# Public Disclosure Copy

EXTENDED TO MAY 15, 2023

990

Use Only

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. JUL 1, 2021 and ending JUN 30, A For the 2021 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change PARENTS HELPING PARENTS INC Name change 94-2814246 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 408-727-5775 1400 PARKMOOR AVE NO 100 termin-ated 2,351,223. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return 95126 SAN JOSE, CA H(a) Is this a group return Applica-F Name and address of principal officer: MARIA DAANE Yes X No for subordinates? pending 1400 PARKMOOR AVE NO 100, SAN JOSE, CA 9512 H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) ) ◀ (insert no.) L \_\_ 4947(a)(1) or L If "No," attach a list. See instructions J Website: ► WWW.PHP.COM **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association Other > L Year of formation: 1976 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: PARENTS HELPING PARENTS (PHP) Activities & Governance A NON-PROFIT, COMMUNITY-BASED, PARENT-DIRECTED FAMILY RESOURCE Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 Number of voting members of the governing body (Part VI, line 1a) <u>13</u> Number of independent voting members of the governing body (Part VI, line 1b) 41 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 2,408,559. 233,535. 2,243,291. Contributions and grants (Part VIII, line 1h) Revenue 55,093. Program service revenue (Part VIII, line 2g) 7,968. 10,112. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 13,844. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,650,062. 2,322,340. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 64,932. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,775,998. 1,730,911. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 517,138 578,801. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,358,068. 2,309,712. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,628. 291,994. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,933,679. 1,893,487. 20 Total assets (Part X, line 16) 251,216. 233,498. 21 Total liabilities (Part X, line 26) 682,463. 659,989. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign EXECUTIVE DIRECTOR MARIA DAANE, Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature 03/15/23 PRERNA JAGADA PRERNA JAGADA P01063809 Paid Firm's EIN > 94-1341042 FRANK, RIMERMAN & CO. LLP Preparer Firm's name Firm's address 1801 PAGE MILL ROAD

PALO ALTO, CA 94304

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No

Phone no. (650) 845-8100

Pa	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:
	PARENTS HELPING PARENTS (PHP) IS A NON-PROFIT, COMMUNITY-BASED,
	PARENT-DIRECTED FAMILY RESOURCE CENTER. PHP PROVIDES LIFETIME
	GUIDANCE, SUPPORT AND SERVICES TO CHILDREN WITH ANY SPECIAL NEED,
	THEIR FAMILIES AND THE PROFESSIONALS WHO SERVE THEM.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	
_	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 \$ 971,783. including grants of \$) (Revenue \$ 30,426.)
	FAMILY SERVICES - PHP EDUCATES FAMILIES AND PROFESSIONALS ABOUT SYSTEMS
	OF SUPPORT FOR INDIVIDUALS WITH ANY DISABILITY. TOPICS INCLUDE STATE
	AND FEDERAL PUBLIC BENEFITS, OTHER COMMUNITY-BASED RESOURCES, ACCESS TO
	SUPPORT SYSTEMS, AND MORE.
4b	(Code: ) (Expenses \$ 745,969 • including grants of \$ ) (Revenue \$ 17,390 • )
	EDUCATION OF PUBLIC AND PROFESSIONALS - PHP PROVIDES COMPREHENSIVE
	TRAINING AND RESOURCES RELATING TO SPECIAL EDUCATION. TOPICS INCLUDE
	INDIVIDUAL EDUCATION PLANS (IEP), 504 PLANS, GOALS AND OBJECTIVES,
	CONFLICT RESOLUTION, AND LEGAL MATTERS.
4c	(Code:) (Expenses \$
	ASSISTIVE TECHNOLOGY CENTER - PHP'S ASSISTIVE TECHNOLOGY CENTER IS A
	TRAINING AND DEMONSTRATION CENTER OF ASSISTIVE TECHNOLOGIES THAT
	SUPPORT ADULTS AND CHILDREN WITH SPECIAL NEEDS. THE ITECH CENTER SERVES
	FAMILIES AND PROFESSIONALS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 35,180 • including grants of \$ ) (Revenue \$ 360 •)
40	1 000 004
_+-	Total program service expenses 1,832,024.

