** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, and ending JUN 30, 2021 Open to Public Inspection

B	Check if applicabl	C Name of organization	D Employer identifica	ation number
	Addre	SE JHP, INC.		
H	chang Name	700 % IIII DD 700 THII		9
F	chang	e Doing business as JOBS HAVE PRIORITY Number and street (or P.O. box if mail is not delivered to street address) Room/su		
F	return Final	1526 DENNICYTVANTA AVENTE CE	202-544-9	096
	لـــreturn، termin ated		G Gross receipts \$	3,715,372.
Г	Amen		H(a) Is this a group retu	
F	Applic		for subordinates?	
	pendir	SAME AS C ABOVE	H(b) Are all subordinates incl	····· — —
$\overline{\Gamma}$	Гах-ех	empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or 501(c) ((insert no.) 4947(a)(1) or 501(c) ((insert no.) 4947(a)(1) or 501(c) ((insert no.) 501(c) ((insert	—	st. See instructions
		te: WWW.JOBSHAVEPRIORITY.ORG	H(c) Group exemption	
			ear of formation: 1988 M	
	art I	Summary		
Ф	1	Briefly describe the organization's mission or most significant activities: TO HELP 1	PEOPLE WHO ARE	HOMELESS
Governance		OR AT RISK OF BECOMING HOMELESS SEEK, OBTAIN	, AND RETAIN E	MPLOYMENT
ř	2	Check this box if the organization discontinued its operations or disposed of m	nore than 25% of its net ass	
NO.	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		12
es	1	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		71
Activities		Total number of volunteers (estimate if necessary)		150
Act		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.
			Prior Year	Current Year
ne	1	Contributions and grants (Part VIII, line 1h)	3,209,107.	3,698,532.
Revenue	1	Program service revenue (Part VIII, line 2g)	11,397.	10,895.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	5,100.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,220,782.	3,715,372.
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	562,671.	696,978.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0,0,0,00
	1	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,023,084.	2,081,993.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
pen	1	Total fundraising expenses (Part IX, column (D), line 25)		<u> </u>
Ĕ	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	437,030.	394,623.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,022,785.	3,173,594.
	1	Revenue less expenses. Subtract line 18 from line 12	197,997.	541,778.
or			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,031,836.	1,289,601.
ASS	21	Total liabilities (Part X, line 26)	654,502.	370,489.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	377,334.	919,112.
Pa	art II	Signature Block		
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of my l	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.	
		Observation of all the con-	Data	
Sig		Signature of officer	Date	
Her	е	LACY FOUNTAIN, JR., EXECUTIVE DIRECTOR Type or print name and title		
			Date Check	TI PTIN
Da!		Print/Type preparer's name MEENA BISHNOI Preparer's signature	10.22.2021 if	-
Paid			self-employed	P01480769 2-1853933
	parer Only	Firm's name JM&M Firm's address 1730 RHODE ISLAND AVE, N.W., SUITE		4-1000330
use	Only	Firm's address 1730 RHODE ISLAND AVE, N.W., SUITE WASHINGTON, DC 20036		-296-3306
N 4 -	, 4l= - !"	*	Phone no. 202	
ivia	y the II	RS discuss this return with the preparer shown above? See instructions		X Yes No

Par	Check if Schedule O contains a response or note to any line in this Part III
_	
1	Briefly describe the organization's mission: TO HELP PEOPLE WHO ARE HOMELESS OR AT RISK OF BECOMING HOMELESS SEEK,
	OBTAIN, AND RETAIN EMPLOYMENT AND SECURE HOUSING.
	ODININ, AND KUININ DAI BOIMBNI AND BECKE HOODING:
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,746,793 • including grants of \$266,523 •) (Revenue \$\$
	RESIDENT SHELTERS: JHP, INC. OPERATES TWO SHELTERS IN PRINCE GEORGES
	COUNTY, MARYLAND, AND ONE IN WASHINGTON, DC. THE SHELTERS PROVIDE
	MEALS, ASSISTANCE WITH CLOTHING AND HOUSEHOLD ESSENTIALS, COMPREHENSIVE
	CASE MANAGEMENT, AND WRAP-AROUND SERVICES IN ORDER TO PROVIDE THE
	RESIDENTS WITH THE TOOLS THEY NEED TO BECOME SELF-SUFFICIENT. ADULT
	RESIDENTS PARTICIPATE IN LIFE SKILLS, EDUCATION, AND EMPLOYMENT
	CLASSES, WHILE CHILDREN ARE PROVIDED WITH TUTORING AND ENRICHMENT
	ACTIVITIES. EACH SHELTER HOUSES A COMPUTER LAB EQUIPPED WITH HIGH SPEED
	INTERNET AND A BUSINESS OFFICE FOR THE USE OF RESIDENTS. DURING THE YEAR ENDED JUNE 30, 2021, THIS PROGRAM HELPED 323 PEOPLE TO GET
	EMPLOYMENT, AND HELPED 202 MOVE INTO PERMANENT HOUSING.
	EMILOTMENT, AND HELIED ZOZ MOVE INTO LEMMANENT HOODING.
4b	(Code:) (Expenses \$ 1,068,469 • including grants of \$ 430,454 •) (Revenue \$
	EMPLOYMENT DAY CENTERS (DC) (PREVIOUSLY CALLED THE HOMELESS DAY
	SHELTERS (DC)): JHP, INC. OPERATES AN EMPLOYMENT PROGRAM IN THE LOBBY
	OF ONE OF DC'S LARGEST DAY SHELTERS. AT THIS LOCATION, JHP, INC. LINKS
	CLIENTS TO THE MAINSTREAM RESOURCES FOR WHICH THEY MAY BE ELIGIBLE. JHP
	ALSO OPERATES A TANF EMPLOYMENT PROGRAM IN SE DC THAT ASSISTS
	INDIVIDUALS WHO RECEIVE THIS BENEFIT IN OBTAINING EMPLOYMENT TO BECOME
	SELF-SUFFICIENT TO GRADUALLY DECREASE THEIR NEED FOR FINANCIAL
	GOVERNMENT SUBSIDIES. THROUGH THESE PROGRAMS JHP OFFERS LIFE-SKILLS,
	EMPLOYMENT SOFT SKILLS, AND VOCATIONAL TRAINING; COMPUTER AND INTERNET
	ACCESS AND TRAINING; FINANCIAL LITERACY EDUCATION; HOUSING PLACEMENTS
	AND ASSISTANCE; SUPPORTIVE SERVICES, AND EMERGENCY FINANCIAL AID. JHP,
	INC. PARTNERS WITH A NUMBER OF AREA EMPLOYERS AND LANDLORDS TO ENSURE
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,815,262.
	Form 990 (2020

