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ARMANINO^{LLP}

12657 Alcosta Blvd., Suite 500 San Ramon, CA 94583 ph 925.790.2600 fx 925.790.2601 Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** . Inspection

	partment of the Treasury ernal Revenue Service
Δ	For the 2021 calendar

ΑI	For the	2021 calendar year, or tax year beginning JUL 1, 2021 and end	iding JU	JN 30, 2022	
Β	Check if applicable	C Name of organization		D Employer identified	cation number
	Addre: chang				
	Name	D		95-1693616	
	Initial return	<u>v</u>	oom/suite	E Telephone numbe	r
	Final	7120 FRANKLIN AVE	Join Jouro	323-876-0550	
	return/ termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	18,073,239.
	Ameno return			H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: ANGELA MILLER		for subordinates	
	pendir	^g SAME AS C ABOVE		H(b) Are all subordinates in	
1	Tax-exe	mpt status: X 501(c)(3) 501(c) ()	527		list. See instructions
		e: WWW.AVIVA.ORG		H(c) Group exemptio	n number 🕨
κ	orm of	organization: 🕱 Corporation Trust Association Other 🕨	L Year o	of formation: 1915	A State of legal domicile: CA
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: AVIVA PRO	OVIDES	CRISIS	
- DCe		INTERVENTION, FOSTER & ADOPTION, MENTAL HEALTH, & SUPPORTIVE HO			
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed	l of more	than 25% of its net ass	sets.
Nel	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
80 00	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			178
/itie	6	Total number of volunteers (estimate if necessary)			50
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0. Current Year
	b 8	Net unrelated business taxable income from Form 990-T, Part I, line 11 Contributions and grants (Part VIII, line 1h)		7b	
	b 8			Prior Year	Current Year
evenue	b 8	Contributions and grants (Part VIII, line 1h)		7b Prior Year 3,047,794. 15,103,306. 211,093.	Current Year 1,400,575. 15,529,460. 327,592.
	8 9 10	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		7b Prior Year 3,047,794. 15,103,306. 211,093. 138,074.	Current Year 1,400,575. 15,529,460.
evenue	8 9 10 11	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	·····	7b Prior Year 3,047,794. 15,103,306. 211,093.	Current Year 1,400,575. 15,529,460. 327,592.
evenue	8 9 10 11 12	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7b Prior Year 3,047,794. 15,103,306. 211,093. 138,074.	Current Year 1,400,575. 15,529,460. 327,592. 320,940.
evenue	b 8 9 10 11 12 13	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7b Prior Year 3,047,794. 15,103,306. 211,093. 138,074. 18,500,267. 0. 0.	Current Year 1,400,575. 15,529,460. 327,592. 320,940. 17,578,567. 0. 0.
Revenue	b 8 9 10 11 12 13 14	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7b Prior Year 3,047,794. 15,103,306. 211,093. 138,074. 18,500,267. 0. 11,229,841.	Current Year 1,400,575. 15,529,460. 327,592. 320,940. 17,578,567. 0. 0. 10,421,627.
Revenue	b 8 9 10 11 12 13 14	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		7b Prior Year 3,047,794. 15,103,306. 211,093. 138,074. 18,500,267. 0. 0.	Current Year 1,400,575. 15,529,460. 327,592. 320,940. 17,578,567. 0. 0.
Revenue	8 9 10 11 12 13 14 15 16a b	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	·····	7b Prior Year 3,047,794. 15,103,306. 211,093. 138,074. 18,500,267. 0. 0. 11,229,841. 0.	Current Year 1,400,575. 15,529,460. 327,592. 320,940. 17,578,567. 0. 0. 10,421,627. 110,353.
evenue	8 9 10 11 12 13 14 15 16a . b 17	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·····	7b Prior Year 3,047,794. 15,103,306. 211,093. 138,074. 18,500,267. 0. 11,229,841. 0. 6,144,389.	Current Year 1,400,575. 15,529,460. 327,592. 320,940. 17,578,567. 0. 0. 10,421,627. 110,353. 6,265,485.
Revenue	8 9 10 11 12 13 14 15 16a . b 17	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	·····	7b Prior Year 3,047,794. 15,103,306. 211,093. 138,074. 18,500,267. 0. 11,229,841. 0. 6,144,389. 17,374,230.	Current Year 1,400,575. 15,529,460. 327,592. 320,940. 17,578,567. 0. 0. 10,421,627. 110,353. 6,265,485. 16,797,465.
Expenses Revenue	b 8 9 10 11 12 13 14 15 16a b 17 18 19	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7b Prior Year 3,047,794. 15,103,306. 211,093. 138,074. 18,500,267. 0. 11,229,841. 0. 6,144,389.	Current Year 1,400,575. 15,529,460. 327,592. 320,940. 17,578,567. 0. 0. 10,421,627. 110,353. 6,265,485. 16,797,465.
Expenses Revenue	b 8 9 10 11 12 13 14 15 16a b 17 18 19	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	7b Prior Year 3,047,794. 15,103,306. 211,093. 138,074. 18,500,267. 0. 0. 11,229,841. 0. 6,144,389. 17,374,230. 1,126,037. jinning of Current Year	Current Year 1,400,575. 15,529,460. 327,592. 320,940. 17,578,567. 0. 0. 0. 10,421,627. 110,353. 6,265,485. 16,797,465. 781,102. End of Year
Expenses Revenue	b 8 9 10 11 12 13 14 15 16a b 17 18 19	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 422,500 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16)	0. Beg	7b Prior Year 3,047,794. 15,103,306. 211,093. 138,074. 18,500,267. 0. 11,229,841. 0. 17,374,230. 1,126,037. jinning of Current Year 14,127,988.	Current Year 1,400,575. 15,529,460. 327,592. 320,940. 17,578,567. 0. 0. 10,421,627. 110,353. 6,265,485. 16,797,465. 781,102. End of Year 12,713,830.
Expenses Revenue	b 8 9 10 11 12 13 14 15 16a b 17 18 19	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1·3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 422,500 Other expenses (Part IX, column (A), lines 11a·11d, 11f·24e) Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26)	0. Beg	7b Prior Year 3,047,794. 15,103,306. 211,093. 138,074. 18,500,267. 0. 0.11,229,841. 0. 17,374,230. 1,126,037. ginning of Current Year 14,127,988. 8,473,616.	Current Year 1,400,575. 15,529,460. 327,592. 320,940. 17,578,567. 0. 0. 10,421,627. 110,353. 6,265,485. 16,797,465. 781,102. End of Year 12,713,830. 7,494,785.
Inet Assets or Expenses Revenue	b 8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 422,500 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	0. Beg	7b Prior Year 3,047,794. 15,103,306. 211,093. 138,074. 18,500,267. 0. 11,229,841. 0. 17,374,230. 1,126,037. jinning of Current Year 14,127,988.	Current Year 1,400,575. 15,529,460. 327,592. 320,940. 17,578,567. 0. 0. 10,421,627. 110,353. 6,265,485. 16,797,465. 781,102. End of Year 12,713,830.
The Assets or Expenses Revenue	b 8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 art II	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 422,500 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block	0. Beg	7b Prior Year 3,047,794. 15,103,306. 211,093. 138,074. 18,500,267. 0. 0. 11,229,841. 0. 6,144,389. 17,374,230. 1,126,037. jinning of Current Year 14,127,988. 8,473,616. 5,654,372.	Current Year 1,400,575. 15,529,460. 327,592. 320,940. 17,578,567. 0. 0. 10,421,627. 110,353. 6,265,485. 16,797,465. 781,102. End of Year 12,713,830. 7,494,785. 5,219,045.
Expenses Revenue Revenue	b 8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 art II er pena	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Grants and similar amounts paid (Part IX, column (A), lines 1·3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (A), line 25) Professional fundraising fees (Part IX, column (D), line 25) Cother expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block ties of perjury, I declare that I have examined this return, including accompanying schedules and	0. Beg	7b Prior Year 3,047,794. 15,103,306. 211,093. 138,074. 18,500,267. 0. 0.11,229,841. 0. 11,229,841. 0. 11,229,841. 0. 11,229,841. 0. 11,126,037. ginning of Current Year 14,127,988. 8,473,616. 5,654,372. nts, and to the best of my	Current Year 1,400,575. 15,529,460. 327,592. 320,940. 17,578,567. 0. 0. 10,421,627. 110,353. 6,265,485. 16,797,465. 781,102. End of Year 12,713,830. 7,494,785. 5,219,045.
Expenses Revenue Revenue	b 8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 art II er pena	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 422,500 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block	0. Beg	7b Prior Year 3,047,794. 15,103,306. 211,093. 138,074. 18,500,267. 0. 0.11,229,841. 0. 11,229,841. 0. 11,229,841. 0. 11,229,841. 0. 11,126,037. ginning of Current Year 14,127,988. 8,473,616. 5,654,372. nts, and to the best of my	Current Year 1,400,575. 15,529,460. 327,592. 320,940. 17,578,567. 0. 0. 10,421,627. 110,353. 6,265,485. 16,797,465. 781,102. End of Year 12,713,830. 7,494,785. 5,219,045.

