INC.

Employer identification number

\*\*-\*\*\*9190

FORM 990, PART VI, SECTION C, LINE 19:

- GOVERNING DOCUMENTS ARE ON FILE WITH THE CALIFORNIA SECRETARY OF STATE AND CAN BE ACCESSED BY THE GENERAL PUBLIC
- THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.
- AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO MEMBERS OF THE PUBLIC ON THE ORGANIZATION'S WEBSITE.

## SCHEDULE D PART VIII - INVESTMENTS - PROGRAM RELATED

IN APRIL 2018, SDHFH PARTICIPATED IN A NEW MARKETS TAX CREDIT ("NMTC") FINANCING TRANSACTION WITH OTHER ENTITIES IN ORDER TO PROCURE FINANCING FOR THE CONSTRUCTION OF 16 HOMES 8 AT COMM22 IN SAN DIEGO, 5 ON BALLANTYNE STREET IN EL CAJON AND 3 ON GROSSMONT AVENUE IN EL CAJON. THE NMTC PROGRAM PERMITS CORPORATE AND INDIVIDUAL TAXPAYERS TO RECEIVE A CREDIT AGAINST FEDERAL INCOME TAXES FOR MAKING QUALIFIED EQUITY INVESTMENTS IN QUALIFIED COMMUNITY DEVELOPMENT ENTITIES ("CDE").

AS A PARTICIPANT IN THIS TRANSACTION, SDHFH INVESTED \$1,212,933 INTO HFHI NMTC LEVERAGE LENDER 2018, LLC ("HFHI LEVERAGE LENDER"), CONSISTING OF CASH AND QUALIFIED CONSTRUCTION-IN-PROCESS. THE HFHI LEVERAGE LENDER CONTRIBUTED ITS RESOURCES TO TWAIN INVESTMENT FUND 306, LLC ("INVESTMENT FUND"), WHICH RECEIVED ADDITIONAL INVESTMENT FROM U.S. BANCORP COMMUNITY DEVELOPMENT CORPORATION ("BANK") AS THE FEDERAL TAX CREDIT INVESTOR UNDER THE NMTC PROGRAM.

AS PART OF THE NMTC PROGRAM, THE INVESTMENT FUND INVESTED IN HFHI NMTC SUB-CDE III, LLC, A QUALIFIED CDE. THE CDE DEPLOYED A LOAN TO SDHFH IN THE AMOUNT OF \$1,786,082 AT AN ANNUAL INTEREST RATE OF 0.679239% FOR THE CONSTRUCTION OF HOMES IN A QUALIFIED CENSUS TRACT FOR LOW INCOME

Name of the organization

SAN DIEGO HABITAT FOR HUMANITY, INC.

Employer identification number

\*\*-\*\*\*9190

PERSONS. SEMI-ANNUAL INTEREST-ONLY PAYMENTS ARE REQUIRED THROUGH APRIL 19, 2025. AFTER APRIL 19, 2025, SDHFH SHALL MAKE SEMI-ANNUAL PAYMENTS IN AN AMOUNT SUFFICIENT TO FULLY AMORTIZE THE REMAINING PRINCIPAL BALANCE OVER TWENTY-THREE YEARS. THE LOAN PROCEEDS ARE TO BE USED SOLELY IN ACCORDANCE WITH NMTC COMPLIANCE REQUIREMENTS. THE INVESTMENT FUND MAY BE SUBJECT TO TAX CREDIT RECAPTURE IF THE NMTC PROGRAM COMPLIANCE REQUIREMENTS ARE NOT MET OVER A SEVEN-YEAR PERIOD.

THE ULTIMATE HOLDER OF THE ABOVE LOAN FROM THE CDE TO SDHFH IS THE BANK THROUGH ITS PARTICIPATION IN THE INVESTMENT FUND. IN APRIL 2025, THE BANK HAS THE OPTION TO WAIVE THE PAYMENT OF THE DEBT BY EXERCISING ITS PUT OPTION AGREEMENT. UNDER THE TERMS OF THE PUT OPTION AGREEMENT, THE HFHI LEVERAGE LENDER HAS THE OPTION TO PURCHASE THE BANK'S OWNERSHIP INTEREST IN THE INVESTMENT FUND. IF THE OPTION IS EXERCISED IT WILL EFFECTIVELY EXTINGUISH SDHFH'S OUTSTANDING DEBT TO THE BANK.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

