8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

ř.			
-	2002	620.525	

For calendar year 2022, or fiscal year beginning JUL 1 , 2022, and ending JUN 30 , 20 23

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

THE BEACON HOUSE ASSOCIATION OF

SAN PEDRO

EIN or SSN

23-7376148

Name and title of officer or person subject to tax ARCHIE HOGGAN EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	X b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 6,409,227.
2a	Form 990-EZ check here	□ b	Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here		Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here		Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here		Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and S	Signature	Authorization of Officer or Person Subject to Tax	
Jnder	penalties of perjury, I declare th	at X I a	m an officer of the above entity or 🔲 I am a person subject to tax with res	pect to (name
of entit	y)		, (EIN) and that I hav	e examined a copy of the
2022 0	ectronic return and accompany	ina echodi	les and statements, and to the host of my knowledge and helief, they are tr	in correct and

edules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

X lauthorize PDM, LLP	to enter my PIN	80000
ERO firm name		Enter five numbers, but do not enter all zeros
as my signature on the tax year 2022 electronically filed return. If I have indicated within this return with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the on the return's disclosure consent screen.	Commence of the Commence of th	ACTUAL DESCRIPTION OF THE PROPERTY OF THE PROP
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature return. If I have indicated within this return that a copy of the return is being filed with a state agence.		

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

33795334600 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

01/29/2024

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

PIN: check one box only

2022

X.55		
Date Accepted		

TAXABLE YEAR	O-life weig	-

California e-file Return Authorization for

FORM 8453-EO

Exempt Organizations	
Exempt Organization name	Identifying number
THE BEACON HOUSE ASSOCIATION OF SAN PEDRO	23-7376148
Part I Electronic Return Information (whole dollars only)	
1 Total gross receipts (Form 199, line 4)	16,566,831
2 Total gross income (Form 199, line 8)	2 6,566,831
3 Total expenses and disbursements (Form 199, line 9)	3 5,063,018
Part II Settle Your Account Electronically for Taxable Year 2022	
4 Electronic funds withdrawal 4a Amount	4b Withdrawal date (mm/dd/yyyy)
Part III Banking Information (Have you verified the exempt organization's banking i	nformation?)
5 Routing number	
6 Account number 7 T	ype of account: Checking Savings
Part IV Declaration of Officer	
I authorize the exempt organization's account to be settled as designated in Part II. If I check Part on line 4a.	II, box 4, I authorize an electronic funds withdrawal for the amount listed
Under penalties of perjury, I declare that I am an officer of the above exempt organization and that transmitter, or intermediate service provider and the amounts in Part I above agree with the amount California electronic return. To the best of my knowledge and belief, the exempt organization's return a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and torganization will remain liable for the fee liability and all applicable interest and penalties. I authorize statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason	nts on the corresponding lines of the exempt organization's 2022 Irn is true, correct, and complete. If the exempt organization is filing Irnely payment of the exempt organization's fee liability, the exempt Irnely payment of the exempt organization's fee liability, the exempt Irnely payment organization return and accompanying schedules and Irnely processing of the exempt organization's return or refund is

Sign Here

	Um	1. Ho	n
Sigi	nature of office		

02/01/24 EXECUTIVE DIRECTOR

Check if

Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Date

Firm's FEIN 33-078370
ZIP code 90503
statements, and to the best of my knowled
eck Paid preparer's PTIN elf- ployed
Firm's FEIN
ZIP code
e

FTB 8453-EO 2022

Check

ERO's PTIN

STATE OF CALIFORNIA

(Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS. 1300 I Street Sacramento, CA 95814 (918)210-6400

WEBSITE ADDRESS www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

DEPARTMENT OF JUSTICE

(For Registry Use Only)

THE BEACON HOUSE ASSOCIATION OF SAN PEDRO Name of Organization List all DBAs and names the organization uses or has used		ange of address nended report		
1003 S. BEACON STREET	State Ch	arity Registration Number CT019420		
Address (Number and Street)		Personal Control of the Control of t		
SAN PEDRO, CA 90731 City or Town, State, and ZIP Code GEORGEG@THEBEACONHOUSE.	Corporat	ion or Organization No. 0714393		
310-514-4940 ORG	Federal E	Employer ID No. 23-7376148		
Telephone Number E-mail Address ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal.	Code Post	continue 201 207 211 and 212)		
Make Check Payable to Depart				
Total Revenue Fee Total Revenue	<u>Fee</u>	Total Revenue	Fe	_
Less than \$50,000 \$25 Between \$250,001 and \$1 million Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million	\$100 n \$200	Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 million	\$80	00 ,000
Between \$1,00,001 and \$250,000 \$75 Between \$5,000,001 and \$20 millio		Greater than \$500 million		,200
PART A - ACTIVITIES				
For your most recent full accounting period (beginning 07/01/20	22_ end	ding 06/30/2023) list:		
Total Revenue (including noncash contributions) \$ 6,409,227 Noncash Contributions \$ Program Expenses \$ 3,956,688	9 2 Total Exp	2,702 Total Assets \$ 8,20 enses \$ 4,905,414	5,5	30
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD				
Note: All questions must be answered. If you answer "yes" to any of the que	stions belov	w, vou must attach a separate page		
providing an explanation and details for each "yes" response. Please r			Yes	No
 During this reporting period, were there any contracts, loans, leases or other f and any officer, director or trustee thereof, either directly or with an entity in w any financial interest? 				х
During this reporting period, was there any theft, embezzlement, diversion or or funds?	misuse of th	e organization's charitable property		х
3. During this reporting period, were any organization funds used to pay any per	nalty, fine or	judgment?		х
4. During this reporting period, were the services of a commercial fundraiser, fur commercial coventurer used?	ndraising cou	unsel for charitable purposes, or		х
5. During this reporting period, did the organization receive any governmental fu	nding?	SEE STATEMENT 10	х	
6. During this reporting period, did the organization hold a raffle for charitable pu	irposes?			х
7. Does the organization conduct a vehicle donation program?				х
8. Did the organization conduct an independent audit and prepare audited finan generally accepted accounting principles for this reporting period?	cial stateme	nts in accordance with	х	
9. At the end of this reporting period, did the organization hold restricted net ass	sets, while re	eporting negative unrestricted net assets?		х
I declare under penalty of perjury that I have examined this report, including a and belief, the content is true, correct and complete, and I am authorized to si		ng documents, and to the best of my know	vledge	Э
Signature of Authorized Agent Printed Name		EXECUTIVE DIRECTOR Date		

