

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **7/01**, **2021**, and ending **6/30**, **2022**

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	ALPHA PROJECT FOR THE HOMELESS 3737 FIFTH AVE. #203 SAN DIEGO, CA 92103	33-0215585
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		619-542-1877
<input type="checkbox"/> Final return/terminated		G Gross receipts \$ 27,977,627.
<input type="checkbox"/> Amended return		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	F Name and address of principal officer: ROBERT MCELROY 3737 FIFTH AVE. SUITE 203 SAN DIEGO, CA 92103	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶ 4192
J Website: ▶ WWW.ALPHAPROJECT.ORG		L Year of formation: 1987 M State of legal domicile: CA
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>ALPHA PROJECT FOR THE HOMELESS ("ALPHA PROJECT") WAS ORGANIZED IN FEBRUARY 1987 TO EMPOWER INDIVIDUALS, FAMILIES, AND COMMUNITIES BY PROVIDING WORK, RECOVERY AND SUPPORT SERVICES TO PEOPLE WHO ARE MOTIVATED TO CHANGE THEIR LIVES AND ACHIEVE SELF-SUFFICIENCY.</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a).....	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	6
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a).....	5	378
	6 Total number of volunteers (estimate if necessary).....	6	6
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11.....	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h).....	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g).....	21,646,719.	24,066,114.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	3,482,099.	3,358,299.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	75,115.	271,965.
	12 Total revenue – add lines 8 through 11 (must equal Part VII, column (A), line 12).....	46,173.	241,023.
		25,250,106.	27,937,401.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		
	14 Benefits paid to or for members (Part IX, column (A), line 4).....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	13,575,041.	15,474,920.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 65,847.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	9,773,042.	11,923,518.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	23,348,083.	27,398,438.	
19 Revenue less expenses. Subtract line 18 from line 12.....	1,902,023.	538,963.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26).....	18,140,924.	18,280,742.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	1,582,250.	1,669,179.
		16,558,674.	16,611,563.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	ROBERT MCELROY <small>Type or print name and title</small>	PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	JILL BRANCH	JILL BRANCH	5/08/23		P00727664
	Firm's name ▶ LEAF & COLE, LLP				
	Firm's address ▶ 2810 CAMINO DEL RIO SOUTH, SUITE 200 SAN DIEGO, CA 92108	Firm's EIN ▶ 95-2076568	Phone no. 619.294.7200		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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 \$ 11,199,385. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 5,600,251. including grants of \$) (Revenue \$)

RESIDENTIAL TREATMENT PROGRAM AND SERVICES

CASA RAPHAEL - RESIDENTIAL SUBSTANCE USE DISORDER PROGRAM:

CASA RAPHAEL, LOCATED AT 993 AND 975 POSTAL WAY IN VISTA, CA IS A STATE-LICENSED AND CERTIFIED RESIDENTIAL TREATMENT PROGRAM FOR MEN IN RECOVERY FROM SUBSTANCE ABUSE.

THE PROGRAM PROVIDES HOUSING, FOOD, RECOVERY WORKSHOPS, CASE MANAGEMENT, MENTAL HEALTH COUNSELING, ACCESS TO HEALTHCARE, WORK, FINANCIAL ASSISTANCE, AND OTHER SUPPORT SERVICES. THE PROGRAM OFFERS AN INTENSIVE 12-WEEK ENVIRONMENT IN WHICH RESIDENTS PARTICIPATE IN AN EVIDENCE-BASED PRACTICE CURRICULUM.

4c (Code:) (Expenses \$ 5,056,394. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 4,740,416. including grants of \$) (Revenue \$ 3,358,299.)

4e Total program service expenses 26,596,446.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		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? <i>If 'Yes,' complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b 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 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....	X	
35b 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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.....		
1 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.....		
1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....		

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 378		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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?		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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	
c	Enter the amount of reserves on hand	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 O.	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If 'Yes,' see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If 'Yes,' complete Form 6069.	17	

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

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 7 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.		
1 b	Enter the number of voting members included on line 1a, above, who are independent. 1 b 6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done. SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	The organization's CEO, Executive Director, or top management official.	X	
15 b	Other officers or key employees of the organization. SEE SCHEDULE O	X	
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		X

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 JAN NORBY 3737 FIFTH AVE STE 203 SAN DIEGO CA 92103 619-542-1877

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT MCELROY PRESIDENT	40 0			X				276,894.	0.	30,272.
(2) JAN NORBY CFO	40 0			X				233,945.	0.	30,795.
(3) JANICE WILLIAMS CMO	40 0			X				182,666.	0.	27,642.
(4) LETICIA MARTINEZ-ODANGA ACCT MANAGER	40 0					X		144,457.	0.	23,097.
(5) JASON RODRIGUEZ DIRECTOR	40 0	X						143,374.	0.	21,941.
(6) KAREN PUCCI DIR SPEC PROJ	40 0					X		142,291.	0.	4,838.
(7) CHERYL DAVIS PROGRAM ADMIN	40 0					X		101,187.	0.	13,473.
(8) SUSAN RAFFEE CHAIR	1 0	X		X				0.	0.	0.
(9) ROBB LALLY DIRECTOR	1 0	X						0.	0.	0.
(10) JACQUELINE L. GREULICH DIRECTOR	1 0	X						0.	0.	0.
(11) CINDY LEHMAN SECRETARY	1 0	X		X				0.	0.	0.
(12) BRAD LOVELACE DIRECTOR	1 0	X						0.	0.	0.
(13) KATIE W. FRANKLIN DIRECTOR	1 0	X						0.	0.	0.
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

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1 b Subtotal	1,224,814.	0.	152,058.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	1,224,814.	0.	152,058.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 7			

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	
---	--

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c 212,917.					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e 20,294,300.					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 3,558,897.					
	g Noncash contributions included in lines 1a-1f	1 g 1,630,789.					
	h Total. Add lines 1a-1f		24,066,114.				
Program Service Revenue	2 a <u>JOB PROGRAM REVENUES</u>		Business Code 561300	3,358,299.	3,358,299.		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			3,358,299.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		271,965.			271,965.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	6 a 32,240.				
		(ii) Personal	b Less: rental expenses	6 b			
			c Rental income or (loss)	6 c 32,240.			
			d Net rental income or (loss)		32,240.	32,240.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	7 a				
		(ii) Other	b Less: cost or other basis and sales expenses	7 b			
			c Gain or (loss)	7 c			
			d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ 212,917. of contributions reported on line 1c). See Part IV, line 18		8 a				
		b Less: direct expenses	8 b 40,226.				
		c Net income or (loss) from fundraising events			-40,226.		-40,226.
	9 a Gross income from gaming activities. See Part IV, line 19		9 a				
b Less: direct expenses		9 b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		10 a					
	b Less: cost of goods sold	10 b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a <u>MISCELLANEOUS INCOME</u>		Business Code 561000	133,328.	133,328.		
	b <u>DEVELOPER FEES</u>		531390	115,681.	115,681.		
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			249,009.			
12 Total revenue. See instructions			27,937,401.	3,639,548.	0.	231,739.	

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 response or note to any line in this Part IX. X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	723,315.	606,889.	97,022.	19,404.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	12,485,217.	12,312,966.	157,941.	14,310.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	2,266,388.	2,238,986.	22,345.	5,057.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
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, column (A), amount, list line 11g expenses on Schedule O.)	221,388.	205,496.	15,892.	
12 Advertising and promotion	71,962.	2,110.	55,882.	13,970.
13 Office expenses	121,565.	111,134.	10,431.	
14 Information technology				
15 Royalties				
16 Occupancy	131,725.	123,169.	8,556.	
17 Travel	115,380.	103,406.	11,974.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	818.	818.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	375,326.	322,833.	52,493.	
23 Insurance	202,225.	163,164.	39,061.	
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.)				
a <u>FOOD</u>	2,758,133.	2,755,156.	2,977.	
b <u>EQUIPMENT RENTAL</u>	2,004,629.	1,921,463.	83,166.	
c <u>IN-KIND EXPENSES</u>	1,630,793.	1,617,271.	13,522.	
d <u>CLIENT ASSIST</u>	1,507,370.	1,503,575.	3,795.	
e All other expenses. SEE SCH. O.	2,782,204.	2,608,010.	161,088.	13,106.
25 Total functional expenses. Add lines 1 through 24e.	27,398,438.	26,596,446.	736,145.	65,847.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	4,441,408.	1	5,694,727.
	2 Savings and temporary cash investments	2,944,255.	2	1,626,619.
	3 Pledges and grants receivable, net	3,570,111.	3	2,950,240.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	996,674.	7	916,639.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	51,391.	9	26,332.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,047,730.		
	b Less: accumulated depreciation	10b 3,283,250.	2,872,960.	10c 2,764,480.
	11 Investments – publicly traded securities	3,176,097.	11	4,218,748.
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	88,028.	15	82,957.
16 Total assets. Add lines 1 through 15 (must equal line 33)	18,140,924.	16	18,280,742.	
Liabilities	17 Accounts payable and accrued expenses	1,022,972.	17	1,129,443.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	471,673.	23	448,382.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	87,605.	25	91,354.
	26 Total liabilities. Add lines 17 through 25	1,582,250.	26	1,669,179.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	16,388,351.	27	16,405,632.
	28 Net assets with donor restrictions	170,323.	28	205,931.
	Organizations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	16,558,674.	32	16,611,563.
33 Total liabilities and net assets/fund balances	18,140,924.	33	18,280,742.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,937,401.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,398,438.
3	Revenue less expenses. Subtract line 2 from line 1	3	538,963.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,558,674.
5	Net unrealized gains (losses) on investments	5	-443,844.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-42,230.
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	16,611,563.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990)

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

2021

Open to Public Inspection

Name of the organization ALPHA PROJECT FOR THE HOMELESS	Employer identification number 33-0215585
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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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	10946494.	16577033.	26935748.	21646719.	24066114.	100172108.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	10946494.	16577033.	26935748.	21646719.	24066114.	100172108.
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)						0.
6 Public support. Subtract line 5 from line 4.						100172108.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.	10946494.	16577033.	26935748.	21646719.	24066114.	100172108.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	23,002.	31,181.	54,559.	75,115.	304,205.	488,062.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	58,922.	129,575.				188,497.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	24,032.	20,019.	26,927.	46,173.	133,328.	250,479.
11 Total support. Add lines 7 through 10.						101099146.
12 Gross receipts from related activities, etc. (see instructions)					12	13,281,053.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).	14	99.08 %
15 Public support percentage from 2020 Schedule A, Part II, line 14.	15	99.20 %
16a 33-1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 6 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33-1/3% support tests-2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here.

b 33-1/3% support tests-2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer lines 3b and 3c below.</i>		
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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
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))? <i>If 'Yes,' provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
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)? <i>If 'Yes,' answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

Section 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	

Section 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	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section 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-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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Schedule A (Form 990) 2021

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.)

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>
MISCELLANEOUS INCOME	\$ 133,328.	\$ 46,173.	\$ 26,927.	\$ 20,019.	\$ 24,032.
TOTAL	<u>\$ 133,328.</u>	<u>\$ 46,173.</u>	<u>\$ 26,927.</u>	<u>\$ 20,019.</u>	<u>\$ 24,032.</u>

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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

ALPHA PROJECT FOR THE HOMELESS

Employer identification number

33-0215585

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. > \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization ALPHA PROJECT FOR THE HOMELESS	Employer identification number 33-0215585
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COUNTY OF SAN DIEGO ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 7,908,190.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SAN DIEGO HOUSING COMMISSION ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 9,548,428.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	US DEPT OF HOUSING AND URBAN DEV ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 2,461,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

COPY

Name of organization

Employer identification number

ALPHA PROJECT FOR THE HOMELESS

33-0215585

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

COPY

Name of organization

ALPHA PROJECT FOR THE HOMELESS

Employer identification number

33-0215585

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),

or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... ▶\$ _____ N/A
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

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

Name of the organization

Employer identification number

ALPHA PROJECT FOR THE HOMELESS

33-0215585

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d for total number, total acreage, and number of easements.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	67,454.	54,227.	56,170.	56,593.	55,484.
b Contributions	50.			100.	
c Net investment earnings, gains, and losses	-2,588.	15,545.	499.	1,859.	3,470.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,533.	2,318.	2,442.	2,382.	2,361.
f Administrative expenses					
g End of year balance	62,383.	67,454.	54,227.	56,170.	56,593.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment 100.00 %
- c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	X	
(ii) Related organizations		X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		1,252,351.		1,252,351.
b Buildings		1,562,017.	1,104,263.	457,754.
c Leasehold improvements		204,220.	14,944.	189,276.
d Equipment		3,029,142.	2,164,043.	865,099.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,764,480.

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Part VII Investments – Other Securities.

N/A

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

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

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED INTEREST	89,687.
(3) CLIENT TRUST	1,667.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	91,354.

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. **SEE PART XIII.**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	28,142,989.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-443,844.	
	b Donated services and use of facilities	2b	651,436.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	40,226.	
	e Add lines 2a through 2d	2e		247,818.
3	Subtract line 2e from line 1		3	27,895,171.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	42,230.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		42,230.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	27,937,401.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	28,090,100.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	651,436.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	40,226.	
	e Add lines 2a through 2d	2e		691,662.
3	Subtract line 2e from line 1		3	27,398,438.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	27,398,438.

