				P	ublic Di	sclosure	Сору				
				EXT	ENDED TO	MAY 15, 2	2023				
	-		Return			n Exempt		Incon	ne Tax	OMB No. 1	545-0047
Forr	" <b>g</b>	90				ne Internal Revenu				<b>20</b> <sup>4</sup>	21
1 011						mbers on this form					<b>C</b>
		of the Treasury enue Service			-	for instructions ar		-	-	Open to Inspe	
			ar year, or tax yea		JUL 1,				0, 2022		
Bc	heck if	C Name of	organization					D Em	ployer identific	cation number	
a	oplicab		-								
	Addre	ge INTE.	RNATIONAL	HOUSE							
	Name	be Doing bu	usiness as					9	4-116740	03	
	Initial return		and street (or P.O.			eet address)	Room/si		ephone number		
	Final return termin		PIEDMONT					5	10-643-8		
	ated	City or to	own, state or provi			ign postal code			s receipts \$	14,969	<u>,451.</u>
	return	DEKK	ELEY, CA						this a group re		<b></b>
	tion pendi	F Name ar	nd address of princ		SHAUN CAP	RVER			r subordinates		XNo
			AS C ABOVI			) 10.47(.)(4)	,		e all subordinates in		
		empt status:	$\frac{\mathbf{A}}{\mathbf{B}} = 501(\mathbf{C})(3)$	501(c) (		no.) 4947(a)(1)	) Or			list. See instruc	tions
		f organization:		Trust	Association	Other ►				n number 🗩 I State of legal do	misiler CA
	nt l	Summary		11031	ASSOCIATION		<b>L</b> 1	ear of format		<b>I</b> State of legal do	
	1		e the organization'	e mission or r	most significant	activities: PROM		V OF A	MORE TO	TERANT 7	
e	•		L WORLD.	3 111331011 01 1	most signineant		101101	. 01 11	1101112 10		<u> </u>
nan	2	Check this box		organization o	discontinued its	operations or dispo	osed of m	ore than 25	% of its net ass	ets	
ver	3		ing members of the	-							24
Activities & Governance	4		•	• •		dy (Part VI, line 1b)					24
s S	5					Part V, line 2a)					29
/itie	6		of volunteers (estin								30
ctiv	7 a	Total unrelated	d business revenue	e from Part VI		ne 12					0.
4	b	Net unrelated	business taxable ir	ncome from F	orm 990-T, Part	I, line 11			7b		0.
									or Year	Current \	
ē	8	Contributions	and grants (Part VI	III, line 1h)					17,564.		,934.
Revenue	9	0	ce revenue (Part VI	, 0, .					64,012.	12,349	
Sev								1,3	84,979.		,028.
						ind 11e)			2,259.		,716.
						olumn (A), line 12)			68,814.	14,736	
	13		nilar amounts paid	,	( ),	,			<u>37,271.</u> 0.	705	<u>,656.</u> 0.
			o or for members (			······································			0.	3 013	,585.
Expenses						umn (A), lines 5-10)			0.	5,015	0.
en:			ng expenses (Part			628,3					••
EXE								9.6	39,586.	10,656	.282.
						(A), line 25)		9.7	76,857.	14,455	
	19					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			08,043.		,433.
or es									of Current Year	End of Y	
iets lanc	20	Total assets (F	Part X, line 16)						72,790.	34,188	
Net Assets or Fund Balances	21	-	(Part X, line 26)						05,774.		,889.
Fund	22	Net assets or t	fund balances. Sub						67,016.	29,847	
	rt II	Signature	Block								
Unde	er pena	alties of perjury, I	declare that I have e	xamined this re	eturn, including ac	ccompanying schedul	es and stat	ements, and	to the best of my	knowledge and b	elief, it is
true,	corre	ct, and complete.	Declaration of prepa	rer (other than	officer) is based of	on all information of v	vhich prepa	arer has any k	knowledge.		

Sign	Signature of officer		Date	
Here	SHAUN CARVER, EXECUTIV	E DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	PRERNA JAGADA		05/11/23 self-employed	
Preparer	Firm's name 🕒 <b>FRANK , RIMERMAN</b>	& CO. LLP	Firm's EIN 🕨 9	4-1341042
Use Only	Firm's address 🕨 1801 PAGE MILL R	OAD		
	PALO ALTO, CA 94	304	Phone no. ( 6 5	0) 845-8100
May the II	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
				- 000 (222 ()

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

	990 (2021) INTERNATIONAL HOUSE	94-116	7403 Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO FOSTER INTERCULTURAL RESPECT AND UNDERSTANDING,	LIFELONG	
	FRIENDSHIPS, AND LEADERSHIP SKILLS FOR A MORE JUST		WORLD.
2	Did the organization undertake any significant program services during the year which were not listed	l on the	
2			Yes X No
	prior Form 990 or 990-EZ?		Yes A 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 se	ervices, as measured by e	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocatio	ons to others, the total exp	penses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 12,472,220. including grants of \$ 785,656	• ) (Revenue \$ 12	,349,278.)
	INTERNATIONAL HOUSE IS A MULTI-CULTURAL CAMPUS RESI	DENT AND PRO	GRAM
	CENTER THAT PROVIDED ROOM AND BOARD FOR APPROXIMATE		
	INDIVIDUALS; PROVIDED A SOCIAL ENVIRONMENT FOR STUD		
	APPROXIMATELY 70 COUNTRIES WORLDWIDE; AND PROVIDED		 Г.
	PROGRAMS TO FURTHER INTERNATIONAL UNDERSTANDING.	INTERCOLLORA	
	FROGRAMS TO FORTHER INTERNATIONAL UNDERSTRUDING.		
4b	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$ including grants of \$		)
10		) (nevenue \$	)
44	Other program services (Describe on Schedule O.)		
40			۱ ۱
	(Expenses \$ including grants of \$ )     (Revenue \$ )       Total program service expenses ►     12,472,220.		)
4e	Total program service expenses ► 12,472,220.		- 000
			Form <b>990</b> (2021)
132002	12-09-21		
	2		