Form 990 (2020) JHP , INC . Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	\vdash
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		Х
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	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 22
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,
	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? If "Yes,"			_ v
00 -	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUD		
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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JHP, INC.

Part IV	Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," complete	051		X
00	Schedule L, Part I	25b		Α.
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%	000		х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		- 22
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			
	"Yes," complete Schedule L, Part IV	28c		Х
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			177
	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		~	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
ı a	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon it soliteurie o contains a response of note to any line in this part v			N _C
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		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 in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
C	(gambling) winnings to prize winners?	1c	Х	
	(garrening) transmige to prize transfer.	110		

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Form 990 (2020) JHP , INC . Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				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	2a 71			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	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 au	·			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	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 Acc				37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	C-		Х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribution		6a		
ь		-	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service.	ces provided 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				
	to file Form 8282?	•	7c		Х
d		7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor	ntract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ot?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
a		l0a			
b	1 / / / / / / / / / / / / / / / / / / /	10b			
11	Section 501(c)(12) organizations. Enter:	I1a			
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	i ia			
b		11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a		
		12b			
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	13b			
С		13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	_			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in the control of the section 4968 excise tax on net investment in the control of the section 4968 excise tax on net investment in the control of the section 4968 excise tax on net investment in the control of the section 4968 excise tax on net investment in the control of the section 4968 excise tax on net investment in the control of the section 4968 excise tax on net investment in the control of the section 4968 excise tax on net investment in the control of the section 4968 excise tax on net investment in the control of the section 4968 excise tax on net investment in the control of the section 4968 excise tax on net investment in the control of the section 4968 excise tax on net investment in the control of the section 4968 excise tax on net investment in the control of the section 4968 excise tax on net investment in the control of the section 4968 excise tax on the control of tax on the control of the control of tax	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
		1 1	4.6		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
	officer, director, trustee, or key employee?		L:	2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?		:	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			\Box		
	more members of the governing body?		7	'a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			\neg		
	persons other than the governing body?	,	7	b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		 			
а	The governing body?		8	a	Х	
b	Each committee with authority to act on behalf of the governing body?			b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re		····	-		
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F					
				Т	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10	0a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such or		····	-		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			1a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay boloro ming the form				
12a			11	2a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			2b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		····· -'			
·	in Schedule O how this was done		4.	2c	Х	
13	Did the organization have a written whistleblower policy?			3	X	
14	Did the organization have a written document retention and destruction policy?			4	X	
	Did the process for determining compensation of the following persons include a review and approx		···· -'	4		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
9			1/	5a	Х	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization		····	5a 5b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		H			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a				
IUa			- 40	6a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation		···· <u>'</u> '	oa		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluation to ev					
	exempt status with respect to such arrangements?		4	6b		
Sec	tion C. Disclosure			ן מט		
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501	(c)(3)e (nlv)	avail	ahle
	for public inspection. Indicate how you made these available. Check all that apply.	aa 000 1 (000ti011001	(0)(0)3	J. 11 y)	avail	كالمد
		n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	,	v and f	inan	cial	
IJ	statements available to the public during the tax year.	Johnnet of interest policy	y, ariu i	ıı ıdı l	cial	
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records				
20	LACY FOUNTAIN, JR 202-544-9096	OUNS AND TECUTUS P				
	1526 PENNSYLVANIA AVENUE, SE, WASHINGTON, DC 2000	0.3				
	2010 - LINDID TOTAL TOTAL TOTAL SERVICE STATE OF THE STAT	 				