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE ENDOWMENT FUNDS ARE HELD BY SAN DIEGO FOUNDATION. THE SPENDING POLICY IS TO DISBURSE 5% ANNUALLY, BASED UPON ENDOWMENT PRINCIPAL MARKET VALUE OVER THE LAST 36 MONTHS. THESE CALCULATIONS ARE MADE ON A MONTHLY BASIS. IF THE MARKET VALUE OF THE ENDOWMENT PRINCIPAL OF ANY FUND, AT THE END OF EACH MONTH, IS LESS THAN THE INITIAL VALUE OF ALL CONTRIBUTIONS MADE TO THE ENDOWMENT PRINCIPAL, THEN DISTRIBUTIONS WILL BE LIMITED TO INTEREST AND DIVIDENDS RECEIVED.

Part XIII Supplemental Information (continued)**PART X - FASB ASC 740 FOOTNOTE**

ALPHA PROJECT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

SPECIAL EVENT EXPENSES.....	\$ 40,226.
TOTAL	<u>\$ 40,226.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

SPECIAL EVENT EXPENSES.....	\$ 40,226.
TOTAL	<u>\$ 40,226.</u>

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**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

ALPHA PROJECT FOR THE HOMELESS

Employer identification number

33-0215585

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		FUNDRAISER-GOL (event type)	(event type)	NONE (total number)	(add column (a) through column (c))	
Revenue	1	Gross receipts	212,917.		212,917.	
	2	Less: Contributions	212,917.		212,917.	
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	40,226.		40,226.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				40,226.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-40,226.

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

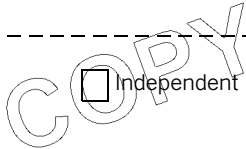
Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer

Employee

Independent contractor



17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2021

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

ALPHA PROJECT FOR THE HOMELESS

33-0215585

Part I Questions Regarding Compensation

1 a 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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.

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?

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.

- | | | |
|--|--|-----------------|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | PART III |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? **4 a** **X**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4 b** **X**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4 c** **X**
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5 a** **X**
- b** Any related organization? **5 b** **X**
- If 'Yes' on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6 a** **X**
- b** Any related organization? **6 b** **X**
- If 'Yes' on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III. **7** **X**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III. **8** **X**

9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				(C) Retirement and other deferred compensation
1 JASON RODRIGUEZ DIRECTOR	(i)	143,374.	0.	0.	0.	21,941.	165,315.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 ROBERT MCELROY PRESIDENT	(i)	276,894.	0.	0.	0.	30,272.	307,166.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JAN NORBY CFO	(i)	233,945.	0.	0.	0.	30,795.	264,740.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JANICE WILLIAMS CMO	(i)	182,666.	0.	0.	0.	27,642.	210,308.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 LETICIA MARTINEZ-ODANGA ACCT MANAGER	(i)	144,457.	0.	0.	0.	23,097.	167,554.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3 - METHODS USED BY RELATED ORG. TO ESTABLISH CEO/EXEC. DIR. COMPENSATION

THE PRESIDENT'S SALARY IS REVIEWED ANNUALLY AND APPROVED BY THE BOARD OF DIRECTORS.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization ALPHA PROJECT FOR THE HOMELESS	Employer identification number 33-0215585
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,043,279.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded				
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory	X	8	587,510.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	
--	-----------	--

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30 a		X
b If 'Yes,' describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32 a		X
b If 'Yes,' describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) 2021

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

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**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

ALPHA PROJECT FOR THE HOMELESS

33-0215585

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

ALPHA PROJECT FOR THE HOMELESS ("ALPHA PROJECT") WAS ORGANIZED IN FEBRUARY 1987 UNDER THE NONPROFIT PUBLIC BENEFIT CORPORATION LAW FOR PUBLIC AND CHARITABLE PURPOSES. THE MISSION OF ALPHA PROJECT IS TO EMPOWER INDIVIDUALS, FAMILIES, AND COMMUNITIES BY PROVIDING WORK, RECOVERY AND SUPPORT SERVICES TO PEOPLE WHO ARE MOTIVATED TO CHANGE THEIR LIVES AND ACHIEVE SELF-SUFFICIENCY. ALPHA PROJECT'S MANY PROGRAMS ARE AVAILABLE TO ALL PERSONS IN NEED REGARDLESS OF RACE, CREED, COLOR, ETHNICITY, NATIONAL ORIGIN, RELIGION, GENDER, OR SEXUAL ORIENTATION.

ALPHA PROJECT STRIVES NOT TO MANAGE HOMELESSNESS, BUT RATHER TO END IT FOR ITS CLIENTS. THE AGENCY'S PROGRAMS DO NOT AIM AT MAKING HOMELESSNESS EASIER, OR LESS COSTLY, OR MORE TOLERABLE. ALPHA PROJECT BREAKS THE CYCLE OF HOMELESSNESS AND PROVIDES AN ALTERNATE DIRECTION FOR ITS CLIENTS OUT OF HOPELESSNESS AND DESPAIR, AND INTO A LIFE OF RESPONSIBILITY AND DIGNITY.

EACH PROGRAM OFFERED BY THE ALPHA PROJECT FOCUSES ON ASSISTING PARTICIPANTS TO ATTAIN THEIR OWN OPTIMAL LEVEL OF INDEPENDENCE. FOR MOST OF THE PROGRAM PARTICIPANTS, SUCCESSFUL COMPLETION OF THE PROGRAMS WILL MEAN COMPLETE AND PERMANENT INDEPENDENCE THROUGH EDUCATION, EMPLOYMENT, SOBRIETY, AND STABILITY. FOR THOSE CLIENTS WITH SPECIAL NEEDS, THE PROGRAMS MAXIMIZE THEIR OWN POTENTIAL AND SUPPORT AS MUCH INDEPENDENCE AS POSSIBLE. ALL OF THE CLIENTS, REGARDLESS OF THEIR HISTORY, ARE ENCOURAGED, SUPPORTED, AND ASSISTED IN REACHING THEIR MAXIMUM POTENTIAL WITH DIGNITY AND RESPECT.

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

SHELTER PROGRAMS AND SERVICES

Name of the organization

Employer identification number

ALPHA PROJECT FOR THE HOMELESS

33-0215585

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

TEMPORARY BRIDGE SHELTERS:

ALPHA PROJECT OPERATES TWO TEMPORARY BRIDGE SHELTERS FOR SINGLE ADULTS IN DOWNTOWN SAN DIEGO ON BEHALF OF THE CITY OF SAN DIEGO. BRIDGE SHELTER #1 IS LOCATED AT THE CORNER OF 16TH STREET AND NEWTON AVENUE. BRIDGE SHELTER #2 IS LOCATED AT 1710 IMPERIAL AVENUE. THE PROGRAMS UTILIZE TOOLS DESIGNED TO EFFECTIVELY SERVE THE TARGET POPULATION IN A WELCOMING AND SOLUTIONS-FOCUSED ENVIRONMENT. CLIENTS AT THE SPRUNG STRUCTURES RECEIVE EMERGENCY HOUSING INCLUDING RESTROOMS, SHOWERS, LAUNDRY, MEALS, AND SUPPLIES. AN ARRAY OF SERVICES ARE OFFERED THROUGH ALPHA PROJECT AND PARTNERS INCLUDING MEDICAL AND BEHAVIORAL HEALTH SERVICES.

CORTEZ HILL FAMILY CENTER - INTERIM HOUSING PROGRAM:

OPERATED ON BEHALF OF THE CITY OF SAN DIEGO, CORTEZ HILL FAMILY CENTER - INTERIM HOUSING PROGRAM OFFERS EMERGENCY HOUSING FOR HOMELESS FAMILIES WITH CHILDREN. THE PROGRAM PROVIDES SAFE HOUSING, MEALS, ACCESS TO EDUCATION, MEDICAL, AND OTHER WRAP-AROUND SERVICES FOR FAMILIES WITH CHILDREN TO THRIVE AND PREPARE FOR LONGER-TERM OR PERMANENT HOUSING, AS WELL AS SUCCESSFULLY PROMOTE SELF-SUFFICIENCY, WELLNESS, AND RECOVERY.

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

PERMANENT HOUSING PROGRAMS & SERVICES

RAPID RE-HOUSING:

THE RAPID RE-HOUSING PROGRAM PROVIDES HOUSING NAVIGATION AND LOCATION, CASE MANAGEMENT, AND FINANCIAL ASSISTANCE TO PERMANENTLY HOUSE INDIVIDUALS AND FAMILIES. THE PROGRAM PROVIDES APPLICATION, SECURITY DEPOSIT, AND SHORT-TERM OR MEDIUM-TERM RENTAL ASSISTANCE, AS WELL AS ASSISTS IN SECURING NEEDED FURNITURE AND SUPPLIES. THE PROGRAM ALSO ASSISTS CLIENTS TO ACCESS SUPPORT SERVICES AND RESOURCES INCLUDING

Name of the organization

Employer identification number

ALPHA PROJECT FOR THE HOMELESS

33-0215585

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

MEDICAL, BEHAVIORAL HEALTH, LEGAL, WORK TRAINING, AND EMPLOYMENT.

HOME FINDER & TENANT PEER SUPPORT SERVICES (TPSS):

HOME FINDER AND TENANT PEER SUPPORT SERVICES (TPSS) PROGRAMS SERVE CLIENTS WHO ARE 1) AGES 18 YEARS OR OLDER, 2) HOMELESS, 3) EXPERIENCE SERIOUS MENTAL ILLNESS, AND 4) CONNECTED TO DESIGNATED COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES (BHS) OUTPATIENT CLINICS. STAFF MEETS WITH CLIENTS AT DESIGNATED CLINICS WHERE THEY START THE HOUSING PROCESS TO INCLUDE NEEDS ASSESSMENT, HOUSING LOCATION, HOUSING NAVIGATION, AND SUPPORTIVE SERVICES. STAFF ALSO COORDINATES, BROKERS, AND SCHEDULES APPROPRIATE CLIENT SERVICES WITH EXTERNAL MEDICAL, DENTAL, AND HOUSING OPPORTUNITIES TO MEET CLIENT NEEDS.

HOMELESS PREVENTION AND CASE MANAGEMENT:

ALPHA PROJECT OPERATES TWO PREVENTION PROGRAMS INCLUDING THE HOMELESS PREVENTION AND DIVERSION SERVICES PROGRAM WHICH PROVIDES SINGLE EPISODES OF ASSISTANCE WITH SHORT-TERM CASE MANAGEMENT. THE HOUSING NAVIGATION AND CASE MANAGEMENT SERVICES FOR THE HOMELESS PROGRAM OFFERS LONGER-TERM PREVENTION SUPPORT THROUGH ONGOING CASE MANAGEMENT AND REFERRALS TO SUPPORTIVE SERVICES.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

WORK PROGRAMS

SPECIAL PROJECTS:

SPECIAL PROJECTS PROVIDES MEANINGFUL WORK AND TRAINING OPPORTUNITIES TO ELIGIBLE CLIENTS ABLE TO WORK. THROUGHOUT THE YEAR, ALPHA PROJECT CONTRACTS DIRECTLY WITH VARIOUS PUBLIC DEPARTMENTS AND PRIVATE ENTITIES TO PROVIDE WEED AND BRUSH ABATEMENT SERVICES, AND OTHER COMMUNITY BENEFIT PROJECTS, TO NEIGHBORHOODS AND RURAL AREAS

Name of the organization

Employer identification number

ALPHA PROJECT FOR THE HOMELESS

33-0215585

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

THROUGHOUT SAN DIEGO COUNTY.

WHEELS OF CHANGE:

WHEELS OF CHANGE OFFERS WORK OPPORTUNITIES, PAYING MINIMUM WAGE, TO INDIVIDUALS RESIDING AT ALPHA PROJECT'S TEMPORARY BRIDGE SHELTER PROGRAMS. WHEELS OF CHANGE EMPOWERS SHELTER RESIDENTS, BUILDS SELF-ESTEEM, AND PROVIDES MEANINGFUL WORK EXPERIENCE WHILE GIVING BACK TO THE COMMUNITY

PERMANENT SUPPORTIVE HOUSING ASSISTANCE

ALPHA SQUARE:

ALPHA SQUARE, WELCOMING RESIDENTS SINCE 2015, IS LOCATED AT 550 14TH STREET IN DOWNTOWN SAN DIEGO AND INCORPORATES 203 UNITS, INCLUDING TWO MANAGEMENT UNITS, ALONG WITH ONSITE LAUNDRY, COMPUTER LAB, FOOD PANTRY, COMMERCIAL KITCHEN, COMMUNITY ROOMS, AND ROOFTOP TERRACE. ALPHA SQUARE PROVIDES SUPPORTIVE, AFFORDABLE, AND SUSTAINABLE HOUSING WITH ACCESS TO ON-SITE SUPPORT SERVICES TO ADDRESS NEEDS SUCH AS MENTAL HEALTH COUNSELING, ADDICTION COUNSELING, ENROLLING IN BENEFITS, FINANCIAL SUPPORT, AND ACCESS TO LONG-TERM TREATMENT AND OTHER SERVICES.