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING STATEMENT 10 PART B, LINE 5

LA COUNTY - SAPC 1000 SOUTH FREMONT AVE., BLDG A-9 EAST ALHAMBRA, CA 91803 DANIEL DENIZ 626-299-4532

CITY OF LOS ANGELES POLICE 100 WEST 1ST STREET LOS ANGELES, CA 90012 (877) 275-5273

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

GOVERNMENT COPY

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

THE BEACON HOUSE ASSOCIATION OF SAN PEDRO 1003 S. BEACON STREET SAN PEDRO, CA 90731 ATTN: ARCHIE HOGGAN

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

DEPARTMENT OF JUSTICE
PAGE 1 of 5

(For Registry Use Only)

		Check if:			
THE BEACON HOUSE ASSO	CIATION OF	Ch	ange of address		
SAN PEDRO			nended report		
Name of Organization					
List all DBAs and names the organization uses or has use	ed.				
1003 S. BEACON STREET Address (Number and Street)		State Ch	arity Registration Number CT 019420		
SAN PEDRO, CA 90731		Corporat	ion or Organization No. 0714393		
	RGEG@THEBEACONHOUSE		lor or organization No. O / 14355		
310-514-4940 ORG			Employer ID No. 23-7376148		
Telephone Number E-mail Add	dress	_ ' ' ' ' ' ' ' '			
ANNUAL REGISTRATIO	ON RENEWAL FEE SCHEDULE (11 Make Check Payable to Dep				
Total Revenue Fee	e Total Revenue	Fee	Total Revenue	Fe	—— е
Less than \$50,000 \$25		_	Between \$20,000,001 and \$100 million	\$80	_
Between \$50,000 and \$100,000 \$50			Between \$100,000,001 and \$500 million	ւ \$1	,000
Between \$100,001 and \$250,000 \$75	5 Between \$5,000,001 and \$20 n	nillion \$400	Greater than \$500 million	\$1 ,	,200
PART A - ACTIVITIES					
For your most recent full accounti	ing period (beginning $\frac{07/01/}{}$	2022 end	ding <u>06/30/2023</u>) list:		
Total Revenue	0.07	0.0	. 700		2.0
(including noncash contributions) \$ 6,409 Program Expenses \$	Noncash Contributions \$	92	2,702 Total Assets \$ 8,20 enses \$ 4,905,414	5,5	30
Program Expenses \$	3,950,000	Total Exp	enses \$4,905,414		
PART B - STATEMENTS REGARDING O	RGANIZATION DURING THE PERI	OD OF THIS RE	EPORT		
Note: All questions must be answered	I. If you answer "yes" to any of the	questions belo	w, you must attach a separate page		
			-1 instructions for information required.	Yes	No
During this reporting period, were the	ere any contracts, loans, leases or oth	ner financial trar	nsactions between the organization		
and any officer, director or trustee the	ereof, either directly or with an entity	in which any su	ich officer, director or trustee had		
any financial interest?				ļ	X
2. During this reporting period, was the or funds?	re any theft, embezzlement, diversion	or misuse of th	ne organization's charitable property		х
3. During this reporting period, were any	y organization funds used to pay any	penalty, fine or	judgment?		X
4. During this reporting period, were the	e services of a commercial fundraiser	, fundraising co	unsel for charitable purposes, or		
commercial coventurer used?					X
5. During this reporting period, did the o	organization receive any governmenta	al funding?	SEE STATEMENT 10	х	
6. During this reporting period, did the	organization hold a raffle for charitabl	e purposes?			х
7. Does the organization conduct a veh	icle donation program?				X
Did the organization conduct an inde generally accepted accounting princi	• • •	nancial stateme	ents in accordance with	х	
At the end of this reporting period, di	d the organization hold restricted net	t assets, while re	eporting negative unrestricted net assets?		х
I declare under penalty of perjury that I and belief, the content is true, correct a	• •		ng documents, and to the best of my kno	wledg	
-	DOUTE HOGGAN	-			
Signature of Authorized Agent	ARCHIE HOGGAN Printed Name		EXECUTIVE DIRECTOR Title Date		

CA RRF-1 INFORMATION REGARDING GOVERNMENTAL FUNDING STATEMENT 10 PART B, LINE 5

LA COUNTY - SAPC 1000 SOUTH FREMONT AVE., BLDG A-9 EAST ALHAMBRA, CA 91803 DANIEL DENIZ 626-299-4532

CITY OF LOS ANGELES POLICE 100 WEST 1ST STREET LOS ANGELES, CA 90012 (877) 275-5273

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) THE BEACON HOUSE ASSOCIATION OF print SAN PEDRO 23-7376148 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1003 S. BEACON STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 90731 SAN PEDRO, CA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) GEORGE GROHS, CFO The books are in the care of ▶ PO BOX 328 - SAN PEDRO, CA 90733 Telephone No. ► 310-514-4940 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or , and ending JUN 30, 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