Form	990	(2021)

Form 990 (2021) INTERNATIONAL HOUSE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u> </u>
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
<b>h</b>	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	1 <del>-1</del> a		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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 Form 990 (2021)
 INTERNATIONAL HOUSE

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	38	Х	
Par	t 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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	12-09-21	Form	990	(2021)
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# 13350511 756877 47694-TAX

<sup>2021.05080</sup> INTERNATIONAL HOUSE 47694-T1

Form	990 (2021) INTERNATIONAL HOUSE 94-1167	403	Р	age <b>5</b>
Par	t 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 29			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		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?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 <b>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:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	- · · · ·		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the experimentian of a structured institution subject to the exection 1000 surjection and investment income 0	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1
	If "Yes," complete Form 6069.			
132005	12-09-21 5	Form	990	(2021)
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13350511 756877 47694-TAX

<sup>2021.05080</sup> INTERNATIONAL HOUSE 47694-T1

Form 990	(2021)
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 Form 990 (2021)
 INTERNATIONAL HOUSE
 94-1167403
 Page

 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

X	

	Enter the number of voting members of the governing body at the end of the tax year	1a		24		
	<b>J</b>	14				
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?				2	
3	Did the organization delegate control over management duties customarily performed by or under the			···· [		
	of officers, directors, trustees, or key employees to a management company or other person?				3	
	Did the organization make any significant changes to its governing documents since the prior Form 9				4	
	Did the organization become aware during the year of a significant diversion of the organization's ass			Г	5	
	Did the organization have members or stockholders?			[	6	
	Did the organization have members, stockholders, or other persons who had the power to elect or ap			·····		
	more members of the governing body?	•			7a	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?				7b	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			····	10	
			•		8a	Х
b	The governing body? Each committee with authority to act on behalf of the governing body?			····	8b	X
				·····	00	- 23
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				9	
	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>				9	
	ion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			Yes
10-	Did the exception have lead charters, branches, or efficience			ſ	10-	Tes
	Did the organization have local chapters, branches, or affiliates?			·····	10a	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•			101	
			- Clin - Al C-	F	10b	Х
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form	יי ו ?י	11a	~
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					37
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," de	escribe			
	on Schedule O how this was done			r	12c	X
	Did the organization have a written whistleblower policy?				13	X
	Did the organization have a written document retention and destruction policy?				14	X
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official				15a	
b	Other officers or key employees of the organization				15b	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			[	16a	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
	exempt status with respect to such arrangements?				16b	
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (section 501	(c)(3)s	only)	availa
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	y, and	financ	cial
	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records			
	WILLIAM GONG - 510-643-8315		· · · · ·			
	2299 PIEDMONT AVENUE, BERKELEY, CA 94720-2320					
	ZZJJ I IBDMONI AVENOE, DEKKEDEI, CA JE/ZO ZJZO					

Form 990 (2	2021) INTERNATIONAL HOUSE	94-1167403	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending v	with or within the organization's	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.

		l	mzai			-por	our			(F)
(A)	(B)			(C Posi	ر ition	1		(D)	(E)	
Name and title	Average hours per		not ch	neck i	more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week		unles cer an					from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	- direc				DS.		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	I trus	nal tri		oyee	om pe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Emplement	Fori			
(1) SHAUN CARVER	40.00									
EXECUTIVE DIRECTOR				Х				93,645.	0.	35,666.
(2) CHORY BANEZ	40.00									
SECRETARY				Х				43,612.	0.	6,532.
(3) WILLIAM GONG	40.00									
CFO				Х				9,231.	0.	0.
(4) BUKOLA MABADEJE	1.00									
DEVELOPMENT CHAIR		X						0.	0.	0.
(5) CAROL CHRIST	1.00									
CHAIR		x		х				0.	0.	0.
(6) CHARLES GUO	1.00									
DIRECTOR		x						0.	0.	0.
(7) CHRISTOPHER ZAND	1.00									
DIRECTOR		x						0.	0.	0.
(8) CURTIS CHONG	1.00									
DIRECTOR		x						0.	0.	0.
(9) CYNTHIA MURPHY-ORTEGA	1.00									
DIRECTOR		x						0.	0.	0.
(10) DANIEL MOUEN MAKOUA	1.00									
DIRECTOR		x						0.	0.	0.
(11) ERNEST GUNDLING	1.00									
DIRECTOR		x						0.	0.	0.
(12) EUGENE YANO	4.00									
DIRECTOR		x						0.	0.	0.
(13) JAMES LICHAU, SR.	1.00									
DIRECTOR		x						0.	0.	0.
(14) JAWAHAR GIDWANI	1.00									
NOMINATION CHAIR		x						0.	0.	0.
(15) JAY PAXTON	5.00									
VICE-CHAIR		х		х				0.	0.	0.
(16) JOAN KASK	1.00									
DIRECTOR		x						0.	0.	0.
(17) JOHN BRONSON	1.00									
DIRECTOR		x						0.	0.	0.
132007 12-09-21	I	_			1					Form <b>990</b> (2021)