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	_		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<b>.</b>
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	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? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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? If "Yes," complete Schedule I, Parts I and II	21		X

# Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			.,
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	<del></del>		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		X
26	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</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	00-		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X
35.5	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		<del></del>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		.,	
Pa	Note: All Form 990 filers are required to complete Schedule O	38	Х	
ı a	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Contouring Contouring a recipolist of flote to diffy lifte in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a   15			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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

					Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		41			
	filed for the calendar year ending with or within the year covered by this return		41	1	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
٥-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction			0-		Х
				3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	40		x
	financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country	accou	nu?	4a		25
	· · · · · · · · · · · · · · · · · · ·	1000115	2+ο (ΓDΔD)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		, ,	5a		Х
				5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file Form 8886 T2			5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			30		
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t any contributions that were not tax deductible as charitable contributions?			6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribu			- Oa		
	were not tax deductible?		-	6b		
	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices r	provided to the navor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
	Sponsoring organizations maintaining donor advised funds.					
				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
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				
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ıle O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remund	eration	or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
_	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv				
17	be the field of th	٠			ı	I
′	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		

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			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v
	taxable entity during the year?	16a		X
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	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed CA	0.000	\ 0.:=!!	- lala
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	, avalla	anie
	for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  W Upon request  Other (explain on Schedule O)			
10	·······································	d fine:	noic!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	u iiiidi	ıcıdı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	MARIA DAANE - 408-727-5775			
	1400 PARKMOOR AVE NO 100, SAN JOSE, CA 95126			

# 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

See the instructions for the order in which to list the persons above.

(A)	(B)	Ī			C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	heck ss pe	more rson i	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MARIA DAANE	40.00	-		,,				00 020	0	056
EXECUTIVE DIRECTOR	1 00			Х				89,039.	0.	956.
(2) SANDRA ASHER	1.00	X						0.	0.	_
DIRECTOR	1.00	Δ						0.	0.	0.
(3) TAMARA BLUE	1.00	x						0.	0.	0.
DIRECTOR VODE	1.00	^						0.	0.	0.
(4) DAMON KORB CHAIR	1.00	x		x				0.	0.	0.
(5) JONATHAN COBB	1.00	^		^				0.	0.	0.
VICE CHAIR	1.00	X		X				0.	0.	0.
(6) STEVEN HUNT	1.00							0.	•	•
TREASURER	1.00	X		Х				0.	0.	0.
(7) VINEET GOEL	1.00	25		22				0.	0.	•
SECRETARY	1.00	x		x				0.	0.	0.
(8) PATRICK FICHTNER	1.00							•		
DIRECTOR		x						0.	0.	0.
(9) ROXANNA CROTEAU	1.00							-		-
DIRECTOR		Х						0.	0.	0.
(10) JOYCE CHOW	1.00									
DIRECTOR		Х						0.	0.	0.
(11) CAROLINE MOON	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DANI REY-ARDILA	1.00									
DIRECTOR		Х						0.	0.	0.
(13) GITIKA BALASINGHAM	1.00									
DIRECTOR		Х						0.	0.	0.
(14) GLENDA MARIA VELASQUES	1.00									
DIRECTOR		Х						0.	0.	0.
		-								
-										

	1990 (2021) PARENIS I									94-20	<u> 14</u>	<u> 240</u>	P	age <b>c</b>
Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	Positive Pos	more rson	than is bot	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	l	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISO 1099-NEC)	<b>5</b> /	fr org and	pensa om th anizat d relat anizati	e tion ted
1b	Subtotal						<u> </u>	<u> </u>	89,039.		0.		9	56
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								89,039.		0.		9	0 . 56 .
2	Total number of individuals (including but n compensation from the organization								•	0,000 of reportable	,			(
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	•	-	•	•	•	-	_	ghest compensated emp	•		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from			4		Х
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr/	elat	ted organization or indiv					
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or si	uch <sub>I</sub>	pers	son .					5		X
1	Complete this table for your five highest co										ens	ation f	rom	
-	the organization. Report compensation for  (A)  Name and business			ONI		VILITI	Or w	111111	(B)  Description of s			(C		'n
	Name and business	addicss	11/	JINI	<u> </u>				Description of	SCI VICCS		ompe	134110	11
-														
								_						
	Total number of independent contractors (i	ncludina but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
_	\$100,000 of compensation from the organi				0		) )							

