			EXTEN	DED TO MAY 16, 2	2022		
	0	00	Return of Orgar	nization Exempt I	From Ir	ncome Tax	OMB No. 1545-0047
Forr	n 99	90	Under section 501(c), 527, or 494	7(a)(1) of the Internal Revenue	e Code (exc	ept private foundation	s) 2020
_			Do not enter social s	ecurity numbers on this form	as it may b	e made public.	Open to Public
		the Treasury ue Service		/Form990 for instructions and			Inspection
AF	or the	2020 calend	ar year, or tax year beginning J	TUL 1, 2020 and	lending J	<u>UN 30, 2021</u>	
Вс	heck if	C Name o	f organization			D Employer identific	ation number
a	pplicable						
	Addres	^s HUBB	ARD HOUSE INC.				
	Name Change	Doing b	usiness as		-	59-181463	35
	Initial		and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone number	
	Final return/ termin-		BOX 4909			904-354-0	
	ated Amend	City or t	own, state or province, country, and			G Gross receipts \$	7,069,892.
	return _Applica	UACK	SONVILLE, FL 3220			H(a) Is this a group re	
	tion pendin	, F Name a	nd address of principal officer: GAI	L PATIN		for subordinates	
	·	SAME	AS C ABOVE			H(b) Are all subordinates in	
		mpt status:		(insert no.) = 4947(a)(1)	or 527	1 '	list. See instructions
			S: / /WWW.HUBBARDHOU			H(c) Group exemption	
		Summary	X Corporation Trust A	ssociation Other ►	L Year	of formation: 1970 N	I State of legal domicile: ${f FL}$
10			be the organization's mission or most		TT TM		ND COCTAT
e			FOR VICTIMS OF DOM				TO THAT
Governance	-		$x \models \square$ if the organization disco				
/err			ting members of the governing body				15
g			dependent voting members of the go				15
			of individuals employed in calendar				95
Activities &			of volunteers (estimate if necessary)				204
ĭtivi			d business revenue from Part VIII, co				0.
Ac			business taxable income from Form				0.
						Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)			5,490,854.	5,940,828.
Revenue						7,250.	0.
eve		•	come (Part VIII, column (A), lines 3, 4			84,857.	181,067.
Ř			e (Part VIII, column (A), lines 5, 6d, 8d			-33,456.	14,566.
	12 ⁻	Total revenue	- add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		5,549,505.	6,136,461.
	13	Grants and sir	milar amounts paid (Part IX, column (A), lines 1-3)		497,846.	422,695.
	14	Benefits paid	to or for members (Part IX, column (A			0.	0.
s	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		3,612,340.	3,776,524.
Expenses	16a	Professional f	undraising fees (Part IX, column (A),	line 11e)		0.	0.
xpe			ing expenses (Part IX, column (D), lin		94.		
Ш	17 (Other expense	es (Part IX, column (A), lines 11a-11d	, 11f-24e)		1,182,494.	1,050,922.
	18	Total expense	s. Add lines 13-17 (must equal Part I	X, column (A), line 25)		5,292,680.	5,250,141.
		Revenue less	expenses. Subtract line 18 from line	12		256,825.	886,320.
t Assets or d Balances					Be	ginning of Current Year	End of Year
sset: 3alar	20					10,449,459.	10,999,815.
et A:	21					1,083,292.	515,000.
Fund	22		fund balances. Subtract line 21 from	line 20		9,366,167.	10,484,815.
		Signature		And a feature and a second		and a second to the based of second	In a state of the state of the state
			I declare that I have examined this return				knowledge and beller, it is
uue,	COLLEC		. Declaration of preparer (other than offic	er) is dased on an information of w	nich preparei	lias any knowledge.	
C :		Signatur	e of officer			Date	
Sigr Her		, .	PATIN, CEO				
Her			print name and title				
		Print/Type pre		Preparer's signature] [Date Check	PTIN
Paid	ł		H ANDERSON CPA	LOUISE H ANDERS			
Prep	t t	Firm's name	CARR, RIGGS & IN				72-1396621
Use	1	Firm's address)		
	,		JACKSONVILLE, FL		-	Phone no. 90	4.356.6023
May	the IR	S discuss this	s return with the preparer shown abo				X Yes No

 032001 12-23-20
 LHA For Paperwork Reduction Act Notice, see the separate instructions.
 For

 SEE
 SCHEDULE
 O
 FOR
 ORGANIZATION
 MISSION
 STATEMENT
 CONTINUATION

Form 990 (2020)

Pa	1990 (2020) HUBBARD HOUSE INC. 59-1814635 Pa
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SAFETY, EMPOWERMENT, AND SOCIAL CHANGE FOR VICTIMS OF DOMESTIC
	VIOLENCE AND THEIR FAMILY. TO THAT END WE OFFER A FULL COMPENDIUM OF
	SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
0	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,386,207. including grants of \$ 70,429.) (Revenue \$ (Revenue \$(Revenue \$ (Revenue \$(Revenue \$ (Revenue \$ (Revenue \$ (Revenue \$(Revenue \$(Reve
4a	
	SHELTER
	HUBBARD HOUSE HAS BEEN PROVIDING SAFE SHELTER AND WRAP-AROUND SERVICES
	TO SURVIVORS OF DOMESTIC VIOLENCE IN DUVAL AND BAKER COUNTIES, FLORIDA
	SINCE 1976. WE EMPHASIZE PROVIDING A WARM AND WELCOMING ENVIRONMENT
	THAT OPERATES AT NO COST TO SURVIVORS. HUBBARD HOUSE'S EMPOWERMENT
	MODEL AND TRAUMA-INFORMED CARE DRIVE OUR PROGRAMS AND HOW WE OPERATE.
	SURVIVORS DESERVE TO MAKE THEIR OWN CHOICES, PARTICULARLY WHEN SO MANY
	HAVE BEEN TAKEN FROM THEM. IN EVERY INSTANCE, THE HUBBARD HOUSE TEAM
	COMMUNICATES A CRITICAL MESSAGE TO SURVIVORS: YOU ARE NOT ALONE.
	SERVICES OFFERED TO RESIDENTS INCLUDE SAFE SHELTER, 24-HOUR EMERGENCY
	HOTLINE, SAFETY PLANNING, CASE MANAGEMENT, COUNSELING, CRISIS
4b	(Code:) (Expenses \$1, 346, 710. including grants of \$8, 142.) (Revenue \$0
	OUTREACH
	SURVIVORS EXPERIENCING DOMESTIC VIOLENCE AND NOT NECESSARILY IN NEED OF
	SHELTER CAN VISIT HUBBARD HOUSE'S OUTREACH CENTER. THE CENTER TAKES
	WALK-INS AND IN-PERSON OR VIRTUAL APPOINTMENTS. THROUGH ALL OF ITS
	OUTREACH INITIATIVES, HUBBARD HOUSE'S EMPOWERMENT MODEL AND
	TRAUMA-INFORMED CARE DRIVES OUR WORK. LAST FISCAL YEAR, HUBBARD HOUSE
	SERVED 1,607 SURVIVORS AND THEIR FAMILIES THROUGH OUTREACH PROGRAMS ANI
	PROVIDED 6,222 COUNSELING HOURS.
	· · · · ·
	THROUGH THE OUTREACH CENTER AND OUTREACH INITIATIVES, SURVIVORS AND
	THEIR CHILDREN RECEIVE INDIVIDUAL AND GROUP COUNSELING, SAFETY
	PLANNING, CASE MANAGEMENT, CRISIS INTERVENTION, REFERRALS, COURT
4c	
40	THE HUBBARD HOUSE, INC. HOPE (HOUSING OPTIONS PROMOTE EMPOWERMENT)
	THE HODDARD HOODE, THE HOTE (HOODING OFFICIAL HORDER HORDER)
	DEACEAN DEAUTHER DENMAL ARCTEMANCE FOR SUBVITUARS OF DOMESMIC VIALENCE
	PROGRAM PROVIDES RENTAL ASSISTANCE FOR SURVIVORS OF DOMESTIC VIOLENCE
	THROUGH SECURING TRANSITIONAL HOUSING OR RAPID RE-HOUSING. IN ADDITION
	THROUGH SECURING TRANSITIONAL HOUSING OR RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVIDES WRAP-AROUND SERVICES TO
	THROUGH SECURING TRANSITIONAL HOUSING OR RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVIDES WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES,
	THROUGH SECURING TRANSITIONAL HOUSING OR RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVIDES WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND
	THROUGH SECURING TRANSITIONAL HOUSING OR RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVIDES WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CASE MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE
	THROUGH SECURING TRANSITIONAL HOUSING OR RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVIDES WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CASE MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD NEGOTIATION, TENANTS' RIGHTS ADVOCACY,
	THROUGH SECURING TRANSITIONAL HOUSING OR RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVIDES WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CASE MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES THAT HELP SURVIVORS RETAIN HOUSING,
	THROUGH SECURING TRANSITIONAL HOUSING OR RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVIDES WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CASE MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD NEGOTIATION, TENANTS' RIGHTS ADVOCACY,
	THROUGH SECURING TRANSITIONAL HOUSING OR RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVIDES WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CASE MANAGEMENT, VICTIM ADVOCACY, ASSISTANCI IN HOUSING SEARCH, LANDLORD NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES THAT HELP SURVIVORS RETAIN HOUSING,
	THROUGH SECURING TRANSITIONAL HOUSING OR RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVIDES WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CASE MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY, COUNSELING, PEER SUPPORT GROUPS, AND
	THROUGH SECURING TRANSITIONAL HOUSING OR RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVIDES WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CASE MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY, COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE DESIGNED SPECIFICALLY TO HELP SURVIVORS RECOVER
	THROUGH SECURING TRANSITIONAL HOUSING OR RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVIDES WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CASE MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY, COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE DESIGNED SPECIFICALLY TO HELP SURVIVORS RECOVER Other program services (Describe on Schedule O.)
4d	THROUGH SECURING TRANSITIONAL HOUSING OR RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVIDES WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CASE MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY, COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE DESIGNED SPECIFICALLY TO HELP SURVIVORS RECOVER Other program services (Describe on Schedule O.) (Expenses \$ 318,001. including grants of \$ 0.) (Revenue \$ 21,455.)
4d	THROUGH SECURING TRANSITIONAL HOUSING OR RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVIDES WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CASE MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY, COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE DESIGNED SPECIFICALLY TO HELP SURVIVORS RECOVER Other program services (Describe on Schedule O.) (Expenses \$ 318,001. including grants of \$ 0.) (Revenue \$ 21,455.) Total program service expenses 4,321,261.
4d 4e	THROUGH SECURING TRANSITIONAL HOUSING OR RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVIDES WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CASE MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY, COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE DESIGNED SPECIFICALLY TO HELP SURVIVORS RECOVER Other program services (Describe on Schedule O.) (Expenses \$ 318,001. including grants of \$ 0.) (Revenue \$ 21,455.)