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132007 12-09-21

Form 990 (2021) INTERNATIONAL HOUSE 94-11									L674	403	Page <b>8</b>	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			(C				(D)	(E)			(F)
Name and title	Average	e Position (do not check more than one			200	Reportable	Reportable		Esti	mated		
	hours per	er box, unless person is both an			n an	compensation	compensatio	n	amo	ount of		
	week	offic	cer an	d a dii	recto	r/trus <sup>.</sup>	tee)	from	from related		0	ther
	(list any	ector						the	organization	s	comp	ensation
	hours for	or dir	a			ted		organization	(W-2/1099-MIS	iC/	fro	m the
	related	stee o	trustee			ensa		(W-2/1099-MISC/	1099-NEC)		orga	nization
	organizations	al tru:	onal t		loyee	e com		1099-NEC)				related
	below line)	Individual trustee or director	In stit utio nal	Officer	ƙey employee	Highest compensated employee	Former				orgar	nizations
(18) JORDAN TSE	1.00	Inc	lns	0ff	Key	e <u>F</u>	Foi					
DIRECTOR	1.00	x						0.		0.		0.
	1 00	Δ						0.		••		0.
(19) KIT CHOY LOKE	1.00											•
AUDIT CHAIR	1 0 0	Х						0.		0.		0.
(20) KWEI SANG U, MD	1.00											-
DIRECTOR		Х						0.		0.		0.
(21) MARK CAVAGNERO	1.00											
DIRECTOR		Х						0.		0.		0.
(22) MATTHEW KOCHER, JR.	1.00											
TECHNOLOGY CHAIR		х						0.		0.		0.
(23) RICHARD PALMER	1.00											
FINANCIAL AID CHAIR		х						0.		0.		0.
(24) ROBERT DUFFY	1.00									-		
DIRECTOR		х						0.		0.		0.
(25) ROBERT WONG	1.00									<u> </u>		
DIRECTOR	1.00	x						0.		0.		0.
(26) RONALD SIVA	20 00	Δ						0.		••		0.
	20.00	x						0				0
HOUSE CHAIR		Λ						0.		0.	10	0.
1b Subtotal								146,488.		0.	42	,198.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								146,488.		0.	42	,198.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			-
compensation from the organization												0
											`	Yes No
3 Did the organization list any former officer,	director, trust	ee, k	ey e	emplo	oyee	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									[	3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4	X
5 Did any person listed on line 1a receive or a	,		•							···· [		
rendered to the organization? If "Yes." com	-				-			-			5	X
Section B. Independent Contractors		<u>. 0 / (</u>	<u> </u>		/0/30							
1 Complete this table for your five highest co	mpensated inc	lono	nder	nt co	ntra	actor	re th	nat received more than \$	100 000 of comr	ensat	ion fron	
the organization. Report compensation for t										Chou		
(A)	ine calendar ye		nuii	ig wi	uro			(B)			(C)	
(A) Name and business	address							(Description of s	ervices	С	ompens	
		0	λт		ותר	NTT	_	•				
THE REGENTS OF THE UNIVER						NT					017	172
140 UNIVERSITY HALL, BERK		A	94	120	0		_	UTILITIES, F		4	, 41 /	,473.
PLANT CONSTRUCTION COMPANY CONTRACTOR/FACILITIE							ACILITIE			2.0.1		
300 NEWHALL STREET, SAN FRANCISCO, CA 94124 S UPGRADES							1	,866	,301.			
DICK'S CARPET ONE												
<u>36 HEGENBERGER COURT, OAKLAND, CA 94621</u> FLOORING REPLACEMENT								212	<u>,699.</u>			
FINANCIAL ADMINISTRATIVE SUPPORT SERVICES												
3180 NEWBERRY DR. #200, SAN JOSE, CA 95118 ACCOUNTING SERVICES								140	,420.			
JERRY THOMSON & SONS INC												
3 SIMMS STREET, SAN RAFAEL, CA 94901 PAINTING SERVICE								139	,630.			
				to t	hos	e lis						
\$100,000 of compensation from the organization       ▶       9         SEE PART VII, SECTION A CONTINUATION SHEETS												
		IN	UA	TIC	-		HE	ETS			Form 9	<b>90</b> (2021)

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								94-1167403				
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, a	nd H	ligh	est (	Compensated Employ	ees (continued)			
(A)	(B)								(E)	(F)		
Name and title	Average			Pos	ition	n		Reportable	Reportable	Estimated		
	hours	(cl	(check		k all that apply)		ly)		compensation	amount of		
	per							from	from related	other		
	week	_				oyee		the	organizations	compensation		
	(list any	rector				em plo		organization	(W-2/1099-MISC)	from the		
	hours for	ordi	ee			ated		(W-2/1099-MISC)		organization		
	related	ustee	trust		ee	bens				and related organizations		
	organizations below	lual tr	tional		nploy	st con	_			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former					
(27) WILLIAM WIEBE	1.00	_	=	0	×	-	ш.					
TREASURER	1.00	х		х				0.	0.	0.		
				Δ					0.	0.		
		1										
		1										
		<u> </u>										
		1										
		1										
		1										
Tatal to Dart MI Continue A Provide												
Total to Part VII, Section A, line 1c									1			

04-01-21

ar	t VIII									-
		Check if Schedule O	conta	ins a respor	nse o	r note to any line		(D)	(0)	
							<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	<b>(D)</b> Revenue exclu
							Total revenue	function revenue	business revenue	from tax und
"	1.0	Enderstad compaigns		10						sections 512 -
unts		Federated campaigns								
nor		Membership dues								
Ā		Fundraising events Related organizations								
ila		• · · ·	ibutic							
Sir		Government grants (contr All other contributions, gifts,								
Jer	•	similar amounts not included				1,037,934.				
₽ O		Noncash contributions included in				1,140.				
and Other Similar Amounts		Total. Add lines 1a-1f				· · · ·	1,037,934.			
0						Business Code	_,,			
	2 a	STUDENT FEES			F	611710	11,835,668.	11835668.		
	z a b	OTHER FEES FOR SERVI	ICES		-	611710	513,610.	513,610.		
ant	c									
Nel	d									
Revenue	e									
	f	All other program service	rever	iue	_					
		Total. Add lines 2a-2f				►	12,349,278.			
	3	Investment income (includ								
		other similar amounts)				►	401,099.			401,0
	4	Income from investment of	of tax-	exempt bor	nd pro	oceeds 🕨 🕨				
	5	Royalties	· <u>····</u>			►				
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a	201,6		5,595.				
	b	Less: rental expenses $\dots$	6b		0.	0.				
	с	Rental income or (loss)	6c	201,6	24.	5,595.				
		Net rental income or (loss)	)			<b>&gt;</b>	207,219.			207,2
	7 a	Gross amount from sales of		(i) Securiti	-	(ii) Other				
		assets other than inventory	7a	922,8	05.					
	b	Less: cost or other basis		005 0						
		and sales expenses	7b	225,8						
		Gain or (loss)		696,9			606 000			606.0
		Net gain or (loss)			· · · · · ·	▶	696,929.			696,9
	8 а	Gross income from fundraisin including \$								
<b>,</b>		contributions reported on								
		Part IV, line 18		,	8a					
	h	Less: direct expenses			8b					
		Net income or (loss) from								
		Gross income from gamin			Ť					
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from			·	🕨				
		Gross sales of inventory, I								
		and allowances			10a	51,116.				
	b	Less: cost of goods sold			10b	6,619.				
		Net income or (loss) from			y		44,497.			44,4
					Ţ	Business Code				
Revenue	11 a									
Bnu	b									
leve	с									
щ	d	All other revenue								
	е	Total. Add lines 11a-11d								
	12	Total revenue. See instruction	ne				14,736,956.	12349278.	0.	13497