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Employer identification number

**\*\*-\*\*\*9190**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SDHFB FUNDING COMPANY I, LLC 8128 MERCURY CT. SAN DIEGO, CA 92111	ACQUIRING AND HOLDING MORTGAGE LOANS AND RELATED DOCUMENTS	CALIFORNIA	77,125.	1,971,617.	N/A

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SAN DIEGO HFH COMMUNITY HOUSING CORP. - 33-0902043, 8128 MERCURY CT., SAN DIEGO, CA 92111	FUNDING	CALIFORNIA	501(C)(3)	LINE 7	N/A		X
HABITAT FOR HUMANITY INTERNATIONAL, INC - 91-1914868, 270 PEACHTREE STREET SUITE 1300, ATLANTA, GA 30303	TO BUILD HOMES & COMMUNITIES	GEORGIA	501(C)(3)	LINE 7	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.



2020

# California Exempt Organization Annual Information Return

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) <b>07/01/2020</b> , and ending (mm/dd/yyyy) <b>06/30/2021</b>	
Corporation/Organization name <b>SAN DIEGO HABITAT FOR HUMANITY, INC.</b>	California corporation number <b>1427529</b>
Additional information. See instructions.	FEIN <b>** - ***9190</b>
Street address (suite or room) <b>8128 MERCURY COURT</b>	PMB no.
City <b>SAN DIEGO</b>	State <b>CA</b> ZIP code <b>92111</b>
Foreign country name	Foreign province/state/county Foreign postal code

<b>A</b> First return ..... Yes <input checked="" type="checkbox"/> No <b>B</b> Amended return ..... Yes <input checked="" type="checkbox"/> No <b>C</b> IRC Section 4947(a)(1) trust ..... Yes <input checked="" type="checkbox"/> No <b>D</b> Final information return? • <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) ..... <b>E</b> Check accounting method: (1) Cash (2) <input checked="" type="checkbox"/> Accrual (3) Other <b>F</b> Federal return filed? (1) • 990T (2) • 990PF (3) • Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series <b>G</b> Is this a group filing? See instructions ..... Yes <input checked="" type="checkbox"/> No <b>H</b> Is this organization in a group exemption ..... Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? .....	<b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions ..... Yes <input checked="" type="checkbox"/> No <b>J</b> If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. .... Yes <input checked="" type="checkbox"/> No <b>K</b> Is the organization exempt under R&TC Section 23701g? • Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ ..... <b>L</b> Is the organization a limited liability company? ..... Yes <input checked="" type="checkbox"/> No <b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? ..... Yes <input checked="" type="checkbox"/> No <b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? ..... Yes <input checked="" type="checkbox"/> No <b>O</b> Is federal Form 1023/1024 pending? ..... Yes <input checked="" type="checkbox"/> No Date filed with IRS .....
---	--

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 .....	1	4,618,360	00
	2 Gross dues and assessments from members and affiliates .....	2		00
	3 Gross contributions, gifts, grants, and similar amounts received ..... <b>STMT 1</b>	3	3,301,294	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <b>STMT 4</b>			
	<b>This line must be completed.</b> If the result is less than \$50,000, see General Information B .....			
	5 Cost of goods sold ..... <b>STMT 3 STMT 2</b>	5	1,714,769	00
	6 Cost or other basis, and sales expenses of assets sold .....	6		00
	7 Total costs. Add line 5 and line 6 .....	7	1,714,769	00
8 Total gross income. Subtract line 7 from line 4 .....	8	6,204,885	00	
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18 .....	9	6,512,549	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 .....	10	-307,664	00
<b>Filing Fee</b>	11 Total payments .....	11		00
	12 Use tax. See General Information K .....	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 .....	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 .....	14		00
	15 Penalties and Interest. See General Information J .....	15		00
	16 <b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result .....	16		00
<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer <b>CLIENT'S COPY</b>	Title <b>PRESIDENT &amp; CE</b>	Date	• Telephone
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date <b>5/10/22</b>	Check if self-employed	• PTIN <b>P00089202</b>
	Firm's name (or yours, if self-employed) and address <b>JGD &amp; ASSOCIATES LLP 9191 TOWNE CENTRE DRIVE #340 SAN DIEGO, CA 92122-1274</b>			• Firm's FEIN <b>** - ***2551</b>
				• Telephone <b>858-587-1000</b>
	May the FTB discuss this return with the preparer shown above? See instructions ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	1,640,136	00
	2	Interest	•	2	97,989	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions)	•	6		00
	7	Other income SEE STATEMENT 5	•	7	2,880,235	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	4,618,360	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 6	•	11	537,179	00
	12	Other salaries and wages	•	12	1,516,034	00
	13	Interest	•	13	414,693	00
	14	Taxes	•	14	183,889	00
	15	Rents	•	15	560,819	00
	16	Depreciation and depletion (See instructions)	•	16	291,981	00
	17	Other expenses and disbursements SEE STATEMENT 7	•	17	3,007,954	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	6,512,549	00