ALPHA LOFTS:

LAUNCHED IN 2019, ALPHA LOFTS LOCATED AT 3808 EL CAJON BLVD. IN NORMAL HEIGHTS IS A SUPPORTIVE AFFORDABLE HOUSING COMPLEX FOR HOMELESS VETERANS IN SAN DIEGO. ALPHA PROJECT STAFF PROVIDES ESSENTIAL SUPPORT SERVICES FOR THE RESIDENTS OF ALPHA LOFTS, WHICH OFFERS 53 UNITS INCLUDING ONE MANAGER'S UNIT, AS WELL AS AN ONSITE FOOD PANTRY, COMPUTER LAB, LAUNDRY ROOM, AND TERRACE. THE PROGRAM ALSO CONNECTS RESIDENTS TO MEDICAL, BEHAVIORAL HEALTH, AND OTHER NECESSARY SERVICES.

Name of the organization

ALPHA PROJECT FOR THE HOMELESS

Employer identification number

33-0215585

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

OTHER PROGRAMS

FOOD SERVICES PROGRAM:

ALPHA PROJECT'S COMMERCIAL KITCHEN AT ALPHA SQUARE IS INSTRUMENTAL IN THE DELIVERY OF FOOD SERVICES TO THE AGENCY'S MANY PROGRAMS INCLUDING THE PREPARATION OF OVER 200,000 HOT MEALS ANNUALLY TO SHELTER RESIDENTS. THE PROGRAM ALSO HELPS STOCK THE AGENCY'S THREE FOOD PANTRIES AT ALPHA SQUARE, ALPHA LOFTS, AND LUTHER TOWER, AS WELL AS PREPARES FOOD KITS FOR CLIENTS MOVING INTO HOUSING OF THEIR OWN AND EMERGENCY FOOD KITS AS NEEDED FOR SENIORS, DISABLED, AND CHRONICALLY ILL CLIENTS.

HOMELESS OUTREACH:

AT THE CORE OF ALL OF ALPHA PROJECT'S FACILITIES AND SERVICES IS A PROGRAM OF HOMELESS OUTREACH, DESIGNED NOT ONLY TO ASSIST THOSE IN NEED IN ACCESSING NEEDED SERVICES BUT ALSO TO ASSIST THE SURROUNDING NEIGHBORHOOD IN ADDRESSING HOMELESS-RELATED ISSUES. OPERATING IN THE CITY OF SAN DIEGO, CITY OF VISTA, CHULA VISTA CITY, NATIONAL CITY, AND THE PORT OF SAN DIEGO, OUTREACH WORKERS ARE TRAINED IN CRISIS RESPONSE AND DE-ESCALATION, WITH ACCESS TO FOOD, TRANSPORTATION AND A WEALTH OF REFERRAL SOURCES TO HELP INDIVIDUALS AND FAMILIES STILL HOMELESS CONNECT WITH HOUSING AND OTHER SOURCES OF SUPPORT.

CASE MANAGEMENT AT LUTHER TOWER:

LUTHER TOWER OFFERS 200 UNITS OF AFFORDABLE HOUSING TO SENIORS. ALPHA PROJECT'S CASE MANAGEMENT SERVICES AT LUTHER TOWER OFFERS RESIDENTS WITH SUPPORT ACCESSING SERVICES AND SUPPLIES INCLUDING MEDICAL, BEHAVIORAL HEALTH, FOOD, AS WELL AS OTHER WRAP-AROUNDS SERVICES.

Name of the organization

ALPHA PROJECT FOR THE HOMELESS

Employer identification number

33-0215585

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

HOSPICE FOR THE HOMELESS & LIVING WITH DIGNITY:

IN RESPONSE TO THE HOMELESS DEATHS THAT OCCUR ON THE STREETS OF SAN DIEGO, IN 2007 ALPHA PROJECT LAUNCHED HOSPICE FOR THE HOMELESS AND LIVING WITH DIGNITY TO PROVIDE FINANCIAL ASSISTANCE TO HOMELESS PEOPLE DIAGNOSED WITH A TERMINAL OR CHRONIC ILLNESS. HOSPICE FOR THE HOMELESS CATERS TO THOSE DIAGNOSED BY A PHYSICIAN AS HAVING 6 MONTHS OR LESS TO LIVE. WHILE THE CLIENT'S CHOSEN HOSPICE PROVIDER DELIVERS MEDICAL & NURSING CARE, MEDICATIONS, SOCIAL WORKER, AND BEHAVIORAL HEALTH AND SPIRITUAL COUNSELING, ALPHA PROJECT PROVIDES FINANCIAL ASSISTANCE INCLUDING SECURITY DEPOSIT, RENTAL ASSISTANCE, FURNITURE, FOOD, AND OTHER SUPPLIES NOT COVERED BY HOSPICE. LIVING WITH DIGNITY PROVIDES ONE-TIME ASSISTANCE TO HELP SENIORS, THOSE WITH PHYSICAL DISABILITIES OR OTHER DEBILITATING ILLNESSES WITH EMERGENCY OR CRITICAL NEEDS SUCH AS RENTAL ASSISTANCE, TRANSPORTATION, FOOD, AND MOBILITY DEVICES SUCH AS WHEELCHAIRS, WALKERS, WALKING STICKS, ETC.

ALPHA HOUSE:

ALPHA HOUSE IS DESIGNED TO PROVIDE SOBER LIVING AND TRANSITIONAL HOUSING TO THOSE NEEDING SAFE, CLEAN, AND AFFORDABLE HOUSING WHILE TRANSITIONING BACK INTO THE WORKFORCE THROUGH PARTICIPATION IN ALPHA PROJECT'S SPECIAL PROJECTS WORK PROGRAM.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE DRAFT FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

IN CASE OF A CONFLICT OF INTEREST ISSUE, THE BOARD WOULD REVIEW THE SITUATION.

THERE HAVE BEEN NO KNOWN CONFLICTS OF INTEREST FOR THE YEAR ENDED JUNE 30, 2022.

Name of the organization

ALPHA PROJECT FOR THE HOMELESS

Employer identification number

33-0215585

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

COMPENSATION IS REVIEWED ON AN ANNUAL BASIS BY THE PRESIDENT OF THE ORGANIZATION.

COMPENSATION OF KEY EMPLOYEES IS APPROVED BY THE BOARD OF DIRECTORS ANNUALLY.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION WILL PROVIDE THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL

STATEMENTS TO ANY PERSON WHO REQUESTS THIS INFORMATION IN WRITING. THIS INFORMATION

CAN BE OBTAINED IN THE FORM OF PDF DOCUMENTS.

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADMINISTRATIVE	160,598.	274,204.	-113,606.	
AUTO & TRUCK	142,736.	124,372.	18,364.	
BANK FEES	42,783.	6,376.	36,407.	
BUS TOKENS	15,370.	15,370.		
CONTRACTED SERVICES	57,911.	23,931.	33,980.	
DRUG TESTING	22,156.	22,156.		
DUES & SUBSCRIPTIONS	49,269.	37,825.	11,444.	
GASOLINE	258,620.	225,087.	33,533.	
LICENSES & FEES	36,977.	33,365.	3,612.	
MEDICAL EXPENSE	45,228.	10,992.	34,236.	
MEETING EXPENSES	75,832.	30,410.	45,422.	
MISCELLANEOUS	-8,563.	20,337.	-28,900.	
PARKING	36,997.	36,589.	408.	
POSTAGE AND SHIPPING	6,593.	601.	5,703.	289.
PROPERTY TAXES	31,812.	31,812.		
REPAIRS & MAINTENANCE	156,266.	142,385.	13,881.	
STIPENDS	269,709.	268,210.	1,499.	
SUPPLIES	839,999.	776,800.	50,559.	12,640.
TECHNOLOGY	130,991.	130,551.	440.	
TELEPHONE	115,548.	112,011.	3,360.	177.
TRAINING	6,069.	3,943.	2,126.	
TRASH	87,694.	87,501.	193.	
UNIFORMS	45,533.	37,106.	8,427.	
UTILITIES	156,076.	156,076.		
TOTAL	\$ 2,782,204.	\$ 2,608,010.	\$ 161,088.	\$ 13,106.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 - ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

ALPHA PROJECT FOR THE HOMELESS

Employer identification number
33-0215585

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ALPHA THE LOFTS LLC 3737 FIFTH AVENUE, SUITE 203 SAN DIEGO, CA 92103 82-3314923	LOW INCOME HOUSING	CA	0.	0.	ALPHA PROJECT FOR THE HOMELESS
(2) ALPHA SQUARE 4 LLC 3737 FIFTH AVENUE, SUITE 203 SAN DIEGO, CA 92103 35-2493545	LOW INCOME HOUSING	CA	0.	0.	ALPHA PROJECT FOR THE HOMELESS
(3) ALPHA SQUARE 9 LLC 3737 FIFTH AVENUE, SUITE 203 SAN DIEGO, CA 92103 38-3924211	LOW INCOME HOUSING	CA	0.	0.	ALPHA PROJECT FOR THE HOMELESS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) METRO HOTEL COMMUNITY ASSOCIATION 3737 FIFTH AVENUE, SUITE 203 SAN DIEGO, CA 92103 33-0898983	LOW INCOME HOUSING	CA	501 (C) (3)	7	N/A		X
(2) WEST COAST AFFORDABLE HOUSING 3737 FIFTH AVENUE, SUITE 203 SAN DIEGO, CA 92103 27-1184364	LOW INCOME HOUSING	CA	501 (C) (3)	7	N/A		X
(3) ANAHEIM GARDENS CORPORATION 3737 FIFTH AVENUE, SUITE 203 SAN DIEGO, CA 92103 33-0580463	LOW INCOME HOUSING	CA	501 (C) (3)	7	N/A		X
(4) -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SEE PART VII												
(1) ALPHA SQUARE 4% 3737 FIFTH AVENUE SAN DIEGO, CA 92136-4758780	LOW INCOME HOUSING	CA	ALPHA PROJECT		-14.	50,240.		X	N/A	X		0.01
(2) ALPHA SQUARE 9% 3737 FIFTH AVENUE SAN DIEGO, CA 92135-2473837	LOW INCOME HOUSING	CA	ALPHA PROJECT		-32.	115,176.		X	N/A	X		0.01
(3) NORMAL HEIGHTS C 6339 PASEO DEL L CARLSBAD, CA 92030-0943427	LOW INCOME HOUSING	CA	ALPHA PROJECT		-27.	164,643.		X	N/A	X		0.01

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

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Part VII Supplemental Information

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

PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN

ALPHA SQUARE 4% LP 36-4758780 3737 FIFTH AVENUE, SUITE 203 SAN DIEGO,
CA 92103

ALPHA SQUARE 9% LP 35-2473837 3737 FIFTH AVENUE, SUITE 203 SAN DIEGO,
CA 92103

NORMAL HEIGHTS CIC LP 30-0943427 6339 PASEO DEL LAGO CARLSBAD, CA
92011

COPY

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2021

Attachment
Sequence No. **179**

Name(s) shown on return

ALPHA PROJECT FOR THE HOMELESS

Identifying number

33-0215585

Business or activity to which this form relates

FORM 990/990-PF

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	375,326.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

Section B – Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	375,326.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812L 07/12/21

Form **4562** (2021)

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. ALPHA PROJECT FOR THE HOMELESS	Taxpayer identification number (TIN) 33-0215585
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 3737 FIFTH AVE. #203	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92103	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ JAN NORBY -----

Telephone No. ▶ 619-542-1877 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. If it is for part of the group, check this box ... and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 20 23, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 7/01, 20 21, and ending 6/30, 20 22.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

ALPHA PROJECT FOR THE HOMELESS

33-0215585

5/09/23

09:11AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
AUTO / TRANSPORT EQUIPMENT																
5	VEHICLES	VARIOUS		1,941,249							1,941,249	1,366,079	S/L	5		179,442
17	VEHICLES	VARIOUS		256,691							256,691		S/L	5		34,816
TOTAL AUTO / TRANSPORT EQUIP				2,197,940		0	0	0	0	0	2,197,940	1,366,079				214,258
BUILDINGS																
2	BUILDING	VARIOUS		1,289,694							1,289,694	972,165	S/L	40		19,461
6	PIZZERIA IMPROVEMENTS	VARIOUS		236,325							236,325	66,959	S/L	7		33,761
7	BUILDING & IMPROVEMENTS	VARIOUS		27,960							27,960	5,972	S/L	7		3,994
14	BUILDINGS	VARIOUS		8,038							8,038		S/L	7		1,951
TOTAL BUILDINGS				1,562,017		0	0	0	0	0	1,562,017	1,045,096				59,167
IMPROVEMENTS																
11	LAND IMPROVEMENTS	VARIOUS		203,562							203,562	1,279	S/L	15		13,571
15	LAND IMPROVEMENTS	VARIOUS		658							658		S/L	7		94
TOTAL IMPROVEMENTS				204,220		0	0	0	0	0	204,220	1,279				13,665
LAND																
1	LAND	VARIOUS		992,592							992,592					0
10	LAND	VARIOUS		259,759							259,759		S/L			0
TOTAL LAND				1,252,351		0	0	0	0	0	1,252,351	0				0