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	box	not c , unle	ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) LACY FOUNTAIN, JR.	40.00			7,				107 600	0	7 505
EXECUTIVE DIRECTOR	40.00		_	Х	_	<u> </u>		197,699.	0.	7,505.
(2) YOLANDA BAILEY	40.00	-				- -		1/5 /72	0	10 /10
COO/PSYCHOTHERAPIST	2 00		_	_	_	Х		145,473.	0.	12,413.
(3) SCOTT P. PERLMAN PRESIDENT	2.00	X		x				0.	0.	0.
(4) KAREN GARDINER	2.00		\vdash		\vdash	\vdash	\vdash	0.	0.	.
VICE PRESIDENT	2.00	Х		Х				0.	0.	0.
(5) PEGGY KUHN	2.00								0.0	•
TREASURER		x		x				0.	0.	0.
(6) MAHLET MESFIN	2.00			 					•	
SECRETARY		Х		Х				0.	0.	0.
(7) GEORGE MILLER	2.00									
MEMBER		Х						0.	0.	0.
(8) MICAH GREEN	2.00									
MEMBER		Х						0.	0.	0.
(9) ANDREW E. TOMBACK, ESQ.	2.00									
MEMBER		Х						0.	0.	0.
(10) ADAM MOTIWALA	2.00									
MEMBER		Х						0.	0.	0.
(11) LAURA MCNULTY	2.00									
MEMBER		Х						0.	0.	0.
(12) ALDEN PELKER	2.00								0	•
MEMBER	0.00	Х	_	_		_		0.	0.	0.
(13) TIFFANY TINCH	2.00	٠,,							0	0
MEMBER	2 00	Х		_	_			0.	0.	0.
(14) ZIA FARULQUI	2.00	Х						0.	0.	0.
MEMBER		^	_	<u> </u>	_	\vdash		0.	0.	0.
		-								
			\vdash	\vdash	\vdash	\vdash	\vdash			
		1								
				\vdash						
		1								
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Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)		ĺ	(F)	
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	,	Es	stimate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		ar	nount	
	week (list any	-	Joi all			5// d uS	100)	from	from related			other	
	hours for	irecto						the organization	organization (W-2/1099-MI		ı	pensa om th	
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-1818	30)	l .	anizat	
	organizations	Individual trustee or director	Institutional trustee		/ee	mper		(11 27 1000 111100)			_ ~	d relat	
	below	idual	ution	<u></u>	key employee	est co oyee	-E-				l .	anizati	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
		_	_			_							
		1											
						\vdash							
				_		_							
		1											
				\vdash									
		1											
				_		_							
		1											
		1											
1b Subtotal								343,172.		0.	1	9,9	
c Total from continuation sheets to Part	/II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								343,172.		0.	<u> </u>	9,9	18.
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wł	no r	eceived more than \$100	0,000 of reportab	le			2
compensation from the organization										—		Yes	No
3 Did the organization list any former office	r director trust	ee l	kev e	-mn	love	ം വ	r hic	nhest compensated emr	olovee on	· ·		103	140
line 1a? If "Yes," complete Schedule J for	,	,	,		,	,	_	, , ,	,	ļ	3		Х
4 For any individual listed on line 1a, is the													
and related organizations greater than \$1			-					· · · · · · · · · · · · · · · · · · ·			4	Х	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	y unr	elat	ted organization or indiv	idual for services	•			
rendered to the organization? If "Yes," co.	mplete Schedul	e J t	for st	uch	pers	son .					5		X
Section B. Independent Contractors		-l	- ıl -						\$100,000 of oou			faaa	
1 Complete this table for your five highest of the organization. Report compensation for										ipens	ation	Irom	
(A)	i trio caloridar y	oui	oriai	<u>g</u> ,	*****	0. 11		(B)	y our.		((C)	
Name and busines	s address	N	INC	3				Description of s	ervices	С	ompe	nsatio	n
							\dashv						
							\dashv						
							\dashv						
2 Total number of independent contractors	(including but r	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ						0							
											Form	990 (2020)

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Form 990 (2020) JHP , INC .
Part VIII Statement of Revenue