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 60,239. c Fundraising events ..... 1c d Related organizations ..... 1d 1,352,911. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 830,141 similar amounts not included above 1f 52,358 1g \$ g Noncash contributions included in lines 1a-1f 2,243,291. h Total. Add lines 1a-1f **Business Code** 30,426. 30,426. 900099 2 a FAMILY SERVICES Program Service Revenue b EDUCATION 17,390. 900099 17,390. TECHNOLOGY CENTER 900099 6,917. 6,917. d E-LEARNING 900099 360. 360. е f All other program service revenue 55,093. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 10,112. 10,112. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b **c** Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 7a b Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 60,239. of contributions reported on line 1c). See 40,052. Part IV, line 18 28,883. **b** Less: direct expenses \_\_\_\_\_ 11,169. 11,169. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS INCOME 900099 2,675. 2,675. b d All other revenue 2,675. e Total. Add lines 11a-11d ..... 2,322,340. 55,093. 23,956. Total revenue. See instructions 12

132009 12-09-21

# 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 respon				(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
J	trustees, and key employees	90,430.	70,182.	10,852.	9,396.
6	Compensation not included above to disqualified	20, 2001	,		2,000
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,368,401.	1,062,000.	164,220.	142,181.
8	Pension plan accruals and contributions (include			•	<u>-</u>
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	164,666.	126,980.	13,493.	24,193.
10	Payroll taxes	107,414.	82,831.	8,801.	15,782.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	326.	326.		
С	Accounting	25,738.	20,783.	3,022.	1,933.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	329,837.	302,421.	20,723.	6,693.
12	Advertising and promotion				
13	Office expenses	65,400.	40,827.	11,958.	12,615.
14	Information technology				
15	Royalties	55.060	46.000		
16	Occupancy	57,863.	46,820.	5,829.	5,214.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	F 142	4 555	250	220
19	Conferences, conventions, and meetings	5,143.	4,555.	258.	330.
20	Interest				
21	Payments to affiliates	16 502	12,974.	1 042	1 677
22	Depreciation, depletion, and amortization	16,593.	14,9/4.	1,942.	1,677.
23	Other eveness Itamize eveness not severed				
24	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 0.)  COMMUNITY RELATIONS/REC	34,483.	33,571.	432.	480.
a h	MEMBERSHIP DUES	23,783.	18,808.	2,137.	2,838.
b	MISCELLANEOUS	10,516.	1,639.	1,966.	6,911.
c d	TELEPHONE	9,119.	7,307.	973.	839.
-	All other expenses	J, ±±J•	7,3074	J , J •	000
25	Total functional expenses. Add lines 1 through 24e	2,309,712.	1,832,024.	246,606.	231,082.
<u>25</u> 26	Joint costs. Complete this line only if the organization	_, _ , , , , , , , , , , , , , , , , ,	_, 552, 524		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 00 01				Earm <b>990</b> (2021)

	Check if Schedule O contains a response or n	ote to an	line in this Part X	<u> </u>		
		oto to ai	IIIC III UIIST AILX		<u></u>	<u></u>
				(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing				1	549,623.
2			2	143,473.		
3	Pledges and grants receivable, net	219,017.	3	133,335.		
4			4			
5						
	trustee, key employee, creator or founder, sub	ostantial (	ontributor, or 35%			
	controlled entity or family member of any of th	ese pers	ns		5	
6	Loans and other receivables from other disqua					
	under section 4958(f)(1)), and persons describ	ed in sec	ion 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			7,302.	9	9,122.
10a	Land, buildings, and equipment: cost or other		244 22-			
		. —				
b		•			10c	124,769.
11			644,734.	11	918,882.	
12			12			
13			13			
14		14 000	14	11 000		
15					_	14,283.
16					_	1,893,487.
				245,6/3.		229,240.
					21	
22						
			_		-	
					24	
25						
	of Cobodula D	•	·	5 5/13	ا ء	4,258.
06						233,498.
20				231,210	20	255, 450 6
		HECK HE				
27	• • • • •			1.426.034.	27	1.458.469.
						1,458,469. 201,520.
29		is			29	
					_	
32				1,682,463.	32	1,659,989.
				1,933,679.	33	1,893,487.
_	2 3 4 5 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current trustee, key employee, creator or founder, substanced the controlled entity or family member of any of the Loans and other receivables from other disquired under section 4958(f)(1)), and persons describted to the controlled entity or family member of any of the Loans and loans receivable, net Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must edited assets) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Loans and other payables to any current or for trustee, key employee, creator or founder, substanced entity or family member of any of the Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, parties, and other liabilities not included on line of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, cand complete lines 27, 28, 32, and 33.  27 Net assets with donor restrictions  Organizations that do not follow FASB ASC and complete lines 29 through 33.  28 Capital stock or trust principal, or current functions and complete lines 29 through 33.  29 Capital stock or trust principal, or current functions and complete lines 29 through 33.  29 Capital stock or trust principal, or current functions and complete lines 29 through 33.  29 Capital stock or trust principal, or current functions and complete lines 29 through 33.  29 Capital stock or tru	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial co controlled entity or family member of any of these perso under section 4958(f)(1)), and persons described in sect Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. Add lines 1 through 15 (must equal line 33 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Secured mortgages and notes payable to unrelated third pothers, key employee, creator or founder, substantial controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third pothers, and other liabilities not included on lines 17-24), of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33.  28 Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment and complete lines 29 through 33.	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 261, 927. b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here   30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds	1 Cash - non-interest-bearing	1 Cash - non-interest-bearing