Form	990	(2020)

 Form 990 (2020)
 HUBBARD HOUSE INC.

 Part IV
 Checklist of Required Schedules

59-1814635 Page 3

			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?	2	Х	
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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			
-	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			
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 23
10		10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,		v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
.0	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."			<u> </u>
13		19		x
20-	complete Schedule G, Part III	19 20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of Rate IX, column (A), line 12, (f IV/column (A), line 12, (f IV/column (A), line 12, (f IV/column))	04		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	gan	(2020)
032003	12-23-20	Form	550	(2020)

PUBLIC INSPECTION COPY

Form 990 (2020)	HUBBARD		
Part IV	Checklist	of Required Sch	eaules _{(c}	ontinued)

HUBBARD HOUSE INC.

Page 4 59-1814635

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"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
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			- -
~7	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0-		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00	- 22	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 48			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	Х	
032004	12-23-20	Form	990	(2020)
	4			

	1990 (2020) HUBBARD HOUSE INC.	59-181463	5 F	Page 5	PU
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				F
			Yes	No	ř
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				BLIC
	filed for the calendar year ending with or within the year covered by this return 2a	95			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? \dots		b X		INSPE
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				S
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		а	X	פ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authori	ty over, a			CTION
	financial account in a foreign country (such as a bank account, securities account, or other financial accourt	1t)? 4	a	X	_
b	If "Yes," enter the name of the foreign country				Q
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account				
5a				X	Õ
b				X	Ο
	, , ,		с	<u> </u>	COPY
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the orga			v	\prec
	any contributions that were not tax deductible as charitable contributions?		a	X X	
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or		L		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		0		
7		rovidad to the payor?	a X		
a b		-		<u> </u>	
			5 21	<u> </u>	
U	to file Form 8282?		~	x	
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d		5		
e		t? 7	e	X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88	99 as required? 7	g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fil				
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?		3		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9	a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		b		
10	Section 501(c)(7) organizations. Enter:				
а	, , , , , , , , , , , , , , , , , , , ,				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а					
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	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'	? 12	a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	L			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10			
а	Is the organization licensed to issue qualified health plans in more than one state?				
b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
5	organization is licensed to issue qualified health plans				
с					
14a		14	a	x	
		14		+	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration		-	1	
	excess parachute payment(s) during the year?		5	x	
	If "Yes," see instructions and file Form 4720, Schedule N.	·····			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incor	ne?	6	X	
	If "Yes," complete Form 4720, Schedule O.				
			000	(0000)	

Form **990** (2020)

032005 12-23-20

90 - 04471

	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
l0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	···· ··· · · · · · · · · · · · · · · ·	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $igstar{FL}$			
8	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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	, ,		
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	WENDY HUGHES - (904) 354-0076			
	PO BOX 4909, JACKSONVILLE, FL 32201			

	<u>Ji any iciateu e</u>	Jiga	πza	lion	001	ipci	isaic	cuarry current officer, u		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do			ition more		one	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss per	rson is	s both	n an	compensation	compensation	amount of
	week		cer an I	id a di	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the
	related	Istee	truste		Ð	bensi		(W-2/1099-MISC)		organization
	organizations	ual tru	ional		ploye	t com				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GAIL PATIN	60.00			0	×	Ξœ	<u>ц</u>			
CEO				х				238,532.	0.	17,847.
(2) CAROL GINZIG	50.00							,		· ·
CRO		1				x		104,876.	0.	12,897.
(3) WENDY HUGHES	50.00									
CFO				х				11,410.	0.	0.
(4) JENNIFER BURNETT	1.00							/		
PRESIDENT		х		х				0.	0.	0.
(5) WILLIAM DRISCOLL	1.00									
FIRST VICE PRESIDENT		х		х				0.	0.	0.
(6) JANEEN KIRCH	1.00									
SECOND VICE PRESIDENT		х		х				0.	0.	0.
(7) DAVID POOLE	1.00									
TREASURER		х		х				0.	0.	0.
(8) SABRINA DYER	1.00									
SECRETARY		X		Х				0.	0.	0.
(9) LAURA BRADLEY	1.00	ľ								
DIRECTOR		Х						0.	0.	0.
(10) PAUL BRYCE	1.00									
DIRECTOR		Х						0.	0.	0.
(11) BARBARA FINKE	1.00									
DIRECTOR		Х						0.	0.	0.
(12) GLENN MORNINGSTAR	1.00									
DIRECTOR		Х						0.	0.	0.
(13) TRACEY POLSON	1.00									
DIRECTOR		Х						0.	0.	0.
(14) BRANDON SHERLINSKI	1.00									
DIRECTOR		Х						0.	0.	0.
(15) KELLY TOASTON	1.00									
DIRECTOR		Х						0.	0.	0.
(16) JUDY ZOLLER	1.00									
DIRECTOR		Х						0.	0.	0.
(17) STEPHEN DACKIEWICZ	1.00									
DIRECTOR		X						0.	0.	0.
032007 12-23-20										Form 990 (2020
				7	7					
81119 794202 90-04471.000			20	20).()50	000	HUBBARD HOU	JSE INC.	90-04

HUBBARD HOUSE INC.

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

more than \$10,000 of reportable compensation from the organization and any related organizations.

Employees, and Independent Contractors

reportable compensation from the organization and any related organizations.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization,

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

Form 990 (2020)

10

59-1814635

471

	ARD HOUSE IN	IC.							59-1814	635 Page	e 8
Part VII Section A. Officers, Directo	rs, Trustees, Key Emp	ploye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	Average hours per do not check more than one box, unless person is both an						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	ר ו
(18) MARY HARVEY	1.00								_		
DIRECTOR		X						0.	0.		<u> </u>
1b Subtotal c Total from continuation sheets to d Total (add lines 1b and 1c) 2 Total number of individuals (includin compensation from the organization)	Part VII, Section A		· · · · · · · ·				o re	354,818. 0. 354,818. eccived more than \$100,	0 • 0 • 0 • 000 of reportable	30,744).
 3 Did the organization list any former line 1a? <i>If "Yes," complete Schedul</i> 4 For any individual listed on line 1a, and related organizations greater th 5 Did any person listed on line 1a recorrendered to the organization? <i>If "Yes</i> Section B. Independent Contractors 	e J for such individual is the sum of reportabl nan \$150,000? <i>If</i> "Yes, eive or accrue compen	e co " <i>coi</i> isatio	mpe mple	nsa ete S om	tion Sche any	and edule unre	oth <i>J f</i>	ner compensation from t for such individual ed organization or individ	he organization dual for services	3 Σ 4 Χ	x x
Complete this table for your five hig the organization. Report compensation										ition from	
Name and b	(A) pusiness address PERTY HOLDIN	GS	L	LC				(B) Description of s RENTAL ASSIS		(C) Compensation	
2166 CASSAT AVE, JACK	SONVILLE, F		32:	21	0			FOR CLIENTS		131,704	<u>+</u>
2 Total number of independent contra \$100,000 of compensation from the		ot lin	nited	l to 1	thos 1		ted	above) who received m	ore than	Form 990 (202	

032008 12-23-20

PUBLIC INSPECTION COPY

				BARD HOUSE	INC.			59-1814	635 Page 9
Pa	rt V								
			Check if Schedule O o			e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	1b 1c 1d ributions) 1e grants, and labove 1f 1g \$	103,702. 149,679. 197,586. 489,861. 93,168.	5,940,828.			
Program Service Revenue	2	b c d e			Business Code				
L			All other program service Total. Add lines 2a-2f						
	3 4 5		Investment income (incluc other similar amounts) Income from investment of Royalties	ding dividends, intere	st, and roceeds	41,180.			41,180.
		b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real 6a 6b 6c	(ii) Personal				
evenue		b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 7a 767,083. 7b 627,196. 7c 139,887.	(ii) Other				
eve			Gain or (loss) Net gain or (loss)			139,887.			139,887.
Other R	8	а	Gross income from fundraisii including \$ 149 contributions reported on Part IV, line 18	ng events (not) , 679 . of line 1c). See 8a	8,800. 31,486.	135,007.			135,007.
			Less: direct expenses Net income or (loss) from	·····	51,400.	-22,686.			-22,686.
	9	a	Gross income from gamin Part IV, line 19 Less: direct expenses	ng activities. See 9a					
	10	c a	Net income or (loss) from Gross sales of inventory, I and allowances	gaming activities less returns 10 a	▶ 290,546.				
			Less: cost of goods sold Net income or (loss) from		274,749. ►	15,797.			15,797.
Miscellaneous Revenue		а	MISCELLANEOUS	INCOME	Business Code 561000	21,455.	21,455.		
vent		b c							
lisce Be			All other revenue						
2			Total. Add lines 11a-11d			21,455.			
	12		Total revenue. See instruction	ons	►	6,136,461.	21,455.	0.	174,178. Form 990 (2020)

90-04471

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	422,695.	422,695.		
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,				
	trustees, and key employees	460,108.	159,687.	300,421.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,624,073.	2,318,196.	163,535.	142,342.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	99,576.	71,420. 337,753.	<u>16,422.</u> 28,692.	<u>11,734</u> . 23,621.
9	Other employee benefits	390,066.	337,753.	28,692.	23,621.
10	Payroll taxes	202,701.	160,182.	25,332.	17,187.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	4,812.	2,403.	2,409.	
с	Accounting	23,986.	5,840.	18,146.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	16,816.	16,816.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	330,016.	215,649.	73,704.	40,663.
14	Information technology				
15	Royalties				
16	Occupancy	208,790.	208,215.	575.	
17	Travel	3,806.	3,253.	526.	27.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,794.	13,996.	1,798.	
20	Interest	2,180.		2,180.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	217,426.	187,215.	8,408.	21,803.
23	Insurance	92,128.	92,128.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CONTRACT SERVICES	94,750.	80,772.	13,978.	
b	MISCELLANEOUS	26,555.	19,520.	6,593.	442.
с	DUES & SUBSCRIPTIONS	13,188.	4,846.	8,267.	75.
d	REPAIRS & MAINTENANCE	675.	675.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,250,141.	4,321,261.	670,986.	257,894.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Gauss 990 (0000)

032010 12-23-20

Form 990 (2020)

Part IX Statement of Functional Expenses

HUBBARD HOUSE INC.