			Check if Schedule O	conta	ins a resp	onse	or note to any li	ne in this Part VIII			
			Oncok ii Concadio O k	Jorna	по и гоор	01100	or rioto to arry iii	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenuè excluded
									function revenue	business revenue	from tax under sections 512 - 514
(0, (0)											Sections 512 - 514
nts			ederated campaigns		1a						
Gra	k	b N	Membership dues		1b						
Arr	(c F	undraising events		1c						
a git	(d F	Related organizations		1d						
Contributions, Gifts, Grants and Other Similar Amounts	•	e G	Government grants (contr	ibutic	ns) 1e	3,	546,754.				
rion	f	FΑ	Il other contributions, gifts,	grants	, and						
the		S	imilar amounts not included	above	1f		151,778.				
三 三 三			loncash contributions included in				-	1			
Sol	•	_	otal. Add lines 1a-1f					3,698,532.			
-		•	otan / taa iirico fa ff				Business Code	, , , , , , , , , , , , , , , , , , , ,			
	0.4	. (CLIENT FEES				531110	10,895.	10,895.		
je	2 6	_	CHIENI LEED				331110	10,055.	10,000.		
ne ne	K	b _									
n S	(_									
Jra Re	(d _									
Program Service Revenue	6	e _									
۵	f	fΑ	All other program service	reven	ue						
\Box	ç	g T	otal. Add lines 2a-2f					10,895.			
	3	Ir	nvestment income (includ	ding d	lividends,	intere	est, and				
		0	ther similar amounts)					845.			845.
	4	Ir	ncome from investment o	of tax-	exempt b	ond p	roceeds				
	5	F	Royalties								
			•		(i) Rea		(ii) Personal				
	6 :	a G	Gross rents	6a				1			
			ess: rental expenses	6b							
			Rental income or (loss)	6c				1			
			let rental income or (loss)	\vdash							
			Gross amount from sales of	<u>' </u>	(i) Securi	tips	(ii) Other				
	1 6				(i) Occur		(ii) Other	-			
			ssets other than inventory	7a							
۵	K		ess: cost or other basis								
Revenue			nd sales expenses	7b							
eve			Gain or (loss)	7c							
Ä			let gain or (loss)								
ther	8 8	a G	Gross income from fundraisir	ng eve	nts (not						
Ö		ir	ncluding \$		of						
		С	ontributions reported on	line 1	c). See						
		P	Part IV, line 18			8a					
	k	b L	ess: direct expenses			8b					
	(c N	let income or (loss) from	fundr	aising eve	nts					
			Gross income from gamin								
		Р	Part IV, line 19	-		9a					
	k		.ess: direct expenses					1			
			let income or (loss) from				•				
			Gross sales of inventory, I			<u> </u>					
			ind allowances			10a					
	ı		ess: cost of goods sold				1	1			
\dashv		۱۱ ن	let income or (loss) from	saies	or invento	ory					
sn		-	PETIND				Business Code	F 100			F 100
ne ne		_	REFUND				900099	5,100.			5,100.
Miscellaneous Revenue	k	b _									
Se.	(_									
Mis Sign			All other revenue					- 100			
	•		otal. Add lines 11a-11d					5,100.	4.2.2.2		
	12	T	otal revenue. See instructio	ns .				3,715,372.	10,895.	0.	5,945.

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	COC 070	606 070		
	individuals. See Part IV, line 22	696,978.	696,978.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	200 521	101 642	26 000	
_	trustees, and key employees	208,531.	181,642.	26,889.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 611 170	1 402 424	207 755	
7	Other salaries and wages	1,611,179.	1,403,424.	207,755.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	95,292.	83,005.	12 207	
9	Other employee benefits	166,991.	145,458.	12,287.	
10	Payroll taxes	100,991.	143,430.	41,333.	
11	Fees for services (nonemployees):				
a	Management	10,000.		10,000.	
b	Legal	37,100.		37,100.	
С.	Accounting	37,100.		37,100.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	21,784.	12,391.	9,393.	
40	column (A) amount, list line 11g expenses on Sch O.)	105.	12,391.	105.	
12	Advertising and promotion	114,516.	97,690.	16,826.	
13	Office expenses	114,510.	51,050.	10,020.	
14	Information technology				
15 16	Royalties	145,530.	145,475.	55.	
17	Occupancy	113/3300	113/1730	33.	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,252.	3,252.		
20	Interest	12,316.	9,314.	3,002.	
21	Payments to affiliates	==,===	3,0-20	2,002	
22	Depreciation, depletion, and amortization	23,256.	20,257.	2,999.	
23	Insurance	24,277.	14,231.	10,046.	
24	Other expenses. Itemize expenses not covered	,	•	,	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	2,268.	1,926.	342.	
b	DUES AND SUBSCRIPTIONS	219.	219.		
С					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,173,594.	2,815,262.	358,332.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	. , , ,				
	educational campaign and fundraising solicitation.	l l	l l		

Form **990** (2020)

52-1594479 Page **11** Form 990 (2020)
Part X Balance Sheet JHP, INC.

Part 2	<u> </u>	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			412,453.	1	600,060
:	2	Savings and temporary cash investments			1,277.	2	1,279
;	3	Pledges and grants receivable, net	471,510.	3	499,880		
4	4	Accounts receivable, net			4		
!	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
(6	Loans and other receivables from other disquared					
		under section 4958(f)(1)), and persons descr		6			
्रह	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
⋖ १	9	Prepaid expenses and deferred charges				9	12,610
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		490,640.			4
	b	Less: accumulated depreciation	314,868.	135,081.	10c	175,772	
11	1	Investments - publicly traded securities			11		
12	2	Investments - other securities. See Part IV, lin		12			
13	3	Investments - program-related. See Part IV, li		13			
14	4	Intangible assets	44 545	14			
15	5	Other assets. See Part IV, line 11	11,515.	15	1 000 601		
10	6	Total assets. Add lines 1 through 15 (must e		1	1,031,836.	16	1,289,601
17	7	Accounts payable and accrued expenses \dots		82,098.	17	112,895	
1	8	Grants payable		18			
1	9	Deferred revenue				19	
20		Tax-exempt bond liabilities			2 727	20	
2		Escrow or custodial account liability. Comple			3,737.	21	
Liabilities	2	Loans and other payables to any current or f					
<u> </u>		trustee, key employee, creator or founder, su					
	_	controlled entity or family member of any of t		235,898.	22	225 677	
2		Secured mortgages and notes payable to un			296,068.	23	225,677
24		Unsecured notes and loans payable to unrel			490,000.	24	
2	5	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). Complete Part X	36,701.	25	31,917
		of Schedule D			654,502.		370,489
20	:6	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958,			054,502.	26	370,409
Se es			check her	e 21			
<u>a</u> 2	7	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			377,334.	27	919,112
) Bal		Net assets with donor restrictions	311,334.	28	717,114		
p 2	.0	Organizations that do not follow FASB AS				20	
ᆵ		and complete lines 29 through 33.	o 956, cm	eck liefe			
ာ် 29	a	Capital stock or trust principal, or current fur	de			29	
sets	_	Paid-in or capital surplus, or land, building, o				30	
ASS 3		Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances		Total net assets or fund balances			377,334.	32	919,112
Z 34 33		Total liabilities and net assets/fund balances			1,031,836.	33	1,289,601
3.		TOTAL HADHILLES AND THE ASSELS/TUND DAIRNOES			-,001,000·	აა	Form 990 (202