Sign	Signature of officer		Dat	е		
Here	AMBER RIVAS, PRESIDENT AND CEO					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	KATY BROWN	ATY BROWN	04/28/23	if self-employed	₽00650274	
Preparer	Firm's name 🕒 ARMANINO LLP		Firn	n's EIN 🕨 🧐	4-6214841	
Use Only	Firm's address ▶ 12657 ALCOSTA BLVD, STE.	500				
	SAN RAMON, CA 94583-4600		Pho	one no.925–79	0-2600	
May the I	RS discuss this return with the preparer shown abov	e? See instructions			X Yes	No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notice	e, see the separate instructions.			Form 990	(2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) HAMBURGER HOME	95-1693616	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: AVIVA BELIEVES EVERY CHILD AND EVERY FAMILY IN OUR LOS ANGELES		
	COMMUNITY DESERVES THE CHANCE FOR A BRIGHTER FUTURE. WE PROVIDE		
	COMPASSIONATE SUPPORT, THERAPEUTIC SERVICES AND GUIDANCE TO AT-RISK		
	CHILDREN AND FAMILIES.		
2	Did the organization undertake any significant program services during the year which were not listed or		
	prior Form 990 or 990-EZ?	L	Yes X No
~	If "Yes," describe these new services on Schedule O.		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program set		Yes A NO
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program servi	ces as measured by exp	enses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$5,850,595. including grants of \$) (Revenue \$	5,506,096.)
	CRISIS AND INTERVENTION (C&I):	, (noronao ¢	/
	A MULTIDISCIPLINARY APPROACH TO FAMILY SERVICES, C&I INCLUDES PROGRAMS		
	FOR THE WHOLE FAMILY AS WELL AS INDIVIDUALIZED TREATMENTS FOR		
	CHILDREN/YOUTH CLIENT BASED ON LEVEL OF CARE THEY NEED. OFTEN THE CHILD		
	OF A FAMILY MAY BE FACING REMOVAL FROM THEIR HOME. THE GOAL OF C&I IS		
	TO KEEP FAMILIES TOGETHER WHOEVER POSSIBLE BY PROVIDING APPROPRIATE		
	CARE AND SUPPORT. MANY INCLUDE 24/7 CRISIS RESPONSE. PROGRAM INCLUDES:		
	- WRAP AROUND: FAMILY CENTERED, STRENGTH-BASED INTENSIVE SERVICES		
	- FULL-SERVICE PARTNERSHIP (FSP) INTENSIVE STRENGTH-BASED SERVICES		
	(CONTINUE ON SCHEDULE O)		
4b	(Code:) (Expenses \$ 4,239,663. including grants of \$) (Revenue \$	3,480,674.)
	MENTAL HEALTH SERVICES (MHS)		
	DESIGNED TO SERVE CHILDREN AND FAMILIES THROUGH THERAPEUTIC MENTAL HEALTH TREATMENT. THIS SERVICE AREA INCORPORATES A VARIETY OF PROGRAMS		
	THAT PROVIDE SAFE SPACES, TRAINED THERAPISTS, AND EVIDENCE-BASED		
	PRACTICES IN AREAS OF CHILD ABUSE PREVENTION AND INTERVENTION AND		
	TREATMENT, JUVENILE JUSTICE PROGRAM AND OUTPATIENT MENTAL HEALTH		
	SERVICES.		
	MHS SERVED 705 CLIENTS IN FY21-22.		
4c	(Code:) (Expenses \$2, 298, 731. including grants of \$) (Revenue \$	5,526,810.)
	FOSTER AND ADOPTION SERVICES (F&A)		
	FOSTER AND ADOPTION SERVICES PROGRAMS INCLUDE:		
	- RELATIVE SUPPORT SERVICES (RSS): ASSISTS RELATIVE CAREGIVERS AND		
	NON-RELATIVE EXTENDED FAMILY MEMBERS (NREFM) WITH NECESSITIES TO		
	FACILITATE AND HELP SUSTAIN PLACEMENT OF YOUTH IN THEIR HOMES.		
	- RELATIVE HOME ASSESSMENT SERVICES (RHAS): ASSISTS THE COUNTY IN THE		
	APPROVAL PROCESS OF RELATIVE CAREGIVERS AND NREFM FOR YOUTH WHO		
	OTHERWISE WOULD BE PLACED IN FOSTER HOMES.		
	- THERAPEUTIC BEHAVIORAL SERVICES (TBS): AN INTENSIVE, INDIVIDUALIZED		
	ONE-TO-ONE BEHAVIORAL MENTAL HEALTH SERVICES AVAILABLE TO CHILDREN AND YOUTH (CONTINUE ON SCHEDULE O)		
4-1			
4d	Other program services (Describe on Schedule O.)	1 015 880 \	
40	(Expenses \$ 1,278,491. including grants of \$) (Revenue \$ Total program service expenses ► 13,667,480.	1,015,880.)	
-+6	Total program service expenses 13,667,480.		Form 990 (2021)
132003	SEE SCHEDULE O FOR CONTINUATION(S)	I	
	3		