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

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

10181119 794202 90-04471.000

2020.05000 HUBBARD HOUSE INC.

10

Form 990 (2020)

90 - 04471

PUBLIC INSPECTION COPY

31

32

33

		to any i				<u> </u>	(4)	<u> </u>	
							(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing						2,197,647.	1	2,249,068.
2	Savings and temporary cash investments						330,867.	2	330,899.
3	Pledges and grants receivable, net						806,169.	3	1,007,041.
4	Accounts receivable, net							4	
5	Loans and other receivables from any current or fo								
	trustee, key employee, creator or founder, substar	ntial cor	ntribut	or, or	35%				
	controlled entity or family member of any of these	person	ıs			. L		5	
6	Loans and other receivables from other disqualifie	ed perso	ons (as	s defir	ned				
	under section 4958(f)(1)), and persons described in	n sectio	on 495	8(c)(3)(B)	L		6	
7	Notes and loans receivable, net					. L		7	
8	Inventories for sale or use					. L		8	
9	Prepaid expenses and deferred charges					. L	26,782.	9	6,469.
10a	Land, buildings, and equipment: cost or other								
	basis. Complete Part VI of Schedule D	10a	9	<u>,46</u>	4,640	•			
b	Less: accumulated depreciation	10b	3	,86	1,899	•	5,594,150.		
11	Investments - publicly traded securities					. L	1,493,844.	11	1,803,011.
12	Investments - other securities. See Part IV, line 11					. L		12	
13	Investments - program-related. See Part IV, line 11							13	
14	Intangible assets							14	
15	Other assets. See Part IV, line 11					. L	0.		586.
16	Total assets. Add lines 1 through 15 (must equal						10,449,459.		10,999,815.
17	Accounts payable and accrued expenses						127,799.		212,715.
18	Grants payable						20 500	18	
19	Deferred revenue						20,500.		2,250.
20	Tax-exempt bond liabilities					·		20	
21	Escrow or custodial account liability. Complete Pa)	· -		21	
22	Loans and other payables to any current or former				050/				
	trustee, key employee, creator or founder, substar								
	controlled entity or family member of any of these	-				· –	934,993.	22	300,035.
23	Secured mortgages and notes payable to unrelate		-			. –	554,555.		500,055.
24	Unsecured notes and loans payable to unrelated the					· ⊢		24	
25	Other liabilities (including federal income tax, paya								
	parties, and other liabilities not included on lines 1							25	
26	of Schedule D Total liabilities. Add lines 17 through 25					\vdash	1,083,292.	25	515,000.
26	Total habilities. Add lines 17 through 25					· –	I,00J,494.	20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

HUBBARD HOUSE INC.

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

Form 990 (2020)

Assets

Liabilities

Part X Balance Sheet

59-1814635 Page 11

PUBLIC INSPECTION COPY

24 2 26 Total liabilities. Add lines 17 through 25 1,083,292. 26 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 8,331,324. 27 Net assets without donor restrictions Net assets with donor restrictions 1,034,843. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

10,999,815. Form 990 (2020)

10,484,815.

9,858,981.

625,834.

27

28

29

30

31

32

33

9,366,167.

10,449,459.

10181119 794202 90-04471.000

	990 (2020) HUBBARD HOUSE INC.	59-	-1814	635	Pag	ge 12	PU
Par	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						BLI
							ō
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	,130	5,4	61.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,250),14	41.	Ī
3	Revenue less expenses. Subtract line 2 from line 1	3		880	5,3	20.	$\overline{\Omega}$
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	,360	5,10	67.	INSP
5	Net unrealized gains (losses) on investments	5		232	2,3	28.	Ш
6	Donated services and use of facilities	6					C.
7	Investment expenses	7					TION
8	Prior period adjustments	8					Ο
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	Ž
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	10	,484	1,8	15.	8
Par	rt XII Financial Statements and Reporting						Ĭ
	Check if Schedule O contains a response or note to any line in this Part XII						ΡY
					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 in Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed c						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate l						
	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 Sched						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing						
	Act and OMB Circular A-133?			3a	x		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		lit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	x		
				Form	990 (2020)	

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

P
JBL
C
ISN
DEC
Î
ž
ğ
-č

OMB No. 1545-0047

2020

Open to Public

Inspection

	organization

vam	ie of	the organization							identification number
Da			ARD HOUSE						9-1814635
	rt I	Reason for Public 0					ee instructions	S.	
	orgar	nization is not a private found							
1		A church, convention of ch	,			• • •	l)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative					•	<u>-</u> .	
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		lege or university owned	l or operat	ed by a go	overnmental ur	nt describe	ed in
-		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	•				.,		
7	X	An organization that norma	•	ntial part of its support fi	rom a gove	ernmental	unit or from th	e general p	oublic described in
_		section 170(b)(1)(A)(vi). (C							
8	\square	A community trust describe							
9		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of t	the college	e or
40		university:		U					
10		An organization that norma	• • • •					-	•
		activities related to its exem							-
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	rea by the org	anization a	Inter June 30, 1975.
44		See section 509(a)(2). (Con	-	volute test for public co	fatu Caa	anation E(O(a)(4)		
11 12	\mathbb{H}	An organization organized a An organization organized a	-	•	•			n out the	nurnance of one or
12		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga						-	aivina
u		the supported organization		-	• • • •	-			
		organization. You must c			inajonty c				ipporting
b		Type II. A supporting org	-		tion with it	s sunnorte	d organization	n(s) by hav	vina
		control or management o	-				-		•
		organization(s). You mus			anic perso		ntroi or manag		bonted
с		Type III functionally inte	-		in connect	tion with, a	and functionall	v integrate	d with
Ū		its supported organization						y intograto	
d		Type III non-functionally						ted organiz	zation(s)
-		that is not functionally int	•					Ũ	
		requirement (see instructi			•		-		
е		Check this box if the orga	,	•				I, Type III	
		functionally integrated, or							
f	Ent	er the number of supported of	organizations						
g		vide the following information	about the supporte						
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ng document?	(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
.									
Tota	11						1		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990 EZ) 2020 HUBBARD HOUSE INC.

59-181<u>4635 Page 2</u>

PUBLIC INSPECTION COPY

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 failed to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4227928.	3472363.	4781544.	5490854.	5940828.	23913517.
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	4227928.	3472363.	4781544.	5490854.	5940828.	23913517.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						23913517.
Sec	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	4227928.	3472363.	4781544.	5490854.	5940828.	23913517.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	34,045.	31,726.	33,987.	84,857.	41,180.	225,795.
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.)	61,520.	52,304.	51,292.	16,750.	30,254.	212,120.
11	Total support. Add lines 7 through 10						24351432.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 1	,506,370.
13	First 5 years. If the Form 990 is for th	ne organization's fir				01(c)(3)	
	organization, check this box and stor	bhere					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	98.20 %
	Public support percentage from 2019					15	97.65 %
16a	33 1/3% support test - 2020. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				► X
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization	-	
b	0 10% -facts-and-circumstances test	- 2019. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	istances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >
_					Sche	dule A (Form 990) or 990-EZ) 2020

032022 01-25-21

10181119 794202 90-04471.000

032023 01-25	5-21		
10181119	791202	90-04471	000

hedule A (Form 990 or 990-EZ) 2020			TNC	
hedule & (Form 990 or 990-E7) 2020	HUBBARD	HOUSE		
		110000		

Schedule A (Form 990 or 990 EZ) 2020 RUDBARD 110052 1100 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		_		_	_	
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
check this box and stop here						
Section C. Computation of Public	c Support Per	rcentage				
15 Public support percentage for 2020 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2020. If the						7 is not
more than 33 1/3%, check this box an						▶∟
b 33 1/3% support tests - 2019. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t			
032023 01-25-21		15		Sch	edule A (Form 990) or 990-EZ) 2020

59-1814635 Page 3

^{2020.05000} HUBBARD HOUSE INC.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

032024 01-25-21

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2020

10b

2020.05000 HUBBARD HOUSE INC.

16

			V	N -
44	Les the examination eccented a gift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
а		11a		
h	11c below, the governing body of a supported organization? A family member of a person described in line 11a above?	11b		
C	A 35% controlled entity of a person described in line 11a or 11b above? <i>If</i> "Yes" <i>to line 11a, 11b, or 11c, provide</i>	11c		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations			L
			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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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, or trustees were allocated among the</i>		Tes	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			-
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a	2		
	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 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. 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	struction	· ·	
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 in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	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	\square	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 032025 01-25-21

17

Schedule A (Form 990 or 990-EZ) 2020

3b

10181119 794202 90-04471.000

ectio	All other Type III non-functionally integrated supporting organizations must		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
	Add lines 1 through 3.	4		
	Depreciation and depletion	5		
	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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on 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):			
	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	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):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
	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		
	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
	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	-		

Schedule A (Form 990 or 990 EZ) 2020 HUBBARD HOUSE INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

59-1814635 Page 6

PUBLIC INSPECTION COPY

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

instructions).