Form **990** (2020)

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)		3,71		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,17		
3	Revenue less expenses. Subtract line 2 from line 1	3			78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37	7,3	<u>34.</u>
5	5 Net unrealized gains (losses) on investments5				
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	91	9,1	12.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Name of the organization JHP. INC. 52-1594479 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support			,			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1807687.	1886379.	2398277.	3209107.	3698532.	12999982.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	100=60=	10010				1.00000
4	Total. Add lines 1 through 3	1807687.	1886379.	2398277.	3209107.	3698532.	12999982.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						12999982.
	ction B. Total Support				T	.	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018 2398277.	(d) 2019 3209107.	(e) 2020 3698532.	(f) Total 12999982.
	Amounts from line 4	1807687.	1886379.	2398277.	3209107.	3698532.	12999982.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	102	204	100	270	045	1 702
	and income from similar sources	183.	304.	183.	278.	845.	1,793.
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					5,100.	5,100.
	assets (Explain in Part VI.)						13006875.
	Total support. Add lines 7 through 10	-1- (!11	\				68,952.
12	'			fadla au fiftha ta		12	00,552.
13	First 5 years. If the Form 990 is for the organization, check this box and stop				-		
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2020 (I			column (f))		14	99.95 %
	Public support percentage from 2019					15	99.57 %
	33 1/3% support test - 2020. If the o						,,,
	stop here. The organization qualifies	•		•		•	
b	33 1/3% support test - 2019. If the o						
		-					
17a	and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. 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 tes	-		*	-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circle				-		>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	ıs ▶

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support	clow, picase com	piete r art ii.j				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	<u> </u>	1 ,	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	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						
_	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6							
	Total. Add lines 1 through 5		+	+	+	+	
	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ie organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						>
	ction C. Computation of Publ						
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20					$\overline{}$	%
	Investment income percentage from 2						%
19a	a 33 1/3% support tests - 2020. If the						17 is not
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the						▶∟∟ and
	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation. If the organization						

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4.		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
401		
10b		

Pai	t IV Supporting Organizations (continued)			<u> </u>
	1. C C (Gorianaca)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI .	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	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 in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in 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 yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	c Fair market value of other non-exempt-use assets			
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е		
	(provide details in Part VI). See instructions.	9		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	and a direction of the second	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ıs	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	c From 2017				
d	d From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

Scriedule A	(Form 990 of 990-E2) 2020 Om 7 The 5
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 B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

J	HP, INC.		52-1594479		
Organization type (check	one):		·		
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3)(e	enter number) organization			
	4947(a)(1) none	exempt charitable trust not treated as a private	foundation		
	527 political orç	ganization			
Form 990-PF	501(c)(3) exemp	pt private foundation			
	4947(a)(1) none	exempt charitable trust treated as a private fou	ındation		
	501(c)(3) taxabl	le private foundation			
	•	ral Rule or a Special Rule. ttion can check boxes for both the General Rul	e and a Special Rule. See instructions.		
General Rule					
		EZ, or 990-PF that received, during the year, co plete Parts I and II. See instructions for determ	ontributions totaling \$5,000 or more (in money or ining a contributor's total contributions.		
Special Rules					
sections 509(a)(any one contribu) and 170(b)(1)(A)(vi), tha	at checked Schedule A (Form 990 or 990-EZ), Form 1 contributions of the greater of (1) \$5,000; or (e 33 1/3% support test of the regulations under Part II, line 13, 16a, or 16b, and that received from 2) 2% of the amount on (i) Form 990, Part VIII, line 1h;		
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
-	•	General Rule and/or the Special Rules doesn' orm 990; or check the box on line H of its Form	t file Schedule B (Form 990, 990-EZ, or 990-PF), 990-EZ or on its Form 990-PF, Part I, line 2, to		

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

52-1594479

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 751,061.	Person X Payroll
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	* 261,736.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	- Hame, dadi ees, and zii T	\$ 610,849.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 1,582,855.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 296,068.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 <u>6</u>	Name, duuless, amu ZIP + 4	\$ 78,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

52-1594479

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

Name of or	rganization				Employer identification number
JHP,	INC.				52-1594479
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	through (e) and the follow charitable, etc., contributions of	ing line entry. For a	organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
	Transferee's name, address, a		fer of gift	elationship of tra	nsferor to transferee
_	Transferee 3 name, address, an	10211 77		Clationship of tra	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
_		(e) Trans	fer of gift		
_	Transferee's name, address, an	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
		(e) Trans	fer of gift		
_	Transferee's name, address, at	R	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
	Transferee's name, address, at		fer of gift R	elationship of tra	nsferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

JHP, INC.