**Schedule L Balance Sheet**

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		913,606		• 2,044,150
2 Net accounts receivable		35,444		• 371,259
3 Net notes receivable STMT 8		6,414,560		• 5,005,800
4 Inventories		301,335		• 363,185
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 9		1,200,776		• 1,188,646
10 a Depreciable assets	4,791,036		4,826,910	
b Less accumulated depreciation	( 1,070,921 )	3,720,115	( 1,331,675 )	3,495,235
11 Land		1,874,778		• 1,874,778
12 Other assets STMT 10		2,589,887		• 3,081,222
13 <b>Total assets</b>		17,050,501		17,424,275
<b>Liabilities and net worth</b>				
14 Accounts payable		428,631		• 644,927
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable		13,068,724		• 13,378,812
18 Other liabilities STMT 11		173,469		110,740
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		3,379,677		• 3,289,796
22 <b>Total liabilities and net worth</b>		17,050,501		17,424,275

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	• -307,664	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	-307,664
6 Total. Add line 1 through line 5	-307,664		

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
BANK OF AMERICA FOUNDATION	100 N TRYON ST STE 220 CHARLOTTE, NC 28202-4031	09/03/20	15,000.
HABITAT FOR HUMANITY INTERNATIONAL	121 HABITAT ST AMERICUS, GA 31709-3423	06/30/21	223,582.
MADCAPS	PO BOX 6582 SAN DIEGO, CA 92166-0582	07/14/20	5,500.
CITY OF NATIONAL CITY DEPARTMENT OF FINANCE	1243 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	06/30/21	61,236.
CITY OF SAN DIEGO	202 C ST SAN DIEGO, CA 92101-3860	06/30/21	313,085.
BAE SYSTEMS	10920 TECHNOLOGY PL SAN DIEGO, CA 92127-1874	01/05/21	5,000.
SEMPRA ENERGY FOUNDATION	488 8TH ST. SAN DIEGO, CA 92101	06/30/21	10,530.
CAROL M. THOMAS	345 F ST STE 230 CHULA VISTA, CA 91910-2634	01/05/21	5,000.
RUTH WARWICK	937 PASEO LA CRESTA CHULA VISTA, CA 91910-6729	01/05/21	10,000.
SCHWAB CHARITABLE FUND	211 MAIN STREET SAN FRANCISCO, CA 94105	06/30/21	35,660.
THRIVENT FINANCIAL	625 FOURTH AVE. S. MINNEAPOLIS, MN 55415-1624	06/30/21	6,024.
WELLS FARGO FOUNDATION	550 S. 4TH STREET, MAC N9310-074 MINNEAPOLIS, MN 55415	06/01/21	70,000.
COUNTY OF SAN DIEGO	5510 OVERLAND AVE STE 310 SAN DIEGO, CA 92123-1239	06/30/21	52,322.
THE HOME DEPOT FOUNDATION	2455 PACES FERRY RD NW ATLANTA, GA 30339-1834	06/30/21	14,000.

SAN DIEGO HABITAT FOR HUMANITY, INC.