Schedule A (Form 990 or 990 EZ) 2020 HUBBARD HOUSE INC.		
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	s (continue	ed)
Section D - Distributions		
1 Amounts paid to supported organizations to accomplish exempt purposes		1

2	Amounts paid to perform activity that directly furthers exemp	it 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 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	I	I	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
_	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Current Year

Schedule A	(Form 990 or 990-EZ) 2020 HUBBARD HOUSE INC.	59-1814635 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,
032028 01-25-2	Schedul	le A (Form 990 or 990-EZ) 2020

032028 01-25-21

	HEDULE D	Supplementa				OMB No. 1545-0047
(Forr	n 990)	► Complete if the orga Part IV, line 6, 7, 8, 9, 10	anization answered , 11a, 11b, 11c, 11c	d "Yes" on Form 990, d, 11e, 11f, 12a, or 12b.		
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form99	Attach to Form 990 90 for instructions		on.	Open to Public Inspection
Nam	e of the organization	on <u> </u>				r identification number
		HUBBARD HOUSE INC.		<u></u>		59-1814635
Pa	-	tions Maintaining Donor Advised		er Similar Funds or	Accounts.	Complete if the
	organizatior	n answered "Yes" on Form 990, Part IV, lin		dvised funds	(b) Funds ar	nd other accounts
4	Total number at on	d of yoor				
1 2		d of year contributions to (during year)				
3		grants from (during year)				
4		end of year				
5		n inform all donors and donor advisors in v			unds	
	-	n's property, subject to the organization's	-			Yes No
6		n inform all grantees, donors, and donor a				
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or f	or any other purpose cont	ferring	
	impermissible priva					Yes No
Pa	rt II Conserva	ation Easements. Complete if the org	anization answered	I "Yes" on Form 990, Part	IV, line 7.	
1		ervation easements held by the organization	· · ·			
		of land for public use (for example, recrea	tion or education)	Preservation of a h		
		f natural habitat		Preservation of a c	ertified historic	structure
		of open space				
2	•	through 2d if the organization held a qualif	ied conservation co	ntribution in the form of a		
	day of the tax year					at the End of the Tax Year
a						
b	-			、		
C		vation easements on a certified historic stru			<u>2c</u>	
a		vation easements included in (c) acquired a				
3		al Register vation easements modified, transferred, rele				a tha tax
3	year	ation easements modified, transferred, rei	easeu, extinguisneu	, or terminated by the org	anization durin	y the tax
4	-	where property subject to conservation eas	ement is located			
5		ion have a written policy regarding the per		spection handling of		
•		procement of the conservation easements it		speeden, nanaling er		Yes No
6	,	hours devoted to monitoring, inspecting,				
			C C			0
7	Amount of expense	 es incurred in monitoring, inspecting, hand	ling of violations, an	nd enforcing conservation	easements du	ring the year
	►\$					
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the require	ments of section 170(h)(4))(B)(i)	
	and section 170(h)	(4)(B)(ii)?				Yes No
9	In Part XIII, describ	e how the organization reports conservation	on easements in its i	revenue and expense stat	ement and	
	balance sheet, and	l include, if applicable, the text of the footn	ote to the organizat	ion's financial statements	that describes	the
D.	organization's acco	ounting for conservation easements.	A	Turner	0	! -
Pa		tions Maintaining Collections of	-	Treasures, or Other	r Similar As	sets.
	-	the organization answered "Yes" on Form				
1 a	•	elected, as permitted under FASB ASC 95	· ·			
		asures, or other similar assets held for pub			erance of public	;
	· •	Part XIII the text of the footnote to its finar				(
D	•	elected, as permitted under FASB ASC 95				
		ures, or other similar assets held for public	exhibition, educatio	on, or research in furthera	nce of public se	ervice,
	•	ng amounts relating to these items: ded on Form 990, Part VIII, line 1			► ¢	
		d in Form 990, Part X				
2		received or held works of art, historical trea				
2	•	ints required to be reported under FASB A		•	, provide	
я	-	on Form 990, Part VIII, line 1	-		▶ .\$	56,700.
		Form 990, Part X				56,700.
		eduction Act Notice, see the Instructions				edule D (Form 990) 2020
	1 12-01-20	,				. ,
			26			

Sche		HOUSE INC.					59-18		Pa	ιge 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or C	Other S	Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that m	ake sign	nificant u	use of its		,	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	hange program						
b	Scholarly research	е								
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's	s exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other s	imilar as	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's col	lection?			X	Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organization	n answered "Ye	s" on Fo	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other assets	s not inc	luded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
								Amount		
с	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	stodial account	liability	?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV,	line 10.					
		(a) Current year	(b) Prior year	(c) Two years b	ack (d	i) Three y	ears back	(e) Four	years t	Jack
1a	Beginning of year balance	764,984.	752,142.	751,0	94.	6	91,236.		644,6	582.
b	Contributions									
с	Net investment earnings, gains, and losses	205,846.	42,842.	31,0	048.		59,858.		62,8	354.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	87,380.	30,000.	30,0	00.				16,3	300.
f	Administrative expenses									
g	End of year balance	883,450.	764,984.	752,1	42.	7	51,094.		691,2	236.
2	Provide the estimated percentage of the curr		(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	38.0000	_%							
b	Permanent endowment ► 62.0000	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	d administered	for the	organiza	ation	_		
	by:									No
	(i) Unrelated organizations							3a(i)	X	
	(ii) Related organizations							3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					Зb	Х	
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, P	art X, lin	ie 10.				
	Description of property	(a) Cost or ot	• • •	or other	(c) Acc	umulate	ed	(d) Book	value	;
		basis (investm	,		depre	eciation				
1a	Land			6,616.				1,926		
	Buildings			1,193.		76,23		2,754		
	Leasehold improvements			4,231.		75,82			3,42	
	Equipment			5,900.	1,00)9,8!	51.		5,04	
	Other		5	6,700.					5,70	
Tota	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part >	K. column (B). line 10	Dc.)				5,602	2,74	11.
		-	• • •	-			Schedule	D (Form	990)	2020

032052 12-01-20

10181119 794202 90-04471.000

Complete if the organization answered "Yes" of the organization and the	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)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

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

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

Schedule D (Form 990) 2020

032053 12-01-20

(8) (9)

X

Schedule D (Form 990) 2020 HUBBARD HOUSE INC.	atomonto With	Dovonuo nor Do	59-2	1814635 Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, I		Revenue per Re	eturn.	
1 Total revenue, gains, and other support per audited financial statements			1	6,383,458.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	232,328.		
b Donated services and use of facilities		-		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)		31,485.		
e Add lines 2a through 2d			2e	263,813.
3 Subtract line 2e from line 1			3	6,119,645.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	16,816.		
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	16,816.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	2.)		5	6,136,461.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial St	_{2.)} tatements With			
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	_{2.)} tatements With			1.
5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12</i> Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I	_{2.)} tatements With	Expenses per l		
 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i>) Part XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, I 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 	2) tatements With line 12a.	Expenses per l	Return	1.
 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> Part XII Reconciliation of Expenses per Audited Financial Si Complete if the organization answered "Yes" on Form 990, Part IV, I 1 Total expenses and losses per audited financial statements 	2) tatements With line 12a.	Expenses per l	Return	1.
 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i>) Part XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, I 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 	2.) tatements With line 12a.	Expenses per l	Return	1.
 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i>) Part XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, I 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 	2.) tatements With line 12a. 2a 2b	Expenses per I	Return	1.
 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 	2.) tatements With line 12a. 2a 2b 2c	Expenses per l	Return	n. 5,264,810.
 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses 	2.) tatements With line 12a. 2a 2b 2c 2d	Expenses per l	Return	n. 5,264,810.
 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 	2.) tatements With line 12a. 2a 2b 2b 2c 2d	Expenses per l	Return	1.
 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) 	2.) tatements With line 12a. 2a 2b 2b 2c 2d	31,485.	1 2e 3	n. 5,264,810.
 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i>) Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 	2.) tatements With line 12a. 2a 2b 2c 2d	Expenses per l	1 2e 3	n. 5,264,810.
 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 	2.) tatements With line 12a. 2a 2b 2c 2d 2d	31,485.	1 2e 3	n. 5,264,810. <u>31,485.</u> 5,233,325.
 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 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 	2.) tatements With line 12a. 2a 2b 2c 2d 2d 4a 4b	Expenses per I 31,485. 16,816.	1 2e 3	n. <u>5,264,810.</u> <u>31,485.</u> <u>5,233,325.</u> 16,816.
 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 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 b Other (Describe in Part XIII.) 	2.) tatements With line 12a. 2a 2b 2c 2d 2d 4a 4b	Expenses per I 31,485. 16,816.	1 2e 3	n. 5,264,810. <u>31,485.</u> 5,233,325.

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

PART III, LINE 4:

HUBBARD HOUSE AGREED TO HOLD THE ART FOR 3 YEARS PRIOR TO SELLING ANY OF COLLECTION.

PART V, LINE 4:

A GIFT WAS RECEIVED TO ESTABLISH AN ENDOWMENT FOR THE MAINTENANCE AND

PRESERVATION OF THE ORGANIZATION'S CURRENT SHELTER. THE GIFT PLACES

RESTRICTIONS ON THE USE OF THE ENDOWMENT'S PRINCIPAL AND INCOME. IN ANY

GIVEN FISCAL YEAR, THE INCOME OF THE FUND, NOT TO EXCEED FIVE PERCENT OF

THE MARKET VALUE OF THE FUND AT THE CLOSE OF THE PREVIOUS FISCAL YEAR, MAY

BE DISBURSED. THE REMAINING INCOME WOULD INCREASE THE ENDOWMENT FUNDS TO

OFFSET THE EFFECTS OF INFLATION. THE ENDOWMENT FUNDS CORPUS OF \$550,000
032054 12-01-20
Schedule D (Form 990) 2020

29

Schedule D					HOUSE	INC.
Part XIII	Supple	mental	Information	(contir	nued)	

MAY BE USED TO REPAIR THE STRUCTURE SHOULD IT SUFFER A CATASTROPHIC EVENT. THE FUNDS IN THIS ENDOWMENT ARE RESTRICTED IN PERPETUITY UNDER THE PROVISION OF THE GIFT AGREEMENT. THE ORGANIZATION HAS ESTABLISHED AN INVESTMENT POLICY TO MANAGE THE ENDOWMENT FUNDS.