Employer identification number 52-1594479

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	-		
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose o	
Day	impermissible private benefit?			
Pai		-		art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		1	
	Preservation of land for public use (for example, recrea	ation or education)	7	a historically important land area
	Protection of natural habitat		Preservation of a	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	ution in the form o	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			I I
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the	organization during the tax
	year >			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per			□, □.,
•	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, a	na entorcing conse	ervation easements during the year
7	Amount of our areas in a weed in month wine, in an action, how			
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	aling of violations, and er	nording conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	vo satisfy the requiremen	ts of soction 170/k	a)(4)(P)(i)
0				
9	and section 170(h)(4)(B)(ii)?			
9	balance sheet, and include, if applicable, the text of the foot		•	
	organization's accounting for conservation easements.	note to the organization.	s ili ai loiai statei lie	Tits that describes the
Pai	t III Organizations Maintaining Collections o	f Art. Historical Tro	easures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	· ·		
	If the organization elected, as permitted under FASB ASC 95		enue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pul	•		
	service, provide in Part XIII the text of the footnote to its final	·	•	•
b	If the organization elected, as permitted under FASB ASC 95			
_	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	oranion, caacanen, c		
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				. .
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A			J /1
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			

032051 12-01-20

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

Schedule D (Form 990) 2020

Pai	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, c	or Oth	er S	imilar <i>l</i>	\sset	S (continu	ed)
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following tha	t make:	signif	cant use	of its		
	collection items (check all that apply):										
а	Public exhibition	d	ı 🔲 ı	oan or exc	change progra	ım					
b	Scholarly research	е		Other							
С	Preservation for future generations			•							
4	Provide a description of the organization's c	ollections and explain	n how th	ey further t	the organization	on's exe	empt	ourpose i	n Part	XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	asures, or othe	er simila	ar ass	ets			
	to be sold to raise funds rather than to be m	aintained as part of t	he orgar	nization's c	ollection?					Yes	☐ No
Pai	t IV Escrow and Custodial Arran									ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets no	t inclu	ided			
	on Form 990, Part X?								\square	Yes	X No
b	If "Yes," explain the arrangement in Part XIII										
										Amount	
С	Beginning balance						[1c			
	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on F								X	Yes	No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	kplanatio	n has beer	n provided on	Part XII	Ι				X
Pai	t V Endowment Funds. Complete	if the organization an	swered	"Yes" on F	orm 990, Part	IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) T	ree years	back	(e) Four y	ears back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment	•	%								
b	Permanent endowment	%	_								
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held a	and administe	red for t	the or	ganizatio	n		
	by:									Y	es No
	(i) Unrelated organizations									3a(i)	
	(ii) Related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R?	·					3b	
4	Describe in Part XIII the intended uses of the	e organization's endo	wment f	unds.							
Pai	t VI Land, Buildings, and Equipn										
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X	, line	10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) A	ccum	ulated		(d) Book	value
		basis (investr	nent)	basis	(other)	de	preci	ation			
1a	Land										
b	Buildings			16	9,962.		146	,466	•	23	,496.
С	Leasehold improvements				9,622.			,009		88	,613.
d	Equipment			10	1,424.		87	,393	•		,031.
е	Other			4	9,632.					49	,632.
	Add lines 1a through 1e (Column (d) must e		X colum						\top		.772.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 UTF, INC.		52	-1334473 Page 3
Part VII Investments - Other Securities.	5 000 B 1 N/ II	441 0 5 000 5 177 1 40	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(1) Financial derivatives	(b) Book value	(c) Mothod of Valuation. Cost of Chic	Tor your market value
(2) Closely held equity interests		1	
(3) Other			
(A)			
(B)			
(C)		1	
(D)		1	
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-vear market value
(1)		· · ·	,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT			31,917.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	b	31,917.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.... X

Schedule D (Form 990) 2020

Part >	·		Revenue per R	eturn).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				3,980,372
	tal revenue, gains, and other support per audited financial statements			1	3,300,372
	nounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ء ا			
	t unrealized gains (losses) on investments		265,000.	-	
	nated services and use of facilities		203,000.	-	
	coveries of prior year grants			-	
	her (Describe in Part XIII.)			20	265,000
	Id lines 2a through 2d			2e 3	3,715,372
	btract line 2e from line 1 nounts included on Form 990, Part VIII, line 12, but not on line 1:			3	377137372
	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
	her (Describe in Part XIII.)			-	
	Id lines 4a and 4b			4c	0.
	tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,715,372
	II Reconciliation of Expenses per Audited Financial Stater			_	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1 To	tal expenses and losses per audited financial statements			1	3,438,594
	nounts included on line 1 but not on Form 990, Part IX, line 25:				
	nated services and use of facilities	2a	265,000.		
	or year adjustments				
	her losses				
	her (Describe in Part XIII.)				
	ld lines 2a through 2d			2e	265,000
	btract line 2e from line 1			3	3,173,594
	nounts included on Form 990, Part IX, line 25, but not on line 1:				
a In	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
b Of	her (Describe in Part XIII.)	4b			
c Ad	ld lines 4a and 4b			4c	0 .
	tal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,173,594
Part 2	(III Supplemental Information.				
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			4; Part	X, line 2; Part XI,
PART	IV, LINE 2B:				
JHP	MAINTAINS BANK ACCOUNTS ON BEHALF OF CL	IENTS.			
PART	X, LINE 2:				
JHP	BELIEVES THAT IT HAS APPROPRIATE SUPPOR!	r for A	NY TAX POS	ITI	ONS TAKEN,
AND	AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX	X POSIT	IONS THAT	ARE	MATERIAL
то т	HE FINANCIAL STATEMENTS OR THAT WOULD HA	AVE AN	EFFECT ON	ITS	TAX-EXEMPT
STAT	US. THERE ARE NO UNRECOGNIZED TAX BENEF	ITS OR	LIABILITIE	S TI	HAT NEED TO
BE R	ECORDED.				