\*\* - \*\*\*9190

CYMER	17075 THORN MINT CT SAN DIEGO, CA 92127	08/14/20	10,000.
MAGGIE ROLAND	3752 PARK BLVD. #701 SAN DIEGO, CA 92103	06/29/21	5,770.
GRID ALTERNATIVES	930 GATEWAY CENTER WAY SAN DIEGO, CA 92102	06/30/21	25,457.
KELLIE EVANS-O'CONNOR	2988 ABER STREET SAN DIEGO, CA 92117-2424	04/06/21	5,000.
FIDELITY CHARITABLE GIFT FUND	PO BOX 770001 CINCINNATI, OH 45277-0001	06/30/21	26,775.
RICHARD LLEWELLYN	3432 CAMINO ALEGRE CARLSBAD, CA 92009-9512	06/30/21	5,900.
YOURCAUSE, LLC	6111 W PLANO PKWY STE 1000 PLANO, TX 75093-0014	06/30/21	6,693.
MOORE DRY DOCK FOUNDATION	505 PERSIMMON ROAD WALNUT CREEK, CA 94598	06/30/21	6,000.
THE SAN DIEGO FOUNDATION	2508 HISTORIC DECATUR RD. STE. 200 SAN DIEGO, CA 92106	06/30/21	34,000.
THE BENEVITY COMMUNITY IMPACT FUND	5700 DARROW RD STE 118 HUDSON, OH 44236-5026	06/30/21	32,070.
HARRAH'S RESORT SOUTHERN CALIFORNIA	777 HARRAH'S RINCON WAY FUNNER, CA 92082	05/06/21	10,665.
US BANK FOUNDATION	LA JOLLA COMMONS SAN DIEGO, CA 92121	06/30/21	17,000.
HUNTER INDUSTRIES	1940 DIAMOND ST. SAN MARCOS, CA 92078	04/28/21	10,000.
REALTY INCOME CORPORATION	11995 EL CAMINO REAL SAN DIEGO, CA 92130	09/01/20	100,000.
INTEGRATED DNA TECHNOLOGIES	6828 NANCY RIDGE DR., SUITE #400 SAN DIEGO, CA 92121	07/28/20	5,000.
VIRGINIA J. BARBER FOUNDATION	6267 RIVERDALE STREET SAN DIEGO, CA 92120	01/27/21	8,500.
HABITAT FOR HUMANITY OF CALIFORNIA, INC.	2619 BROADWAY, STE 205 OAKLAND, CA 94612	05/04/21	20,076.
CYBERGRANTS, LLC	300 BRICKSTONE SQUARE, SQUARE, #601 ANDOVER, MA 01810	06/30/21	10,711.
JILL HALL	666 ALBION STREET SAN DIEGO, CA 92106	12/22/20	50,000.
BOB WILSON	PO BOX 8964 RANCHO SANTA FE, CA 92067	12/17/20	10,000.
MAURICE J. MASSERINI TRUST	100 N MAIN STREET WINSTON-SALEM, NC 27101	08/11/20	10,000.
PNC FINANCIAL SERVICES GROUP INC	402 WEST BROADWAY, 23RD FLOOR SAN DIEGO, CA 92101	04/23/21	5,000.
ANT STRATEGIC COMMUNICATIONS	13035 NEDDICK AVE POWAY, CA 92064-5941	08/26/20	5,000.
GRIFOLS	10808 WILLOW CT SAN DIEGO, CA 92127	12/22/20	10,000.
THE KASPERICK FOUNDATION	4121 CAMINO DEL RIO SOUTH SAN DIEGO, CA 92108	10/07/20	100,000.
MORGAN STANLEY GIFT FUND	2000 WESTCHESTER AVE, FLR 2 PURCHASE, NY 10577	12/15/20	10,000.
MICHAEL BRONNER	3756 CAVERN PL. CARLSBAD, CA 92010	12/31/20	10,000.
FLAMING FAMILY FOUNDATION	4437 TWAIN AVE SAN DIEGO, CA 92120	01/05/21	10,000.
SINGLETON SCHREIBER MCKENZIE & SCOTT, LLP	450 A ST SAN DIEGO, CA 92101	03/23/21	5,000.

SAN DIEGO HABITAT FOR HUMANITY, INC.

\*\* - \*\*\*9190

TOTAL INCLUDED ON LINE 3

1,391,556.