Form	990 (2021) HAMBURGER HOME 95-16936	516	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B. Schedule of Contributors? See instructions	2	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			
Ŭ	similar amounts as defined in Rev. Proc. 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	–		
0		6		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	0		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
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			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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,			
	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
Ь	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
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
				<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.44		x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	<u>12a</u>	х	<u> </u>
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			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
19		40		x
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		├──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
132003	3 12-09-21	Form	990	(2021)

Form	1990 (2021) HAMBURGER HOME 95-16	93616	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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		Х
b	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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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% controlle	d		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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		X
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)?	<u>35a</u>		Х
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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	?		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Do	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
Fal				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Var	
1	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	27	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	x	
13200/	4 12-09-21			(2021)
	_			()/

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	n 990 (2021) HAMBURGER HOME	95-1693610	6	P	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		r		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	178			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	F	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	r, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA	4R).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizatio	n solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided	I to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		Х
d	I If "Yes," indicate the number of Forms 8282 filed during the year				
е			7e		Х
f			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as r	required? [7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a For	rm 1098-C? [7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
		Γ	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
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	Gross income from members or shareholders				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	[13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
с	Enter the amount of reserves on hand				
			14a		Х
			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		х
	If "Yes," complete Form 4720, Schedule O.	····· [
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.	····· [
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					. /

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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 Section A. Governing Body and Management Yes 1a 1a If there are material differences in voting rights among members of the governing body, or if the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 1a	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 Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year	13 12 2 2 3 4 5 6	Yes	[
Check If Schedule 0 contains a response or note to any line in This Pat VI Section A. Governing Body and Management 13 13 1a Enter the number of voling members of the governing body at the end of the tax year 14 13 1b Enter the number of voling members of the governing body at the end of the tax year 14 13 1b Inter the number of voling members included on the 1a, above, who are independent 12 2 2 Did any officer, director, tustee, or key employees to its agoverning body are independent 14 12 2 Did the organization balegate control over management dutes customarily performed by or under the direct supervision of the organization have members or stockholders? 5 5 Did the organization balegate control over management dutes customarily performed by or under the direct supervision of the organization have members or stockholders? 7 6 Did the organization have members or stockholders? 7 7 7 Did the organization have members or stockholders? 7 7 8 Did the organization have members of the governing body? 7 7 8 Did the organization have members of the governing body? 7 8 8	Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year	13 12 2 2 3 4 5 6	Yes	
Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 1a	Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year	13 12 2 2 3 4 5 6	Yes	
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The are matrixed afferences in voting rights among members of the governing body, or if the governing body displated bread anthonly to an exceedure committee or plant on series dependent. 11 20 diary officer, director, trustee, or key employees to an anagement duries customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management duries customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duries outcomany or other person? 2 Did the organization have aware during the year of a significant diversion of the organization have members or the organization have members, stockholdors? Did the organization have members, stockholdors? 7a Did the organization have members, stockholdors? 7a Did the organization have members, stockholdors? 7a 1b the organization have breal haphare thar members and addres	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 0. Image: Committee of Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent	12 2 3 4 5 6		
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20 State the name, address, and telephone number of the person who possesses the organization's books and records USHA MURTHY - 323-876-0550 7120 FRANKLIN AVE, LOS ANGELES, CA 90046 32006 12-09-21		y, and finand	cial	
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Form 990 (2	021) HAMBURGER HOME	95-1693616	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highe	st Compensated	
·	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	e this table for all persons required to be listed. Report compensation for the calendar year e	nding with or within the organization'	s tax year.
 List al 	of the organization's current officers, directors, trustees (whether individuals or organization	ns), regardless of amount of compens	sation.

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos) than d		Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an I	id a d	irecto	r/trus I	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		n ploye	t com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) REGINA BETTE	40.00	_	_							
PRESIDENT/CEO (THROUGH 4/22)		х		х				219,285.	0.	27,019.
(2) USHA MURTHY	40.00									
CFO					Х			160,159.	0.	22,670.
(3) ANGELA MILLER	40.00									
COO/INTERIM CEO					Х			164,917.	0.	16,600.
(4) JEFFREY JAMERSON	40.00									
VP PROGRAMS SERVICES						x		141,823.	0.	14,764.
(5) JAIME PISCIONE	40.00									
AVP CRISIS INTERVENTION PR						X		118,731.	0.	18,617.
(6) KIM PETERSON	40.00									
VP CHANGE MANAGEMENT						X		122,864.	0.	13,765.
(7) GARY GUPPY	40.00									
IT DIRECTOR						X		115,311.	0.	13,625.
(8) PAMELA SUE ALLEN	40.00									
CLINIC DIRECTOR (THROUGH11/21)						X		118,465.	0.	6,374.
(9) JONATHAN WERNER	5.00									
CHAIR OF BOARD		Х		Х				0.	0.	0.
(10) DANETTE MYERS	4.00									
VICE CHAIR		Х		Х				0.	0.	0.
(11) NICOLE SWAIN	3.00									
TREASURER		Х		Х				٥.	0.	0.
(12) CANDACE FOY SMITH	3.00									
SECRETARY		Х		х				0.	0.	0.
(13) BRUCE ANDELSON	3.00									
DIRECTOR		Х						0.	0.	0.
(14) MARK CAFFEE	1.00									
DIRECTOR		Х						٥.	0.	0.
(15) GENEVIEVE HAINES	1.00									
DIRECTOR		Х						٥.	0.	٥.
(16) LESLIE KAVANAUGH	1.00									
DIRECTOR		х						0.	0.	0.
(17) LOLA LEVOY	1.00									
DIRECTOR		х						0.	0.	0.
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Form 990 (2021) HAMBURGER HOM	1E								95-16	9361	6	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average			Pos				Reportable	Reportable		F۶	stimate	ed.
	hours per					than o s both		compensation	compensatio	n		nount	
	week					or/trus		from	from related			other	
	(list any	tor						the	organizations		com	pensa	tion
	hours for	direc				5		organization	(W-2/1099-MIS	I		om th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
	organizations	ndividual trustee or director	Institutional trustee		yee	mpe		1099-NEC)	,		an	d relat	ed
	below	idual	ution	5	mplo	est cc oyee	er	,			orga	anizati	ons
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former						
(18) HEIDI JO MARKEL	1.00												
DIRECTOR		х						0.		٥.			Ο.
(19) SUSAN ROTHENBERG	1.00												
DIRECTOR		x						0.		0.			٥.
(20) YVETTE VERASTEGUI	1.00							·.					
	1.00												•
DIRECTOR		х						0.		0.			٥.
										-+			
			-										
1b Subtotal								1,161,555.		٥.		133,	434.
c Total from continuation sheets to Part VI	I, Section A							0.		٥.			0.
d Total (add lines 1b and 1c)								1,161,555.		٥.		133,	434.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	,			
compensation from the organization						·		· ,	•				10
												Yes	No
3 Did the organization list any former officer,	director trust	ا مم		mn	امريما	<u> </u>	hia	hest compensated emp	lovee on	[
	-		•	•			Ŭ				3		х
line 1a? If "Yes," complete Schedule J for si											3		
4 For any individual listed on line 1a, is the su												v	
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	e J f	or si	ich i	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	hat received more than \$	100,000 of comp	ensat	ion fro	om	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(0	C)	
Name and business	address							Description of s	ervices	С	ompe	nsatio	n
WOLFIE PRODUCTIONS, LLC / BILLY HARR	IS												
2737 RINCONIA DR, LOS ANGELES, CA 900								EVENT PRODUCTION				110,	353.
ELIZABETH CUNNINGHAM												/	
	16							CLIENT SERVICES				106	560
1311 MCALPINE AVE, NASHVILLE, TN 3723	10						-	CLIENT SERVICES				106,	560.
2 Total number of independent contractors (ir	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	•					2							
,,,,,,	F										Form	990 (2	2021)
											2)