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6/30/22

2021 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

ALPHA PROJECT FOR THE HOMELESS

33-0215585

5/09/23

09:11AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
MACHINERY AND EQUIPMENT																
3	EQUIPMENT	VARIOUS		478,765							478,765	401,321	S/L	5		17,936
4	PIZZERIA EQUIPMENT	VARIOUS		106,335							106,335	55,825	S/L	5		21,267
8	EQUIPMENT	VARIOUS		121,474							121,474	38,324	S/L	5		24,295
13	EQUIPMENT	VARIOUS		123,170							123,170		S/L	5		24,634
16	EQUIPMENT	VARIOUS		1,458							1,458		S/L	7		104
TOTAL MACHINERY AND EQUIPME				831,202		0	0	0	0	0	831,202	495,470				88,236
TOTAL DEPRECIATION				<u>6,047,730</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>6,047,730</u>	<u>2,907,924</u>				<u>375,326</u>
GRAND TOTAL DEPRECIATION				<u>6,047,730</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>6,047,730</u>	<u>2,907,924</u>				<u>375,326</u>

COPY

ALPHA PROJECT FOR THE HOMELESS

33-0215585

5/09/23

09:11AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
AUTO / TRANSPORT EQUIPMENT																
5	VEHICLES	VARIOUS		1,941,249							1,941,249	1,545,521	S/L	5		388,250
17	VEHICLES	VARIOUS		256,691							256,691	34,816	S/L	5		51,338
TOTAL AUTO / TRANSPORT EQUIP				2,197,940		0	0	0	0	0	2,197,940	1,580,337				439,588
BUILDINGS																
2	BUILDING	VARIOUS		1,289,694							1,289,694	991,626	S/L	40		32,242
6	PIZZERIA IMPROVEMENTS	VARIOUS		236,325							236,325	100,720	S/L	7		33,761
7	BUILDING & IMPROVEMENTS	VARIOUS		27,960							27,960	9,966	S/L	7		3,994
14	BUILDINGS	VARIOUS		8,038							8,038	1,951	S/L	7		1,148
TOTAL BUILDINGS				1,562,017		0	0	0	0	0	1,562,017	1,104,263				71,145
IMPROVEMENTS																
11	LAND IMPROVEMENTS	VARIOUS		203,562							203,562	14,850	S/L	15		13,571
15	LAND IMPROVEMENTS	VARIOUS		658							658	94	S/L	7		94
TOTAL IMPROVEMENTS				204,220		0	0	0	0	0	204,220	14,944				13,665
LAND																
1	LAND	VARIOUS		992,592							992,592					0
10	LAND	VARIOUS		259,759							259,759		S/L			0
TOTAL LAND				1,252,351		0	0	0	0	0	1,252,351	0				0

COPY

ALPHA PROJECT FOR THE HOMELESS

33-0215585

5/09/23

09:11AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
MACHINERY AND EQUIPMENT																
3	EQUIPMENT	VARIOUS		478,765							478,765	419,257	S/L	5		59,508
4	PIZZERIA EQUIPMENT	VARIOUS		106,335							106,335	77,092	S/L	5		21,267
8	EQUIPMENT	VARIOUS		121,474							121,474	62,619	S/L	5		24,295
13	EQUIPMENT	VARIOUS		123,170							123,170	24,634	S/L	5		24,634
16	EQUIPMENT	VARIOUS		1,458							1,458	104	S/L	7		208
TOTAL MACHINERY AND EQUIPME				831,202		0	0	0	0	0	831,202	583,706				129,912
TOTAL DEPRECIATION				<u>6,047,730</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>6,047,730</u>	<u>3,283,250</u>				<u>654,310</u>
GRAND TOTAL DEPRECIATION				<u>6,047,730</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>6,047,730</u>	<u>3,283,250</u>				<u>654,310</u>

COPY

California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 7/01/2021, and ending (mm/dd/yyyy) 6/30/2022.

Corporation/Organization name: ALPHA PROJECT FOR THE HOMELESS. California corporation number: 1550786. FEIN: 33-0215585. Street address: 3737 FIFTH AVE. #203. City: SAN DIEGO. State: CA. Zip code: 92103.

Part I Complete Part I unless not required to file this form. See General Information B and C. A First return. B Amended return. C IRC Section 4947(a)(1) trust. D Final information return. E Check accounting method. F Federal return filed. G Is this a group filing. H Is this organization in a group exemption. I Did the organization have any changes to its guidelines. J If exempt under R&TC Section 23701d. K Is the organization exempt under R&TC Section 23701g. L Is the organization a limited liability company. M Did the organization file Form 100 or Form 109. N Is the organization under audit. O Is federal Form 1023/1024 pending.

Table with 16 rows for Receipts and Revenues, Expenses, and Filing Fee. Row 1: Gross sales or receipts from other sources. Row 2: Gross dues and assessments from members and affiliates. Row 3: Gross contributions, gifts, grants, and similar amounts received. Row 4: Total gross receipts for filing requirement test. Row 5: Cost of goods sold. Row 6: Cost or other basis, and sales expenses of assets sold. Row 7: Total costs. Row 8: Total gross income. Row 9: Total expenses and disbursements. Row 10: Excess of receipts over expenses and disbursements. Row 11: Total payments. Row 12: Use tax. Row 13: Payments balance. Row 14: Use tax balance. Row 15: Penalties and interest. Row 16: Balance due.

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	1	
	2	Interest	2	271,965.
	3	Dividends	3	
	4	Gross rents	4	32,240.
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See instructions)	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	7	3,607,308.
Expenses and Disbursements	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	3,911,513.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	9	
	10	Disbursements to or for members.	10	
	11	Compensation of officers, directors, and trustees. Attach schedule.	11	723,315.
	12	Other salaries and wages.	12	12,485,217.
	13	Interest	13	818.
	14	Taxes	14	2,266,388.
	15	Rents	15	131,725.
	16	Depreciation and depletion (See instructions)	16	375,326.
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 2	17	11,455,875.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	27,438,664.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		7,385,663.		7,321,346.
2	Net accounts receivable		3,570,111.		2,950,240.
3	Net notes receivable ST 3		996,674.		916,639.
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock STMT 4		3,176,097.		4,218,748.
8	Mortgage loans				
9	Other investments. Attach schedule ST 5		67,454.		62,383.
10a	Depreciable assets	4,528,534.		4,795,379.	
b	Less accumulated depreciation	2,907,925.	1,620,609.	3,283,250.	1,512,129.
11	Land		1,252,351.		1,252,351.
12	Other assets. Attach schedule STM 6		71,965.		46,906.
13	Total assets		18,140,924.		18,280,742.
Liabilities and net worth					
14	Accounts payable		1,022,972.		1,129,443.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable ST 7		29,173.		5,882.
17	Mortgages payable		442,500.		442,500.
18	Other liabilities. Attach schedule STM 8		87,605.		91,354.
19	Capital stock or principal fund		16,558,674.		16,611,563.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		18,140,924.		18,280,742.

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	52,889.	7	Income recorded on books this year not included in this return. Attach schedule SEE ST 10	-443,844.
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule.	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	-443,844.
4	Income not recorded on books this year. Attach schedule.		10	Net income per return. Subtract line 9 from line 6.	538,963.
5	Expenses recorded on books this year not deducted in this return. Attach schedule SEE ST 9	42,230.			
6	Total. Add line 1 through line 5.	95,119.			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

CALIFORNIA COPY Schedule of Contributors

OMB No. 1545-0047

2021

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

Name of the organization: ALPHA PROJECT FOR THE HOMELESS; Employer identification number: 33-0215585

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ [X] 501(c)(3) (enter number) organization; Form 990-PF [] 501(c)(3) exempt private foundation; [] 4947(a)(1) nonexempt charitable trust treated as a private foundation; [] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test... [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor... [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization ALPHA PROJECT FOR THE HOMELESS	Employer identification number 33-0215585
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COUNTY OF SAN DIEGO ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 7,908,190.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SAN DIEGO HOUSING COMMISSION ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 9,548,428.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	US DEPT OF HOUSING AND URBAN DEV ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 2,461,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

COPY

Name of organization

Employer identification number

ALPHA PROJECT FOR THE HOMELESS

33-0215585

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

COPY

Name of organization ALPHA PROJECT FOR THE HOMELESS Employer identification number 33-0215585

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)... \$ N/A Use duplicate copies of Part III if additional space is needed.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Row 1 contains 'N/A' in column (b).

Table with 2 columns: (e) Transfer of gift, Transferee's name, address, and ZIP + 4, Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, Transferee's name, address, and ZIP + 4, Relationship of transferor to transferee.

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Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, Transferee's name, address, and ZIP + 4, Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, Transferee's name, address, and ZIP + 4, Relationship of transferor to transferee.

2021 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ALPHA PROJECT FOR THE HOMELESS	California corporation number 1550786
---	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
LAND	VARIOUS	992,592.			0		
BUILDING	VARIOUS	1,289,694.	972,165.	S/L	40	19,461.	
EQUIPMENT	VARIOUS	478,765.	401,321.	S/L	5	17,936.	
PIZZERIA EQUIPM	VARIOUS	106,335.	55,825.	S/L	5	21,267.	
VEHICLES	VARIOUS	1,941,249.	1,366,079.	S/L	5	179,442.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....					15	375,326.	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

2021 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ALPHA PROJECT FOR THE HOMELESS	California corporation number 1550786
---	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
PIZZERIA IMPROV	VARIOUS	236,325.	66,959.	S/L	7	33,761.	
BUILDING & IMPR	VARIOUS	27,960.	5,972.	S/L	7	3,994.	
EQUIPMENT	VARIOUS	121,474.	38,324.	S/L	5	24,295.	
LAND	VARIOUS	259,759.			0		
LAND IMPROVEMEN	VARIOUS	203,562.	1,279.	S/L	15	13,571.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

2021 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ALPHA PROJECT FOR THE HOMELESS	California corporation number 1550786
---	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
EQUIPMENT	VARIOUS	123,170.		S/L	5	24,634.	
BUILDINGS	VARIOUS	8,038.		S/L	7	1,951.	
LAND IMPROVEMEN	VARIOUS	658.		S/L	7	94.	
EQUIPMENT	VARIOUS	1,458.		S/L	7	104.	
VEHICLES	VARIOUS	256,691.		S/L	5	34,816.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

5/09/23

09:11AM

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

DEVELOPER FEES.....	\$	115,681.
MISCELLANEOUS INCOME.....		133,328.
PROGRAM SERVICE REVENUE.....		3,358,299.
	TOTAL	<u>\$ 3,607,308.</u>

STATEMENT 2
FORM 199, PART II, LINE 17
OTHER EXPENSES

ADMINISTRATIVE.....	\$	160,598.
ADVERTISING AND PROMOTION.....		71,962.
AUTO & TRUCK.....		142,736.
BANK FEES.....		42,783.
BUS TOKENS.....		15,370.
CLIENT ASSIST.....		1,507,370.
CONTRACTED SERVICES.....		57,911.
DRUG TESTING.....		22,156.
DUES & SUBSCRIPTIONS.....		49,269.
EQUIPMENT RENTAL.....		2,004,629.
FOOD.....		2,758,133.
GASOLINE.....		258,620.
IN-KIND EXPENSES.....		1,630,793.
INSURANCE.....		202,225.
LICENSES & FEES.....		36,977.
MEDICAL EXPENSE.....		45,228.
MEETING EXPENSES.....		75,832.
MISCELLANEOUS.....		-8,563.
OFFICE EXPENSES.....		121,565.
OTHER FEES.....		221,388.
PARKING.....		36,997.
POSTAGE AND SHIPPING.....		6,593.
PROPERTY TAXES.....		31,812.
REPAIRS & MAINTENANCE.....		156,266.
SPECIAL EVENT EXPENSES.....		40,226.
STIPENDS.....		269,709.
SUPPLIES.....		839,999.
TECHNOLOGY.....		130,991.
TELEPHONE.....		115,548.
TRAINING.....		6,069.
TRASH.....		87,694.
TRAVEL.....		115,380.
UNIFORMS.....		45,533.
UTILITIES.....		156,076.
	TOTAL	<u>\$11,455,875.</u>

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**STATEMENT 3
FORM 199, SCHEDULE L, LINE 3
NET NOTES RECEIVABLE**

<u>NOTES AND LOANS REPORTED SEPARATELY</u>	<u>BALANCE DUE</u>	<u>DOUBTFUL ACCOUNTS ALLOWANCE</u>
BORROWER'S NAME: ANAHEIM GARDENS CORPORATION		
BORROWER'S TITLE:		
DATE OF NOTE: 11/18/2019		
MATURITY DATE: 8/18/2039		
REPAYMENT TERMS:		
INTEREST RATE: 4.50%		
SECURITY PROVIDED:		
PURPOSE OF LOAN:		
BORROWER RELATIONSHIP:		
CONSIDERATION:		
CONSIDERATION FMV:		
ORIGINAL AMOUNT: \$ 1,033,234.		
BALANCE DUE:	\$ 916,639.	
DOUBTFUL ACCT. ALLOW.:		\$ 0.
TOTAL NET NOTES AND LOANS REPORTED SEPARATELY		\$ 916,639.
	TOTAL NET RECEIVABLES	\$ 916,639.

**STATEMENT 4
FORM 199, SCHEDULE L, LINE 7
INVESTMENTS IN STOCKS**

UBS FINANCIAL SERVICES.....	\$ 4,218,748.
TOTAL	\$ 4,218,748.

**STATEMENT 5
FORM 199, SCHEDULE L, LINE 9
OTHER INVESTMENTS**

SAN DIEGO FOUNDATION.....	\$ 62,383.
TOTAL	\$ 62,383.

**STATEMENT 6
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS**

CONSTRUCTION IN PROGRESS.....	10,218.
DEPOSITS.....	10,356.
PREPAID EXPENSES AND DEFERRED CHARGES.....	26,332.
TOTAL	\$ 46,906.