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM

INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND

CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE

FOUNDATION. THE ORGANIZATION TAKES POSITIONS WHICH IT FEELS ARE ADHERING

TO THE LAWS ESTABLISHED BY THE TAXING AUTHORITIES; THEREFORE, THE

ORGANIZATION DOES NOT BELIEVE IT HAS TAKEN ANY UNCERTAIN TAX POSITIONS

WHICH COULD SUBJECT IT TO PENALTIES OR INTEREST AND NONE HAVE BEEN ACCRUED

IN THE ACCOMPANYING FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES - INCLUDED ON LINE 990, PART VIII 31,485.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES - INCLUDED ON LINE 990, PART VIII 31,485.

Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2020
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	F	Inspection
Name of the organization		HOUSE INC.					59-1814	entification number 1635
		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
	complete this part	t. ed funds through any of the followin	a activ	ities (Check all that apply			
a Mail solicitat					overnment grants			
	email solicitations				nment grants			
c Phone solici d In-person so		g 🛄 Special	fundra	ising	events			
		or oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees,	or	
, , ,		art VII) or entity in connection with p			•		Ye	
b If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) pursu organization.	ant to	agreer	ments under which th	ne fur	idraiser is to b	0e
		_	(iii)	Did		(v)	Amount paid	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (c	fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
								ļ
Total	<u></u>							
	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from r	egistration
or licensing.								
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form	990 or 990-EZ) 2020
•							•	

Schedule G (Form 990 or 990 EZ) 2020 HUBBARD HOUSE INC.

59-181<u>4635 Page 2</u>

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

_		of fundraising event contributions and gro		· · · · · · · · · · · · · · · · · · ·	• .	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			BREAKFAST	WALK		col. (c))
			(event type)	(event type)	(total number)	001. (0)
Hevenue	1	Gross receipts	90,078.	68,401.		158,479
	2	Less: Contributions	81,278.	68,401.		149,679
	3	Gross income (line 1 minus line 2)	8,800.			8,800
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	640.			640
_	8	Entertainment				
	9	Other direct expenses	14,462.	16,384.		30,846
.	10	Direct expense summary. Add lines 4 through		· · ·	•	31,486
	11	Net income summary. Subtract line 10 from li	()			-22,686
ar	rt I					
an			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d

ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue						
Be	1	Gross revenue				
ses	2	Cash prizes				
xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── 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	Ent	ter the state(s) in which the organization condu	ets gaming activitios:			
		he organization licensed to conduct gaming ac				Yes No
		No," explain:				
		· · · · · · · · · · · · · · · · · · ·				
		ere any of the organization's gaming licenses re		• ,		Yes No
ά	11	Yes," explain:				

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

<u>Sche</u>	dule G (Form 990 or 990-EZ) 2020 HUBBARD HOUSE INC .	<u>59-</u> 1	<u>.814</u> 6	5 <u>35</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?		۱	/es	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		۱	/es	No No
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility		13a		%
b	An outside facility		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:			
	Name				
	Address 🕨				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? \dots		. 🗆 ١	/es	No No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	ount			
	of gaming revenue retained by the third party \$				
с	If "Yes," enter name and address of the third party:				
	Name				
	Address ►				
16	Gaming manager information:				
	Name				
	Gaming manager compensation 🕨 💲				
	Description of services provided 🕨				
	Director/officer Employee Independent contractor				
	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		┌┐、		No No
	retain the state gaming license?		ו 🗌	res	
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the			
Par	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	and Pau	t III line	<u> </u>	b 10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, and i ai	t m, me	<i>.</i> 50, c	, 100,
	····, ···, ···, ··· ··· ··· ··· ··· ···				
032083		G (Forn	n 990 oi	· 990	EZ) 2020
	33				

	a (Form 990 or 990-EZ)	HUBBARD		INC.
Part IV	Supplemental Info	ormation (contin	ued)	

Schedule G (Form 990 or 990-EZ)

10181119 794202 90-04471.000

SCHEDULE I	aranto ana etitor / toolotanoo to erganizationoj							OMB No. 1545-0047		
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								2020		
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.									ic	
Name of the organization HUBBARD HOUSE INC. Employer identities for the interaction in th										
Part I General Information on Grants a	nd Assistance									
1 Does the organization maintain records the criteria used to award the grants or assist	stance?	-			-		_	Yes	No	
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to					·	(
Part II Grants and Other Assistance to recipient that received more than S	•			1 0	anization answered "Y	es" on Form 990, Par	t IV, line 21, fo	rany		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		rpose of grant assistance		
2 Enter total number of section 501(c)(3) a3 Enter total number of other organizations		•	e line 1 table				······ • _			

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

Schedule I (Form 990) 2020	HUBBA

2020 HUBBARD HOUSE INC.

59-1814635 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ASSISTANCE TO DOMESTIC VIOLENCE VICTIMS	933	422,695.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS ARE DESIGNATED FOR INDIVIDUALS OR FAMILIES THAT ARE FLEEING OR

ATTEMPTING TO FLEE DOMESTIC VIOLENCE, DATING VIOLENCE, OR OTHER

LIFE-THREATENING CONDITIONS TO MOVE AS QUICKLY AS POSSIBLE INTO PERMANENT

HOUSING HOUSEHOLDS. ELIGIBILITY REQUIRES THAT INDIVIDUALS OR FAMILIES

RECEIVING BENEFITS MUST NOT BE RECEIVING FINANCIAL ASSISTANCE FROM ANOTHER

SOURCE. ALSO, PROGRAM PARTICIPANT'S HOUSEHOLD MUST CONTINUE TO LACK

SUFFICIENT RESOURCES AND OTHER SUPPORTIVE NETWORKS.