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

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. 2023 A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN Check if applicable: C Name of organization D Employer identification number THE BEACON HOUSE ASSOCIATION OF Address change SAN PEDRO Name change 23-7376148 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 310-514-4940 1003 S. BEACON STREET 6,566,831. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SAN PEDRO, CA 90731 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ARCHIE HOGGAN Yes X No for subordinates? PO BOX 328, SAN PEDRO, CA 90733 __Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: HTTP://WWW.THEBEACONHOUSE.ORG/ H(c) Group exemption number K Form of organization: X Corporation Trust Other L Year of formation: 1974 M State of legal domicile: CA Association Part I Summary Briefly describe the organization's mission or most significant activities: TO ASSIST MEN TO RECOVER FROM Governance THE DISEASES OF ALCOHOLISM AND ADDICTION TO OTHER DRUGS if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 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 0. 7h **Prior Year Current Year** 3,241,671. 3,934,707. Contributions and grants (Part VIII, line 1h) 2,030,413. 2,443,897. Program service revenue (Part VIII, line 2g) 2.135. 30,623. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 11 5,274,219. 6,409,227 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,908,752. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,511,398. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,192,128. 2,394,016. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) $4,905,\overline{414}$ 4,100,880. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,173,339. 1,503,813. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 6,895,460. 8,205,530. Total assets (Part X, line 16) 1,905,516. 1,695,222. 21 Total liabilities (Part X, line 26) 4,989,944. 6,510,308 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 ARCHIE HOGGAN, Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name PRESTON GEGENFURTNER, CPA P01347982 Paid self-employed Firm's name PDM, LLP Firm's EIN 33-0783700 Preparer Firm's address 3460 TORRANCE BLVD., **STE 200** Use Only Phone no. (310) 540-4118TORRANCE, CA 90503

X Yes

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

Pai	rt III	Statement of Program Service Accomplishments
		Check if Schedule O contains a response or note to any line in this Part III
1		ly describe the organization's mission:
		ASSIST MEN TO RECOVER FROM THE DISEASES OF ALCOHOLISM AND ADDICTION
		OTHER DRUGS. THE ASSOCIATION WILL PROVIDE FOOD, SHELTER,
	COL	JNSELING, AND THE TIME TO BUILD A FOUNDATION IN RECOVERY AND RETURN
	то	FAMILY, HOME AND COMMUNITY.
2	Did tl	he organization undertake any significant program services during the year which were not listed on the
	prior	Form 990 or 990-EZ? Yes X No
		es," describe these new services on Schedule O.
3	Did tl	he organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
		es," describe these changes on Schedule O.
4		ribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
		ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
		nue, if any, for each program service reported.
4a	(Code:	2.056.600
	THE	BEACON HOUSE ASSOCIATION IS A MEN'S LONG-TERM, RESIDENTIAL PROGRAM
		AT PROVIDES TREATMENT FOR ALCOHOL AND DRUG ADDICTION. THE
	ASS	SOCIATION'S POPULATION LIVES ON SITE AND THE FACILITIES CONSIST OF 6
		FFERENT RESIDENTIAL BUILDINGS WITH A CAPACITY FOR 110 RESIDENTS, A
	KIT	CHEN/DINING FACILITY, A FACILITY FOR TRAINING AND EDUCATION, AND AN
	ADI	DITIONAL MEETING FACILITY.
	PEF	ER-DRIVEN AND BASED ON THE PROGRAM OF ALCOHOLICS ANONYMOUS, THE
		ACON HOUSE'S SERVICES AND STRATEGY INVOLVE CONTINUOUS SUPPORT
		ROUGHOUT A WIDE RANGE OF STRUCTURED GROUPS FOCUSING ON THE UNDERLYING
		JSES OF ADDICTION, EDUCATIONAL DEVELOPMENT AS WELL AS A CAREER
		VELOPMENT PROGRAM WHICH GIVE RESIDENTS A CHANCE TO GAIN PRACTICAL,
4b		:) (Expenses \$ including grants of \$) (Revenue \$)
	•	
4c	(Code:	:) (Expenses \$ including grants of \$) (Revenue \$)
	•	
4d	Othe	er program services (Describe on Schedule O.)
	(Expen	
4e		program service expenses 3,956,688.
		990 (2000)

12460129 251666 BEA-8005

Page 3

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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			l
	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			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	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
a	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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
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	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		21	
ıza	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	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?	14a		Х
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			
	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		X
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)