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Schedule D (Form 990) 2020 JHP, INC.	52-1594479 Page 5
Schedule D (Form 990) 2020 JHP , INC . Part XIII Supplemental Information (continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2020	Open to Public	Inspection

OMB No. 1545-0047

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

				2.500110101005:5	THE INCOME.				_
Nam	Name of the organization							Employer ide	Employer identification number
Part I	General Information on	and Assistance							1
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate th	ne amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or ass	sistance, and the select	tion	
	criteria used to award the grants or assistance?	istance?						_	X Yes
8	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for mon	itoring the use of grant	t funds in the Unite	d States.				
Pai	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organ	izations and Domesti	ic Governments.	Somplete if the orga	anization answered "\	res" on Form 990, Part	t IV, line 21, for	any
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II ca	n be duplicated if addit	tional space is nee	ded.				
*	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(t) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purp or a	(h) Purpose of grant or assistance
8	Enter total number of section 501(c)(3) and government organizations	and government o		listed in the line 1 table				A	
က	Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					A	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruc	tions for Form 990.					Schedule	Schedule I (Form 990) 2020

032101 11-02-20

30

JHP, INC.

Schedule I (Form 990) 2020 JHP, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Page 2

52-1594479

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMPLOYMENT ASSISTANCE	391	58,359.	0.		
TRANSPORTATION ASSISTANCE	303	376,055.	,0		
HOUSING ASSISTANCE	66	229,753.	0.		
FOOD ASSISTANCE, DRIVERS LICENSE ASSISTANCE, CLOTHING, SHELTER SUPPLIES, DRUG TESTING	150	32,811.	•0		
Part IV Supplemental Information. Provide the information required in P	uired in Part I, line	e 2; Part III, column	art I, line 2; Part III, column (b); and any other additional information.	ditional information.	
PART I, LINE 2:					
	 		1		

JHP PRIMARILY PROVIDES PAYMENT OF EXPENSES ON BEHALF OF ELIGIBLE CLIENTS IN

ACCORDANCE WITH THE TERMS OF ITS GRANT AGREEMENTS WITH DONORS. SUPPORT IS

REQUIRED IN ALL CASES AND RECORDS ARE MAINTAINED.

SCHEDULE J (Form 990)

Part I

Compensation Information

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

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

► Attach to Form 990.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 52-1594479 JHP, INC. **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			Х
	The organization?	5a		X
a	Any related organization?	5b		21
•	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:	6a		Х
	The organization?	6b		X
b	Any related organization?	OD		
7	If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
'	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-		-2
J	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
9	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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

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

		(B) Breakdown of W-2	V-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denefits	(a)-(i)(a)	In column (B) reported as deferred on prior Form 990
(1) LACY FOUNTAIN, JR.	(i)	197,699.	0	0	0	7,505.	205,204.	0
EXECUTIVE DIRECTOR	=	0	0	0	0	0	1	0
(2) YOLANDA BAILEY	(E	145,473.	0	0	0	12,413.	157,886.	0
COO/PSYCHOTHERAPIST	(ii)	0	0	0	0	0	0	• 0
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Schedule J (Form 990) 2020	JHP,	INC. 52-1594479 P	Pa
Part III Supplemental Information	u		
Provide the information, explanation,	n, or description	tions 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.	

		SURVEYS FOR NON-PROFITS IN FORMULATING COMPENSATION PROPOSALS.				Schedule J (Form 990) 2020
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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

. Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

JHP, INC.

52-1594479 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND SECURE HOUSING.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: THAT CLIENTS CAN SECURE EMPLOYMENT AND HOUSING DESPITE THEIR BACKGROUNDS AND/OR CURRENT LIVING SITUATIONS. DURING THE YEAR ENDED 2021, THIS PROGRAM HELPED 270 PEOPLE GET EMPLOYMENT; PROGRAM IS NOT BENCHMARKED FOR HOUSING ALTHOUGH THIS IS A SUBSIDIARY SERVICE THAT CAN BE PROVIDED.