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		3,32		
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	3,30	9,7	12.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	2,6	28.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 1	.,68		
5	Net unrealized gains (losses) on investments	5	-3	5,1	02.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10 1	.,65	9,9	<u>89.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
_	Accounting with advantage with Form 200.			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul		2a		Х
Za	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.		Za		21
	·	u on a			
	separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		20		
	consolidated basis, or both:	e Dasis,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit			
Ŭ	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	<b>5</b>	3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	х	
			Form	990 (	2021)

# **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number PARENTS HELPING PARENTS INC 94-2814246 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

# 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.)

Sec	ction A. Public Support	7.		,			
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	` '	` ,	. ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	2,208,164.	2,327,229.	2,515,665.	2,408,559.	2,243,291.	11,702,908.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,208,164.	2,327,229.	2,515,665.	2,408,559.	2,243,291.	11,702,908.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						11,702,908.
	ction B. Total Support	1	· · · · · · · · · · · · · · · · · · ·			1	
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2,208,164.	2,327,229.	2,515,665.	2,408,559.	2,243,291.	11,702,908.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	4,808.	6,920.	3,048.	1,695.	10,112.	26,583.
_	and income from similar sources	4,000.	0,920.	3,040.	1,095.	10,114.	20,303.
9	Net income from unrelated business						
	activities, whether or not the	126,456.	131,545.				258,001.
40	business is regularly carried on	120,430.	131,343.				230,001.
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)			893.		2,675.	3,568.
11	Total support. Add lines 7 through 10			- 0331		270731	11,991,060.
12		etc (see instruction	nns)	I		12	288,628.
	First 5 years. If the Form 990 is for the						
	organization, check this box and stor			•			
Sec	ction C. Computation of Publ						
14	Public support percentage for 2021 (l	line 6, column (f), c	divided by line 11, o	column (f))		14	97.60 %
	Public support percentage from 2020					15	96.96 %
	33 1/3% support test - 2021. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>►</b> X
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ıblicly supported o	organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and <b>st</b> o	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	and see instruction	s ▶∟

Schedule A (Form 990) 2021

# 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	below, please con	ipiete i art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and			` '	,	<b>,</b> ,	,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that					+	
are not an unrelated trade or bus-						
in						
					+	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	1					
3 received from disqualified person	s					
<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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesse	s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.		<u> </u>		L	504( )(0) : 1	
14 First 5 years. If the Form 990 is for	the organization's	first, second, third,	, fourth, or fifth tax	year as a section	1501(c)(3) organizat	tion,
check this box and stop here						<u></u> ▶∟
Section C. Computation of Pul			. (2)		11	
<b>15</b> Public support percentage for 2021			column (f))			
16 Public support percentage from 20:					16	•
Section D. Computation of Inv						
17 Investment income percentage for						•
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2021. If the	e organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organi	zation	▶∟
b 33 1/3% support tests - 2020. If the	ne organization did	not check a box of	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, c	neck this box and <b>s</b>	stop here. The orga	anization qualifies a	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organizat						

# 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? If "Yes," provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** 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)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
Зс		
4a		
48		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
ЭIJ		
9с		
10a		
10b		

Par	t IV   Supporting Organizations (continued)			
	, territoria, terr		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	•		
			Yes	No
1	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.	1		
2	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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	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?	1		
	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on 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.	_		
	tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ne)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	113).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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 Part VI 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.	2a		
b	Did the activities described on 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			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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 Part VI.	3a		
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 Part VI the role played by the organization in this regard.