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STATEMENT 7
FORM 199, SCHEDULE L, LINE 16
BONDS AND NOTES PAYABLE

OTHER NOTES PAYABLE BALANCE DUE

LENDER'S NAME: FORD CREDIT
REPAYMENT TERMS: 3.39%
INTEREST RATE: 3.39
PURPOSE OF LOAN: AUTO PURCHASE
DESC. OF CONSIDERATION: AUTO
BALANCE DUE:

LENDER'S NAME: GM FINANCIAL
REPAYMENT TERMS: 3.39%
INTEREST RATE: 3.39
PURPOSE OF LOAN: AUTO PURCHASE
DESC. OF CONSIDERATION: AUTO
BALANCE DUE:

LENDER'S NAME: FORD CREDIT
REPAYMENT TERMS: 4.84%
INTEREST RATE: 4.84
PURPOSE OF LOAN: AUTO PURCHASE
DESC. OF CONSIDERATION: AUTO
BALANCE DUE:

2,204.

LENDER'S NAME: FORD CREDIT
REPAYMENT TERMS: 4.84%
INTEREST RATE: 4.84
PURPOSE OF LOAN: AUTO PURCHASE
DESC. OF CONSIDERATION: AUTO
BALANCE DUE:

2,191.

LENDER'S NAME: FORD CREDIT
REPAYMENT TERMS: 4.84%
INTEREST RATE: 4.84
PURPOSE OF LOAN: AUTO PURCHASE
DESC. OF CONSIDERATION: AUTO
BALANCE DUE:

1,487.

TOTAL OTHER NOTES PAYABLE \$ 5,882.

TOTAL NOTES AND BONDS PAYABLE \$ 5,882.

COPY

STATEMENT 8
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

ACCRUED INTEREST..... 89,687.
CLIENT TRUST..... 1,667.
TOTAL \$ 91,354.

5/09/23

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**STATEMENT 9
FORM 199, SCHEDULE M-1, LINE 5
EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN**

INVESTMENT FEES.....	\$	42,230.
TOTAL	\$	<u>42,230.</u>

**STATEMENT 10
FORM 199, SCHEDULE M-1, LINE 7
INCOME RECORDED ON BOOKS NOT ON RETURN**

UNREALIZED LOSS ON INVESTMENTS.....	\$	-443,844.
TOTAL	\$	<u>-443,844.</u>

COPY



(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

<p>ALPHA PROJECT FOR THE HOMELESS Name of Organization</p> <p>List all DBAs and names the organization uses or has used 3737 FIFTH AVE. #203 Address (Number and Street)</p> <p>SAN DIEGO, CA 92103 City or Town, State, and ZIP Code</p> <p>619-542-1877 Telephone Number</p> <p style="text-align: right;">E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <u>067250</u></p> <p>Corporation or Organization No. <u>1550786</u></p> <p>Federal Employer ID No. <u>33-0215585</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice**

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/21 ending 6/30/22) list:

Total Revenue \$ 27,937,401. **Noncash Contributions \$** 1,630,789. **Total Assets \$** 18,280,742.

Program Expenses \$ 26,596,446. **Total Expenses \$** 27,398,438.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

	ROBERT MCELROY	PRESIDENT	
Signature of Authorized Agent	Printed Name	Title	Date

5/09/23

09:11AM

**STATEMENT 1
FORM RRF-1, PART B, LINE 5
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
3255 CAMINO DEL RIO SOUTH
SAN DIEGO, CA 92108-3806
JOHN OLDENK
619-563-2700
CECILY THORNTON-STEARNES
619-563-2754

SAN DIEGO UNIFIED PORT DISTRICT
3165 PACIFIC HIGHWAY
SAN DIEGO, CA 92101
619-686-6200

THE CITY OF NATIONAL CITY
1243 NATIONAL CITY BLVD
NATIONAL CITY, CA 91950
619-336-4391

THE CITY OF VISTA
200 CIVIC CENTER DR
VISTA, CA 92084
760-726-1340

SAN DIEGO HOUSING COMMISSION
1122 BROADWAY, SUITE 300
SAN DIEGO, CA 92101
MELISSA PETERMAN
619-578-7529
DEBRA FISCHLE-FAULK
619-231-9400

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US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
RHONDA MILTON
611 WEST SIXTH STREET, 10TH FLOOR
LOS ANGELES, CA 90017
213-534-2584

THE SALVATION ARMY
HEAP FUNDS
6605 UNIVERSITY AVENUE
SAN DIEGO, CA 92115
619-446-0234
PAUL ARMSTRONG

CITY OF SAN DIEGO
202 "C" STREET, MS 10A
SAN DIEGO, CA 92101-4106
CONTACT: DENNIS GAKUNGA
619-236-6442
619-584-5046

CATHOLIC CHARITIES, DIOCESE OF SAN DIEGO
P.O. BOX 121831
SAN DIEGO, CA 92112
CFSP36@CCDSD.ORG
ALYSIA BLOXHAM

ALPHA PROJECT FOR THE HOMELESS

33-0215585

5/09/23

09:11AM

FORM 199, PART II, LINE 11 OFFICER'S COMPENSATION:

ROBERT MCELROY (PRESIDENT)	-	\$236,165
JAN NORBY (CFO)	-	\$193,225
JANICE WILLIAMS (CMO)	-	\$169,509
JASON RODRIGUEZ (DIRECTOR)	-	\$124,416
TOTAL	=	\$723,315

COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **7/01**, **2021**, and ending **6/30**, **2022**

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	ALPHA PROJECT FOR THE HOMELESS 3737 FIFTH AVE. #203 SAN DIEGO, CA 92103	33-0215585
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		619-542-1877
<input type="checkbox"/> Final return/terminated		G Gross receipts \$ 27,977,627.
<input type="checkbox"/> Amended return		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	F Name and address of principal officer: ROBERT MCELROY 3737 FIFTH AVE. SUITE 203 SAN DIEGO, CA 92103	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶ 4192
J Website: ▶ WWW.ALPHAPROJECT.ORG		L Year of formation: 1987 M State of legal domicile: CA
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>ALPHA PROJECT FOR THE HOMELESS ("ALPHA PROJECT") WAS ORGANIZED IN FEBRUARY 1987 TO EMPOWER INDIVIDUALS, FAMILIES, AND COMMUNITIES BY PROVIDING WORK, RECOVERY AND SUPPORT SERVICES TO PEOPLE WHO ARE MOTIVATED TO CHANGE THEIR LIVES AND ACHIEVE SELF-SUFFICIENCY.</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		6
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5		378
	6 Total number of volunteers (estimate if necessary)	6		6
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	21,646,719.	24,066,114.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,482,099.	3,358,299.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	75,115.	271,965.	
	12 Total revenue – add lines 8 through 11 (must equal Part VII, column (A), line 12)	46,173.	241,023.	
		25,250,106.	27,937,401.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,575,041.	15,474,920.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 65,847.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,773,042.	11,923,518.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,348,083.	27,398,438.		
19 Revenue less expenses. Subtract line 18 from line 12	1,902,023.	538,963.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	18,140,924.	18,280,742.	
	22 Net assets or fund balances. Subtract line 21 from line 20	1,582,250.	1,669,179.	
		16,558,674.	16,611,563.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	ROBERT MCELROY		PRESIDENT		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	JILL BRANCH	JILL BRANCH	5/08/23		P00727664
	Firm's name ▶ LEAF & COLE, LLP				Firm's EIN ▶ 95-2076568
	Firm's address ▶ 2810 CAMINO DEL RIO SOUTH, SUITE 200 SAN DIEGO, CA 92108				Phone no. 619.294.7200

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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 \$ 11,199,385. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 5,600,251. including grants of \$) (Revenue \$)

RESIDENTIAL TREATMENT PROGRAM AND SERVICES

CASA RAPHAEL - RESIDENTIAL SUBSTANCE USE DISORDER PROGRAM:

CASA RAPHAEL, LOCATED AT 993 AND 975 POSTAL WAY IN VISTA, CA IS A STATE-LICENSED AND CERTIFIED RESIDENTIAL TREATMENT PROGRAM FOR MEN IN RECOVERY FROM SUBSTANCE ABUSE.

THE PROGRAM PROVIDES HOUSING, FOOD, RECOVERY WORKSHOPS, CASE MANAGEMENT, MENTAL HEALTH COUNSELING, ACCESS TO HEALTHCARE, WORK, FINANCIAL ASSISTANCE, AND OTHER SUPPORT SERVICES. THE PROGRAM OFFERS AN INTENSIVE 12-WEEK ENVIRONMENT IN WHICH RESIDENTS PARTICIPATE IN AN EVIDENCE-BASED PRACTICE CURRICULUM.

4c (Code:) (Expenses \$ 5,056,394. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 4,740,416. including grants of \$) (Revenue \$ 3,358,299.)

4e Total program service expenses 26,596,446.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		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? <i>If 'Yes,' complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b 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 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b 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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
1 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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 378		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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?		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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	
c	Enter the amount of reserves on hand	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 O.	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If 'Yes,' see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If 'Yes,' complete Form 6069.	17	

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

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 7 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.		
1 b	Enter the number of voting members included on line 1a, above, who are independent. 1 b 6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done. SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	The organization's CEO, Executive Director, or top management official.	X	
15 b	Other officers or key employees of the organization. SEE SCHEDULE O	X	
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		X

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 JAN NORBY 3737 FIFTH AVE STE 203 SAN DIEGO CA 92103 619-542-1877

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT MCELROY PRESIDENT	40 0			X				276,894.	0.	30,272.
(2) JAN NORBY CFO	40 0			X				233,945.	0.	30,795.
(3) JANICE WILLIAMS CMO	40 0			X				182,666.	0.	27,642.
(4) LETICIA MARTINEZ-ODANGA ACCT MANAGER	40 0					X		144,457.	0.	23,097.
(5) JASON RODRIGUEZ DIRECTOR	40 0	X						143,374.	0.	21,941.
(6) KAREN PUCCI DIR SPEC PROJ	40 0					X		142,291.	0.	4,838.
(7) CHERYL DAVIS PROGRAM ADMIN	40 0					X		101,187.	0.	13,473.
(8) SUSAN RAFFEE CHAIR	1 0	X		X				0.	0.	0.
(9) ROBB LALLY DIRECTOR	1 0	X						0.	0.	0.
(10) JACQUELINE L. GREULICH DIRECTOR	1 0	X						0.	0.	0.
(11) CINDY LEHMAN SECRETARY	1 0	X		X				0.	0.	0.
(12) BRAD LOVELACE DIRECTOR	1 0	X						0.	0.	0.
(13) KATIE W. FRANKLIN DIRECTOR	1 0	X						0.	0.	0.
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

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1 b Subtotal	1,224,814.	0.	152,058.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	1,224,814.	0.	152,058.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 7

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c 212,917.					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e 20,294,300.					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 3,558,897.					
	g Noncash contributions included in lines 1a-1f	1 g 1,630,789.					
	h Total. Add lines 1a-1f		24,066,114.				
Program Service Revenue	2 a <u>JOB PROGRAM REVENUES</u>		Business Code 561300	3,358,299.	3,358,299.		
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue						
	g Total. Add lines 2a-2f			3,358,299.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		271,965.			271,965.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	6 a 32,240.				
		(ii) Personal	b Less: rental expenses	6 b			
			c Rental income or (loss)	6 c 32,240.			
			d Net rental income or (loss)		32,240.	32,240.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	7 a				
		(ii) Other	b Less: cost or other basis and sales expenses	7 b			
			c Gain or (loss)	7 c			
			d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ 212,917. of contributions reported on line 1c). See Part IV, line 18		8 a				
		b Less: direct expenses	8 b 40,226.				
		c Net income or (loss) from fundraising events		-40,226.			-40,226.
	9 a Gross income from gaming activities. See Part IV, line 19		9 a				
b Less: direct expenses		9 b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		10 a					
	b Less: cost of goods sold	10 b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a <u>MISCELLANEOUS INCOME</u>		Business Code 561000	133,328.	133,328.		
	b <u>DEVELOPER FEES</u>		531390	115,681.	115,681.		
	c -----						
	d All other revenue						
	e Total. Add lines 11a-11d			249,009.			
12 Total revenue. See instructions			27,937,401.	3,639,548.	0.	231,739.	