FORM 199

COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 5

STATEMENT 2

## COST OF GOODS SOLD

1.	INVENTORY AT BEGINNING OF YEAR . . . . .		
2.	MERCHANDISE PURCHASED. . . . .		
3.	COST OF LABOR. . . . .		
4.	MATERIALS AND SUPPLIES . . . . .		
5.	OTHER COSTS. . . . .	1,714,769	
6.	ADD LINES 1 THROUGH 5 . . . . .		1,714,769
7.	INVENTORY AT END OF YEAR . . . . .		
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		1,714,769

CA 199	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 3
DESCRIPTION		AMOUNT
VALUE OF ITEMS DONATED FOR RESALE		1,714,769.
TOTAL INCLUDED ON FORM 199, PART I, LINE 5		1,714,769.

CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 4
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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
COX	6305 PEACHTREE DUNWOODY RD ATLANTA, GA 30328-4535		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
GIFT IN KIND - WOMEN BUILD AND RESTORE PROMOTIONAL PSA AIR TIME	06/30/21	60,000.	60,000.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
SIMPSON STRONG-TIE	12246 HOLLY ST RIVERSIDE, CA 92509-2314		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
FRAMING HARDWARE FOR HARDING IN NATIONAL CITY - 6 HOMES	08/10/20	9,440.	9,440.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
WHIRLPOOL	600 WEST MAIN ST. BENTON HARBOR, MI 49022		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
RANGE & REFRIGERATOR FOR TWO BALLANTYNE HOMES	06/30/21	6,055.	6,055.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
VALSPAR	1 STILES RD STE 301 SALEM, NH 03079-4804		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
INTERIOR & EXTERIOR PAINT FOR THREE HOMES	11/02/20	12,144.	12,144.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
BLUE JEANS GO GREEN - COTTON INCORPORATED	488 MADISON AVE. NEW YORK, NY 10022		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
INSULATION FOR COMM22 4-PLEX	11/04/20	16,455.	16,455.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
GOOGLE AD GRANTS	1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
GOOGLE AD GRANTS	06/30/21	89,713.	89,713.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
GAYLORD-HANSEN MORTGAGE TEAM	5015 SHOREHAM PL SAN DIEGO, CA 92122		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
VIDEOGRAPHY SERVICES FOR WOMEN BUILD 2021 KICKOFF EVENT	04/29/21	5,000.	5,000.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
WESTERN AEROBARRIER	829 SECOND ST., STE. A ENCINITAS, CA 92024		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
INSTALLATION OF AEROBARRIER	12/08/20	5,900.	5,900.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
BLENDERS EYEWEAR	4683 CASS ST. SAN DIEGO, CA 92109		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
SUNGLASSES AND MASKS FOR WOMEN BUILD AND VOLUNTEER APPRECIATION	01/15/21	25,668.	25,668.

TOTAL INCLUDED ON LINE 3		230,375.	230,375.
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CA 199	OTHER INCOME	STATEMENT 5
DESCRIPTION		AMOUNT
SALE OF HOMES		1,450,626.
MORTGAGE LOAN DISCOUNT AMORTIZATION		422,472.
OTHER PROGRAM REVENUE		1,007,137.
TOTAL TO FORM 199, PART II, LINE 7		2,880,235.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT 6
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
LORI HOLT PFEILER 8128 MERCURY COURT SAN DIEGO, CA 92111	FORMER PRESIDENT & CEO 40.00	171,378.
ALISON WEBER 8128 MERCURY COURT SAN DIEGO, CA 92111	CFO 40.00	112,721.
KAREN BEGIN 8128 MERCURY COURT SAN DIEGO, CA 92111	DIRECTOR OF DEVELOPMENT 40.00	138,214.
ANNE KILPATRICK 8128 MERCURY COURT SAN DIEGO, CA 92111	CHIEF ADMINISTRATIVE OFFIC 40.00	114,866.
ANDREA PETRAY 8128 MERCURY COURT SAN DIEGO, CA 92111	CHAIR 2.00	0.
XIOMARA ARROYO 8128 MERCURY COURT SAN DIEGO, CA 92111	VICE CHAIR 2.00	0.
SARAH MORRELL 8128 MERCURY COURT SAN DIEGO, CA 92111	SECRETARY 2.00	0.
JOSEPH BOGASKI 8128 MERCURY COURT SAN DIEGO, CA 92111	TREASURER 2.00	0.

SAN DIEGO HABITAT FOR HUMANITY, INC.