	t VII	AMB Statement of Re	venu	le						6 Pag
		Check if Schedule O	<u>con</u> ta	ins <u>a re</u> spo	o <u>ns</u> e	or note to any line	e in this Part VIII			<u></u> . [
							(A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue excluc from tax unde sections 512 - 5
Ś	1 a	Federated campaigns		1a						
iun		Membership dues								
ľ		Fundraising events								
ar A		Related organizations								
m		Government grants (contr				235,992.				
Š	f	All other contributions, gifts,	grants	s, and						
and Other Similar Amounts		similar amounts not included	d above	e 1f		1,164,583.				
0 0	g	Noncash contributions included in	lines 1a	i-1f 1g	\$	132,679.				
an	h	Total. Add lines 1a-1f					1,400,575.			
						Business Code				
	2 a	GOVERNMENT CONTRACT	rs			900099	14,513,580.	14,513,580.		
ər	b	CONTRACT REVENUE				900099	1,015,880.	1,015,880.		
/ent	c									
Revenue	d									
	e	All - 11								
		All other program service					15,529,460.			
+	<u>y</u> 3	Total. Add lines 2a-2f Investment income (include					10,010,100.			
	5	other similar amounts)	•			· .	159,110.			159,1
	4	Income from investment of								
	5	Royalties			•					
	-			(i) Rea		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss	s)							
	7 a	Gross amount from sales of		(i) Securit	ties	(ii) Other				
		assets other than inventory	7a	489,9	914.					
	b	Less: cost or other basis								
		and sales expenses	7b	321,4	132.					
	С	Gain or (loss)	7c	168,4	182.					
		Net gain or (loss)				▶	168,482.			168,48
	8 a	Gross income from fundraisi								
		including \$								
		contributions reported on		-		224 242				
		Part IV, line 18			8a					
		Less: direct expenses			8b	173,240.	61,002.			61,00
		Net income or (loss) from					01,002.			01,01
	9 a	Gross income from gamin Part IV, line 19			9a					
	h	Less: direct expenses			9b					
		Net income or (loss) from								
		Gross sales of inventory,			<u> </u>					
		and allowances			10a					
	b	Less: cost of goods sold								
		Net income or (loss) from								
Ì						Business Code				
Revenue	11 a	OTHER REVENUE				900099	259,938.			259,93
ŝnue	b									
eve	с									
ř	d	All other revenue								
		Total. Add lines 11a-11d					259,938.			
	12	Total revenue. See instruction	one				17,578,567.	15,529,460.	0.	648,53

HAMBURGER HOME

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

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<u>e or note to any line in t</u> (A) Total expenses	his Part IX (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				
3	Grants and other assistance to foreign				
Ū	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	567,924.	458,882.	90,299.	18,743
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	6,992,967.	5,786,152.	1,040,393.	166,422.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	610,730.	504,442.	91,331.	14,957.
9	Other employee benefits	1,615,113.	1,128,122.	457,939.	29,052.
10	Payroll taxes	634,893.	524,704.	94,904.	15,285.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	45,187.		45,187.	
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17	110,353.			110,353.
f	Investment management fees	44,965.		44,965.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	515,451.	389,584.	125,867.	
12	Advertising and promotion	69,253.	18,243.	51,010.	
13	Office expenses	199,283.	98,223.	101,060.	0.544
14	Information technology	466,744.	325,915.	138,088.	2,741.
15	Royalties	1 200 070	1 010 001	00.270	10 500
16		1,308,978.	1,218,001.	80,378.	10,599.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	51,270.	35,685.	13,822.	1,763.
19 00	Conferences, conventions, and meetings	133,266.	74,611.	49,361.	9,294.
20	Interest	155,200.	/=,011.	49,301.	5,254,
21 22	Payments to affiliates Depreciation, depletion, and amortization	845,510.	810,797.	16,958.	17,755.
22 23		245,690.	104,055.	134,108.	7,527.
23 24	Other expenses. Itemize expenses not covered	2.25,050.			,,527
27	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.)	1,276,630.	1,272,099.		4,531.
a b	EQUIPMENT RENTAL/REPAIR	355,822.	291,724.	54,947.	9,151
с С	FOOD	218,725.	218,725.	,	-,
d	CLIENT CARE	144,059.	140,988.	175.	2,896.
e	All other expenses	344,652.	266,528.	76,693.	1,431.
25	Total functional expenses. Add lines 1 through 24e	16,797,465.	13,667,480.	2,707,485.	422,500.
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				
-					

132010 12-09-21

Form 990 (2021)

HAMBURGER HOME

95-1693616 Page **11**

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	. 507,637.	1	415,155.
2	Savings and temporary cash investments		2	975,988.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	1,680,745.
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ø 7	Notes and loans receivable, net		7	
Assets	Inventories for sale or use		8	
Å 9	Prepaid expenses and deferred charges	333 808	9	610,336.
	a Land, buildings, and equipment: cost or other			· · · · · ·
	basis. Complete Part VI of Schedule D 10a15,665,77	0.		
	b Less: accumulated depreciation 10b 12,391,33	9. 4,062,244.	10c	3,274,431.
11	Investments - publicly traded securities		11	5,524,344.
12	Investments - other securities. See Part IV, line 11		12	, ,
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	232,831.
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	12,713,830.
17	Accounts payable and accrued expenses		17	926,111.
18	Grants payable		18	,
19	Deferred revenue		19	129,846.
20	Tax-exempt bond liabilities		20	,
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
00	Loans and other payables to any current or former officer, director,			
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
pili	controlled entity or family member of any of these persons		22	
23 E	Secured mortgages and notes payable to unrelated third parties	2 704 417	23	3,589,338.
24	Unsecured notes and loans payable to unrelated third parties		24	, , ,
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
		2,472,751.	25	2,849,490.
26	Total liabilities. Add lines 17 through 25	8,473,616.	26	7,494,785.
	Organizations that follow FASB ASC 958, check here 🕨 🗓	. , ,		, ,
es	and complete lines 27, 28, 32, and 33.			
0 8 27	Net assets without donor restrictions	5,645,820.	27	4,828,529.
	Net assets with donor restrictions		28	390,516.
E E	Organizations that do not follow FASB ASC 958, check here	· · · · · · · · · · · · · · · · · · ·		,
л.	and complete lines 29 through 33.			
ਨ 29	Capital stock or trust principal, or current funds		29	
5 120 Sec.	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSA 31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances 86 10 10 10 10 10 10 10 10 10 10 10 10 10	Total net assets or fund balances		32	5,219,045.
Z 33	Total liabilities and net assets/fund balances	14,127,988.	33	12,713,830.
		, , , , ,		Form 990 (2021)

Form	n 990 (2021) HAMBURGER HOME	95-169361	5	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				J
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,	578,	567.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,	797,	465.
3	Revenue less expenses. Subtract line 2 from line 1	3		781,	102.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,	654,	372.
5	Net unrealized gains (losses) on investments	5	-1,	216,	429.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,	219,	045.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X X
		r		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	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	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	r	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	r	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	

Form **990** (2021)

(Form 990)

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.