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 response or note to any line in this Part IX. X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	723,315.	606,889.	97,022.	19,404.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	12,485,217.	12,312,966.	157,941.	14,310.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	2,266,388.	2,238,986.	22,345.	5,057.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
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, column (A), amount, list line 11g expenses on Schedule O.)	221,388.	205,496.	15,892.	
12 Advertising and promotion	71,962.	2,110.	55,882.	13,970.
13 Office expenses	121,565.	111,134.	10,431.	
14 Information technology				
15 Royalties				
16 Occupancy	131,725.	123,169.	8,556.	
17 Travel	115,380.	103,406.	11,974.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	818.	818.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	375,326.	322,833.	52,493.	
23 Insurance	202,225.	163,164.	39,061.	
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.)				
a <u>FOOD</u>	2,758,133.	2,755,156.	2,977.	
b <u>EQUIPMENT RENTAL</u>	2,004,629.	1,921,463.	83,166.	
c <u>IN-KIND EXPENSES</u>	1,630,793.	1,617,271.	13,522.	
d <u>CLIENT ASSIST</u>	1,507,370.	1,503,575.	3,795.	
e All other expenses. SEE SCH. O.	2,782,204.	2,608,010.	161,088.	13,106.
25 Total functional expenses. Add lines 1 through 24e.	27,398,438.	26,596,446.	736,145.	65,847.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	4,441,408.	1	5,694,727.
	2 Savings and temporary cash investments	2,944,255.	2	1,626,619.
	3 Pledges and grants receivable, net	3,570,111.	3	2,950,240.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	996,674.	7	916,639.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	51,391.	9	26,332.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,047,730.		
	b Less: accumulated depreciation	10b 3,283,250.	2,872,960.	10c 2,764,480.
	11 Investments – publicly traded securities	3,176,097.	11	4,218,748.
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	88,028.	15	82,957.
16 Total assets. Add lines 1 through 15 (must equal line 33).	18,140,924.	16	18,280,742.	
Liabilities	17 Accounts payable and accrued expenses	1,022,972.	17	1,129,443.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	471,673.	23	448,382.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	87,605.	25	91,354.
	26 Total liabilities. Add lines 17 through 25.	1,582,250.	26	1,669,179.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	16,388,351.	27	16,405,632.
	28 Net assets with donor restrictions	170,323.	28	205,931.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	16,558,674.	32	16,611,563.
33 Total liabilities and net assets/fund balances	18,140,924.	33	18,280,742.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,937,401.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,398,438.
3	Revenue less expenses. Subtract line 2 from line 1	3	538,963.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,558,674.
5	Net unrealized gains (losses) on investments	5	-443,844.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-42,230.
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	16,611,563.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990)

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

2021

Open to Public Inspection

Name of the organization ALPHA PROJECT FOR THE HOMELESS	Employer identification number 33-0215585
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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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	10946494.	16577033.	26935748.	21646719.	24066114.	100172108.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	10946494.	16577033.	26935748.	21646719.	24066114.	100172108.
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)						0.
6 Public support. Subtract line 5 from line 4.						100172108.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.	10946494.	16577033.	26935748.	21646719.	24066114.	100172108.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	23,002.	31,181.	54,559.	75,115.	304,205.	488,062.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	58,922.	129,575.				188,497.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	24,032.	20,019.	26,927.	46,173.	133,328.	250,479.
11 Total support. Add lines 7 through 10.						101099146.
12 Gross receipts from related activities, etc. (see instructions)					12	13,281,053.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).	14	99.08 %
15 Public support percentage from 2020 Schedule A, Part II, line 14.	15	99.20 %

16a **33-1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b **33-1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

b 33-1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer lines 3b and 3c below.</i>		
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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
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))? <i>If 'Yes,' provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
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)? <i>If 'Yes,' answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

Section 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	

Section 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	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section 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-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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Schedule A (Form 990) 2021

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.)

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>
MISCELLANEOUS INCOME	\$ 133,328.	\$ 46,173.	\$ 26,927.	\$ 20,019.	\$ 24,032.
TOTAL	<u>\$ 133,328.</u>	<u>\$ 46,173.</u>	<u>\$ 26,927.</u>	<u>\$ 20,019.</u>	<u>\$ 24,032.</u>

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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

ALPHA PROJECT FOR THE HOMELESS

Employer identification number

33-0215585

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. > \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization ALPHA PROJECT FOR THE HOMELESS	Employer identification number 33-0215585
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COUNTY OF SAN DIEGO ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 7,908,190.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SAN DIEGO HOUSING COMMISSION ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 9,548,428.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	US DEPT OF HOUSING AND URBAN DEV ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 2,461,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

COPY

Name of organization

Employer identification number

ALPHA PROJECT FOR THE HOMELESS

33-0215585

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

COPY

Name of organization ALPHA PROJECT FOR THE HOMELESS Employer identification number 33-0215585

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)... \$ N/A Use duplicate copies of Part III if additional space is needed.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Row 1 contains 'N/A' in column (b).

Table with 2 columns: (e) Transfer of gift, Transferee's name, address, and ZIP + 4, Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, Transferee's name, address, and ZIP + 4, Relationship of transferor to transferee.

COPY

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, Transferee's name, address, and ZIP + 4, Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, Transferee's name, address, and ZIP + 4, Relationship of transferor to transferee.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

ALPHA PROJECT FOR THE HOMELESS

Employer identification number

33-0215585

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d for total number, total acreage, and number of easements.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	67,454.	54,227.	56,170.	56,593.	55,484.
b Contributions	50.			100.	
c Net investment earnings, gains, and losses	-2,588.	15,545.	499.	1,859.	3,470.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,533.	2,318.	2,442.	2,382.	2,361.
f Administrative expenses					
g End of year balance	62,383.	67,454.	54,227.	56,170.	56,593.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	X	
(ii) Related organizations		X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		1,252,351.		1,252,351.
b Buildings		1,562,017.	1,104,263.	457,754.
c Leasehold improvements		204,220.	14,944.	189,276.
d Equipment		3,029,142.	2,164,043.	865,099.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,764,480.

BAA

Part VII Investments – Other Securities.

N/A

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

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

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED INTEREST	89,687.
(3) CLIENT TRUST	1,667.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	91,354.

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. SEE PART XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	28,142,989.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-443,844.	
	b Donated services and use of facilities	2b	651,436.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	40,226.	
	e Add lines 2a through 2d	2e		247,818.
3	Subtract line 2e from line 1		3	27,895,171.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	42,230.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		42,230.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	27,937,401.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	28,090,100.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	651,436.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	40,226.	
	e Add lines 2a through 2d	2e		691,662.
3	Subtract line 2e from line 1		3	27,398,438.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	27,398,438.

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE ENDOWMENT FUNDS ARE HELD BY SAN DIEGO FOUNDATION. THE SPENDING POLICY IS TO DISBURSE 5% ANNUALLY, BASED UPON ENDOWMENT PRINCIPAL MARKET VALUE OVER THE LAST 36 MONTHS. THESE CALCULATIONS ARE MADE ON A MONTHLY BASIS. IF THE MARKET VALUE OF THE ENDOWMENT PRINCIPAL OF ANY FUND, AT THE END OF EACH MONTH, IS LESS THAN THE INITIAL VALUE OF ALL CONTRIBUTIONS MADE TO THE ENDOWMENT PRINCIPAL, THEN DISTRIBUTIONS WILL BE LIMITED TO INTEREST AND DIVIDENDS RECEIVED.

Part XIII Supplemental Information (continued)**PART X - FASB ASC 740 FOOTNOTE**

ALPHA PROJECT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

SPECIAL EVENT EXPENSES.....	\$ 40,226.
TOTAL	<u>\$ 40,226.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

SPECIAL EVENT EXPENSES.....	\$ 40,226.
TOTAL	<u>\$ 40,226.</u>

COPY

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

ALPHA PROJECT FOR THE HOMELESS

Employer identification number

33-0215585

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1 FUNDRAISER-GOL (event type)	(b) Event #2 _____ (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))	
Revenue	1	Gross receipts	212,917.		212,917.	
	2	Less: Contributions	212,917.		212,917.	
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	40,226.		40,226.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				40,226.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-40,226.

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

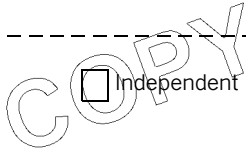
Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer

Employee

Independent contractor



17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2021

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

ALPHA PROJECT FOR THE HOMELESS

33-0215585

Part I Questions Regarding Compensation

1 a 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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.

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?

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.

- | | | |
|--|--|----------|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | PART III |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? **4 a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4 b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4 c**
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5 a**
- b** Any related organization? **5 b**
- If 'Yes' on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6 a**
- b** Any related organization? **6 b**
- If 'Yes' on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III. **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III. **8**

9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				(C) Retirement and other deferred compensation
1 JASON RODRIGUEZ DIRECTOR	(i)	143,374.	0.	0.	0.	21,941.	165,315.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 ROBERT MCELROY PRESIDENT	(i)	276,894.	0.	0.	0.	30,272.	307,166.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JAN NORBY CFO	(i)	233,945.	0.	0.	0.	30,795.	264,740.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JANICE WILLIAMS CMO	(i)	182,666.	0.	0.	0.	27,642.	210,308.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 LETICIA MARTINEZ-ODANGA ACCT MANAGER	(i)	144,457.	0.	0.	0.	23,097.	167,554.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3 - METHODS USED BY RELATED ORG. TO ESTABLISH CEO/EXEC. DIR. COMPENSATION

THE PRESIDENT'S SALARY IS REVIEWED ANNUALLY AND APPROVED BY THE BOARD OF DIRECTORS.

COPY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization ALPHA PROJECT FOR THE HOMELESS	Employer identification number 33-0215585
---	---

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,043,279.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded				
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory	X	8	587,510.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

COPY

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	
--	-----------	--

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30 a		X
b If 'Yes,' describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32 a		X
b If 'Yes,' describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) 2021

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

COPY

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

ALPHA PROJECT FOR THE HOMELESS

Employer identification number

33-0215585

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

ALPHA PROJECT FOR THE HOMELESS ("ALPHA PROJECT") WAS ORGANIZED IN FEBRUARY 1987 UNDER THE NONPROFIT PUBLIC BENEFIT CORPORATION LAW FOR PUBLIC AND CHARITABLE PURPOSES. THE MISSION OF ALPHA PROJECT IS TO EMPOWER INDIVIDUALS, FAMILIES, AND COMMUNITIES BY PROVIDING WORK, RECOVERY AND SUPPORT SERVICES TO PEOPLE WHO ARE MOTIVATED TO CHANGE THEIR LIVES AND ACHIEVE SELF-SUFFICIENCY. ALPHA PROJECT'S MANY PROGRAMS ARE AVAILABLE TO ALL PERSONS IN NEED REGARDLESS OF RACE, CREED, COLOR, ETHNICITY, NATIONAL ORIGIN, RELIGION, GENDER, OR SEXUAL ORIENTATION.

ALPHA PROJECT STRIVES NOT TO MANAGE HOMELESSNESS, BUT RATHER TO END IT FOR ITS CLIENTS. THE AGENCY'S PROGRAMS DO NOT AIM AT MAKING HOMELESSNESS EASIER, OR LESS COSTLY, OR MORE TOLERABLE. ALPHA PROJECT BREAKS THE CYCLE OF HOMELESSNESS AND PROVIDES AN ALTERNATE DIRECTION FOR ITS CLIENTS OUT OF HOPELESSNESS AND DESPAIR, AND INTO A LIFE OF RESPONSIBILITY AND DIGNITY.

EACH PROGRAM OFFERED BY THE ALPHA PROJECT FOCUSES ON ASSISTING PARTICIPANTS TO ATTAIN THEIR OWN OPTIMAL LEVEL OF INDEPENDENCE. FOR MOST OF THE PROGRAM PARTICIPANTS, SUCCESSFUL COMPLETION OF THE PROGRAMS WILL MEAN COMPLETE AND PERMANENT INDEPENDENCE THROUGH EDUCATION, EMPLOYMENT, SOBRIETY, AND STABILITY. FOR THOSE CLIENTS WITH SPECIAL NEEDS, THE PROGRAMS MAXIMIZE THEIR OWN POTENTIAL AND SUPPORT AS MUCH INDEPENDENCE AS POSSIBLE. ALL OF THE CLIENTS, REGARDLESS OF THEIR HISTORY, ARE ENCOURAGED, SUPPORTED, AND ASSISTED IN REACHING THEIR MAXIMUM POTENTIAL WITH DIGNITY AND RESPECT.

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

SHELTER PROGRAMS AND SERVICES

Name of the organization

Employer identification number

ALPHA PROJECT FOR THE HOMELESS

33-0215585

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

TEMPORARY BRIDGE SHELTERS:

ALPHA PROJECT OPERATES TWO TEMPORARY BRIDGE SHELTERS FOR SINGLE ADULTS IN DOWNTOWN SAN DIEGO ON BEHALF OF THE CITY OF SAN DIEGO. BRIDGE SHELTER #1 IS LOCATED AT THE CORNER OF 16TH STREET AND NEWTON AVENUE. BRIDGE SHELTER #2 IS LOCATED AT 1710 IMPERIAL AVENUE. THE PROGRAMS UTILIZE TOOLS DESIGNED TO EFFECTIVELY SERVE THE TARGET POPULATION IN A WELCOMING AND SOLUTIONS-FOCUSED ENVIRONMENT. CLIENTS AT THE SPRUNG STRUCTURES RECEIVE EMERGENCY HOUSING INCLUDING RESTROOMS, SHOWERS, LAUNDRY, MEALS, AND SUPPLIES. AN ARRAY OF SERVICES ARE OFFERED THROUGH ALPHA PROJECT AND PARTNERS INCLUDING MEDICAL AND BEHAVIORAL HEALTH SERVICES.

CORTEZ HILL FAMILY CENTER - INTERIM HOUSING PROGRAM:

OPERATED ON BEHALF OF THE CITY OF SAN DIEGO, CORTEZ HILL FAMILY CENTER - INTERIM HOUSING PROGRAM OFFERS EMERGENCY HOUSING FOR HOMELESS FAMILIES WITH CHILDREN. THE PROGRAM PROVIDES SAFE HOUSING, MEALS, ACCESS TO EDUCATION, MEDICAL, AND OTHER WRAP-AROUND SERVICES FOR FAMILIES WITH CHILDREN TO THRIVE AND PREPARE FOR LONGER-TERM OR PERMANENT HOUSING, AS WELL AS SUCCESSFULLY PROMOTE SELF-SUFFICIENCY, WELLNESS, AND RECOVERY.