3b | 132025 01-04-22 | Schedule A (Form 990) 2021

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

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

### SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of orga		Empl	Employer identification number						
Part I-A		HELPING PARENTS panization is exempt un		or is a section 527 o	94-2814246				
<ul><li>1 Provide</li><li>2 Political</li></ul>	a description of the organiz	eation's direct and indirect polit cures ign activities	ical campaign activities	in Part IV. ▶\$					
Part I-B	-	ganization is exempt un							
		incurred by the organization ur							
2 Enter th	e amount of any excise tax	incurred by organization mana	gers under section 4955	<b>5</b> ▶\$					
		n 4955 tax, did it file Form 4720							
					Yes No				
	describe in Part IV.  Complete if the ord	ganization is exempt un	der section 501(c)	except section 501(	c)(3).				
	· · · · · · · · · · · · · · · · · · ·	by the filing organization for s		· · · · · · · · · · · · · · · · · · ·					
	• •	ization's funds contributed to o	•						
	0 0		•						
		s. Add lines 1 and 2. Enter here							
line 17b				▶\$					
4 Did the	filing organization file <b>Form</b>	1120-POL for this year?			Yes No				
made pa contribu	ayments. For each organiza tions received that were pr	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organi o a separate political org	zation's funds. Also enter th anization, such as a separa	ne amount of political				
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0				

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Scriedule C (Form 990) 2021			PING PARENI			1014240 Page 2
Part II-A Complete if the org	ganizatio	on is exe	mpt under sectio	n 501(c)(3) and fil	ea Form 5/68 (e	lection under
		_		n Part IV each affiliated	group member's nan	ne, address, EIN,
B Check ► if the filing organiza	ation check	ed box A a	nd "limited control" pro	ovisions apply.		
		oying Expe leans amou	nditures unts paid or incurred.	)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to infl	uence pub	lic opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to infl						
c Total lobbying expenditures (add l	-	-	• • • • •			
<b>d</b> Other exempt purpose expenditur						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Ent						
If the amount on line 1e, column (a)	ı		bying nontaxable am			
Not over \$500,000	(.,		the amount on line 1e			
Over \$500,000 but not over \$1,00	0.000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc	,		
Over \$1,500,000 but not over \$17			00 plus 5% of the exce			
Over \$17,000,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$1,000,	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3 (3) (4) (7),000,000		Ψ1,000,				
g Grassroots nontaxable amount (er	nter 25% o	f line 1f)				
h Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zero	•					
j If there is an amount other than ze						
reporting section 4911 tax for this	_		· · ·			Yes No
Toporting Section 40 11 tax for time			eraging Period Under			
(Some organizations t	hat made	a section 5		have to complete all	of the five columns I	oelow.
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2018	<b>(b)</b> 2019	<b>(c)</b> 2020	( <b>d)</b> 2021	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2021

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(	a)	(b	)
	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х	Х		
4	Media advertisements?  Mailings to members, legislators, or the public?	Х	1 21	1	,868.
	Publications, or published or broadcast statements?	X		1	,474.
	Grants to other organizations for lobbying purposes?		Х	_	, _ , _ ,
	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х	<del> </del>		94.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
			X		
			- 21	3	,436.
	Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		x	_	7 130 1
	If "Yes," enter the amount of any tax incurred under section 4912		21		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c	)(5), or se	ection	
	30 1(c)(0).			Yes	No
				162	NO
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 5			otion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total		١ ـ		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and particles.	cess			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
instru	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:	list); Part	II-A, lines 1	and 2 (See	
ACI	TIVITIES WERE PERFORMED TO ADVANCE 18 LOBBYING CAMP	AIGNS	AND E	NTAILE	D
POS	STING ON SOCIAL MEDIA, EMAILING CONSTITUENTS, ORGAN	IZING	PETIT	IONS T	0
ELE	ECTED OFFICIALS, SENDING LETTERS TO AND VISITING EL	ECTED	OFFIC	IALS,	
ANI	MAKING PUBLIC COMMENT AT LEGISLATIVE HEARINGS. MA	JOR C	AMPAIG	NS	
INC	CLUDED ADVOCACY FOR COVID VACCINES FOR PEOPLE WITH	DISAB	ILITIE	S,	

Schedule C (Form 990) 2021

Part IV Supplemental Information (continued)					
COVID RELIEF FOR PEOPLE WITH DISABILITIES, CREATION OF A COUNTY OFFICE					
OF DISABILITY AFFAIRS, EDUCATION INCLUSION, AND DISABILITY SERVICES					
FUNDING.					