(Form 990) For cartain Officers, Directors, Trustes, Key Employees, and Highest Compensate Employers > Complete if the organization answered "Yee" on Form 990, Part IV, line 23. > Attach for Form 990. Description Description Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number 59 - 1814 635 Description HUBBARD HOUSE INC. Employer identification number 59 - 1814 635 Part I Cleastions Regarding Compensation Yee No Prior Class or charter travel Prior log and and traveling these terms. Yee No Prior Class or charter travel Point of business use of personal residence Payments for business use of personal residence or residence for personal use Prior log and travel for companions Yee No Discretionary spending account Personal services (such as maid, charter travel Personal services (such as maid, charter travel Personal services (such as maid, charter travel Personal services (such as maid, charter), chert 10 Discretionary spending account Personal services (such as maid, charter), chert 10 Discretionary apending account Personal services (such as maid, charter), chert 2 Discretion on yee on the service or regarding the items checked on line 1a? 2 10 Discretion on yee on the service or regarding the service or residence or personal use personal services (such as maid), charter or travele or personal residence or	SCI	HEDULE J	Compensation Information	O	MB No. 1	545-004	17
Dependent of the longery interview Autach to Form 990. Open in structions and the latest information. Open in 97001 Name of the organization HUBBARD HOUSE INC. Employer identification number 59–1814 635 Part I Questions Regarding Compensation Yes No ************************************	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2020			
Understand Log to sww.irs.gov/Form999 for instructions Image late information Image late information Name of the organization HUBBARD HOUSE INC. Employee identification number 59–1814635 Part U. Gestions Regarding Complexation 10 Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990. Yes No Part U. Section A, line 1a. Complete Part III to provide any relevant information regularing these items. Pract Will Section A, line 1a. Complete Part III to provide any relevant information regularing these items. Pract Will Section A, line 1a. Complete Part III to provide any relevant information regularing these items. Pract Will Section A, line 1a. Complete Part III to provide any relevant information residence for personal iservices (used on initiation fees) Discretionary spending account Personal services (used on line 1a) Itemplete Part III to provide Part III to Participate III to provide Part III to Part Part Part Part Part Part Part Part				0	pen to	Publi	ic
Name of the organization Employer identification number 59-1814635 Part 1 Questions Regarding Compensation Yes No 10 Check the appropriate box(e) if the organization provided any of the following to or for a person listed on Form 990, Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information relevances (such as maid, chauffeur, relevance) Image: Complete Part III to explain 1 First-Status Image: Complete Part III to explain Image: CompletePart III to explain Image: Complet		boparanon or are modoary					
Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Compensation and gross-up payments in the payments for business use of personal use Payments for business use of personal residence of personal residence of the personal residence and the appropriate of the companions is evices (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If Mo ₂ ⁺ complete Part III to explain 2 that business include Up and dimetors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 1b 2 Indicate which, if any, of the following the organization used to estabilish the compensation of the organization comsultate in Independent compensation routine ECO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of the following the organization used to estabilish the compensation of the organization to estabilish compensation and the ECO/Executive Director, but explain in Part III. 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Reserve as everance payment from an equity-based compensation arrangement? If "Yes' to any of lines Aae, list the persons and provide the applicable amounts fore each item in Part III. Only r	Nam	e of the organizatior		Employer ident	ificatio	on nur	nber
1 Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. 0 If any of the boxes on line ta are checked, did the organization obow? If 'No.' complete Part III to provide any relevant VII to provide used by a reliated organization to establish compensation or and of the expenses described abow? If work complete Part III to provide organization to establish compensation commutite Did the organization to the OEO/Executive Director, but explain in Part III. Did Compensation commutite Did Writen employment contract Did Compensation committee Did Writen employment contract Did Did Writen employment? Did			HUBBARD HOUSE INC.	59-181	463	5	
In Creck the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant Information regarding these items. Image: Principation of the system of the organization provide any relevant Information regarding these items. Image: Principation of the organization of the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain Ib If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain Ib If any of the boxes on line 1a are checked, did the organization relation senses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Ib Indicate which, if any, of the following the organization surge to remove study CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Ib Ib Im dicate which, if any, of the following the organization surge or study Compensation committee Ik written employment contract Im dependent compensation of the CEO/Executive Director, but explain in Part III. Ib Ib Im dicate which, if any of son form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Ib I	Pa	rt I Question	s Regarding Compensation				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of the companion of the companization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, the coll that apply. Do not check any boxes for methods used by a related organization to establish compensation committee 10 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee 12 11 M Compensation committee 12 12 12 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 14a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization or a related organization. 14a X 4 During the year, did any person and provide the appl						Yes	No
Image: Pirst-class or charter travel Housing allowance or residence for personal use Travel for comparions Payments for business use of personal residence Tak information and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, cheft) b if any of the boxes on line 1a are checked, did the organization foliow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1b c line for agrization require substantiation inport to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 d Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 M Compensation committee X Written employment contract 2 Indicate which, if any, of the following the organization used to a related organization to establish on Compensation onsultant X Compensation survey or study C CEO/Executive Director, check all that apply. Do not check any boxes for methods used by a related organization to establish on organization: A a 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization? 4a X <t< td=""><td>1a</td><td>Check the appropri</td><td>ate box(es) if the organization provided any of the following to or for a person listed on Form §</td><td>990,</td><td></td><td></td><td></td></t<>	1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form §	990,			
Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments Image: Travel for company spending account Personal services (such as maid, chartfeur, cheft) Image: Travel for company spending account Personal services (such as maid, chartfeur, cheft) Image: Travel for comparization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the cEo/Executive Director, regarding the items checked on line 1a? Image: Travel for comparization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the organization used to establish the compensation of the organization to establish compensation committee Image: Travel for comparization to establish the compensation or related organization to establish compensation committee Image: Travel for comparization to establish the organization is CEo/Executive Director, the kall that apply. Do not check any hoxes for methods used by a related organization to establish compensation committee Image: Travel for any officers, including the organization is CEo/Executive Director, the kall that apply. Do not check any hoxes for methods used by a related organization to establish compensation committee Image: Travel for any officers, including the organization is Compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Image: Travel for any of lines 4ac, list the persons and provide the applicable amounts for each item in P		Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If *No,* complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to estabilish the compensation of the organization to estabilish compensation committee X COP/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to estabilish to compensation committee X Indicate which, if any, of the following the organization used to estabilish the compensation to the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract Independent compensation or soultant X Compensation require subplemental non applemental		First-class or c	harter travel Housing allowance or residence for persor	nal use			
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant X INC compensation committee X Compensation survey or study X Compensation committee X Indicate which, if any, of the following the organization: X Compensation survey or study X Compensation committee X Compensation survey or study X Form 990 of other organization: Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X a Receive a severance apyment foron an equity-based compensation arrangement?			· · · · · · · · · · · · · · · · · · ·	idence			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to estabilish the compensation of the CEO/Executive Director, but explain in Part III. 2 3 Compensation committee X Image: A compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract Image: Independent compensation of the CEO/Executive Director, but explain in Part III. Compensation survey or study X Form 990 of other organizations X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 Participate in or receive payment from a supplemental nonqualined retirement plan? 4a X 6 Participate in or receive payment from a supplemental nongualization pay or accrue any compensation contingent on the revenues of: 5b X 5		Tax indemnific	ation and gross-up payments Health or social club dues or initiation fees	;			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the cryptic Director, but explain in Part III. 2 3 COMpendation committe X Y Trees on state of the organization in the CEO/Executive Director, but explain in Part III. X Compensation committe X Y Trees on line 4 are of the organization: X Approval by the board or compensation committee X 4a X 4a X 4b X 4c X 4d X		Discretionary s	spending account Personal services (such as maid, chauffeu	r, chef)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the cryptic Director, but explain in Part III. 2 3 COMpendation committe X Y Trees on state of the organization in the CEO/Executive Director, but explain in Part III. X Compensation committe X Y Trees on line 4 are of the organization: X Approval by the board or compensation committee X 4a X 4a X 4b X 4c X 4d X	_						
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the OEO/Executive Director, but explain in Part III. 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 During the year, did any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III. 4b X 6 Participate in or receive payment from a equity-based compensation arrangement? 4b X 1 If 'Yes' to any of lines 4ac', list the persons and provide the applicable amounts for each item in Part III. 6b X	b	-					
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Image: I	~				1b		
 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract X Compensation committee X Organizations survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment from a supplemental nonqualified retirement plan? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from a supplemental nonqualified retirement plan? Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? May related organizatio	2	-					
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation committee index on compensation committee index or compensation committee index on compensation consultant independent compensation consultant independent compensation in a contract index on compensation or a related organization: Image: Compensation committee index or compensation committee index organization or a related organization: 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Image: Compensation committee index organization committee index organization or a related organization: 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization arrangement? Image: Compensation committee index organization arrangement? 4 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Image: Compensation pay or accrue any compensation contingent on the retainings of: 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Image: Compensation in Committee index organization pay or accrue any compensation contingent on the net earning		trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation committee index on compensation committee index or compensation committee index on compensation consultant independent compensation consultant independent compensation in a contract index on compensation or a related organization: Image: Compensation committee index or compensation committee index organization or a related organization: 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Image: Compensation committee index organization committee index organization or a related organization: 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization arrangement? Image: Compensation committee index organization arrangement? 4 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Image: Compensation pay or accrue any compensation contingent on the retainings of: 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Image: Compensation in Committee index organization pay or accrue any compensation contingent on the net earning	2	la dia ata udaia la jifan					
establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract Independent compensation consultant X Compensation survey or study Compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X ft "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 6ny section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5	3			n to			
Independent compensation consultant Independent compensation survey or study 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Independent compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or neceive payment from an equity-based compensation arrangement? Independent b Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of: Independent compensation c N If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Independent compensation Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. Independent compensation? Independent compensation? f I'ves" on line 5a or 5b, describe in Part III. Independent compensation? Independent compensation? f Yes" on line 6a or 6b, describe in Part III. Independent c							
Independent compensation consultant Image: Compensation survey or study Image: Compensation survey or study Image: Compensation survey or study Image: Compensation survey or study Image: Compensation survey or study Image: Compensation survey or study Image: Compensation survey or study Image: Compensation survey or study Image: Compensation survey or study Image: Compensation or a related organization: Image: Compensation survey or study Image: Compensation or a related organization: Image: Compensation survey or study Image: Compensation or a related organization: Image: Compensation survey or study Image: Compensation or a related organization: Image: Compensation survey or study Image: Compensation or a related organization: Image: Compensation survey or study Image: Compensation or a related organization: Image: Compensation survey or study Image: Compensation or receive payment from a supplemental nonqualified retirement plan? Image: Compensation survey or study Image: Compensation survey or receive payment from an equity-based compensation arrangement? Image: Compensation Image: Compensation survey or search item in Part III. Compensation survey or accrue any compensation contingent on the revenues of: Image: Compensation? Image: Compenson siteted on Form 990, Part VII, Section A, line		· ·					
Image: The organizations Image: The organization or a related organization or a related organization: 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Image: The organization or a related organization: a Receive a severance payment or change-of-control payment? Image: The organization or receive payment from a supplemental nonqualified retirement plan? Image: The organization or receive payment from an equity-based compensation arrangement? c Participate in or receive payment from an equity-based compensation arrangement? Image: The organization of the payment from an equity-based compensation arrangement? Image: The organization of the payment from an equity-based compensation arrangement? c Participate in or receive payment from an equity-based compensation arrangement? Image: The organization of the payment from an equity-based compensation arrangement? Image: The organization of the payment from an equity-based compensation arrangement? c Nather the payment from an equity-based compensation arrangement? Image: The organization of the revenues of: Image: The organization or the revenues of: Image: The organization?							
 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in Fart III. 7 Kattor and the organization provide any nonfixed payments not described on Form 990, Part VII, Section 53.49584(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, and or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.49584(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 				mmittee			
organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6b X 6b X b Any related organization? 6b X 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X X 8 Were any amounts reported on Form 990, P				Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			
organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6b X 6b X b Any related organization? 6b X 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X X 8 Were any amounts reported on Form 990, P	4	During the year. did	any person listed on Form 990. Part VII. Section A. line 1a, with respect to the filing				
a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X b Any related organization? 5b X 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 6b X c The organization? 6a X 6b X 6b X b Any related organization? 6a X 6b X 6b X c The organization? 6a X 6b X 6b X 6b X 6b X 6b X 6b X 7 X X <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X b Any related organization? 6a X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on For	а	-	-		4a		Х
c Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: Stress S					4b		X
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: 6b X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part					4c		X
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 							
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 							
contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X contingent on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Image: Section Side on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
a The organization? 5a X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: 6b X b Any related organization? 6b X b Any related organization? 6b X ff "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 1 1	5	For persons listed o	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ı			
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? contingent on the net earnings of: 6a x May related organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		U					
b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 7 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 1 1					5a		
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 		Any related organiz	ation?		5b		X
contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 1 1							
a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Image: Contract Contreat Contreat Contract Contract Contract Contreat Cont	6			ו			
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 1 1							
If "Yes" on line 6a or 6b, describe in Part III. 7 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 	b						X
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Image: Contract contrepresent contract contract contract contract contract c	_						
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 	7						v
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-				7		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8	-		9			v
							X
	9						
Regulations section 53.4958-6(c)? 9 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2020							

032111 12-07-20

10181119 794202 90-04471.000

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

HUBBARD HOUSE INC.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) GAIL PATIN (i)	199,912.	38,620.	0.	10,324.	7,523.	256,379.	0.
CEO (ii)		0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i) (ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Schedule J (Form 990) 2020

Page 2

59-1814635

Schedule J (Form 990) 2020 HUBBARD HOUSE INC.

Part III Supplemental Information

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

PART I, LINE 3:

THE EXECUTIVE COMMITTEE WILL OBTAIN SUCH INFORMATION AS IT DEEMS

APPROPRIATE TO MAKE A RECOMMENDATION TO THE FULL BOARD FOR THE COMPENSATION

(SALARY, BONUS, AND BENEFITS) OF THE CEO ON AN ANNUAL BASIS, BASED ON A

REVIEW OF COMPARABILITY DATA.

IN ACCORDANCE WITH IRS GUIDELINES, THE EXECUTIVE COMMITTEE WILL SECURE

AVAILABLE DATA THAT DOCUMENTS COMPENSATION LEVELS AND BENEFITS FOR

SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR

ORGANIZATIONS (I.E. CEOS/EXECUTIVE DIRECTORS OF OTHER CERTIFIED DOMESTIC

VIOLENCE SHELTERS IN FLORIDA. THE BOARD OF DIRECTORS MAY ALSO CHOOSE TO

INCLUDE ADDITIONAL COMPARABLE DATA IF REGIONAL OR OTHER COMPARISONS ARE

DEEMED NECESSARY AS A SECONDARY RESOURCE.