22		, ,		Yes	No
23 Did the organization answer "Yes" to Part WI, Section A, line 3. 4, or 5, about Compensation of the organization's current and terms or former officent, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," carsever lines 24th prough 24d and complete Schedule I. If "No," to to line 25a Schedule I. If "No," to line 25a Schedule I. If	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23 Did the organization answer "Yes" to Part VII, Section A, lins 3, 4, or 5, about compensation of the organizations current and former offices, directors, buttees, key employees, and highest compensated employees? "** "Yes," complete Schedule I, "** "Yes" to the year, that was issued after December 31, 2002? "** "Yes," "answer lines 24th through 24d and complete Schedule I, "** "Yes," to be line 25a." "Xes of the organization marks are proceeds of flax-exempt bonds beyond a temporary period exception?" 24b. Did the organization marks are exerced of flax-exempt bonds? d Did the organization marks are as an "on behalf of "souer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization are as an "on behalf of "souer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization are as an "on behalf of "souer for bonds outstanding at any time during the year?" 24c. 24d.		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
Schedule / Was 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? // *Yes, *answer lines 24b through 24d and complete Schedule K. If *Yeo,* go for line 25a. **Delt the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception?** **Delt the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception?** **Delt the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception?** **Delt the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception?** **Delt the organization mixed and so the solid process of the organization or any tax of the solid process of tax exempt bonds?** **Delt the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If *Yes,* complete Schedule I, Part I.** **Delt to the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organizations prior Forms 990 or 990-E2? If *Yes,* complete Schedule I, Part I.** **Delt the organization proport any amount on Part X, line 5 or 22, for receivables from or payables to any current or forms officier, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 59% controlled entity of family member of any of these persons? If *Yes,* complete Schedule I, Part II.** **Delt the organization proper thereof or family member of any of these persons? If *Yes,* complete Schedule I, Part II.** **Delt the organization are properties thereof or family member of any of these persons? If *Yes,* complete Schedule I, Part II.** **Delt the organization family and the part of the assistance to any current or forms officier, director, trustee, key employee, creator or founder, or substantial contributor? If *Yes,* complete Schedule I, Part	23				
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24a 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. It have assisted after December 31,2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 24b Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 25a Section 50(Lo(3), 801(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" 25b It the organization avare 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 organizations prior forms 900 or 990E2? If "Yes," complete Schedule L, Part II "Yes," co		, ,	23		X
Schedule K. If "No." go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 1 do the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 2 do 1 do the organization acid se an "on behalf of" issuer for bonds outstanding at any time during the year? 2 do 1 do the organization acid se an "on behalf of" issuer for bonds outstanding at any time during the year? 2 do 1 do the organization acid se an "on behalf of" issuer for bonds outstanding at any time during the year? 2 do 1 do the organization acid se an "on behalf of" issuer for bonds outstanding at any time during the year? 2 do 1 do the organization acid se and "on behalf of" issuer for bonds outstanding at any time during the year? 2 do 1 do the organization acid se and "on behalf of" issuer for bonds outstanding at any time during the year? 2 do 1 do the organization acid the year? If "Yes," complete Schedule L, Part I "yes," complete Schedule L, Part II "yes,"	24a				
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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? "Yes," complete Schedule L, Part III	27				
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X X X X X X X X X					
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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 31 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 II. 32 X 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Yas the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O, and provide explanations on Schedule			27		X
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232004 12-13-22

Form 990 (2022) SAN PEDRO

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

	- Continued		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		res	NO
Lu	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Х
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 Consequenciate included on Form 200 Part VIII line 10 for public use of old to facilities.			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders Cross income from other sources. (Do not not amounts due or poid to other sources against			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.	100		
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			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Form 990 (2022)

SAN PEDRO

23-7376148

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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. X Check if Schedule O contains a response or note to any line in this Part VI Section 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. 7 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request __ Other (explain on Schedule O) Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records GEORGE GROHS, CFO - 310-514-4940

Form **990** (2022)

BOX 328, SAN PEDRO, CA

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)		(C) Position					(D)	(E)	(F)
Name and title	Average hours per week	box	not cl	heck i ss per	more rson i	than o s both r/trus	n 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) GEORGE GROHS CFO	40.00			х				103,000.	0.	9,912.
(2) ARCHIE HOGGAN	40.00							103,000.	<u> </u>	J, J12.
EXECUTIVE DIRECTOR (SINCE APR 2022)				x				94,404.	0.	5,804.
(3) BRANDON BERNSTEIN	1.00							, , , , , , ,		7,00
CHAIRMAN		Х		Х				0.	0.	0.
(4) TOM COMPTON	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) KURT ANTONIUS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) JEFF MOHRFELD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) MIKE SCHOETTLE	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0.
(8) STEVE HOWARD	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) JENNY HOFELING BOARD MEMBER	1.00	Х						0.	0.	0.
	I			1	l	1		1		

Form 990 (2022)

Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		<mark>)</mark> than c	ne	Reportable	Reportable		Es	timate	ed
		hours per	box	, unles	ss per	rson i	s both	an	compensation	compensatio	n	am	ount	of
		week		Cer an	la a a	recio	r/trust	ee)	from	from related	- 1		other	
		(list any hours for	recto						the	organization			pensa	
		related	or di	99			sated		organization	(W-2/1099-MIS	;C/		om the	
		organizations	rustee	trust		99	n be u		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizati d relati	
		below	dual t	tiona	١.	yoldr	st cor yee	_	100011420)				ınizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3-		
			_	_	_	_					\neg			
											-+			
1b	Subtotal								197,404.		0.	1!	5,73	16.
С	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								197,404.		0.	1!	5,73	16.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			
	compensation from the organization												1	1
											ſ		Yes	No
3	Did the organization list any former officer,			ey e	empl	loye	e, or	hig	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for se											3		<u>X</u>
4	For any individual listed on line 1a, is the su	•							•	•				
	and related organizations greater than \$150											4		<u>X</u>
5	Did any person listed on line 1a receive or a											_		37
Soc	rendered to the organization? If "Yes," cometion B. Independent Contractors	plete Schedule	e J f	or su	ıch <u>ı</u>	oers	on .					5		Х
1	Complete this table for your five highest co	mneneated ind	lone	nder	at co	ntr	actor	e th	nat received more than \$	100 000 of comp		tion fro	m	
•	the organization. Report compensation for t										ciisai	1011110	,,,,,	
	(A)	,			· <u>J</u> ···				(B)			(C	;)	
	Name and business	address							Description of s	ervices	С	omper		า
	WRENCE WHOLESALE, LLC													
PO	BOX 58307, VERNON, CA	90058						_	FOOD SUPPLIE	3.		119	9,5!	<u>52.</u>
								\dashv						
	Total number of independent and the state of the	adudina but a	a+ #=	ni+c -	1 +	th c	no 11-	to d	abaya) who received	are then				
2	Total number of independent contractors (in \$100,000 of compensation from the organization)	•	טנ ווו	mec	ו נט	tnos 1		ıeu	above) who received mo	ne uiali				