# **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 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

PARENTS HELPING PARENTS INC

**Employer identification number** 94-2814246

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin	e 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	d in donor advised fun	ds			
	are the organization's property, subject to the organization's	exclusive legal control?		Yes			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grar	nt funds can be used	only			
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	other purpose confer	ring			
_	impermissible private benefit?						
Par			on Form 990, Part IV	, line 7.			
1	Purpose(s) of conservation easements held by the organizati						
	Preservation of land for public use (for example, recrea			orically important land area			
	Protection of natural habitat		Preservation of a certi	fied historic structure			
_	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	tion in the form of a co				
	day of the tax year.			Held at the End of the Tax Year			
	Total number of conservation easements			2a			
b	•			2b			
С.	Number of conservation easements on a certified historic str			2c			
d	Number of conservation easements included in (c) acquired a						
_	listed in the National Register			2d			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or te	erminated by the organ	lization during the tax			
4	year ▶ Number of states where property subject to conservation ea:	coment is located					
4 5	Does the organization have a written policy regarding the per		on handling of				
3	violations, and enforcement of the conservation easements if			Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,		d enforcing conservati				
Ŭ		riarianing or violations, and	d criteroling contact vali	on easements daming the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	Iling of violations, and enfo	orcing conservation ea	asements during the year			
	<b>▶</b> \$	,	J	3 ,			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	s of section 170(h)(4)(E	3)(i)			
	and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports conservati						
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	financial statements th	nat describes the			
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections o		asures, 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 95	8, not to report in its rever	nue statement and ba	lance sheet works			
	of art, historical treasures, or other similar assets held for public	olic exhibition, education,	or research in furthera	nce of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	<b>b</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 furtheranc	e 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 tre		- ·	provide			
	the following amounts required to be reported under FASB A			<b>.</b> .			
a	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X						
∟НА	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIIN 99U.		Schedule D (Form 990) 2021			

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Pai	t III Organizations Maintaining C	ollections of Ar	t, His	torical Tr	easures, d	or Othe	r Similar A	ssets(continued)
3	Using the organization's acquisition, accession	on, and other records	s, checl	k any of the	following tha	at make si	gnificant use c	of its
	collection items (check all that apply):							
а	a Public exhibition d Loan or exchange program							
b	b Scholarly research e Other							
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how th	ney further t	he organizati	on's exem	npt purpose in	Part XIII.
5	During the year, did the organization solicit or	receive donations of	of art, hi	storical trea	sures, or oth	er similar	assets	
	to be sold to raise funds rather than to be ma	intained as part of th	ne orga	nization's co	ollection?			Yes No
Pai	t IV Escrow and Custodial Arrang	<b>gements.</b> Comple	te if the	organizatio	n answered	"Yes" on I	Form 990, Par	t IV, line 9, or
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for	contribution	ns or other as	sets not i	ncluded	
	on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part XIII a							
								Amount
С	Beginning balance						1c	
d	Additions during the year						1d	
е	Distributions during the year						1e	
f	Ending balance						1f	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for (	escrow or c	ustodial acco	ount liabilit	y?	Yes Mo
<u>b</u>	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete if	the organization ans	swered	"Yes" on Fo				
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back (	<b>d)</b> Three years b	ack (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1	g, column (a	a)) held as:			
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С	Term endowment ▶	6						
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organiza	tion tha	at are held a	and administe	ered for th	e organization	
	by:							Yes No
	(i) Unrelated organizations							3a(i)
	(ii) Related organizations 3a(ii)							
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as require	ed on S	Schedule R?				3b
4	Describe in Part XIII the intended uses of the		wment	funds.				
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	l "Yes" on Form 990	, Part I\	/, line 11a. S	See Form 990	), Part X, I	ine 10.	
	Description of property	(a) Cost or ot	her	(b) Cost	or other	(c) Ac	cumulated	(d) Book value
		basis (investm	ent)	basis	(other)	depi	reciation	
1a	Land							
b	Buildings							
	Leasehold improvements				6,817.		77,760.	79,057.
d	Equipment			10	5,110.		59,398.	45,712.
<u>e</u>	Other							
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colur	nn (B), line 1	10c.)			124,769.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 PARE	TS HELPI	ING PARENTS	INC	94-2814246 <sub>Page</sub>
Part VII Investments - Other Sec				J = = = = = Tage
Complete if the organization ans	wered "Yes" on	Form 990, Part IV, line	e 11b. See Form 990, Part	X, line 12.
(a) Description of security or category (including na	ime of security)	(b) Book value	(c) Method of valuat	tion: 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)				
Total. (Col. (b) must equal Form 990, Part X, col. (l	3) line 12.) <b>&gt;</b>			
Part VIII Investments - Program I			•	
Complete if the organization ans	wered "Yes" on	Form 990, Part IV, line	e 11c. See Form 990, Part	X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuat	tion: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (l	3) line 13.) <b>&gt;</b>			
Part IX Other Assets.	•		•	
Complete if the organization ans	wered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part	X, line 15.
	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part	X, col. (B) line 1:	5.)		
Part X Other Liabilities.	, , ,	,		
Complete if the organization ans	wered "Yes" on	Form 990, Part IV, line	e 11e or 11f. See Form 990	0, Part X, line 25.
1. (a) Description of I	iability			(b) Book value
(1) Federal income taxes				
(2) CAPITAL LEASE				4,258
(3)				-
(4)				
(5)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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... X