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d EQUIPMENT

e All other expenses

Check here

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С

25

26

REPAIRS AND MAINTENANCE

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Joint costs. Complete this line only if the organization

if following SOP 98-2 (ASC 958-720)

#### Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 369,893. 369,893. 4 Benefits paid to or for members 5 Compensation of current officers, directors, 517,789. 276,500. 220,738. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,960,739. 1,760,088. 162,142. Other salaries and wages 7 8 Pension plan accruals and contributions (include 150,300. 141,124. 5,498. section 401(k) and 403(b) employer contributions) 229,299. 207,288. 8,583. Other employee benefits 9 155,458. 129,283. 22,274. 10 Payroll taxes 11 Fees for services (nonemployees): 3,496,226. 2,655,503. 426,991. Management а 54,161. 71,699. 90. b Legal 178,500. 178,500. Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е 1,000. 1,000. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 700,037. 577,447. 81,286. column (A), amount, list line 11g expenses on Sch 0.) 1,740. 19,358. 17,618. Advertising and promotion 12 422,060. 313,578. 36,884. Office expenses 13 Information technology 14 15 Royalties 469,927. 469,927. 16 Occupancy 1,962. 1,591. 371. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials .... Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 158,728. 97,503. 61,225. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 1,899,212. 1,888,815. 10,377. FOOD а CONSTRUCTION 1,385,440. 1,385,440. h

1,160,557.

14,455,523.

543,694.

147,882.

# INTERNATIONAL HOUSE Part IX Statement of Functional Expenses

Form 990 (2021)

2

3

Do not include amounts reported on lines 6b.

Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic

individuals. See Part IV, line 22

7b, 8b, 9b, and 10b of Part VIII.

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

(A)

Total expenses

415,763.

(B)

Program service expenses

415,763.

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

(C) Management and general expenses

**(D)** Fundraising

expenses

20,551.

38,509.

3,678.

3,901.

13,428.

413,732.

17,448.

41,304.

71,598.

Form 990 (2021)

5,685.

21.742.

1,354,959.

1,154,872.

12,472,220.

543,694.

121,965.

20.

4,175.

628,344.

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	990 (2	2021) INTERNATIONAL H Balance Sheet	OUSE		94-	1167403 Page <b>1</b> 1
Par	tΧ		o any line in this Bast V			
		Check if Schedule O contains a response or note t		(A)	<u> </u>	(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		3,258,848.	1	4,979,890.
	2	Savings and temporary cash investments		2,009,079.	2	2,012,558.
	3	Pledges and grants receivable, net		1,792,937.		483,887
	4	Accounts receivable, net		40,696.	4	84,639
	5	Loans and other receivables from any current or fo		10,0500		01/005
	5	trustee, key employee, creator or founder, substan	· · ·			
		controlled entity or family member of any of these			5	
	6	Loans and other receivables from other disqualified			J	
	U	under section $4958(f)(1)$ ), and persons described in			6	
	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		22,048.	8	84,763
Ass	9			168,853.	9	288,812
		Land, buildings, and equipment: cost or other	·····	100,055.	9	200,012
	iva		10a			
	h		10b		10c	
	11	Less: accumulated depreciation		28,971,559.	11	25,797,228
	12	Investments - other securities. See Part IV, line 11		608,770.	12	456,268
	13	Investments - program-related. See Part IV, line 11	E Contraction of the second seco		13	1507200
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal l		36,872,790.	16	34,188,045
	17	Accounts payable and accrued expenses		1,612,255.	17	1,994,037
	18	Grants payable		1,012,2330	18	1,551,657
	19	Deferred revenue		73,529.	19	1,741,352
	20	Tax-exempt bond liabilities		, 0 , 0 1 0 0 0	20	
	21	Escrow or custodial account liability. Complete Pa			21	
	22	Loans and other payables to any current or former			21	
ties		trustee, key employee, creator or founder, substan				
Liabilities		controlled entity or family member of any of these			22	
Lia	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated th	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, paya				
	20	parties, and other liabilities not included on lines 1				
		of Schedule D	, .	819,990.	25	605,500
	26			2,505,774.	26	4,340,889
		Organizations that follow FASB ASC 958, check				
es		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		12,968,098.	27	11,830,398
Bal	28	Net assets with donor restrictions		21,398,918.	28	18,016,758.
P P		Organizations that do not follow FASB ASC 958				
БЦ		and complete lines 29 through 33.	· ·			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
sets	30	Paid-in or capital surplus, or land, building, or equi			30	
Ass	31	Retained earnings, endowment, accumulated inco	Г		31	
let	32	Total net assets or fund balances	F	34,367,016.	32	29,847,156
~	33	Total liabilities and net assets/fund balances		36,872,790.	33	34,188,045

Form **990** (2021)