Form 990 (2022) SAN PED
Part VIII Statement of Revenue

			Check if Schedule O c	onta	ins a respor	ise (or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
											30000013 3 12 3 14
nts ats			Federated campaigns								
žra ou			Membership dues								
s, C		С	Fundraising events		1c		<u>583,919.</u>				
ij a		d	Related organizations								
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contril	butio	ons) 1e	2,	853,077.				
Sign		f	All other contributions, gifts, g	grant	s, and						
bet			similar amounts not included				497,711.				
ΘĔ		a	Noncash contributions included in li				92,702.				
S P		_						3,934,707.			
<u> </u>		<u></u>	Totali Add iii ioo Ta Ti				Business Code	7,502,7,610			
-	^	_	PROGRAM INCOM	다				2,443,897.	2 113 897		
<u>i</u>						_	700077	2,443,057.	2,443,057.		
Program Service Revenue		b				_					
n S		С				_					
ran 3ev		d				_					
.0g		е				_					
<u>-</u>		f	All other program service r	ever	nue						
		g	Total. Add lines 2a-2f					2,443,897.			
	3		Investment income (includi								
								30,623.			30,623.
	4		Income from investment of					-			-
	5		Royalties		-						
	Ŭ		noyanios		(i) Real		(ii) Personal				
	6	_	Cross ronts	60	(1) 11001		(1) 1 31331141				
				6a							
				6b							
			` ,	6c							
			Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) Securiti	es	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ne			and sales expenses	7b							
len		С	Gain or (loss)	7с							
Be			Net gain or (loss)								
her Revenue			Gross income from fundraisin	ig eve	ents (not						
ᅙ			including \$583	<u>, 9 :</u>	19. of						
			contributions reported on I	line '	1c). See						
			Part IV, line 18			8a	157,604.				
		b	Less: direct expenses			8b	157,604.				
		С	Net income or (loss) from f	undi	raising even	ts		0.			
			Gross income from gaming								
			Part IV, line 19	-		9a					
		h	Less: direct expenses			9b					
			Net income or (loss) from g								
			Gross sales of inventory, le			Γ					
	IU	а	• • • • • • • • • • • • • • • • • • • •								
		_	and allowances			10a					
			Less: cost of goods sold			10b					
_	c Net income or (loss) from sales of inventory										
<u>v</u>				Business Code							
on e	11	а				_					
ane		b				_					
Miscellaneous Revenue		С				_					
Λiš		d	All other revenue								
_		e	Total. Add lines 11a-11d		<u></u>						
	12		Total revenue. See instruction	ns				6,409,227.	2,443,897.	0.	30,623.

Part IX Statement of Functional Expenses

Do 1	Check if Schedule O contains a respons	(A)	nis Part IX(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	221 200	165 000	44 240	11 06
_	trustees, and key employees	221,200.	165,900.	44,240.	11,06
3	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,887,366.	1 /15 525	377,472.	04 26
7	Other salaries and wages	1,001,300.	1,415,525.	311,414.	94,36
3	Pension plan accruals and contributions (include	3,668.	2,751.	734.	10
	section 401(k) and 403(b) employer contributions)	239,061.	179,296.	47,812.	18 11,95
)	Other employee benefits	160,103.	120,077.	32,020.	8,00
)	Payroll taxes	100,103.	140,011.	34,040.	0,00
ا -	Fees for services (nonemployees):				
a b	Management	29,820.	29,820.		
	Legal	27,580.	25,649.	1,931.	
	Lobbying	27,300.	23,043.	1,551.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
' a	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	94,944.	82,371.	9,781.	2.79
2	Advertising and promotion	39,086.	31,269.	3,909.	2,79 3,90
3	Office expenses	228,350.	159,845.	54,804.	13,70
1	Information technology		-		-
5	Royalties				
6	Occupancy	740,526.	592,421.	74,053.	74,05
,	Travel	3,610.			3,61
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings				
)	Interest	5,386.	4,417.	539.	43
ı	Payments to affiliates				
2	Depreciation, depletion, and amortization	168,959.	139,161.	16,896.	12,90
3	Insurance	51,838.	42,507.	5,184.	4,14
	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.) PROGRAM SUPPLIES	399,244.	399,244.		
a b	FOOD & BEVERAGES	242,092.	242,092.		
D C	RESIDENT SUPPORT	150,647.	150,647.		
c d	AUTOMOBILE	103,190.	84,616.	10,319.	8,25
-	All other expenses	108,744.	89,080.	10,874.	8,79
е	Total functional expenses. Add lines 1 through 24e	4,905,414.	3,956,688.	690,568.	258,15
<u>'</u>	Joint costs. Complete this line only if the organization	-12021444	3,333,000.	0,00,000	250,15
•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022) Part X Balance Sheet