Schedule D (Form 990) 2021

4,258.

(6) (7) (8)

sche	edule D (Form 990) 2021 PARENTS HELPTING PARENTS IN	NC		<b>J4</b> -	2014240 Page 4		
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	etur	າ.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements			1	2,674,288		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	-35,102.				
b	Donated services and use of facilities	2b	387,050.				
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d			2e	351,948		
3	Subtract line 2e from line 1			3	2,322,340		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b			_		
	Add lines 4a and 4b			4c	0		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,322,340		
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		h Expenses per	Retu	ırn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a						
1	Total expenses and losses per audited financial statements			1	2,696,762		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а			387,050.				
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d			2e	387,050		
3	Subtract line 2e from line 1			3	2,309,712		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					

#### Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

c Add lines 4a and 4b

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 X, LINE 2:

THE ORGANIZATION APPLIES THE PROVISIONS SET FORTH IN FASB ASC TOPIC 740, INCOME TAXES, TO ACCOUNT FOR THE UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION HAS ASSESSED ALL INCOME TAX POSITIONS TAKEN WHERE THE STATUTE OF LIMITATIONS REMAINS OPEN. THE ORGANIZATION BELIEVES ITS TAX FILING POSITIONS WILL BE SUSTAINED UPON TAX EXAMINATIONS; THEREFORE, NO LIABILITY FOR UNCERTAIN INCOME TAX POSITIONS HAS BEEN RECORDED AT JUNE 30, 2022. THE ORGANIZATION DOES NOT ANTICIPATE ANY SIGNIFICANT INCREASES OR DECREASES TO UNCERTAIN INCOME TAX POSITION DURING THE NEXT TWELVE MONTHS.

2,309,712.

Schedule D (Form 990) 2021	PARENTS HELPING PARENTS INC	94-2814246 Page 5
Schedule D (Form 990) 2021  Part XIII Supplemental In	formation (continued)	
	(/	
-		

### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization PARENTS HELPING PARENTS INC 94-2814246 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2021

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

		of fundraising event contributions and gr			<u> </u>	ots greater than \$5,000.		
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through		
			SPRING GALA			col. <b>(c)</b> )		
e			(event type)	(event type)	(total number)	33 (3)		
Revenue	1	Gross receipts	100,291.			100,291.		
	2	Less: Contributions	60,239.			60,239.		
	3	Gross income (line 1 minus line 2)	40,052.			40,052.		
	4	Cash prizes	230.			230.		
S	5	Noncash prizes						
xpense	6	Rent/facility costs	9,952.			9,952.		
Direct Expenses	7	Food and beverages	6,510.			6,510.		
	8	Entertainment	6,153.			6,153.		
	9	Other direct expenses	6,038.			6,038.		
	10		n 9 in column (d)		<b></b>	28,883.		
		Net income summary. Subtract line 10 from li	ne 3, column (d)		<b>&gt;</b>	11,169.		
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than			
		\$15,000 on Form 990-EZ, line 6a.	·	1 5				
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Вè	_	0						
		Gross revenue						
"	2	Cash prizes						
Ses	_	Cusin pin250						
Direct Expenses	3	Noncash prizes						
Direc	4	Rent/facility costs						
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No No	□ No □			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>			
^	Г	ter the state(s) in which the organization condu						
		Yes No						
		the organization licensed to conduct gaming a No," explain:	ctivities in each of these	States:		1e3 110		
		, <del></del>						
	_							
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No If "Yes," explain:							

Schedule G (Form 990) 2021

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## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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 for instructions and the latest information.