AT LEAST THREE COMPARABLE COMPENSATION DATA SHALL BE REVIEWED; IT IS

RECOMMENDED THAT FIVE OR MORE COMPARABLE COMPENSATION DATA BE REVIEWED, IF

AVAILABLE. DATA SOURCES FOR COMPARABLE COMPENSATION MAY INCLUDE THE

FOLLOWING:

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 HUBBARD HOUSE INC.

Part III Supplemental Information

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

1. SALARY AND BENEFIT COMPENSATION STUDIES BY INDEPENDENT SOURCES;

2. WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR ORGANIZATIONS;

3. DOCUMENTED TELEPHONE CALLS TO COMPARABLE ORGANIZATIONS ABOUT SIMILAR

POSITIONS, AND

4. INFORMATION OBTAINED FROM THE IRS FORM 990 FILINGS OF SIMILAR

ORGANIZATIONS, WHICH CAN CURRENTLY BE FOUND ON THE CHARITY NAVIGATOR AND/OR

GUIDESTAR WEBSITES.

ALL FORMS OF COMPENSATION FROM THE ABOVE DATA SOURCES MUST BE PROPERLY

AGGREGATED, ACCOUNTED FOR, AND INCLUDED IN TOTAL COMPENSATION.

TO DETERMINE WHETHER THE HUBBARD HOUSE CEO'S COMPENSATION IS COMMENSURATE

WITH OTHER LIKE ORGANIZATIONS, SEVERAL FACTORS SHOULD BE CONSIDERED

REGARDING THE ROLE OF THE CEO/EXECUTIVE DIRECTOR AT HUBBARD HOUSE AS

COMPARED TO OTHER SELECT ORGANIZATIONS.

1. DUTIES AND RESPONSIBILITIES;

2. EXPERIENCE AND LEVEL OF EDUCATION;

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 HUBBARD HOUSE INC.

59-1814635 Page 3

Part III Supplemental Information

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

3. ANY PROFESSIONAL LICENSES/CERTIFICATIONS;

- 4. THE NUMBER OF EMPLOYEES OF THE ORGANIZATION;
- 5. THE SIZE OF THE BUDGET, REVENUE, AND/OR ASSETS OF THE ORGANIZATION;

6. THE NUMBER OF INDIVIDUALS SERVED BY THE ORGANIZATION (INCLUDING THOSE

SERVED IN- SHELTER AS WELL AS THOSE SERVED THROUGH A CRISIS HOTLINE OR

COMMUNITY OUTREACH, IF AVAILABLE);

7. THE NUMBER OF HOURS WORKED; AND

8. WHETHER THE JOB IS NATIONAL OR LOCAL IN SCOPE.

HIGHER COMPENSATION FOR THE HUBBARD HOUSE CEO POSITION MAY BE WARRANTED IN

SITUATIONS WHERE, FOR EXAMPLE

1. THE CEO HAS SPECIAL KNOWLEDGE, EXPERIENCE, OR RELATIONSHIPS THAT WOULD

BE DIFFICULT TO REPLACE; AND/OR

2. THE CEO HAS RECEIVED COMPETING OFFERS AT THAT LEVEL OR OTHER SPECIAL

CIRCUMSTANCES; AND/OR

3. THE CEO HAS SPECIAL QUALIFICATIONS RELEVANT TO RECOVERING FROM

MISMANAGEMENT OR TO GROWTH INTO NEW AND DIFFERENT AREAS.

IN EACH OF THESE SITUATIONS, HUBBARD HOUSE MAY NEED TO COMPENSATE THE CEO

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 HUBBARD HOUSE INC.

Part III Supplemental Information

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

OUTSIDE OF THE RANGE OF WHAT WOULD BE THE MEDIAN FOR COMPARABLE

ORGANIZATIONS

THE EXECUTIVE COMMITTEE MAY ALSO CONSIDER A REASONED OPINION FROM A LAWYER,

CERTIFIED PUBLIC ACCOUNTANT, OR COMPENSATION EXPERT AS A VALUABLE MECHANISM

TO DISCOVER AND STRENGTHEN THE ANALYSIS OR DOCUMENTATION OF THE

COMPENSATION PROCESS.

ADDITIONALLY, THE EXECUTIVE COMMITTEE OF HUBBARD HOUSE, INC. SHALL ANNUALLY

EVALUATE THE CEO ON HIS/HER PERFORMANCE AND ASK FOR HIS/HER INPUT ON

MATTERS OF PERFORMANCE AND COMPENSATION (REFER TO POLICY E-4, CONDUCTING

THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE EVALUATION).

BOARD DOCUMENTATION AND APPROVAL. TO APPROVE THE COMPENSATION FOR THE CEO,

THE BOARD MUST DOCUMENT ANNUALLY HOW IT REACHED ITS DECISIONS, INCLUDING

THE DATA ON WHICH IT RELIED, IN MINUTES OF THE MEETING DURING WHICH THE

COMPENSATION WAS APPROVED. THE DOCUMENTATION MUST BE MADE CONCURRENTLY WITH

THE DETERMINATION OF THE COMPENSATION ARRANGEMENT. RECORDS MUST BE PREPARED

BY THE NEXT MEETING OR WITHIN 60 DAYS OF THE MEETING WHERE COMPENSATION WAS

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 HUBBARD HOUSE INC.

59-1814635 Page 3

Part III Supplemental Information

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

DISCUSSED AND MUST BE REVIEWED AND APPROVED BY THE GOVERNING BODY AS

REASONABLE, ACCURATE, AND COMPLETE. DOCUMENTATION WILL INCLUDE:

1. DESCRIPTION OF ALL TERMS OF COMPENSATION PACKAGE AND BENEFITS APPROVED;

2. DATE APPROVED;

3. THE MEMBERS OF THE BOARD WHO WERE PRESENT DURING THE DISCUSSION ABOUT

COMPENSATION AND BENEFITS, AND THE RESULTS OF THE VOTE (SPECIFICALLY

DOCUMENTING WHO VOTED TO APPROVE, WHO VOTED TO REJECT, AND WHO ABSTAINED);

4. ANY ACTIONS TAKEN (SUCH AS ABSTAINING FROM DISCUSSION AND VOTE) WITH

RESPECT TO CONSIDERATION OF THE COMPENSATION BY ANYONE WHO IS OTHERWISE A

MEMBER OF THE BOARD BUT WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE

DECISION ON THE COMPENSATION AND BENEFITS;

5. A DESCRIPTION OF THE COMPARABILITY DATA RELIED UPON AND HOW THE DATA

WAS OBTAINED; AND

6. THE BASIS FOR THE DETERMINATION WHENEVER THE BOARD DECIDES THE

REASONABLE COMPENSATION IS HIGHER OR LOWER THAN THE RANGE OF COMPARABLE

DATA RECEIVED.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

►

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

Nam	e of the organization					Employer ident	tificatio	on nur	nber
	HUBBARD HOUS	E INC.				59-1	814	635	
Pa	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	n	(d) Method of de oncash contribu	etermin	0	s
1	Art - Works of art	X	125	56,700.		RAISAL			
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles	X	1	28,774.	FMV				
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
10	trust interests								
12	Securities - Miscellaneous Qualified conservation contribution -								
13									
44	Historic structures								
14 45	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24		v	160	7 605					
25	Other (THRIFT STORE)	X	160	7,695.	FWA				
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz							1	
	for which the organization completed Form 82	83, Part V, L	onee Acknowledg	ement 29					
20-	During the upper did the superingtion reaction has			ested in Dest I. lines 1 theses				Yes	No
30a	During the year, did the organization receive by								
	must hold for at least three years from the date						00-	х	
L	exempt purposes for the entire holding period?	·					<u>30a</u>	Λ	
	If "Yes," describe the arrangement in Part II.	oliov that	quiros the review	of any populard contribut	tional		24	x	
31	Does the organization have a gift acceptance p				10115 (31	-	
32a	Does the organization hire or use third parties contributions?		•	· • ·			32a		x
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	/ for which column (a) is cheo	cked.				

۰yト (a) describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

032141 11-23-20

 Schedule M (Form 990) 2020
 HUBBARD HOUSE INC.
 59-1814635
 Page 2

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

 SCHEDULE M, LINE 30B:
 IN THE AGREEMENT WITH THE DONOR OF THE ART COLLECRTION, HUBBARD HOUSE

 AGREED TO HOLD THE ART FOR 3 YEARS PRIOR TO SELLING ANY OF COLLECTION

 FOR THEM TO REALIZE THEIR TAX DEDUCTION SINCE THE COLLECTION WAS

 GREATER THAN \$5,000.

 THE CAR WAS RECEIVED FOR ANOTHER 501(C)3 CORPORATION WITH NO AGREEMENT

 TO HOLD FOR AT LEAST THREE YEARS.

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. 2020 Open to Public Inspection

OMB No. 1545-0047

HUBBARD HOUSE INC.

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

END WE OFFER A FULL COMPENDIUM OF SERVICES FOR VICTIMS OF DOMESTIC

VIOLENCE.

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

INTERVENTION, CHILDREN'S SERVICES AND EDUCATIONAL SUPPORT, COURT

ADVOCACY AND INJUNCTION FOR PROTECTION ATTORNEYS, FOOD, CLOTHING, AND

JOB AND HOUSING HELP.

IN ITS 45 YEARS OF OPERATION, HUBBARD HOUSE HAS SHELTERED MORE THAN 47,000 VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN AND ANSWERED MORE THAN 108,750 HOTLINE CALLS.

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

ADVOCACY, INJUNCTION FOR PROTECTION ATTORNEYS, AND JOB AND HOUSING

HELP. ADVOCATES ARE EMBEDDED AT THE OUTREACH CENTER, THE DEPARTMENT OF

CHILDREN AND FAMILIES, IN BAKER COUNTY, AND THE DUVAL COUNTY

COURTHOUSE. HUBBARD HOUSE VICTIM ADVOCATES LOCATED AT THE DUVAL COUNTY

COURTHOUSE PROVIDE VICTIMS OF DOMESTIC VIOLENCE WITH ASSISTANCE IN

NAVIGATING THE CIVIL AND CRIMINAL PROCESS, SAFETY PLANNING, AND OTHER

ADVOCACY SERVICES. THE IFP ATTORNEYS REPRESENT VICTIMS OF DOMESTIC

VIOLENCE IN OBTAINING INJUNCTIONS FOR PROTECTION.