\*\* - \*\*\*9190

ALEYDA ORTIZ 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
CHARLES LICKEL 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
EDWARD SCARPELLI 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
ELIZABETH RODRIGUEZ 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
JANET BERONIO 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
JOHN NEAGLEY 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
MARTHA ZAPATA 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
MICHAEL O'NEAL 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
PAT GETZEL 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
PAVEL CONSUEGRA 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
RODNEY BRUCE 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
STACY WEBER 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.

SAN DIEGO HABITAT FOR HUMANITY, INC.

\*\* - \*\*\*9190

TIMOTHY DAHLQUIST  
8128 MERCURY COURT  
SAN DIEGO, CA 92111

BOARD MEMBER  
1.00

0.

KEVIN GERAGHTY  
8128 MERCURY COURT  
SAN DIEGO, CA 92111

BOARD MEMBER  
1.00

0.

SUZANNE SCHLUNDT  
8128 MERCURY COURT  
SAN DIEGO, CA 92111

BOARD MEMBER  
1.00

0.

TOTAL TO FORM 199, PART II, LINE 11

537,179.

CA 199

OTHER EXPENSES

STATEMENT 7

DESCRIPTION

AMOUNT

COST OF HOMES SOLD	1,539,799.
CONSTRUCTION MATERIALS	424,233.
MORTGAGE DISCOUNT SUBSI	235,035.
VEHICLE EXPENSES AND MI	88,917.
DIRECT EXPENSES OF FUNDRAISING EVENTS	41,397.
PAYMENTS TO AFFILIATES	28,700.
PENSION PLAN CONTRIBUTIONS	30,347.
OTHER EMPLOYEE BENEFITS	110,619.
LEGAL FEES	7,054.
ACCOUNTING FEES	35,200.
OTHER PROFESSIONAL FEES	235,765.
ADVERTISING AND PROMOTION	217,158.
ALL OTHER EXPENSES	13,730.

TOTAL TO FORM 199, PART II, LINE 17

3,007,954.

CA 199

NET NOTES RECEIVABLE

STATEMENT 8

DESCRIPTION

BEG. OF YEAR

END OF YEAR

NOTES AND LOANS RECEIVABLE, NET	6,414,560.	5,005,800.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	6,414,560.	5,005,800.

CA 199	OTHER INVESTMENTS	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENT IN NEW MARKET TAX CREDIT PROGRAM	1,200,776.	1,188,646.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	1,200,776.	1,188,646.

CA 199	OTHER ASSETS	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	85,151.	69,593.
BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FNDN	336,902.	417,835.
FINISHED HOMES FOR SALE	333,125.	0.
CONSTRUCTION IN PROCESS	1,690,057.	2,500,916.
DEPOSITS	36,158.	40,088.
RECEIVABLE FROM SDHFH COMMUNITY HOUSING CORPORATION	39,979.	0.
OTHER ASSETS	68,515.	52,790.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,589,887.	3,081,222.

CA 199	OTHER LIABILITIES	STATEMENT 11
DESCRIPTION	BEG. OF YEAR	END OF YEAR
REFUNDABLE ADVANCES	39,979.	0.
BENEFITS LIABILITIES	8,611.	4,073.
DEFERRED REVENUE	124,879.	106,667.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	173,469.	110,740.

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

**SAN DIEGO HABITAT FOR HUMANITY, INC.**

Name of Organization

List all DBAs and names the organization uses or has used

**8128 MERCURY COURT**

Address (Number and Street)

**SAN DIEGO, CA 92111**

City or Town, State, and ZIP Code

**(619) 283-4663**

Telephone Number

**ALISON.WEBER@SANDIEGOHA**

**BITAT.ORG**

E-mail Address

Check if:

- ☐ Change of address  
☐ Amended report

State Charity Registration Number **CT070897**

Corporation or Organization No. **1427529**

Federal Employer ID No. **\*\* - \*\*\*9190**

## ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)

Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

### PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2020 ending 06/30/2021) list:

Gross Annual Revenue \$ 6,163,488 Noncash Contributions \$ 1,625,287 Total Assets \$ 17,424,275  
Program Expenses \$ 5,092,633 Total Expenses \$ 6,471,152

### PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

**CLIENT'S COPY**

**KWOFI REED**

**PRESIDENT & CEO**

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING  
PART B, LINE 5

STATEMENT 12

CITY OF NATIONAL CITY  
1243 NATIONAL CITY BOULEVARD  
NATIONAL CITY, CA 91950