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Form	1990 (2021) INTERNATIONAL HOUSE	94-	1167403	в Ра	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,73		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,4		
3	Revenue less expenses. Subtract line 2 from line 1	3			33.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34,30		
5	Net unrealized gains (losses) on investments	5	-4,80	)1,2	<u>193.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	29,84	17,1	.56.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Auc	lit		
	Act and OMB Circular A-133?		<u>3</u> a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

	er identification number								
	94-1167403								
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). Ente	r 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 by a govern	bed 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-gran									
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the colleg	e or								
university:									
10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and									
activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support	-								
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									
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
<ul> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by</li> </ul>	aivina								
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the s									
organization. You must complete Part IV, Sections A and B.	supporting								
<b>b Type II.</b> A supporting organization supervised or controlled in connection with its supported organization(s), by ha	avina								
control or management of the supporting organization vested in the same persons that control or manage the sup									
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 integrat	ed 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 organ	ization(s)								
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attent	iveness								
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 (ii) EIN (iii) Type of organization ((v) Is the organization listed in your governing document? (v) Amount of monetary (described on lines 1-10 vorganization (v) Amount of monetary support (see instructions)	(vi) Amount of other								
above (see instructions)) Yes No support (see instructions)	support (see instructions)								
Total									

Schedule	A (Form 990)	) 202
Part II	Suppor	t Sc

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</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	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support	<del>,                                    </del>	1	1	1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Public	ic Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
	Public support percentage from 2020					15	%
16a	<b>33 1/3% support test - 2021.</b> If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	iore, check this b	ox and
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2020.</b> If the				line 15 is 33 1/3%	or more, check t	his box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	: - 2021. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	6 or more,
	and if the organization meets the fact			-	-	VI how the organ	nization
	meets the facts-and-circumstances te	0	•		•		······································
b	10% -facts-and-circumstances test	: - 2020. If the org	anization did not	check a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	s 10% or
	more, and if the organization meets the						;
	organization meets the facts-and-circ		•				▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule	Δ (Form 990) 2021

Schedule A (Form 990) 2021

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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) (c) 2019 (d) 2020 (a) 2017 (b) 2018 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 719,913 375,300. 4275296. 1017564. 1037934. 7426007. 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 15445184.16178947.13657430. 566,271.12349278.58197110. 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 16165097.16554247.17932726. 1583835.13387212.65623117. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 38,972. 58,322. 192,654. 130,884. 30,684. 451,516. 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 Ο. c Add lines 7a and 7b 30,684. 38,972. 58,322. 192,654. 130,884. 451 516 65171601. 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 17932726. 1583835.13387212.65623117. 16165097. 16554247. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 421,724. 515,841. 538,648. 376,362. 608,318. 2460893. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 421,724. 515,841. 538,648. 376,362. 608,318. 2460893. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is 44,497. 44,497. regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 24,014. 27,414 51,428. assets (Explain in Part VI.) 16610835.17097502.18471374. 1960197.14040027.68179935. **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 95.59 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 95.99 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 3.61 17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f)) % 17 3.18 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 ► X 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 gualifies 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 Schedule A (Form 990) 2021 132023 01-04-22 16

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1

2

Yes No

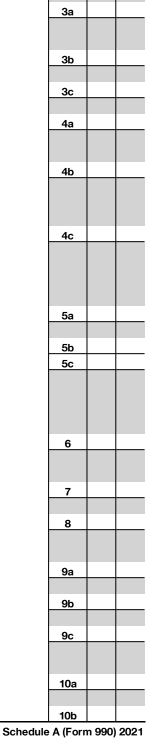
# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

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Schedule A	(Form 990) 2021	INTE	ERNATIO
Part IV	Supporting	Organizations	(continued)

1

2

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

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization</i> (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.	
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 IV/controlled in the	

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. 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 Sup	porting	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 <b>Part VI</b> how			
2	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? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> <i>the role the organization</i> '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	r (see instructions).
-	Onech the box next to the method that the organization used	i to satisfy the integral i art	Tost during the yea	, (

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		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.
- **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.
- 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.
- 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.** 

**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.* 

2a \_\_\_\_\_\_ 2b \_\_\_\_\_ 3a \_\_\_\_\_ 3b \_\_\_\_\_

Yes No

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Schedule A (Form 990) 2021

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 mus	st complete	e Sections A through E.	1	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
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			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7			ad Truce III area action a sure		

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

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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 Schedule A (Form 990) 2021
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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 Section D - Distributions

га		allol Supporting Orga	Continu	ued)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
е	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: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	INTERNATIONAL	HOUSE		94-1167403 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	<b>mation.</b> Provide the explar, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9 lines 2 and 3; Part IV, Sectior 8; and Part V, Section E, lines	)b, 9c, 11a, 11b, and 11c ı E, lines 1c, 2a, 2b, 3a, a	; Part IV, Section B, lines 1 a nd 3b; Part V, line 1; Part V,	7b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,
	(See instructions.)	o, and Part V, Section E, lines		ete triis part for any additiona	
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SCHEDULE D (Form 990)	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.	омв №. 154 <b>202</b>
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	Open to F Inspectio
Name of the organization		Employer identification
	INTERNATIONAL HOUSE tions Maintaining Donor Advised Funds or Other Similar Funds or Ac answered "Yes" on Form 990, Part IV, line 6.	94-11674( counts. Complete if the

#### (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 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? No Yes 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 No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a а Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a 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: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X ▶ \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021 132051 10-28-21