SATELLITE CENTER (MD): JHP, INC. OPERATES AN EMPLOYMENT PROGRAM IN SATELLITE CENTERS THROUGHOUT PRINCE GEORGE'S COUNTY MARYLAND ASSISTING CONSUMERS WHO RECEIVE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM FUNDS IN FINDING SUSTAINABLE EMPLOYMENT AND WHO RESIDE IN SUBSTANCE ABUSE DETOXIFICATION CENTERS AND HOMELESS SHELTERS, ALONG WITH THOSE WHO ARE REFERRED TO THEM FROM VARIOUS OUTREACH CENTERS. JHP, INC. OFFERS LIFE-SKILLS, EMPLOYMENT SOFT SKILLS AND VOCATIONAL TRAINING, COMPUTER AND INTERNET ACCESS AND TRAINING, FINANCIAL LITERACY EDUCATION, SUPPORTIVE SERVICES, EMERGENCY FINANCIAL AID, AND HOUSING ASSISTANCE. INC. PARTNERS WITH A NUMBER OF AREA EMPLOYERS TO ENSURE THAT CONSUMERS CAN SECURE EMPLOYMENT DESPITE THEIR BACKGROUNDS AND/OR CURRENT LIVING SITUATIONS. DURING THE FISCAL YEAR ENDING JUNE 30, 2021, THIS PROGRAM HELPED 35 INDIVIDUALS GAIN EMPLOYMENT; THIS PROGRAM IS NOT BENCHMARKED FOR HOUSING ALTHOUGH THIS IS A SUBSIDIARY SERVICE THAT CAN BE PROVIDED.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization $\label{eq:JHP} \textbf{JHP} \; , \quad \textbf{INC} \; .$

Employer identification number 52-1594479

FORM 990, PART VI, SECTION A, LINE 1:

THEIR BYLAWS ESTABLISHED AN EXECUTIVE COMMITTEE TO CONSIST OF A PRESIDENT,
VICE PRESIDENT, TREASURER AND SECRETARY AND SUCH OTHER DIRECTORS AS MAY BE
ELECTED IN ACCORDANCE WITH THE PROVISIONS OF THIS ARTICLE. BETWEEN REGULAR
MEETINGS OF THE BOARD OF DIRECTORS, THE EXECUTIVE COMMITTEE MAY EXERCISE
ALL OF THE AUTHORITY OF THE BOARD OF DIRECTORS EXCEPT THAT THE EXECUTIVE
COMMITTEE SHALL NOT HAVE AUTHORITY TO AMEND THE ARTICLES OF INCORPORATION
OR THE BYLAWS, TO SELL, LEASE, EXCHANGE, MORTGAGE OR OTHERWISE DISPOSE OF
ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION OTHER THAN IN THE
ORDINARY COURSE OF ITS NONPROFIT ACTIVITIES, TO MERGE OR CONSOLIDATE THE
CORPORATION, TO DISSOLVE OR LIQUIDATE THE CORPORATION OR TO ENGAGE IN ANY
OTHER ACTIVITIES WHICH MAY NOT, UNDER APPLICABLE LAW, BE DELEGATED TO A
COMMITTEE OF THE BOARD OF DIRECTORS. ACTIONS BY THE EXECUTIVE COMMITTEE
SHALL BE TAKEN IN ACCORDANCE WITH THE PROVISIONS OF THE BYLAWS GOVERNING
ACTIONS BY THE BOARD OF DIRECTORS.

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

THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 AND THEN SENDS IT TO THE FULL BOARD FOR THEIR REVIEW AND APPROVAL BEFORE IT IS FILED WITH THE IRS.

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

THE CONFLICT OF INTEREST FORMS ARE FILLED OUT AND SIGNED BY EACH BOARD

MEMBER AT THE ANNUAL RETREAT. THE EXECUTIVE DIRECTOR FOLLOWS UP ON ANY

BOARD MEMBER WHO HAS NOT SUBMITTED A COMPLETED FORM. IN ADDITION, ALL

INCOMING NEW BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST FORM

UPON THEIR JOINING AS BOARD MEMBERS. DURING THE COVID-19 PANDEMIC, THE

BOARD MET VIRTUALLY WHERE THE CONFLICT OF INTEREST POLICY WAS DISCUSSED AND

SIGNED BY EACH MEMBER VIRTUALLY.

Name of the organization JHP , INC .	Employer identification number 52-1594479
FORM 990, PART VI, SECTION B, LINE 15A:	
IN EVALUATING AN APPROPRIATE COMPENSATION PACKAGE FOR THE	E EXECUTIVE
DIRECTOR AND OTHER EMPLOYEES, THE BOARD'S EXECUTIVE COMMI	TTEE PRIMARILY
CONSIDERS THE FOLLOWING THREE FACTORS: (1) SALARY SURVEY	DATA FROM
PROFESSIONALS OF OTHER NONPROFITS, (2) YEAR-END BONUS PAY	MENTS MADE TO
PERSONNEL OTHER THAN THE EXECUTIVE DIRECTOR, AND (3) THE	EXECUTIVE
DIRECTOR'S JOB PERFORMANCE. BASED ON THESE MEASURES, THE	EXECUTIVE
COMMITTEE RECOMMENDS TO THE BOARD THE RAISE IN SALARY AND	THE PAYMENT OF A
BONUS TO EMPLOYEES. IN COMMUNICATING THE COMPENSATION PAC	CKAGE TO THE
EXECUTIVE DIRECTOR, SEVERAL MEMBERS OF THE EXECUTIVE COMM	MITTEE GIVE AN
APPRAISAL TO THE EXECUTIVE DIRECTOR REGARDING HIS/HER JOE	B PERFORMANCE. THE
LAST REVIEW WAS PERFORMED IN OCTOBER 2020.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FINANCIAL STATEMENTS AND OTHER GOVERNI	ING DOCUMENTS ARE
MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.	
FORM 990, PART XII, LINE 2C:	
THESE PROCESSES HAVE NOT CHANGED DURING THE YEAR.	