I	OMB No. 1545-0047
	2021
	Open to Public Inspection

Department of the Treasury Internal Revenue Service				 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 					Open to Public Inspection		
Nan	ne of t	the organizati							Employer	identification number	
			HAMBUR	GER HOME						95-1693616	
Pa	rt I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.		
The	organ	ization is not a	a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)				
1		A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1)(A)(i).			
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	ו 990).)					
3		A hospital or	a cooperative	hospital service org	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and stat	e:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
				Complete Part II.)							
6			-	-	nental unit described in						
7	X				ntial part of its support fi	om a gove	ernmental	unit or from th	ne general p	bublic described in	
•				omplete Part II.)	(1)(A)(ui) (Complete Der						
8 9	H	-			(1)(A)(vi). (Complete Par in section 170(b)(1)(A)(-	od in coniu	unction with a	land grant	collogo	
3					ulture (see instructions).						
		university:		grant conege of agric			name, ony	, and state of	the conege		
10			ion that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from	
		-		•	t to certain exceptions; a				-	•	
					(less section 511 tax) fro						
		See section	509(a)(2). (Cor	mplete Part III.)							
11		An organizati	ion organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).			
12		An organizati	ion organized a	and operated exclus	ively for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or	
		more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on	
		lines 12a thro	ough 12d that	describes the type c	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.		
а				-	upervised, or controlled	• • • •	-				
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting	
		¬ -		complete Part IV, Se							
b				-	l or controlled in connect			-		-	
			-	it complete Part IV,	anization vested in the sa	ame perso	ns that col	ntrol or mana	ge the supp	οστεα	
с		¬ -		-	g organization operated	in connoct	tion with a	and functions	lly intograto	d with	
U			-		b). You must complete I				ily integrate	a wiai,	
d		7			porting organization oper				ted organiz	ration(s)	
			-		zation generally must sat				-		
				• •	nplete Part IV, Sections	-					
е		-			written determination fro				II, Type III		
		functionally	/ integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.				
f	Ente	er the number	of supported c	organizations							
g				n about the supporte		(iv) Is the orac	anization listed				
	(i) Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ii	-	(vi) Amount of other support (see instructions)	
		organization	•		above (see instructions))	Yes	No				
Tota	al										

Schedule A	(Form	990	202
		000	1202

Part II

HAMBURGER HOME

95-1693616

Page **2**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 **(a)** 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 16,247,742 16,930,035. 17,626,457. 8,474,970 18,151,100. 77,430,304. 2 Tax revenues levied for the organization'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 17,626,457. 8,474,970, 16,247,742, 18,151,100, 16,930,035, 77,430,304. 4 Total. Add lines 1 through 3 The portion of total contributions 5 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) 77,430,304. 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(e) 2</u>021 (c) 2019 Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (d) 2020 (f) Total 17,626,457. 8,474,970. 16,247,742. 18,151,100. 16,930,035. 77,430,304. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 66,054 138,609. 145,153 140,639 159,110. 649,565. and income from similar sources 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.) 58,492. 3,589 23,147 147,946. 494,180. 727,354. 78,807,223. **11 Total support.** Add lines 7 through 10 847,826. 12 **12** Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 98.25 14 % 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2020 Schedule A, Part II, line 14 98.87 15 % 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

132022 01-04-22

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 disgualified 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b 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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
check this box and stop here						
Section C. Computation of Publ	c Support Per	centage				
15 Public support percentage for 2021 (ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20	021 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the	organization did r				33 1/3%, and I	ine 17 is not
more than 33 1/3%, check this box a						▶□
b 33 1/3% support tests - 2020. If the						3%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
132023 01-04-22		· · · ·				lule A (Form 990) 2021
		16	5			-

1

2

Yes No

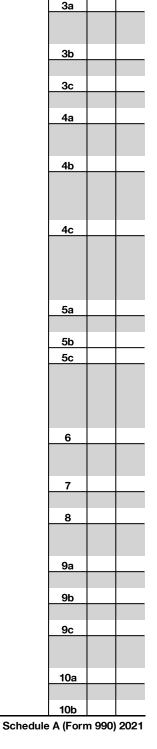
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

132024 01-04-21



T a	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
6 00	<i>detail in</i> Part VI. tion B. Type I Supporting Organizations	11c		
Sec	uon B. Type i Supporting Organizations		1	
			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)</i>			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	is).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructior	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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18 2021.05080 HAMBURGER HOME

 Schedule A (Form 990) 2021
 HAMBURGER
 HOME

 Part IV
 Supporting Organizations
 (continued)

	A (Form 990) 2021 HAMBURGER HOME			95-1693616 Pag
Part V				
1 _	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	
ection	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	t short-term capital gain	1		
2 Re	coveries of prior-year distributions	2		
3 Oth	her gross income (see instructions)	3		
4 Ad	ld lines 1 through 3.	4		
5 De	preciation and depletion	5		
6 Po	rtion of operating expenses paid or incurred for production or			
col	llection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
7 Oth	her expenses (see instructions)	7		
3 Ad	justed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Ag	gregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
a Av	erage monthly value of securities	1a		
b Av	erage monthly cash balances	1b		
c Fai	ir market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
e Dis	scount claimed for blockage or other factors			
(ex	plain in detail in Part VI):			
2 Ac	quisition indebtedness applicable to non-exempt-use assets	2		
3 Su	btract line 2 from line 1d.	3		
4 Ca	sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see	e instructions).	4		
5 Ne	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mu	Iltiply line 5 by 0.035.	6		
7 Re	coveries of prior-year distributions	7		
8 Mi	nimum Asset Amount (add line 7 to line 6)	8		
ection	C - Distributable Amount			Current Year
1 Ad	justed net income for prior year (from Section A, line 8, column A)	1		
2 Ent	ter 0.85 of line 1.	2		
3 Mir	nimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Ent	ter greater of line 2 or line 3.	4		
	come tax imposed in prior year	5		
	stributable Amount. Subtract line 5 from line 4, unless subject to			
	nergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

Sche	dule A (Form 990) 2021 HAMBURGER HOME				95-1693616	Page 7
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)		
Sect	on D - Distributions				Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro		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 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(ii) Underdistribution Pre-2021	IS	(iii) Distributa Amount for		
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
-						

Schedule A (Form 990) 2021

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 and 2; Part IV, Section C, 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 B, line 1e; 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 additional information. (See instructions.)

SCHEDULE A, PART II, LINE 1

THE ORGANIZATION'S GOVERNMENT CONTRACT SERVICES BENEFIT THE PUBLIC AS

DESCRIBED IN REGULATIONS SECTION 1.170A-9(F)(8). THEREFORE THE AMOUNTS

REPORTED AS PROGRAM SERVICE REVENUE FROM GOVERNMENT CONTRACTS ON FORM

990, PART VIII ARE REPORTED ON SCHEDULE A, PART II, LINE 1 AS GRANTS.