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

PERMANENT HOUSING PROGRAMS & SERVICES

RAPID RE-HOUSING:

THE RAPID RE-HOUSING PROGRAM PROVIDES HOUSING NAVIGATION AND LOCATION, CASE MANAGEMENT, AND FINANCIAL ASSISTANCE TO PERMANENTLY HOUSE INDIVIDUALS AND FAMILIES. THE PROGRAM PROVIDES APPLICATION, SECURITY DEPOSIT, AND SHORT-TERM OR MEDIUM-TERM RENTAL ASSISTANCE, AS WELL AS ASSISTS IN SECURING NEEDED FURNITURE AND SUPPLIES. THE PROGRAM ALSO ASSISTS CLIENTS TO ACCESS SUPPORT SERVICES AND RESOURCES INCLUDING

Name of the organization

Employer identification number

ALPHA PROJECT FOR THE HOMELESS

33-0215585

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

MEDICAL, BEHAVIORAL HEALTH, LEGAL, WORK TRAINING, AND EMPLOYMENT.

HOME FINDER & TENANT PEER SUPPORT SERVICES (TPSS):

HOME FINDER AND TENANT PEER SUPPORT SERVICES (TPSS) PROGRAMS SERVE CLIENTS WHO ARE 1) AGES 18 YEARS OR OLDER, 2) HOMELESS, 3) EXPERIENCE SERIOUS MENTAL ILLNESS, AND 4) CONNECTED TO DESIGNATED COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES (BHS) OUTPATIENT CLINICS. STAFF MEETS WITH CLIENTS AT DESIGNATED CLINICS WHERE THEY START THE HOUSING PROCESS TO INCLUDE NEEDS ASSESSMENT, HOUSING LOCATION, HOUSING NAVIGATION, AND SUPPORTIVE SERVICES. STAFF ALSO COORDINATES, BROKERS, AND SCHEDULES APPROPRIATE CLIENT SERVICES WITH EXTERNAL MEDICAL, DENTAL, AND HOUSING OPPORTUNITIES TO MEET CLIENT NEEDS.

HOMELESS PREVENTION AND CASE MANAGEMENT:

ALPHA PROJECT OPERATES TWO PREVENTION PROGRAMS INCLUDING THE HOMELESS PREVENTION AND DIVERSION SERVICES PROGRAM WHICH PROVIDES SINGLE EPISODES OF ASSISTANCE WITH SHORT-TERM CASE MANAGEMENT. THE HOUSING NAVIGATION AND CASE MANAGEMENT SERVICES FOR THE HOMELESS PROGRAM OFFERS LONGER-TERM PREVENTION SUPPORT THROUGH ONGOING CASE MANAGEMENT AND REFERRALS TO SUPPORTIVE SERVICES.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

WORK PROGRAMS

SPECIAL PROJECTS:

SPECIAL PROJECTS PROVIDES MEANINGFUL WORK AND TRAINING OPPORTUNITIES TO ELIGIBLE CLIENTS ABLE TO WORK. THROUGHOUT THE YEAR, ALPHA PROJECT CONTRACTS DIRECTLY WITH VARIOUS PUBLIC DEPARTMENTS AND PRIVATE ENTITIES TO PROVIDE WEED AND BRUSH ABATEMENT SERVICES, AND OTHER COMMUNITY BENEFIT PROJECTS, TO NEIGHBORHOODS AND RURAL AREAS

Name of the organization

Employer identification number

ALPHA PROJECT FOR THE HOMELESS

33-0215585

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

THROUGHOUT SAN DIEGO COUNTY.

WHEELS OF CHANGE:

WHEELS OF CHANGE OFFERS WORK OPPORTUNITIES, PAYING MINIMUM WAGE, TO INDIVIDUALS RESIDING AT ALPHA PROJECT'S TEMPORARY BRIDGE SHELTER PROGRAMS. WHEELS OF CHANGE EMPOWERS SHELTER RESIDENTS, BUILDS SELF-ESTEEM, AND PROVIDES MEANINGFUL WORK EXPERIENCE WHILE GIVING BACK TO THE COMMUNITY

PERMANENT SUPPORTIVE HOUSING ASSISTANCE

ALPHA SQUARE:

ALPHA SQUARE, WELCOMING RESIDENTS SINCE 2015, IS LOCATED AT 550 14TH STREET IN DOWNTOWN SAN DIEGO AND INCORPORATES 203 UNITS, INCLUDING TWO MANAGEMENT UNITS, ALONG WITH ONSITE LAUNDRY, COMPUTER LAB, FOOD PANTRY, COMMERCIAL KITCHEN, COMMUNITY ROOMS, AND ROOFTOP TERRACE. ALPHA SQUARE PROVIDES SUPPORTIVE, AFFORDABLE, AND SUSTAINABLE HOUSING WITH ACCESS TO ON-SITE SUPPORT SERVICES TO ADDRESS NEEDS SUCH AS MENTAL HEALTH COUNSELING, ADDICTION COUNSELING, ENROLLING IN BENEFITS, FINANCIAL SUPPORT, AND ACCESS TO LONG-TERM TREATMENT AND OTHER SERVICES.

ALPHA LOFTS:

LAUNCHED IN 2019, ALPHA LOFTS LOCATED AT 3808 EL CAJON BLVD. IN NORMAL HEIGHTS IS A SUPPORTIVE AFFORDABLE HOUSING COMPLEX FOR HOMELESS VETERANS IN SAN DIEGO. ALPHA PROJECT STAFF PROVIDES ESSENTIAL SUPPORT SERVICES FOR THE RESIDENTS OF ALPHA LOFTS, WHICH OFFERS 53 UNITS INCLUDING ONE MANAGER'S UNIT, AS WELL AS AN ONSITE FOOD PANTRY, COMPUTER LAB, LAUNDRY ROOM, AND TERRACE. THE PROGRAM ALSO CONNECTS RESIDENTS TO MEDICAL, BEHAVIORAL HEALTH, AND OTHER NECESSARY SERVICES.

Name of the organization

ALPHA PROJECT FOR THE HOMELESS

Employer identification number

33-0215585

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

OTHER PROGRAMS

FOOD SERVICES PROGRAM:

ALPHA PROJECT'S COMMERCIAL KITCHEN AT ALPHA SQUARE IS INSTRUMENTAL IN THE DELIVERY OF FOOD SERVICES TO THE AGENCY'S MANY PROGRAMS INCLUDING THE PREPARATION OF OVER 200,000 HOT MEALS ANNUALLY TO SHELTER RESIDENTS. THE PROGRAM ALSO HELPS STOCK THE AGENCY'S THREE FOOD PANTRIES AT ALPHA SQUARE, ALPHA LOFTS, AND LUTHER TOWER, AS WELL AS PREPARES FOOD KITS FOR CLIENTS MOVING INTO HOUSING OF THEIR OWN AND EMERGENCY FOOD KITS AS NEEDED FOR SENIORS, DISABLED, AND CHRONICALLY ILL CLIENTS.

HOMELESS OUTREACH:

AT THE CORE OF ALL OF ALPHA PROJECT'S FACILITIES AND SERVICES IS A PROGRAM OF HOMELESS OUTREACH, DESIGNED NOT ONLY TO ASSIST THOSE IN NEED IN ACCESSING NEEDED SERVICES BUT ALSO TO ASSIST THE SURROUNDING NEIGHBORHOOD IN ADDRESSING HOMELESS-RELATED ISSUES. OPERATING IN THE CITY OF SAN DIEGO, CITY OF VISTA, CHULA VISTA CITY, NATIONAL CITY, AND THE PORT OF SAN DIEGO, OUTREACH WORKERS ARE TRAINED IN CRISIS RESPONSE AND DE-ESCALATION, WITH ACCESS TO FOOD, TRANSPORTATION AND A WEALTH OF REFERRAL SOURCES TO HELP INDIVIDUALS AND FAMILIES STILL HOMELESS CONNECT WITH HOUSING AND OTHER SOURCES OF SUPPORT.

CASE MANAGEMENT AT LUTHER TOWER:

LUTHER TOWER OFFERS 200 UNITS OF AFFORDABLE HOUSING TO SENIORS. ALPHA PROJECT'S CASE MANAGEMENT SERVICES AT LUTHER TOWER OFFERS RESIDENTS WITH SUPPORT ACCESSING SERVICES AND SUPPLIES INCLUDING MEDICAL, BEHAVIORAL HEALTH, FOOD, AS WELL AS OTHER WRAP-AROUNDS SERVICES.

Name of the organization

ALPHA PROJECT FOR THE HOMELESS

Employer identification number

33-0215585

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

HOSPICE FOR THE HOMELESS & LIVING WITH DIGNITY:

IN RESPONSE TO THE HOMELESS DEATHS THAT OCCUR ON THE STREETS OF SAN DIEGO, IN 2007 ALPHA PROJECT LAUNCHED HOSPICE FOR THE HOMELESS AND LIVING WITH DIGNITY TO PROVIDE FINANCIAL ASSISTANCE TO HOMELESS PEOPLE DIAGNOSED WITH A TERMINAL OR CHRONIC ILLNESS. HOSPICE FOR THE HOMELESS CATERS TO THOSE DIAGNOSED BY A PHYSICIAN AS HAVING 6 MONTHS OR LESS TO LIVE. WHILE THE CLIENT'S CHOSEN HOSPICE PROVIDER DELIVERS MEDICAL & NURSING CARE, MEDICATIONS, SOCIAL WORKER, AND BEHAVIORAL HEALTH AND SPIRITUAL COUNSELING, ALPHA PROJECT PROVIDES FINANCIAL ASSISTANCE INCLUDING SECURITY DEPOSIT, RENTAL ASSISTANCE, FURNITURE, FOOD, AND OTHER SUPPLIES NOT COVERED BY HOSPICE. LIVING WITH DIGNITY PROVIDES ONE-TIME ASSISTANCE TO HELP SENIORS, THOSE WITH PHYSICAL DISABILITIES OR OTHER DEBILITATING ILLNESSES WITH EMERGENCY OR CRITICAL NEEDS SUCH AS RENTAL ASSISTANCE, TRANSPORTATION, FOOD, AND MOBILITY DEVICES SUCH AS WHEELCHAIRS, WALKERS, WALKING STICKS, ETC.

ALPHA HOUSE:

ALPHA HOUSE IS DESIGNED TO PROVIDE SOBER LIVING AND TRANSITIONAL HOUSING TO THOSE NEEDING SAFE, CLEAN, AND AFFORDABLE HOUSING WHILE TRANSITIONING BACK INTO THE WORKFORCE THROUGH PARTICIPATION IN ALPHA PROJECT'S SPECIAL PROJECTS WORK PROGRAM.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE DRAFT FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

IN CASE OF A CONFLICT OF INTEREST ISSUE, THE BOARD WOULD REVIEW THE SITUATION.

THERE HAVE BEEN NO KNOWN CONFLICTS OF INTEREST FOR THE YEAR ENDED JUNE 30, 2022.

Name of the organization

ALPHA PROJECT FOR THE HOMELESS

Employer identification number

33-0215585

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

COMPENSATION IS REVIEWED ON AN ANNUAL BASIS BY THE PRESIDENT OF THE ORGANIZATION.

COMPENSATION OF KEY EMPLOYEES IS APPROVED BY THE BOARD OF DIRECTORS ANNUALLY.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION WILL PROVIDE THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL

STATEMENTS TO ANY PERSON WHO REQUESTS THIS INFORMATION IN WRITING. THIS INFORMATION

CAN BE OBTAINED IN THE FORM OF PDF DOCUMENTS.