Name of the organization PARENTS HELPING PARENTS INC Employer identification number 94 - 2814246

Pai	TI Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of d noncash contrib		_	·c
		арріісаріє		Form 990, Part VIII, line 1g	Horicasii contrib	ution a	mount	3
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	X	5	52,538.	FAIR MARKET	' VA	LUE	
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 • ()							
26	Other • ()							
27	Other • ()							
28	Other ( )							
29	Number of Forms 8283 received by the organize	zation durin	g the tax year for c	contributions				
	for which the organization completed Form 82	83, Part V, [	Oonee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, lines 1 throu	igh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be ι	used for			
	exempt purposes for the entire holding period'	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicy that re	equires the review	of any nonstandard contrib	utions?	31		Х
32a	Does the organization hire or use third parties							
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							
ТΗΔ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 00	<u> </u>	Schodula I	M (Ear	~ 000)	2021

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# SCHEDULE O (Form 990)

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 Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

Name of the organization

PARENTS HELPING PARENTS INC

Employer identification number 94-2814246

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CENTER. PHP PROVIDES LIFETIME GUIDANCE, SUPPORT AND SERVICES TO

CHILDREN WITH ANY SPECIAL NEED, THEIR FAMILIES AND THE PROFESSIONALS

WHO SERVE THEM.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

E-LEARNING - PROVIDES PARENT INFORMATION AND TRAINING IN VIDEO AND

PODCAST FORMAT TO EMPOWER A BROADER AUDIENCE OF SPECIAL NEEDS FAMILIES

24/7, WHEREVER THEY RESIDE, AND IN MULTIPLE LANGUAGES.

EXPENSES \$ 35,180. INCLUDING GRANTS OF \$ 0. REVENUE \$ 360.

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

THE ORGANIZATION HAS A "FORM 990 BOARD REVIEW POLICY" THAT DESCRIBES THE INVOLVEMENT OF THE STAFF AND THE AUDIT COMMITTEE OF THE BOARD. THE AUDIT COMMITTEE, SUBSEQUENT TO ITS REVIEW AND APPROVAL, DISSEMINATES A DRAFT TO THE BOARD FOR FURTHER COMMENTS, PRIOR TO FORMAL FILING.

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

THE CONFLICT OF INTEREST POLICY REQUIRES AN INTERESTED PERSON, DEFINED AS

ANY DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD

DELEGATED POWERS WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST IN THE

ORGANIZATION, TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTERESTS. IN AN

EFFORT TO AID SUCH DISCLOSURE, EACH INTERESTED PERSON SHALL COMPLETE A

CONFLICT OF INTEREST QUESTIONNAIRE AT THE ANNUAL BOARD OF DIRECTORS

MEETINGS AS CIRCUMSTANCES WARRANT, BUT NO LESS FREQUENTLY THAN ANNUALLY.

THIS POLICY IS CONSISTENT WITH PRIOR YEAR.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2** 

FORM 990, PART VI, SECTION B, LINE 15:  CFO COMPILES DATA AND MEETS WITH THE INDEPENDENT EXECUTI	VE COMMITTEE.
CFO COMPILES DATA AND MEETS WITH THE INDEPENDENT EXECUTI	VE COMMITTEE.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES THESE FORMS AVAILABLE UPON REQUES	т.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER FEES:	
PROGRAM SERVICE EXPENSES	302,421.
MANAGEMENT AND GENERAL EXPENSES	20,723.
FUNDRAISING EXPENSES	6,693.
TOTAL EXPENSES	329,837.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	329,837.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RES	PONSIBILITY FOR
OVERSIGHT OF THE AUDIT REVIEW. THE OVERSIGHT PROCESS DID	NOT CHANGE
DURING THE FISCAL YEAR ENDED JUNE 30, 2022.	