Schedule A (Form 990) 2021

132028 01-04-22

SCHEDULE [)
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Department of the Treasury

Internal Revenue Service

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



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

Name	ot	the	organ	nzatio

Name	of the organization				identification	n number
_	HAMBURGER HOME				95-1693616	
Par			or Acc	ounts.	Complete if th	е
	organization answered "Yes" on Form 990, Part IV, li		(6)	Lundo on	d athar again	nto
		(a) Donor advised funds	(a)	Funds an	d other accou	nts
	Total number at end of year					
	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	-				
~	are the organization's property, subject to the organization's				Yes	└── No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of			•	Yes	
Par		rganization answered "Ves" on Form 990 Pa			res	No No
	Purpose(s) of conservation easements held by the organizat		art iv, iii			
1	Preservation of land for public use (for example, recreation)		histori	aallu imna	rtant land area	
	Protection of natural habitat	ation or education) Preservation of a		•		
	Preservation of open space		Certine		Siluciule	
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of	- 2 CODS	envation of	asoment on th	o last
2	day of the tax year.				at the End of the	
а			- E	2a		
b			····· Γ	2b		
c	Number of conservation easements on a certified historic str		····· ⊢	2c		
	Number of conservation easements included in (c) acquired					
-	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, re		····· L		o the tax	
	year 🕨	, 3	5			
4	Number of states where property subject to conservation ea	asement is located				
	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements i				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,				s during the ye	ar
	▶					
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservatio	on ease	ments duri	ing the year	
	►\$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?				Yes	No No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense st	tatemer	nt and		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statemen	its that	describes	the	
D - 1	organization's accounting for conservation easements.					
Par			er Sin	nilar Ass	sets.	
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.				
1 a	If the organization elected, as permitted under FASB ASC 98					
	of art, historical treasures, or other similar assets held for pu			e of public		
	service, provide in Part XIII the text of the footnote to its fina					
b	If the organization elected, as permitted under FASB ASC 98					
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthe	rance o	of public se	ervice,	
	provide the following amounts relating to these items:			•		
	(i) Revenue included on Form 990, Part VIII, line 1			► <u>\$</u>		
~						
	If the organization received or held works of art, historical tre		gain, pro	ovide		
	the following amounts required to be reported under FASB A	-				
а	Revenue included on Form 990, Part VIII, line 1			▶ \$		

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b Assets included in Form 990, Part X

26 2021.05080 HAMBURGER HOME Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 HAMBURGER I						95-169		<u> </u>	_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures, o	r Other	⁻ Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of	the following that	t make si	gnificant ι	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	I 🗌 Loan o	r exchange progr	am					
b	Scholarly research	e	e 🗌 Other_							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they furth	ner the organization	on's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical	treasures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organ	zation answered	"Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi							-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					A		
								Amoun	t	
C.	Beginning balance									
d	Additions during the year									
e	Distributions during the year									
f	Ending balance							Yes		
	Did the organization include an amount on F					LY ?	∟			_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete					0	<u></u>	<u></u>		<u> </u>
		(a) Current year	(b) Prior yea				ears back	(e) Fou	r vears	back
1a	Beginning of year balance	(u) our one your			aro suor	(4) 11100)		(0) 1 00	youro	buon
ia b										
0	Contributions									
с А										
d e	Grants or scholarships Other expenditures for facilities									
C										
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1a, colur	nn (a)) held as:						
- a	Board designated or quasi-endowment	•	%							
b	Permanent endowment									
c		%								
•	The percentages on lines 2a, 2b, and 2c sho	- · -								
3a	Are there endowment funds not in the posse		ation that are he	eld and administe	red for th	e organiza	ation			
	by:	5				5			Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.							
Par	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 1	1a. See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr	• • •	Cost or other asis (other)		ccumulate preciation	ed	(d) Boo	k value	е
1a	Land			1,090,084.				1	,090,	084.
b	Buildings			10,345,258.		8,271,	838.	2	,073,	420.
с	Leasehold improvements			68,876.		68,	876.			٥.
d	Equipment			1,904,967.		1,904,	967.			٥.
e	Other			2,256,585.		2,145,	658.		110,	927.
	Add lines 1a through 1e. (Column (d) must e		X. column (B). I	ine 10c.)	<u></u>	<u></u>		3	,274,	431.
				· · ·		-				

Schedule D (Form 990) 2021

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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 1	2.) ►		
Part VIII Investments - Program Relate			
Complete if the organization answered	"Yes" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-y	ear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 1	3.) 🕨		
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(4)			
(1)			
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8) (9)	(B) line 15.)		
(2) (3) (4) (5) (6) (7) (8)	(B) line 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities.		11e or 11f. See Form 990, Part X, line 25.	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered 1. (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.	••
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered 1. (a) Description of liability (1) Federal income taxes (2) MENTAL HEALTH CONTRACT RESERVE		11e or 11f. See Form 990, Part X, line 25.	1,014,280.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered (1) Federal income taxes (2) MENTAL HEALTH CONTRACT RESERVE (3) CAPITAL LEASE PAYABLE		11e or 11f. See Form 990, Part X, line 25.	1,014,280. 71,413.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered (1) Federal income taxes (2) MENTAL HEALTH CONTRACT RESERVE (3) CAPITAL LEASE PAYABLE (4) FORGIVABLE CONSTRUCTION LOAN		11e or 11f. See Form 990, Part X, line 25.	1,014,280. 71,413. 1,750,354.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered (1) Federal income taxes (2) MENTAL HEALTH CONTRACT RESERVE (3) CAPITAL LEASE PAYABLE		11e or 11f. See Form 990, Part X, line 25.	1,014,280. 71,413.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered (1) Federal income taxes (2) MENTAL HEALTH CONTRACT RESERVE (3) CAPITAL LEASE PAYABLE (4) FORGIVABLE CONSTRUCTION LOAN		11e or 11f. See Form 990, Part X, line 25.	1,014,280. 71,413. 1,750,354.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered 1. (a) Description of liability (1) Federal income taxes (2) MENTAL HEALTH CONTRACT RESERVE (3) CAPITAL LEASE PAYABLE (4) FORGIVABLE CONSTRUCTION LOAN (5) DEFERRED COMPENSATION		11e or 11f. See Form 990, Part X, line 25.	1,014,280. 71,413. 1,750,354.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered 1. (a) Description of liability (1) Federal income taxes (2) MENTAL HEALTH CONTRACT RESERVE (3) CAPITAL LEASE PAYABLE (4) FORGIVABLE CONSTRUCTION LOAN (5) DEFERRED COMPENSATION (6)		11e or 11f. See Form 990, Part X, line 25.	1,014,280. 71,413. 1,750,354.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered 1. (a) Description of liability (1) Federal income taxes (2) MENTAL HEALTH CONTRACT RESERVE (3) CAPITAL HEALTH CONTRACT RESERVE (3) CAPITAL LEASE PAYABLE (4) FORGIVABLE CONSTRUCTION LOAN (5) DEFERRED COMPENSATION (6) (7)		11e or 11f. See Form 990, Part X, line 25.	1,014,280. 71,413. 1,750,354.