ı aı	IL A	balance Sneet					
		Check if Schedule O contains a response or note	to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,332,671.	1	1,618,358.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			533,159.	4	515,313.
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substant	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described i		6			
ţ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			102,372.	9	194,148.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,628,189. 2,231,327.	2 2 4 2 5 4 5		
	b	Less: accumulated depreciation	2,340,547.	10c	2,396,862.		
	11	Investments - publicly traded securities	1,028,013.	11	2,140,046.		
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		1 550 600	14	1 242 222	
	15	Other assets. See Part IV, line 11		I	1,558,698.	15	1,340,803.
	16	Total assets. Add lines 1 through 15 (must equal			6,895,460.	16	8,205,530.
	17	Accounts payable and accrued expenses			232,695.	17	288,723.
	18	Grants payable		18			
	19	Deferred revenue		I	205 000	19	
	20	Tax-exempt bond liabilities			295,000.	20	
	21	Escrow or custodial account liability. Complete Pa				21	
es	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substan					
<u>ia</u> k		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelate		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated to				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1 of Schedule D	17-24)	. Complete Part X	1,377,821.	O.E.	1,406,499.
	26				1,905,516.	26	1,695,222.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check			1,505,510.	20	1,000,222
S		and complete lines 27, 28, 32, and 33.	K HEI				
Š	27				4,899,310.	27	6,384,813.
3ala	28	Net assets with donor restrictions			90,634.	28	125,495.
ğ		Organizations that do not follow FASB ASC 958			00,000		
Ξ		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equ				30	
٩ss	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,989,944.	32	6,510,308.
Z	33	Total liabilities and net assets/fund balances		I	6,895,460.	33	8,205,530.

Form **990** (2022)

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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)	1	6,40	9,2	<u> 27.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,90		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,50	3,8	13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,98	9,9	44.
5	Net unrealized gains (losses) on investments	5	1	6,5	51.
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	6,51	0,3	08.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	L	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

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

THE BEACON HOUSE ASSOCIATION OF **Employer identification number** Name of the organization SAN PEDRO 23-7376148 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) 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	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
	Gifts, grants, contributions, and	` ,	` ,	` ,	` ,	•					
	membership fees received. (Do not										
	include any "unusual grants.")	1212488.	1960559.	2384775.	3241671.	3934707.	12734200.				
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	1212488.	1960559.	2384775.	3241671.	3934707.	12734200.				
	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)						137,656.				
6	Public support. Subtract line 5 from line 4.						12596544.				
	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
	Amounts from line 4	1212488.	1960559.	2384775.	3241671.	3934707.	12734200.				
	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	33,669.	321.	2,775.	2,381.	30,623.	69,769.				
9	Net income from unrelated business	,	-	,	,	,	,				
_	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)	4,390.	251.				4,641.				
11	Total support. Add lines 7 through 10	,					12808610.				
	Gross receipts from related activities,	etc. (see instructio	ns)			12 7	,784,354.				
	First 5 years. If the Form 990 is for the	•	,				, , , , , , , , , , , , , , , , , , , ,				
	organization, check this box and stor	-									
Sec	tion C. Computation of Publi										
14	Public support percentage for 2022 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	98.34 %				
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	96.74 %				
	33 1/3% support test - 2022. If the o					ore, check this bo	x and				
	stop here. The organization qualifies	as a publicly suppo	orted organization				X				
b	33 1/3% support test - 2021. If the o										
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion							
17a	10% -facts-and-circumstances test										
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	zation				
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
b	10% -facts-and-circumstances test	•	•								
	more, and if the organization meets the	•				•					
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
18	Private foundation. If the organization			•			s				
				,,,,	,		(Form 990) 2022				

Schedule A (Form 990) 2022

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	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-						
	iness under section 513						
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						
	3 received from disqualified persons						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from :					18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

232023 12-09-22

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
20		
3a		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
ule A (Forr	n 990)	2022

Cobo	dule A (Form 990) 2022 SAN PEDRO 23-73	37611	8 D	F
	dule A (Form 990) 2022 SAN PEDRO 23-7. t IV Supporting Organizations (continued)	7/014	O Pa	age 5
	tri capporting organizations (continued)		Yes	No
44	Has the organization accepted a gift or contribution from any of the following persons?		162	NO
11	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а		110		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44.		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
000	aon B. Type i oupporting organizations		Vaa	Na
			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 Part VI 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,			
<u> </u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	uon 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			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	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		
2	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		
3	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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	За		
	i i i i i i i i i i i i i i i i i i i			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. Schedule A (Form 990) 2022

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

3b

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must		•					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
_6	Multiply line 5 by 0.035.	6						
_ 7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			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-functional	ly integrato	d Type III supporting orga	nization (soo				

Schedule A (Form 990) 2022

instructions).

Pa	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ued)	· · · · · · · · · · · · · · · · · · ·
`	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
_4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	e From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7:				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2018				
	Excess from 2019				
c	Excess from 2020				
	Excess from 2021				
<u> </u>	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	\mathtt{SAN}	PEDRO	23-7376148 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	nation. 2, 3b, 3c ines 2 an	Provide the explanations required by Part II, line 10; Part II, line 4, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section Ed 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line rt V, Section E, lines 2, 5, and 6. Also complete this part for any	e 17a or 17b; Part III, line 12; s, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
	(See Instructions.)			

Schedule A (Form 990) 2022

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
MCMILLEN FAMILY FUND	350,000.	93,828.
ROB & TERI SWETTE	300,000.	43,828.
otal Excess Contributions to Schedule A, Part II, Line 5		137,656

Schedule B

(Form 990)

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

SAN PEDRO

Schedule of Contributors OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

THE BEACON HOUSE ASSOCIATION OF

Employer identification number

23-7376148

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization
THE BEACON HOUSE ASSOCIATION OF
SAN PEDRO

Employer identification number

Page 2

23-7376148

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LA COUNTY - SAPC 1000 SOUTH FREMONT AVE., BLDG A-9 EAST ALHAMBRA, CA 91803	\$ 2,509,774.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NORRIS FOUNDATION 11 GOLDEN SHORE, SUITE 450 LONG BEACH, CA 90802	\$80,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
THE BEACON HOUSE ASSOCIATION OF
SAN PEDRO
Employer identification number
23-7376148

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					

Name of organization **Employer identification number** THE BEACON HOUSE ASSOCIATION OF SAN PEDRO 23-7376148 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization THE BEACON HOUSE ASSOCIATION OF SAN PEDRO