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# ents

OMB No. 1545-0047

	Inspection
Employer	identification number
9	4-1167403

Sche	dule D (Form 990) 2021 INTERNA	FIONAL HOUS	E			94-11	6740	3 р	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	r Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make s	ignificant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	sures, or other simila	r assets				
	to be sold to raise funds rather than to be ma						Yes		No
Par	TIV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "Yes" or	n Form 990	0, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other assets not	included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:			-			
							Amoun	t	
с	Beginning balance				. <b>1</b> c				
d	Additions during the year				<b>1d</b>				
е	Distributions during the year				. <b>1e</b>				
f	Ending balance						_		
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.						<u></u>		
Par	<b>'t V Endowment Funds.</b> Complete it					vooro book	(-) [		haali
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four		
1a									548.
b	Contributions	443,064.	125,521.		1 (	82,247.	1		250.
C.	Net investment earnings, gains, and losses	-2,083,379.	2,968,957.		,	029,710.	1		658.
	Grants or scholarships	440,889.	103,334.	530,276.	:	513,998.		460,	701.
е	Other expenditures for facilities	14 000		27 500		22 040		27	210
-	and programs	14,000.		27,509.		32,940.		27,	312.
	Administrative expenses	16,837,555.	18,932,759.	15,941,615.	15 /	132,462.	14	067	443.
g	End of year balance				15,4	152,402.	14,	007,	445.
2	Provide the estimated percentage of the curro	ent year end balance		i) held as:					
a L	Board designated or quasi-endowment ► Permanent endowment ► 60.6000		_%						
	20 1000	% %							
с									
20	The percentages on lines 2a, 2b, and 2c should be be be been and a ways that a percentage of the perce		tion that are hold or	d administered for t	aa araaniz	otion			
Ja	Are there endowment funds not in the posses	ssion of the organizat	lion that are held af		le organiz	alion	l	Yes	No
	by: (i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations						3a(ii)		x
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								L
	t VI Land, Buildings, and Equipm	<u>u</u>							
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot	her <b>(b)</b> Cost	or other (c) A	Accumulat	ed	(d) Boo	k valu	e
		basis (investm	• •		preciation		(,		-
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
	I. Add lines 1a through 1e. <i>(Column (d) must ed</i>		K. column (B). line 1	0c.)	<u></u>				0.
			. <u> </u>			Schedule	D (Forn	n 990)	) 2021

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Schedule D	(Form 990	) 2021	INTERNATIONAL	HOUSE

	Complete if the organization answered "Yes" o otion of security or category (including name of security)	(b) Book value	1b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value
			(c) Method of Valuation. Cost of end-of-year market value
	al derivatives held equity interests		
( <b>3)</b> Other	r held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. ( Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related.		
	Complete if the organization answered "Yes" o		
(4)	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 13.) 🕨		
Part IX	Other Assets.	'	
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.
	(a) D	escription	(b) Book value
(1)			
(2)			
(3)			
(3) (4)			
(4)			
(4) (5)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)			
(4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.		
(4) (5) (6) (7) (8) (9) Total. (Colu Part X	Other Liabilities. Complete if the organization answered "Yes" o		1e or 11f. See Form 990, Part X, line 25.
(4) (5) (6) (7) (8) (9) Total. (Colt Part X	Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability		
(4) (5) (6) (7) (8) (9) Total. (Colu Part X Part X 1. (1) Feec	Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability deral income taxes		1e or 11f. See Form 990, Part X, line 25. (b) Book value
(4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2) RC	Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability		1e or 11f. See Form 990, Part X, line 25.
(4) (5) (6) (7) (8) (9) Total. (Coll Part X 1. (1) Fec (2) RC (3)	Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability deral income taxes		1e or 11f. See Form 990, Part X, line 25. (b) Book value
(4) (5) (6) (7) (8) (9) Total. (Coll Part X 1. (1) Fec (2) RC (3) (4)	Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability deral income taxes		1e or 11f. See Form 990, Part X, line 25. (b) Book value
(4) (5) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2) RC (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability deral income taxes		1e or 11f. See Form 990, Part X, line 25. (b) Book value
(4) (5) (7) (8) (9) Total. (Colu Part X 7 (1) Fec (2) RC (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability deral income taxes		1e or 11f. See Form 990, Part X, line 25. (b) Book value
(4) (5) (7) (8) (9) Total. (Coll Part X Part X (1) Fec (2) RC (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability deral income taxes		1e or 11f. See Form 990, Part X, line 25. (b) Book value
(4) (5) (7) (8) (9) Total. (Colu Part X 7 (1) Fec (2) RC (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability deral income taxes		1e or 11f. See Form 990, Part X, line 25. (b) Book value

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 INTERNATIONAL HOUSE	94-	1167403 Page 4		
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wi	h Revenue per Re		
	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	9,155,626.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-4,801,293.		
b	Donated services and use of facilities	. 2b			
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d	6,619.		
е	Add lines 2a through 2d			2e	-4,794,674. 13,950,300.
3	Subtract line 2e from line 1			3	13,950,300.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	1,000.		
b	Other (Describe in Part XIII.)	. 4b	785,656.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	786,656.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	14,736,956.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	13,675,486.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	. 2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	. 2d	6,619.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	6,619.
3	Subtract line 2e from line 1			3	13,668,867.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	1,000.		
b	Other (Describe in Part XIII.)	. 4b	785,656.		
с	Add lines 4a and 4b			4c	786,656.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	14,455,523.
Pa	rt XIII Supplemental Information.				

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

## PART V, LINE 4:

ENDOWMENT FUNDS ARE USED TO PROVIDE ROOM AND BOARD SCHOLARSHIPS TO

RESIDENTS, AS WELL AS TO PROVIDE PROGRAMMING AND BUILDING IMPROVEMENTS TO

MAKE THE RESIDENT'S STAY AS INTERESTING, COMFORTABLE AND PLEASANT AS

POSSIBLE.

PART X, LINE 2:

THE ORGANIZATION HAS BEEN DETERMINED TO BE EXEMPT FROM FEDERAL AND

CALIFORNIA INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE,

RESPECTIVELY. AS A RESULT, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES

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# HAS BEEN PROVIDED FOR IN THE CONSOLIDATED FINANCIAL STATEMENTS.

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2021.05080 INTERNATIONAL HOUSE

ALTHOUGH THE ORGANIZATION IS RECOGNIZED AS TAX EXEMPT, IT IS STILL LIABLE FOR INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME (UBTI) GENERATED BY ITS NON-MARKETABLE INVESTMENTS. MANAGEMENT BELIEVES TAX LIABILITIES RELATING TO UBTI ARE NOT MATERIAL AT JUNE 30, 2022 OR 2021.

THE ORGANIZATION APPLIES THE PROVISIONS SET FORTH IN FASB ASC TOPIC 740, INCOME TAXES, TO ACCOUNT FOR THE UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS ASSESSED ALL INCOME TAX POSITIONS TAKEN WHERE THE STATUTE OF LIMITATIONS REMAINS OPEN. EXAMPLES OF THESE TAX POSITIONS INCLUDE THE ORGANIZATION'S TAX-EXEMPT STATUS AND POTENTIAL SOURCES OF UBTI. MANAGEMENT BELIEVES ITS TAX FILING POSITIONS WILL BE SUSTAINED UPON TAX EXAMINATIONS; THEREFORE, NO LIABILITY FOR UNRECOGNIZED INCOME TAXES HAS BEEN RECORDED AT JUNE 30, 2022 OR 2021.