Schedule D (Form 990) 2021

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HAMBURGER HOME Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

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

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

Sche	dule D (Form 990) 2021 HAMBURGER HOME			95-169361	6 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	16,317,173.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,216,429.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е				2e	-1,216,429.
3	Subtract line 2e from line 1			3	17,533,602.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	44,965.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	44,965.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	17,578,567.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			· · · · · ·	
1	Total expenses and losses per audited financial statements			1	16,752,500.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	16,752,500.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	44,965.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	44,965.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	16,797,465.
Pa	rt XIII Supplemental Information.				

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

132054 10-28-21

SCHEDULE G	CHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities					ities	OMB No. 1545-0047		
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2021	
Department of the Treasury		Attach to Form 990	•		-			Open to Public	
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of the organization Employer identification number HAMBURGER HOME 95-1693616									
	complete this par	 Complete if the organization answer 	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not	
 Indicate whether the a X Mail solicitat b X Internet and c X Phone solicitat d X In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, F	sed funds through any of the followin $e \boxed{X}$ Solicita	tion of tion of fundra (incluc rofessi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye		
compensated at le	ast \$5,000 by the	organization.							
(i) Name and address or entity (func		(ii) Activity	have c	trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
WOLFIE PRODUCTIONS			Yes	No	-				
BILLY HARRIS - 273	7 RINCONIA	EVENT PRODUCTION		x	202,370.		110,353	. 92,017.	
Total 3 List all states in whi	ch the organizatio	on is registered or licensed to solicit o	contrib	▶ utions	202,370. or has been notified	it is e	110 , 353 , exempt from re		
or licensing.	Ū						•	5	
CA									
•	eduction Act Not	ice, see the Instructions for Form §	990 or	990-E	Z.		Schedul	e G (Form 990) 2021	
132081 10-21-21	INT IV FOR CO								

HAMBURGER HOME

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

			(a) Event #1	(b) Event #2 AVIVAWALKS!	(c) Other events NONE	(d) Total events
			SIGNATURE EVENT	/PLATINUM ASSOCIAT		(add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	202,370.	31,872.		234,242.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	202,370.	31,872.		234,242.
	4	Cash prizes				
	5	Noncash prizes	1,239.			1,239.
Direct Expenses	6	Rent/facility costs	11,690.			11,690.
rect Ex	7	Food and beverages				
ē	8	Entertainment	23,095.			23,095.
	9	Other direct expenses	135,207.			137,216.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		>	173,240.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			61,002.
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
Pe		. ,	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add

Revenue	_	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1 Gross revenue				
s	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direct E	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes % No	└── Yes % └── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through 5	5 in column (d)		►	
	8 Net gaming income summary. Subtract line 7 fi	rom line 1, column (d)			
	Enter the state(s) in which the organization conduct I is the organization licensed to conduct gaming action If "No," explain:	ivities in each of these s	states?		Yes No
	Were any of the organization's gaming licenses rev	• •	•	/ear?	Yes No
_					

132082 10-21-21

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	HAMBURGER HOME		95-16	593610	5	Page 3
11	Does the organization conduct ga	ming activities with nonm	nembers?			Yes	No No
			st, or a member of a partnership or other entity formed				
	to administer charitable gaming?					Yes	🗌 No
13	Indicate the percentage of gaming						
					13a		%
					13b		%
			ne organization's gaming/special events books and record				
			······································				
	Name						
	Address 🕨						
15a	Does the organization have a cont	tract with a third party fro	om whom the organization receives gaming revenue?		<u> </u>	Yes	No No
b	If "Yes," enter the amount of gam	ing revenue received by t	the organization 🕨 💲 and the amo	unt			
	of gaming revenue retained by the						
с	If "Yes," enter name and address						
	Name 🕨						
	Address 🕨						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	▶ \$	_				
	Description of some issue must ideal						
	Description of services provided	·					
	Director/officer	Employee	Independent contractor				
17	Mandatory distributions:						
a	Is the organization required under	state law to make charit	able distributions from the gaming proceeds to				
	retain the state gaming license?					Yes	No No
b	Enter the amount of distributions	required under state law [.]	to be distributed to other exempt organizations or spent ir	ו the			
	organization's own exempt activiti						
Pa	rt IV Supplemental Infor	mation. Provide the ex	planations required by Part I, line 2b, columns (iii) and (v);	and Part	: III, line	es 9, 9	∂b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide	any additional information. See instructions.				
cou		ITCM OF MEN HICHES					
БСП	EDULE G, PART I, LINE 2B,	LISI OF IEN HIGHES	I FAID FUNDRAISERS:				
(I)	NAME OF FUNDRAISER: WOLFI	E PRODUCTIONS, LLC	2 / BILLY HARRIS				
(I)	ADDRESS OF FUNDRAISER: 27	37 RINCONIA DR, LO	OS ANGELES, CA 90068				
				<u> </u>			

132083 10-21-21

18040428 701245 125708.1

Continuea)	
	Schedule G (Form 99
2004 11 10 21	

132084 11-18-21

18040428 701245 125708.1

sc	HEDULE J	Compens	ation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	_	rs, Trustees, Key Employees, and Highest		20	71	
			pensated Employees		20		
Dena	tment of the Treasury		nswered "Yes" on Form 990, Part IV, line 23. tach to Form 990.		Open to		ic
	al Revenue Service		0 for instructions and the latest information.		Inspe		
Nan	e of the organization	1		Employer ide		on nui	mber
		HAMBURGER HOME		95-169	93616		
Ра	rt I Question	s Regarding Compensation					
_						Yes	No
1a			of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any rele					
	First-class or c		Housing allowance or residence for perso				
	Travel for com		Payments for business use of personal res				
		ation and gross-up payments	Health or social club dues or initiation fee				
	Discretionary s	spending account	Personal services (such as maid, chauffeu	ir, chet)			
ь.	If any of the here-	an line to ave abacked with the event in the					
a	-	· _	follow a written policy regarding payment or		41.		
0	•	rovision of all of the expenses described abo			. <u>1b</u>		
2			or allowing expenses incurred by all directors,		0		
	trustees, and onice	rs, including the CEO/Executive Director, rec	garding the items checked on line 1a?		. 2		
3	Indicate which if a	w, of the following the organization used to	establish the compensation of the organization's				
5			boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but exp	, ,	51110			
	Compensation	· ·	Written employment contract				
	·	ompensation consultant	Compensation survey or study				
	X Form 990 of o	•	X Approval by the board or compensation c	ommittee			
				Ommittee			
4	During the year did	any person listed on Form 990, Part VII, Se	ction A line 1a with respect to the filing				
	organization or a re		onorry, and ra, warroopeer to the hang				
а	•	e payment or change-of-control payment?			4a		x
b		eive payment from a supplemental nonquali					x
	•	eive payment from an equity-based compen	•				x
•	-	les 4a-c, list the persons and provide the app	-				
	·····,						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization:	s must complete lines 5-9.				
5			the organization pay or accrue any compensatio	n			
	contingent on the r						
а	-				5a		x
							X
		r 5b, describe in Part III.					
6			the organization pay or accrue any compensatio	n			
	contingent on the n						
а					6a		x
					6b		X
		r 6b, describe in Part III.					
7			the organization provide any nonfixed payments				
					7		X
8			ued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.49	958-4(a)(3)? If "Yes," describe in Part III		. 8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttable	presumption procedure described in				
					9		
LHA		eduction Act Notice, see the Instructions f			e J (Forn	n 990)	2021

132111 11-02-21

95-1693616

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

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.