 $\begin{array}{c} \textbf{Employer identification number} \\ 23-7376148 \end{array}$

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	b) Fun	ds 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 v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X					;	φ

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Schedule D (Form 990) 2022

	t III Organizations Maintaining C		t. Histo	orical Tre	asures, or	Othe	r Simi		S (contin		ige Z
	Using the organization's acquisition, accessi								CONUIN	uea)	
3	collection items (check all that apply):	on, and other records	s, crieck	any or the i	iollowing that	make S	igrinicai	it use of its			
_	a Public exhibition d Loan or exchange program										
b	Scholarly research	е	'	Other							
C	Preservation for future generations	-114:		مالد د مالد ک داد				: Davi	VIII		
4	Provide a description of the organization's co							ose in Pan	XIII.		
5	During the year, did the organization solicit o								¬ _{∨-} -		ا ا
Dar	to be sold to raise funds rather than to be material Escrow and Custodial Arrangement								Yes		No
i ai	reported an amount on Form 990, Pal		ete ii the	organizatio	n answered "	res" or	ı Form 9	90, Part IV,	line 9, or		
10			ion, for	ontribution.	o or other see	oto not	inaludad	-			
та	Is the organization an agent, trustee, custodi							_	¬ v		الماء
	on Form 990, Part X?							∟	_ Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	iowing t	able:					Amount		
	De abouto a balance								Amount		
	Beginning balance										
a	Additions during the year										
e	Distributions during the year										
f O-	Ending balance								¬ v		
	Did the organization include an amount on Fo						•	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete										
	21 2 Indextinent and Complete	(a) Current year		rior year	(c) Two year			e years back	(e) Four	vears	nack
10	Posinning of year halance	(a) carront year	(5)	nor your	(O) TWO your	o buok	(4) 11110	o youro buok	(C) i dui	youro	Juon
1a	Beginning of year balance										
b	Contributions										
4	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs								1		
f	Administrative expenses								+		
g	End of year balance		- /l: 1 -		\\				1		
2	Provide the estimated percentage of the curr	•	•	j, column (a)) neid as.						
a	Board designated or quasi-endowment	%	_%								
b	Permanent endowment	% %									
С		· · -									
0-	The percentages on lines 2a, 2b, and 2c sho	•	.4:41	سمامامس		l					
Sa	Are there endowment funds not in the posse	ssion of the organiza	ilion ina	t are neid ar	ia administen	ea for tr	ie		Г	Yes	No
	organization by:									163	140
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza								. 3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm	organization's endov	wment t	unas.							
ı uı	Complete if the organization answere		Dart IV	/ line 11a S	See Form 990	Dart Y	line 10				
	· · · · · · · · · · · · · · · · · · ·							-41	(-I) D I		
	Description of property	(a) Cost or o basis (investn			or other (other)		Accumul epreciation	I	(d) Book	value	;
	Land	· · · · · ·	ii c iii)		7,000.	ue	preciali	J11	677		10
	Land				1,242.	1	637	355	1,343	,00	70.
	Buildings				0,017.		<u>637,</u> 186,		$\frac{1,343}{103}$		
	Leasehold improvements	I			9,930.		$\frac{100,}{407,}$, 00	
d	Equipment			0 /	7,330.		± U / ,	J 4 0 •	412	,,,,,,	<i>.</i> 4 •
	Other		., .	(5)					2,396	Ω 4	: 2
ı otal	- AUU IIDES 12 TOTOURD 16. (Column (d) must a	aual Form 990 Part	x colun	nn (R) line 1	(IC)				4.37 0	,, , ,	. 4

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 SAN PEDRO			23-7376148 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
Table (Col. (b) must squal Form 000 Part V. sol. (B) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1) DEPOSITS			40,087.
(2) FUNDS HELD FOR RESIDENTS			20,885.
(3) OPERATING LEASE RIGHT-OF-	USE ASSETS		1,269,831.
(4) PLEDGE RECEIVABLE			10,000.
(5)			,
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		1,340,803.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) FUNDS HELD FOR RESIDENTS			20,885.
(3) OPERATING LEASE LIABILITI	ES		1,385,614.
(4)			
(5)			
(6)			
(8)			

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

1,406,499

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) 2022

			THE	BEACON	HOUSE	ASSOCI	ATION	OF				
Sche	dule D	(Form 990) 2022	SAN	PEDRO						23-	7376148	Page 4
Pai	rt XI	Reconciliation of	f Rever	nue per Au	dited Fin	nancial Sta	tements	With F	Revenue per F	Return.		
		Complete if the organ	ization ar	nswered "Yes	on Form 9	990, Part IV, lir	ne 12a.					
1	Total r	evenue, gains, and oth								1	6,425	,778.
2	Amou	nts included on line 1 b	out not or	n Form 990, F	art VIII, line	12:						
а	Net ur	realized gains (losses)	on inves	tments				2a	16,551			
b		ed services and use of						2b				
С		eries of prior year gran						2c				
d		(Describe in Part XIII.)						2d				
е		nes 2a through 2d								2e	16	,551.
3										3	6,409	,227.
4	Amou	nts included on Form 9	90, Part	VIII, line 12, b	ut not on lir	ne 1:						
а	Invest	ment expenses not inc	luded on	Form 990, Pa	art VIII, line 7	7b	L	4a				
b	Other	(Describe in Part XIII.)					L	4b				
										4c		0.
5	Total r	revenue. Add lines 3 ar	nd 4c. (T	nis must eaua	l Form 990.	Part I. line 12.	2.)			. 5	6,409	,227.
Pa	rt XII	Reconciliation of	f Exper	nses per A	udited Fi	nancial Sta	atement	s With	Expenses per	Retur	n.	
		Complete if the organ	ization ar	nswered "Yes	on Form 9	990, Part IV, lir	ne 12a.					
1	Total e	expenses and losses pe	er audite	d financial sta	tements					1	4,905	<u>,414.</u>
2	Amou	nts included on line 1 b	out not or	n Form 990, F	art IX, line 2	25:						
а	Donat	ed services and use of	facilities				L	2a				
b	Prior y	ear adjustments						2b				
С	Other	losses					L	2c				
d	Other	(Describe in Part XIII.)						2d				

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

Subtract line **2e** from line **1**

Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

Add lines 2a through 2d

b Other (Describe in Part XIII.) 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.