IN ADDITION TO SURVIVOR ADVOCACY, KEY OUTREACH PROGRAMS INCLUDE INVEST,

HARK, WAVE, AND THE JACKSONVILLE SAFETY FIRST PROJECT. INVEST IS AN

AWARD-WINNING, NATIONALLY RECOGNIZED PARTNERSHIP BETWEEN THE

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) 202003221111-20-20

Schedule O (Form 990 or 990-EZ) 2020	Page 2	PC					
Name of the organization HUBBARD HOUSE INC.	Employer identification number 59-1814635	JBL					
JACKSONVILLE SHERIFF'S OFFICE AND HUBBARD HOUSE, ASSESSING	G THE MOST						
LETHAL DOMESTIC VIOLENCE CASES AND PROVIDING OUTREACH AND	SERVICES TO	ISN					
SURVIVORS. HARK (HELPING AT-RISK KIDS) IS AN INTERVENTION	AND	PEC					
PREVENTION PROGRAM THAT FOCUSES ON CHILDREN AGED 4-17 WHO	HAVE	1					
EXPERIENCED DOMESTIC VIOLENCE IN THEIR HOMES. IN THE PROGR	AM, CHILDREN	NO					
ARE PLACED IN AGE-APPROPRIATE GROUPS AND PARTICIPATE IN AC	TIVITIES	CO					
DESIGNED TO EDUCATE ABOUT THE DYNAMICS OF DOMESTIC VIOLENC	CE AND HOW TO	PΥ					
DEAL WITH EMOTIONS. THROUGH THE WAVE PROGRAM, HUBBARD HOUS	SE WORKS IN						
THE SCHOOLS, PROVIDING AGE-APPROPRIATE PREVENTION CURRICU	LUM DESIGNED						
TO TEACH ABOUT HEALTHY RELATIONSHIPS. THE JACKSONVILLE SAM	ETY FIRST						
PROJECT IS A MULTIDISCIPLINARY COMMUNITY COLLABORATION THA	AT SUSTAINS						
AND STRENGTHENS THE COORDINATION OF THE JUDICIAL AND COMMU	JNITY RESPONSE						
TO VISITATION AND CUSTODY CASES. IN ALL OF HUBBARD HOUSE'S	3 OUTREACH						
PROGRAMS, WE ADVOCATE ON BEHALF OF SURVIVORS, SEEKING TO F	EDUCE THE						
BARRIERS THEY FACE, AND TO ADVOCATE FOR SOCIAL CHANGE WITH	IIN OUR						
COMMUNITY.							
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN							
FROM THE TRAUMA OF VIOLENCE AND VICTIMIZATION IN THEIR LIV							
FURTHERMORE, PARTICIPANTS IN THE HOPE PROGRAM ARE OFFERED	THE SERVICES						
OF THE HUBBARD HOUSE COACH (CREATING OPPORTUNITIES AND CAP	EER HELP)						
PROGRAM. THE COACH PROGRAM IS A PROVEN ECONOMIC EMPOWERME	INT PROGRAM						
WHICH PROVIDES SURVIVORS WITH ASSISTANCE IN RESUME WRITING	3, JOB						
READINESS ASSESSMENTS, CAREER COUNSELING, JOB SEARCHING, C	CERTIFICATION						
SUPPORT, INTERVIEW PRACTICE, DRESSING APPROPRIATELY FOR INTERVIEWS,							
STIPENDS FOR JOB TRAINING, CHILDCARE, AND TRANSPORTATION							
COMMUNITY PARTNERSHIPS WITH BUSINESSES AND OTHER ORGANIZAT	TIONS. ALL						

SUPPORT SERVICES DELIVERED ARE VOLUNTARY AND SURVIVOR DRIVEN, BASED ON 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

47

Schedule O (Form 990 or 990 EZ) 2020

Name of the organization

HUBBARD HOUSE INC.

Page 2 Employer identification number 59–1814635

AN EMPOWERMENT MODEL OF SERVICE DELIVERY.

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

OTHER

VARIOUS OTHER SERVICES FOR VICTIMS INCLUDING BUT NOT LIMITED TO SERVING

DISABLED POPULATION, COMMUNITY AWARENESS PROGRAMS, AND VOLUNTEER

PLACEMENT. HUBBARD HOUSE REACHED 3,810 INDIVIDUALS THROUGH EDUCATIONAL

PROGRAMS CREATING A BETTER UNDERSTANDING OF DOMESTIC VIOLENCE AND WHERE

TO TURN FOR HELP AND UTILIZED 204 VOLUNTEERS FOR OVER 2,717 DONATED

HOURS OF SERVICE.

EXPENSES \$ 318,001. INCLUDING GRANTS OF \$ 0. REVENUE \$ 21,455.

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

THE 990 IS FIRST REVIEWED BY THE CEO, CFO AND AUDIT COMMITTEE OF THE BOARD

OF DIRECTORS. THEN THE RETURN THEN WILL BE DISTRIBUTED TO ALL BOARD MEMBERS

VIA EMAIL PRIOR TO FILING THE RETURN.

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

ALL BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT

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

THE BOARD OF DIRECTORS REVIEWS THE ANNUAL REPORT, EMPLOYMENT EVALUATION,

COMPENSATION HISTORY AND PERIODIC COMMUNITY COMPARABLE TO DETERMINE ANY

INCREASES IN THE CEO'S COMPENSATION. THE BOARD APPROVES AN ANNUAL BUDGET

THAT INCLUDES AMOUNTS FOR COMPENSATION. THE CEO REVIEWS EMPLOYMENT

EVALUATIONS, COMPENSATION HISTORY AND PERIODIC COMMUNITY COMPARABLE TO

DETERMINE ANY INCREASES IN KEY EMPLOYEE COMPENSATION.

032212 11-20-20

2020.05000 HUBBARD HOUSE INC.

THE ORGANIZ	ATION MAKES '	THE FORM 9	90 AVAILABLE	UPON RE	QUEST, ON	ITS OWN	
WEBSITE AND	THROUGH BOT	H GUIDESTA	R AND CHARIT	Y NAVIGA	TOR WEBSI	TES.	
FORM 990, P	ART VI, SECT	ION C, LIN	 E 19:				
			ING DOCUMENT	S. CONFL	ICT OF IN	ITEREST	
			AVAILABLE TO				
FOLICI, AND	FINANCIAL 5	LAIDMENIS /	AVAILABLE 10		LIC OFON	KEQUEDI.	
032212 11-20-20					Schedule O	(Form 990 or 990-I	EZ)
			49				

Schedule O (Form 990 or 990-EZ) 2020

HUBBARD HOUSE INC.

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

Name of the organization

Page 2

Employer identification number

59-1814635

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2020 Open to Public Inspection

Employer identification number 59 - 1814635

Department of the Treasury Internal Revenue Service

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

Name of the organization

HUBBARD HOUSE INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	olled
		501(c)(3))				Yes	No
HUBBARD HOUSE FOUNDATION - 20-3809007	ACCEPT CONTRIBUTIONS AND						
PO BOX 4909	MAKE DISTRIBUTIONS TO						
JACKSONVILLE, FL 32201	HUBBARD HOUSE, INC	FLORIDA	501(C)(3)	LINE 10			х

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 HUBBARD HOUSE INC.

59-1814635 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizatione treated de a pa													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box	manag partne	or Percentage ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	0		
	-												
	-												
	-												
	-												
	4												
	4												
	4												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	i) tion b)(13) rolled ity?
		country)		or addy		400010		Yes	No

chedule R (Form 990) 2020 HUBBARD HOUSE INC.			59-1814635		Page
Part V Transactions With Related Organizations. Complete if the org	anization answered "Yes" on Form	990, Part IV, line 34, 35b, or 36.			
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this sched	ule.			Yes	5 N
1 During the tax year, did the organization engage in any of the following	g transactions with one or more re	ated organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a co	ntrolled entity		<u>1a</u>		
b Gift, grant, or capital contribution to related organization(s)			1b		
c Gift, grant, or capital contribution from related organization(s)				X	
d Loans or loan guarantees to or for related organization(s)					
e Loans or loan guarantees by related organization(s)			1e		
f Dividends from related organization(s)			1f		
g Sale of assets to related organization(s)					
h Purchase of assets from related organization(s)					
i Exchange of assets with related organization(s)					
j Lease of facilities, equipment, or other assets to related organization(s	3)		1j		
k Lease of facilities, equipment, or other assets from related organizatio	n(s)		1k		
I Performance of services or membership or fundraising solicitations for					
m Performance of services or membership or fundraising solicitations by	related organization(s)				
n Sharing of facilities, equipment, mailing lists, or other assets with relat	ed organization(s)		1n		
p Reimbursement paid to related organization(s) for expenses			1p		
q Reimbursement paid by related organization(s) for expenses				X	
r Other transfer of cash or property to related organization(s)					
s Other transfer of cash or property from related organization(s)			1s		
If the answer to any of the above is "Yes," see the instructions for info	rmation on who must complete th	s line, including covered relationships and	transaction thresholds.		
(a)	(b)	(c)	(d)		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HUBBARD HOUSE FOUNDATION INC	С	345,434.	CASH
(2) HUBBARD HOUSE FOUNDATION INC	Q	50,000.	CASH
<u>(3)</u>			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2020 HUBBARD HOUSE INC.

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

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

(a)	(b)	(c)		14	2)	(f)	(g)	(۲	J)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	all	Share of	Share of		• , opor-	Code V-UBI	Genera	
of entity	i mary doubly	(state or foreign	(related, unrelated,	501(c)(3)	total	end-of-year	Dispr tior allocat	iate tions?	amount in box 20	manag	ownership
,		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No		Yes N	· ·
			,	103	110			103		,	103	<u> </u>
												_

Schedule R (Form 990) 2020

HUBBARD HOUSE INC.

Part VII Supplemental Information

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

032165 10-28-20