(A) Name and Title		(B) Breakdown of W	<i>I-</i> 2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) REGINA BETTE	(i)	219,285.	0.	0.	18,917.	8,102.	246,304.	0.
PRESIDENT/CEO (THROUGH 4/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) USHA MURTHY	(i)	160,159.	0.	0.	14,277.	8,393.	182,829.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANGELA MILLER	(i)	164,917.	0.	0.	8,182.	8,418.	181,517.	0.
COO/INTERIM CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEFFREY JAMERSON	(i)	141,823.	0.	0.	7,034.	7,730.	156,587.	0.
VP PROGRAMS SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Schedule J (Form 990) 2021

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.

2021 Open to Public Inspection

Name of the organization

Attach to Form 550.
Go to www.irs.gov/Form990 for instructions and the latest information.

Employer	identification	number

HAMBURGER HOME

95-1693616

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	(d) Method of det noncash contribut			5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		129,082.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	18	3,598.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 (
29	Number of Forms 8283 received by the organization completed Form 82						0	
						١	/es	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?	31	x	
32a	Does the organization hire or use third parties contributions?		•			32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is cheo	ked.			
	describe in Part II.							
	For Denormark Deduction Act Nation and					-		

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

Schedule M (Form 990) 2021

132141 11-17-21

Schedule M (Form 990) 2021 HAMBURGER HOME	95-1693616	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a com this part for any additional information.	3, and whether the organiz abination of both. Also con	ation
SCHEDULE M, PART I, COLUMN (B):		
THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTORS AND NOT THE NUMBER OF		
ITEMS CONTRIBUTED.		
TIEMS CONTRIBUTED.		
132142 11-17-21	Schedule M (For	n 990) 2021

SCHEDULE O (Form 990)

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



95-1693616

HAMBURGER HOME

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

SERVICES.

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

- INTENSIVE FIELD-CAPABLE INTENSIVE SERVICES (IFCCS): INTENSIVE,

INDIVIDUALIZED SERVICES FOR CHILDREN/YOUTH WHO HAVE HAD MULTIPLE FOSTER

PLACEMENTS DUE TO BEHAVIORAL HEALTH NEEDS

- MULTI-DISCIPLINARY ASSESSMENT TEAM (MAT)

C&I SERVED 234 CLIENTS IN FY 21-22.

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

WITH SERIOUS EMOTIONAL CHALLENGES AND THEIR FAMILIES. CLIENTS ARE UNDER

21 YEARS OLD AND HAVE FULL SCOPE MEDICAL.

- ADOPTIONS: AVIVA PLACES CHILDREN IN PERMANENT, LOVING FAMILIES EVERY

YEAR AND ASSISTS FAMILIES THOUGHT ADOPTION PROCESS FROM START TO

FINALIZATION.

F&A SERVED 2,110 CLIENTS IN FY 21-22.

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

THE WALLIS HOUSE PROGRAM OPENED ITS DOORS IN OCTOBER 2019 AND HAS BEEN

ABLE TO HOUSE 57 WOMEN AND 70 CHILDREN THROUGH JUNE 2022. OUR RESIDENTS

ARE REFERRED TO US IN PARTNERSHIP WITH ANOTHER LOCAL NONPROFIT WHO

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

Schedule O (Form 990) 2021

Name of the organization HAMBURGER HOME	Employer identification number 95-1693616
WOULD OTHERWISE PUT THESE FAMILIES UP IN MOTELS. IN ADDITION TO A SAFE	
AND COMFORTABLE PLACE TO LIVE, THE PROGRAM PROVIDES 3 PREPARED MEALS A	
DAY, CLOTHING AND DAILY LIVING ITEMS AND A VARIETY OF ENRICHMENT	
CLASSES AND ACTIVITIES FOR THE RESIDENTS. HOLIDAY PARTIES FOR THE	
CLIENTS INCLUDED A PARTY IN DECEMBER 2021 WHERE THE CLIENTS AND	
CHILDREN WERE GIVEN HOLIDAY GIFTS AND A PARTY BY GENEROUS AVIVA DONORS.	
VIRTUAL CLASSES AND SEMINARS INCLUDE RESUME BUILDING, SELF-CARE AND	
BEAUTY, CREATIVE WRITING AND ANGER MANAGEMENT. RESIDENTS STAY AN	
AVERAGE OF 6.4 MONTHS AND 59% OF THOSE DISCHARGED HAVE SUCCESSFULLY	
MOVED TO PERMANENT SUPPORTIVE HOUSING.	
EXPENSES \$ 1,278,491. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,015,880.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS DISCUSSED AND REVIEWED BY THE PRESIDENT/CEO AND TREASURER PRIOR	
TO FILING. A PUBLIC DISCLOSURE COPY IS DISCUSSED AND REVIEWED BY THE	
FINANCE COMMITTEE OF THE BOARD PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED OFF BY ALL KEY STAFF	
AND BOARD ANNUALLY. IT IS PRESENTED AT THE BOARD MEETING BY THE CFO AND THE	
SIGNED COPIES ARE COLLECTED AND E-SAVED BY THE CEO'S OFFICES. THE POLICY	
REVIEWS ALL THE AREAS OF EXPOSURE AND DISCLOSURE SHOULD THERE BE A	
POTENTIAL APPEARANCE OF CONFLICTS. IT DOES INCLUDE A DEFINITION OF WHO THE	
POLICY COVERS, HOW THE CONFLICTS OR POTENTIAL CONFLICTS ARE REVIEWED, AND	
ITS IMPLICATIONS AS WELL.	
FORM 990, PART VI, SECTION B, LINE 15A:	
AS OF 06/30/22, THE ORGANIZATION HAD ONE EMPLOYEE AS OFFICER-THE	

18040428 701245 125708.1

Name of the organization HAMBURGER HOME	Employer identification number 95-1693616
PRESIDENT/CEO. THE PRESIDENT/CEO'S COMPENSATION AND PERFORMANCE ARE	
REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD ANNUALLY. COMPENSATION	
SURVEYS, COMPARATIVE DATA FROM INDEPENDENT SOURCES, PERFORMANCE BASED ON	
BOARD DIRECTED GOALS AND EXPERIENCE OF THE PERSON IN THE POSITION ARE	
CONSIDERED IN THE COMPENSATION EVALUATION.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE FINANCIAL STATEMENTS AND 990 ARE AVAILABLE ON REQUEST AND IS AVAILABLE	
ON THE GUIDESTAR WEBSITE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FINANCIAL STATEMENTS AND TAX RETURNS ARE AVAILABLE UPON REQUEST AND THE	
TAX RETURN IS AVAILABLE ON THE GUIDESTAR AND CHARITY NAVIGATOR WEBSITES.	
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

132212 11-11-21

Schedule O (Form 990) 2021