INTERNATIONAL HOUSE'S FEDERAL EXEMPT ORGANIZATION BUSINESS INFORMATIONAL TAX RETURN IS SUBJECT TO EXAMINATION, GENERALLY FOR THREE YEARS AFTER IT IS FILED WITH THE INTERNAL REVENUE SERVICE. THE CALIFORNIA EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN IS SUBJECT TO EXAMINATION, GENERALLY FOR FOUR YEARS AFTER IT IS FILED WITH THE FRANCHISE TAX BOARD.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD NETTED AGAINST REVENUE

PART XI, LINE 4B - OTHER ADJUSTMENTS:FINANCIAL AID NETTED AGAINST PROGRAM SERVICE REVENUE548,727.RESIDENT ADVISOR COMPENSATION236,929.TOTAL TO SCHEDULE D, PART XI, LINE 4B785,656.

132055 10-28-21

Schedule D (Form 990) 2021

6,619.

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Schedule D (Form 990) 2021       INTERNATIONAL       HOUSE         Part XIII       Supplemental Information (continued)	94-1167403 Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD NETTED AGAINST REVENUE	6,619.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
FINANCIAL AID NETTED AGAINST PROGRAM SERVICE REVENUE	548,727.
RESIDENT ADVISOR COMPENSATION	
TOTAL TO SCHEDULE D, PART XII, LINE 4B	785,656.
	Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

132055 10-28-21

Department of the Treasury Internal Revenue Service	Go to	www.irs.gov/Fo	Attach to Form 990. orm990 for instructions and the latest i	nformation.		pen to Public spection
Name of the organization					Employer ider	ntification number
INTERNATIONAL H	IOTICE				94-11674	103
		ctivities Out	side the United States. Complet	e if the organ		
Form 990, Part I				en the organ		
1 For grantmakers. Doe	s the organizatior	n maintain record	ds to substantiate the amount of its gran	ts and other a	assistance,	
the grantees' eligibility	for the grants or a	assistance, and t	the selection criteria used to award the g	rants or assis	tance?	X Yes No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance o	utside the
3 Activities per Region. (1	he following Part	I, line 3 table ca	an be duplicated if additional space is ne	eded.)		
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING			GRANTS TO RECIPIENTS			
ICELAND & GREENLAND)	0	0	LOCATED IN REGION.			119,334.
EAST ASIA AND THE			GRANTS TO RECIPIENTS			
PACIFIC	0	0	LOCATED IN REGION.			90,641.
			GRANTS TO RECIPIENTS			
SOUTH ASIA	0	0	LOCATED IN REGION.			66,417.
MIDDLE EAST AND		_	GRANTS TO RECIPIENTS			
NORTH AFRICA	0	0	LOCATED IN REGION.			69,001.
			GRANTS TO RECIPIENTS			
SUB-SAHARAN AFRICA	0	0	LOCATED IN REGION.			14,500.
			GRANTS TO RECIPIENTS			10.000
SOUTH AMERICA	0	0	LOCATED IN REGION.			10,000.
<b>2</b> a Subtatal	0	0				369,893.
<b>3 a</b> Subtotal <b>b</b> Total from continuation						505,055.
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				369,893.

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

**Open to Public** 

132071 12-20-21

SCHEDULE F (Form 990)

13350511 7	756877	47694-TAX
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#### (b) IBS code section (d) Purpose of

<b>1</b> (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the t					1
			or counsel has provided a sect					

INTERNATIONAL HOUSE

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

94-1167403

Schedule F (Form 990) 2021

Page 2

(i) Method of

(g) Amount of

(h) Description

Schedule F (Form 990) 2021 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

Part II

1

Schedule F (Form 990) 2021

# Schedule F (Form 990) 2021

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

INTERNATIONAL HOUSE

Part III can be duplicated if (a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
	EUROPE (INCLUDING ICELAND &						
ROOM AND BOARD GRANT	GREENLAND)	27	119,334.	DEPOSIT INTO STUDENT ACCT	0.		
ROOM AND BOARD GRANT	EAST ASIA AND THE PACIFIC	19	90 641.	DEPOSIT INTO STUDENT ACCT	0.		
			,				
ROOM AND BOARD GRANT	SOUTH ASIA	18	66,417.	DEPOSIT INTO STUDENT ACCT	0.		
ROOM AND BOARD GRANT	MIDDLE EAST AND NORTH AFRICA	6	69,001.	DEPOSIT INTO STUDENT ACCT	0.		
ROOM AND BOARD GRANT	SUB-SAHARAN AFRICA	3	14,500.	DEPOSIT INTO STUDENT ACCT	0.		
			,				
ROOM AND BOARD GRANT	SOUTH AMERICA	3	10,000.	DEPOSIT INTO STUDENT ACCT	0.		

Page 3

# 94-1167403

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 INTERNATIONAL HOUSE

# Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

INTERNATIONAL HOUSE HAS AN APPLICATION, MONITORING AND APPROVAL PROCEDURE

TO ENSURE THAT HOUSING GRANTS ARE ONLY PROVIDED TO NEEDY STUDENTS WHO ARE

ENROLLED AT THE UNIVERSITY OF CALIFORNIA, BERKELEY AND MEET ACCEPTABLE

ACADEMIC PERFORMANCE STANDARDS. IN SOME CASES, THERE MAY BE ADDITIONAL

## DONOR STIPULATIONS.

Schedule F (Form 990) 2021

47694-T1

132075 12-20-21

	Grants and Other Assistance to Organizations, Form 990) Governments, and Individuals in the United States											
			ete if the organizatio					2021				
Department o	f the Treasury			Attach to For	m 990.			Open to Public				
Internal Rever	nue Service		Go to www.ir	rs.gov/Form990 fo	or the latest inforn	nation.		Inspection				
Name of the	he organization INTERNATI	ONAL HOUS	E					Employer identification number $94 - 1167403$				
Part I	Part I General Information on Grants and Assistance											
crite	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?											
Part II	Grants and Other Assistance to recipient that received more than S	-				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any				
1 (a) ≀	Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
3 Ente	er total number of section 501(c)(3) as er total number of other organizations	s listed in the line 1	table									

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

Schedule I (Form 990) 2021

INTERNATIONAL HOUSE

Page 2

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ROOM/BOARD SUPPORT	29	178,834.	0.		
RESIDENT ASSISTANT STIPENDS	20	236,929.	0.		