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADMINISTRATIVE	160,598.	274,204.	-113,606.	
AUTO & TRUCK	142,736.	124,372.	18,364.	
BANK FEES	42,783.	6,376.	36,407.	
BUS TOKENS	15,370.	15,370.		
CONTRACTED SERVICES	57,911.	23,931.	33,980.	
DRUG TESTING	22,156.	22,156.		
DUES & SUBSCRIPTIONS	49,269.	37,825.	11,444.	
GASOLINE	258,620.	225,087.	33,533.	
LICENSES & FEES	36,977.	33,365.	3,612.	
MEDICAL EXPENSE	45,228.	10,992.	34,236.	
MEETING EXPENSES	75,832.	30,410.	45,422.	
MISCELLANEOUS	-8,563.	20,337.	-28,900.	
PARKING	36,997.	36,589.	408.	
POSTAGE AND SHIPPING	6,593.	601.	5,703.	289.
PROPERTY TAXES	31,812.	31,812.		
REPAIRS & MAINTENANCE	156,266.	142,385.	13,881.	
STIPENDS	269,709.	268,210.	1,499.	
SUPPLIES	839,999.	776,800.	50,559.	12,640.
TECHNOLOGY	130,991.	130,551.	440.	
TELEPHONE	115,548.	112,011.	3,360.	177.
TRAINING	6,069.	3,943.	2,126.	
TRASH	87,694.	87,501.	193.	
UNIFORMS	45,533.	37,106.	8,427.	
UTILITIES	156,076.	156,076.		
TOTAL	\$ 2,782,204.	\$ 2,608,010.	\$ 161,088.	\$ 13,106.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 - ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

ALPHA PROJECT FOR THE HOMELESS

Employer identification number
33-0215585

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ALPHA THE LOFTS LLC 3737 FIFTH AVENUE, SUITE 203 SAN DIEGO, CA 92103 82-3314923	LOW INCOME HOUSING	CA	0.	0.	ALPHA PROJECT FOR THE HOMELESS
(2) ALPHA SQUARE 4 LLC 3737 FIFTH AVENUE, SUITE 203 SAN DIEGO, CA 92103 35-2493545	LOW INCOME HOUSING	CA	0.	0.	ALPHA PROJECT FOR THE HOMELESS
(3) ALPHA SQUARE 9 LLC 3737 FIFTH AVENUE, SUITE 203 SAN DIEGO, CA 92103 38-3924211	LOW INCOME HOUSING	CA	0.	0.	ALPHA PROJECT FOR THE HOMELESS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) METRO HOTEL COMMUNITY ASSOCIATION 3737 FIFTH AVENUE, SUITE 203 SAN DIEGO, CA 92103 33-0898983	LOW INCOME HOUSING	CA	501 (C) (3)	7	N/A		X
(2) WEST COAST AFFORDABLE HOUSING 3737 FIFTH AVENUE, SUITE 203 SAN DIEGO, CA 92103 27-1184364	LOW INCOME HOUSING	CA	501 (C) (3)	7	N/A		X
(3) ANAHEIM GARDENS CORPORATION 3737 FIFTH AVENUE, SUITE 203 SAN DIEGO, CA 92103 33-0580463	LOW INCOME HOUSING	CA	501 (C) (3)	7	N/A		X
(4) -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SEE PART VII												
(1) ALPHA SQUARE 4% 3737 FIFTH AVENUE SAN DIEGO, CA 92161 36-4758780	LOW INCOME HOUSING	CA	ALPHA PROJECT		-14.	50,240.		X	N/A	X		0.01
(2) ALPHA SQUARE 9% 3737 FIFTH AVENUE SAN DIEGO, CA 92161 35-2473837	LOW INCOME HOUSING	CA	ALPHA PROJECT		-32.	115,176.		X	N/A	X		0.01
(3) NORMAL HEIGHTS C 6339 PASEO DEL L CARLSBAD, CA 92008 30-0943427	LOW INCOME HOUSING	CA	ALPHA PROJECT		-27.	164,643.		X	N/A	X		0.01

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

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Part VII Supplemental Information

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

PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN

ALPHA SQUARE 4% LP 36-4758780 3737 FIFTH AVENUE, SUITE 203 SAN DIEGO,
CA 92103

ALPHA SQUARE 9% LP 35-2473837 3737 FIFTH AVENUE, SUITE 203 SAN DIEGO,
CA 92103

NORMAL HEIGHTS CIC LP 30-0943427 6339 PASEO DEL LAGO CARLSBAD, CA
92011

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Depreciation and Amortization (Including Information on Listed Property)

2021

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return

ALPHA PROJECT FOR THE HOMELESS

Identifying number 33-0215585

Business or activity to which this form relates

FORM 990/990-PF

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Section 179 election details, including lines 1-13 for maximum amount, cost, and deduction.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation, including lines 14-16.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for MACRS Depreciation, including lines 17-18.

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) for Section B assets, including classification, month placed in service, basis, recovery period, convention, method, and depreciation deduction.

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

Table with 6 columns for Section C assets, including class life, recovery period, convention, and method.

Part IV Summary (See instructions.)

Table with 3 rows for Summary, including lines 21-23 for listed property, total, and section 263A costs.

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. ALPHA PROJECT FOR THE HOMELESS	Taxpayer identification number (TIN) 33-0215585
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 3737 FIFTH AVE. #203	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92103	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ JAN NORBY -----

Telephone No. ▶ 619-542-1877 Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box ... ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 20 23, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 7/01, 20 21, and ending 6/30, 20 22.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

ALPHA PROJECT FOR THE HOMELESS

33-0215585

5/09/23

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 990/990-PF										
AUTO / TRANSPORT EQUIPMENT										
5	VEHICLES	VARIOUS		1,941,249			1,366,079	S/L	5	179,442
17	VEHICLES	VARIOUS		256,691				S/L	5	34,816
TOTAL AUTO / TRANSPORT EQUI				2,197,940		0	1,366,079			214,258
BUILDINGS										
2	BUILDING	VARIOUS		1,289,694			972,165	S/L	40	19,461
6	PIZZERIA IMPROVEMENTS	VARIOUS		236,325			66,959	S/L	7	33,761
7	BUILDING & IMPROVEMENTS	VARIOUS		27,960			5,972	S/L	7	3,994
14	BUILDINGS	VARIOUS		8,038				S/L	7	1,951
TOTAL BUILDINGS				1,562,017		0	1,045,096			59,167
IMPROVEMENTS										
11	LAND IMPROVEMENTS	VARIOUS		203,562			1,279	S/L	15	13,571
15	LAND IMPROVEMENTS	VARIOUS		658				S/L	7	94
TOTAL IMPROVEMENTS				204,220		0	1,279			13,665
LAND										
1	LAND	VARIOUS		992,592						0
10	LAND	VARIOUS		259,759				S/L		0
TOTAL LAND				1,252,351		0	0			0
MACHINERY AND EQUIPMENT										
3	EQUIPMENT	VARIOUS		478,765			401,321	S/L	5	17,936
4	PIZZERIA EQUIPMENT	VARIOUS		106,335			55,825	S/L	5	21,267
8	EQUIPMENT	VARIOUS		121,474			38,324	S/L	5	24,295
13	EQUIPMENT	VARIOUS		123,170				S/L	5	24,634
16	EQUIPMENT	VARIOUS		1,458				S/L	7	104
TOTAL MACHINERY AND EQUIPME				831,202		0	495,470			88,236
TOTAL DEPRECIATION				6,047,730		0	2,907,924			375,326

ALPHA PROJECT FOR THE HOMELESS

33-0215585

5/09/23

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
	GRAND TOTAL DEPRECIATION			<u>6,047,730</u>		<u>0</u>	<u>2,907,924</u>			<u>375,326</u>

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ALPHA PROJECT FOR THE HOMELESS

33-0215585

5/09/23

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 199										
AUTO / TRANSPORT EQUIPMENT										
5	VEHICLES	VARIOUS		1,941,249			1,366,079	S/L	5	179,442
17	VEHICLES	VARIOUS		256,691				S/L	5	34,816
TOTAL AUTO / TRANSPORT EQUI				2,197,940		0	1,366,079			214,258
BUILDINGS										
2	BUILDING	VARIOUS		1,289,694			972,165	S/L	40	19,461
6	PIZZERIA IMPROVEMENTS	VARIOUS		236,325			66,959	S/L	7	33,761
7	BUILDING & IMPROVEMENTS	VARIOUS		27,960			5,972	S/L	7	3,994
14	BUILDINGS	VARIOUS		8,038				S/L	7	1,951
TOTAL BUILDINGS				1,562,017		0	1,045,096			59,167
IMPROVEMENTS										
11	LAND IMPROVEMENTS	VARIOUS		203,562			1,279	S/L	15	13,571
15	LAND IMPROVEMENTS	VARIOUS		658				S/L	7	94
TOTAL IMPROVEMENTS				204,220		0	1,279			13,665
LAND										
1	LAND	VARIOUS		992,592						0
10	LAND	VARIOUS		259,759				S/L		0
TOTAL LAND				1,252,351		0	0			0
MACHINERY AND EQUIPMENT										
3	EQUIPMENT	VARIOUS		478,765			401,321	S/L	5	17,936
4	PIZZERIA EQUIPMENT	VARIOUS		106,335			55,825	S/L	5	21,267
8	EQUIPMENT	VARIOUS		121,474			38,324	S/L	5	24,295
13	EQUIPMENT	VARIOUS		123,170				S/L	5	24,634
16	EQUIPMENT	VARIOUS		1,458				S/L	7	104
TOTAL MACHINERY AND EQUIPME				831,202		0	495,470			88,236
TOTAL DEPRECIATION				6,047,730		0	2,907,924			375,326

ALPHA PROJECT FOR THE HOMELESS

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
	GRAND TOTAL DEPRECIATION			<u>6,047,730</u>		<u>0</u>	<u>2,907,924</u>			<u>375,326</u>

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ALPHA PROJECT FOR THE HOMELESS

33-0215585

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 199																
AUTO / TRANSPORT EQUIPMENT																
5	VEHICLES	VARIOUS		1,941,249							1,941,249	1,366,079	S/L	5		179,442
17	VEHICLES	VARIOUS		256,691							256,691		S/L	5		34,816
TOTAL AUTO / TRANSPORT EQUIP				2,197,940		0	0	0	0	0	2,197,940	1,366,079				214,258
BUILDINGS																
2	BUILDING	VARIOUS		1,289,694							1,289,694	972,165	S/L	40		19,461
6	PIZZERIA IMPROVEMENTS	VARIOUS		236,325							236,325	66,959	S/L	7		33,761
7	BUILDING & IMPROVEMENTS	VARIOUS		27,960							27,960	5,972	S/L	7		3,994
14	BUILDINGS	VARIOUS		8,038							8,038		S/L	7		1,951
TOTAL BUILDINGS				1,562,017		0	0	0	0	0	1,562,017	1,045,096				59,167
IMPROVEMENTS																
11	LAND IMPROVEMENTS	VARIOUS		203,562							203,562	1,279	S/L	15		13,571
15	LAND IMPROVEMENTS	VARIOUS		658							658		S/L	7		94
TOTAL IMPROVEMENTS				204,220		0	0	0	0	0	204,220	1,279				13,665
LAND																
1	LAND	VARIOUS		992,592							992,592					0
10	LAND	VARIOUS		259,759							259,759		S/L			0
TOTAL LAND				1,252,351		0	0	0	0	0	1,252,351	0				0

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ALPHA PROJECT FOR THE HOMELESS

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
MACHINERY AND EQUIPMENT																
3	EQUIPMENT	VARIOUS		478,765							478,765	401,321	S/L	5		17,936
4	PIZZERIA EQUIPMENT	VARIOUS		106,335							106,335	55,825	S/L	5		21,267
8	EQUIPMENT	VARIOUS		121,474							121,474	38,324	S/L	5		24,295
13	EQUIPMENT	VARIOUS		123,170							123,170		S/L	5		24,634
16	EQUIPMENT	VARIOUS		1,458							1,458		S/L	7		104
TOTAL MACHINERY AND EQUIPME				831,202		0	0	0	0	0	831,202	495,470				88,236
TOTAL DEPRECIATION				<u>6,047,730</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>6,047,730</u>	<u>2,907,924</u>				<u>375,326</u>
GRAND TOTAL DEPRECIATION				<u>6,047,730</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>6,047,730</u>	<u>2,907,924</u>				<u>375,326</u>

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ALPHA PROJECT FOR THE HOMELESS

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 199																
AUTO / TRANSPORT EQUIPMENT																
5	VEHICLES	VARIOUS		1,941,249							1,941,249	1,545,521	S/L	5		388,250
17	VEHICLES	VARIOUS		256,691							256,691	34,816	S/L	5		51,338
TOTAL AUTO / TRANSPORT EQUIP				2,197,940		0	0	0	0	0	2,197,940	1,580,337				439,588
BUILDINGS																
2	BUILDING	VARIOUS		1,289,694							1,289,694	991,626	S/L	40		32,242
6	PIZZERIA IMPROVEMENTS	VARIOUS		236,325							236,325	100,720	S/L	7		33,761
7	BUILDING & IMPROVEMENTS	VARIOUS		27,960							27,960	9,966	S/L	7		3,994
14	BUILDINGS	VARIOUS		8,038							8,038	1,951	S/L	7		1,148
TOTAL BUILDINGS				1,562,017		0	0	0	0	0	1,562,017	1,104,263				71,145
IMPROVEMENTS																
11	LAND IMPROVEMENTS	VARIOUS		203,562							203,562	14,850	S/L	15		13,571
15	LAND IMPROVEMENTS	VARIOUS		658							658	94	S/L	7		94
TOTAL IMPROVEMENTS				204,220		0	0	0	0	0	204,220	14,944				13,665
LAND																
1	LAND	VARIOUS		992,592							992,592					0
10	LAND	VARIOUS		259,759							259,759		S/L			0
TOTAL LAND				1,252,351		0	0	0	0	0	1,252,351	0				0

COPY

ALPHA PROJECT FOR THE HOMELESS

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
MACHINERY AND EQUIPMENT																
3	EQUIPMENT	VARIOUS		478,765							478,765	419,257	S/L	5		59,508
4	PIZZERIA EQUIPMENT	VARIOUS		106,335							106,335	77,092	S/L	5		21,267
8	EQUIPMENT	VARIOUS		121,474							121,474	62,619	S/L	5		24,295
13	EQUIPMENT	VARIOUS		123,170							123,170	24,634	S/L	5		24,634
16	EQUIPMENT	VARIOUS		1,458							1,458	104	S/L	7		208
TOTAL MACHINERY AND EQUIPME				831,202		0	0	0	0	0	831,202	583,706				129,912
TOTAL DEPRECIATION				<u>6,047,730</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>6,047,730</u>	<u>3,283,250</u>				<u>654,310</u>
GRAND TOTAL DEPRECIATION				<u>6,047,730</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>6,047,730</u>	<u>3,283,250</u>				<u>654,310</u>

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