4a

PART X, LINE 2:

BEACON RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT OF BEING SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. TO DATE, THE ORGANIZATION HAS NOT RECORDED ANY UNCERTAIN TAX POSITIONS. BEACON RECOGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE YEAR ENDED JUNE 30, 2023, BEACON DID NOT RECOGNIZE ANY AMOUNT IN POTENTIAL INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2022

4,905,41

4,905,414

3

4c

THE BEACON HOUSE ASSOCIATION OF

Schedule D (Form 990) 2022	SAN PEDRO		23-7376148	Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Infor	mation (continued)			
	(oerianada)			
				-
				-
				-
				-
				-

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

2022

Open to Public Inspection

Name of the organization THE BEACON HOUSE ASSOCIATION OF						Employer identification number		
SAN PEDRO						23-7376	148	
Part I Fundraising Activities required to complete this part	 Complete if the organization answet. 	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not	
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Bolicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No 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. 								
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i)					(vi) Amount paid to (or retained by) organization			
		Yes	No					
Total								
3 List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from req	gistration	
								

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

Schedule G (Form 990) 2022

THE BEACON HOUSE ASSOCIATION OF 23-7376148 Page 2 SAN PEDRO Schedule G (Form 990) 2022 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events DINNER AND NONE (add col. (a) through OTHERS col. (c)) (total number) (event type) (event type) 741,523 741,523. Gross receipts 583,919. 2 Less: Contributions 583,919. 157,604. Gross income (line 1 minus line 2) 157,604. 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment 8 157,604. 157,604 Other direct expenses 157,604 **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990) 2022

b If "Yes," explain:

232082 10-27-22

THE BEACON HOUSE ASSOCIATION OF

Sch	edule G (Form 990) 2022 SAN PEDRO 2	23-73	3761	48	Page 3
11	Does the organization conduct gaming activities with nonmembers?		\	es/	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			es/	No
12	Indicate the percentage of gaming activity conducted in:		ш.	-	
		1	ا ءمه		0/
	The organization's facility		13a		<u>%</u>
	o An outside facility		13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		\	es/	No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amou	ınt			
_	of gaming revenue retained by the third party \$				
_	· · · · · · · · · · · · · · · · · · ·				
C	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
		-			
	Gaming manager compensation \$				
	Carring manager compensation				
	Description of another annually d				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			es/	No
		 ho		-	
L	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	ne			
Do	organization's own exempt activities during the tax year \$				
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	nd Part	III, line	s 9, s	8b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
					-

THE BEACON HOUSE ASSOCIATION OF

Schedule G	G (Form 990) SAN	PEDRO	23-7376148	Page 4
Part IV	G (Form 990) SAN Supplemental Information	(continued)		
-				
-				
-				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

THE BEACON HOUSE ASSOCIATION OF

Open to Public Inspection

Employer identification number

	SAN PEDRO					23-7376	148	
Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) hod of determir n contribution a	_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		60,460.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X		32,241.	FMV			
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 organi	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	for			
	exempt purposes for the entire holding period					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?		•			32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.	. ,			•			
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990).	Sc	hedule M (Fori	n 990)	2022

232141 09-09-22

THE BEACON HOUSE ASSOCIATION OF

Schedule M	(Form 990) 2022 SAN PEDRO	23-7376148	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a	and 33 and whether the organiza	tion
	is reporting in Part I, column (b), the number of contributions, the number of items received, or	a combination of both Also com	nlete
	this part for any additional information.	a combination of both. Also comp	Jiete
	this part for any additional information.		

Schedule M (Form 990) 2022

232142 09-09-22

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.

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE BEACON HOUSE ASSOCIATION OF SAN PEDRO

Employer identification number 23-7376148

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
EFFECTIVE SOCIAL SKILLS. EVENTS AND INTERACTION WITH THE COMMUNITY
OFTEN TRANSLATE INTO OPPORTUNITIES FOR FUNDRAISING.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS AND THE MANAGING
DIRECTOR BEFORE IT IS FILED WITH THE IRS
FORM 990, PART VI, SECTION B, LINE 12C:
EACH BOARD MEMBER AND OFFICER COMPLETES AN ANNUAL CONFLICT OF INTEREST
DISCLOSURE FORM, WHICH IS REVIEWED BY THE PRESIDENT OF THE BOARD OF
DIRECTORS
FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE DIRECTOR'S COMPENSATION WAS INDEPENDENTLY DETERMINED AND
APPROVED BY THE BOARD OF DIRECTORS AT A SPECIAL MEETING, BASED ON A SALARY
SURVEY OF LOCAL AND COMPARABLE NON PROFIT ORGANIZATIONS, AND ESTABLISHED IN
AN EMPLOYMENT CONTRACT
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION WILL PROVIDE ACCESS TO THE PAST THREE YEARS OF ITS FORM
990, AUDITED FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS TO ANYONE WHO
REQUESTS IT

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

Schedule O (Form 990) 2022