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

PART I, LINE 2:

INTERNATIONAL HOUSE HAS AN APPLICATION, MONITORING AND APPROVAL PROCEDURE

TO ENSURE THAT HOUSING GRANTS ARE ONLY PROVIDED TO NEEDY STUDENTS WHO ARE

ENROLLED AT THE UNIVERSITY OF CALIFORNIA, BERKELEY AND MEET ACCEPTABLE

ACADEMIC PERFORMANCE STANDARDS. IN SOME CASES, THERE MAY BE ADDITIONAL

## DONOR STIPULATIONS.

SCHEDULE O (Form 990) 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.



Employer identification number 94 - 1167403

INTERNATIONAL HOUSE

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

THE FORM 990 IS PROVIDED ELECTRONICALLY TO THE ENTIRE BOARD FOR REVIEW,

QUESTIONS AND COMMENTARY. AFTER ALL THE CORRECTIONS/QUESTIONS ARE RESOLVED

WITH THE BOARD, THE FORM 990 IS APPROVED BY THE AUDIT COMMITTEE AND

SUBMITTED TO THE IRS.

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

WE ASK ALL OFFICERS AND BOARD MEMBERS TO COMPLETE THE CONFLICT OF INTEREST FORM EVERY YEAR, AND THEN FOLLOW UP ON ANY QUESTIONS/EXCEPTIONS. ALL COMPLETED POLICY QUESTIONNAIRES ARE REVIEWED BY THE NOMINATIONS COMMITTEE OF THE BOARD FOR THE EXISTENCE OF A POTENTIAL CONFLICT OF INTEREST. ONCE THE SECRETARY OF THE CORPORATION HAS RECEIVED THE DOCUMENTS AND NOTES ANY COMMENT, THE BOARD TAKES ACTION ON ANY POTENTIAL CONFLICTS.

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

UC STAFF ARE EMPLOYEES OF THE UNIVERSITY OF CALIFORNIA, BEREKLEY, A SPECIAL PURPOSE GOVERNMENT ENTITY OF CALIFORNIA. ALL COMPENSATION IS SET BY THE BANDS AND LEVELS OF THE UNIVERSITY COMPENSATION SYSTEM AND ANY RAISES OR BENEFITS ARE DETERMINED BY THE UNIVERSITY AS WELL. COMPENSATION IS LINKED TO THE BAND/LEVEL THAT IS MAPPED TO THE JOB DESCRIPTION AND DETERMINED, APPROVED AND RECORDED BY THE UNIVERSITY. OFFICER AND KEY EMPLOYEE'S COMPENSATION IS REVIEWED BY BOARD EXECUTIVE AND FINANCE COMMITTEES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION PROVIDES COPIES OF THE FINANCIAL STATEMENTS, CONFLICT OF

 INTEREST
 POLICY
 AND
 GOVERNING
 DOCUMENTS
 TO
 THE
 PUBLIC
 UPON
 REQUEST
 FOR
 THE

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

Employer identification number

INTERNATIONAL HOUSE

94-1167403

SAME PERIOD OF TIME SET FORTH IN SEC. 6104(D).

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT MAKE ANY CHANGES TO THE OVERSIGHT PROCESS.

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# (Form 990)

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# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

OMB No. 1545-0047

2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number 94 - 1167403

# INTERNATIONAL HOUSE

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
BERKELEY INTERNATIONAL CENTER, LLC	DEVELOPMENT OF FINANCING				
2299 PIEDMONT AVENUE	PLAN FOR SECOND				
BERKELEY, CA 94720	INTERNATIONAL HOUSE	CALIFORNIA	0.	0.	INTERNATIONAL HOUSE

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2021

# Schedule R (Form 990) 2021 INTERNATIONAL HOUSE

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.

		, jouri									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?		Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	-										
	-										
										+	
	-										
	1										
	1										
	4										

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	o)(13) olled
		country)		or trust)		255615		Yes	No
			INTERNATIONAL						
CHARITABLE REMAINDER UNITRUST (1)	INVESTMENTS	CA	HOUSE	TRUST			100%		X
			INTERNATIONAL				1008		v
POOLED INCOME FUND (1)	INVESTMENTS	CA	HOUSE	TRUST			100%		x
	-								
	-								
	-								

# Schedule R (Form 990) 2021 INTERNATIONAL HOUSE

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

Not	e: 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		Х
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.			

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

# Schedule R (Form 990) 2021 INTERNATIONAL HOUSE

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.

(2)	<u> </u>	C	(d)	10		(#)	(ന)	/	•	(1)	(3)	(k)
<b>(a)</b> Name, address, and EIN	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile	(d)	(e Are partners 501(c orgs	all	<b>(f)</b> Share of	<b>(g)</b> Share of		n)	(i) Code V URI	(j) General (	
of entity	Primary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c	s sec. :)(3)	total	end-of-year	tio	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
orentity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	455615	Yes	No	(Form 1065)	Yes No	<b>)</b>
				+								
												+
				+								
			1	1					1			1

Schedule R (Form 990) 2021

Part VII Supplemental Information

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

# PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

# NAME OF DISREGARDED ENTITY:

# BERKELEY INTERNATIONAL CENTER, LLC

# PRIMARY ACTIVITY: DEVELOPMENT OF FINANCING PLAN FOR SECOND INTERNATIONAL

## HOUSE FACILITY

Schedule R (Form 990) 2021

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