Return of Organization Exempt From Income Tax

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

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

A For the 2019 calendar year, or tax year beginning 2/01, 2019, and ending 1/31, 2020

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C BREAKTHROUGH SILICON VALLEY
1635 PARK AVENUE
SAN JOSE, CA 95126-2123

D Employer Identification number
26-2168102

E Telephone number
(408) 287-6357

F Name and address of principal officer: JOHN HIESTER
SAME AS C ABOVE

G Gross receipts $ 1,694,331.

H(0) Is this a group return for subordinates? Yes X No
H(0) Are all subordinates included? Yes X No

I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

J Website: WWW.BREAKTHROUGHHSV.ORG

K Form of organization: X Corporation Trust Other
L Year of formation: 2007 M State of legal domicile: CA

Part I

Summary

1 Briefly describe the organization's mission or most significant activities:
TO PREPARE ACADEMICALLY MOTIVATED STUDENTS WITH LIMITED EDUCATIONAL OPPORTUNITIES FOR SUCCESS IN RIGOROUS COLLEGE-PREPARATORY HIGH SCHOOL PROGRAMS AND ENTRY INTO FOUR-YEAR COLLEGES AND TO PREPARE HIGH SCHOOL AND COLLEGE STUDENTS TO ENTER CAREERS IN EDUCATION.

2 Check this box ☑ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a).

4 Number of independent voting members of the governing body (Part VI, line 1b).

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a).

6 Total number of volunteers (estimate if necessary).

7a Total unrelated business revenue from Part VIII, column (C), line 12.

7b Net unrelated business taxable income from Form 990-T, line 39.

Prior Year Current Year
1,159,786. 1,265,399.

8 Contributions and grants (Part VIII, line 1b).

9 Program service revenue (Part VIII, line 2g).

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).

12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).

14 Benefits paid to or for members (Part IX, column (A), line 4).

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).

16a Professional fundraising fees (Part IX, column (A), line 11e).

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24a).

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).

19 Revenue less expenses. Subtract line 18 from line 12.

Expenses

End of Year

Grants and contracts (Part VIII, line 1b).

Proceeds from sales or other income (Part VIII, line 2g).

Investment income (Part VIII, column (A), lines 3, 4, and 7d).

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).

Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).

Grants and similar amounts paid (Part IX, column (A), lines 1-3).

Benefits paid to or for members (Part IX, column (A), line 4).

Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).

Professional fundraising fees (Part IX, column (A), line 11e).

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24a).

Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).

Revenue less expenses. Subtract line 18 from line 12.

Part II

Signature Block

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

Signature of officer

MARK ASHER

Type or print name and title

TREASURER

Paid Preparer Use Only

Check if self-employed P00169101

Firm's name: PFANH & HUNT ACCOUNTANCY CORP

Firm's address: 333 W. SANTA CLARA ST. #900

SANT JOSE, CA 95113

Firm's EIN: 94-2203947

Phone no. (408) 993-9494

May the IRS discuss this return with the preparer shown above? (see instructions) Yes ☑ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)
Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization’s mission:

SEE SCHEDULE O

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $895,752. including grants of $ ) (Revenue $ )

SEE SCHEDULE O

4b (Code: ) (Expenses $603,907. including grants of $ ) (Revenue $ )

HIGH SCHOOL AND COLLEGE PROGRAMS:

HIGH SCHOOL ADVISING AND COLLEGE PREPARATION - STUDENTS RECEIVE TUTORING, ACADEMIC COURSE AND EXTRA-CURRICULAR ACTIVITY SELECTION ADVISING, COLLEGE READINESS AND ACT WORKSHOPS, FINANCIAL LITERACY TRAINING, COLLEGE AND FINANCIAL AID COUNSELING, AND A COLLEGE TRANSITIONS RETREAT. APPROXIMATELY 320 STUDENTS PARTICIPATED IN THIS YEAR.

4c (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

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

(Expenses $ including grants of $ ) (Revenue $ )

4e Total program service expenses ▶ 1,499,659.
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1</td>
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<td>X</td>
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<td>20</td>
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<td>X</td>
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<tr>
<td>21</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule I, Parts I and III.</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>23. Did the organization answer &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule J.</td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 25a.</td>
<td></td>
<td>24a</td>
</tr>
<tr>
<td>b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period except on?</td>
<td></td>
<td>24b</td>
</tr>
<tr>
<td>c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td>24c</td>
</tr>
<tr>
<td>d. Did the organization act as an &quot;on behalf of issuer&quot; for bonds outstanding at any time during the year?</td>
<td></td>
<td>24d</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule L, Part I.</td>
<td></td>
<td>25a</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule L, Part I.</td>
<td></td>
<td>25b</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule L, Part II.</td>
<td>26</td>
<td>X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule L, Part III.</td>
<td>27</td>
<td>X</td>
</tr>
<tr>
<td>28. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):</td>
<td></td>
<td>28</td>
</tr>
<tr>
<td>a. A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td>28a</td>
<td>X</td>
</tr>
<tr>
<td>b. A family member of any individual described in line 28a? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td>28b</td>
<td>X</td>
</tr>
<tr>
<td>c. A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td>28c</td>
<td>X</td>
</tr>
<tr>
<td>29. Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M.</td>
<td>29</td>
<td>X</td>
</tr>
<tr>
<td>30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M.</td>
<td>30</td>
<td>X</td>
</tr>
<tr>
<td>31. Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes,&quot; complete Schedule N, Part I.</td>
<td>31</td>
<td>X</td>
</tr>
<tr>
<td>32. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II.</td>
<td>32</td>
<td>X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule R, Part I.</td>
<td>33</td>
<td>X</td>
</tr>
<tr>
<td>34. Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1.</td>
<td>34</td>
<td>X</td>
</tr>
<tr>
<td>35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>35a</td>
<td>X</td>
</tr>
<tr>
<td>b. If &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule R, Part V, line 2.</td>
<td>35b</td>
<td>X</td>
</tr>
<tr>
<td>36. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2.</td>
<td>36</td>
<td>X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule R, Part VI.</td>
<td>37</td>
<td>X</td>
</tr>
<tr>
<td>38. Did the organization complete Schedule O and provide explanations in Schedule O for Part VII, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.</td>
<td>38</td>
<td>X</td>
</tr>
</tbody>
</table>

### Part V Statements Regarding Other IRS Filings and Tax Compliance

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.</td>
<td>1a</td>
<td>105</td>
</tr>
<tr>
<td>1b. Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.</td>
<td>1b</td>
<td>0</td>
</tr>
<tr>
<td>c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>1c</td>
<td>X</td>
</tr>
</tbody>
</table>

| Code: TEEA0104L 07/31/19 | Form 990 (2019) |
Part V  Statements Regarding Other IRS Filings and Tax Compliance (continued)

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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
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</table>

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a Did the organization have unrelated business gross income of $1,000 or more during the year?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
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</table>

3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3a, provide an explanation on Schedule O.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</table>

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
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</table>

b If "Yes," enter the name of the foreign country.  


5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
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</tbody>
</table>

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
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</table>

5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
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</table>

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
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</table>

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
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</table>

7 Organizations that may receive deductible contributions under section 170(c).  

a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
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</table>

b If "Yes," did the organization notify the donor of the value of the goods or services provided?  

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
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</table>

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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d If "Yes," indicate the number of Forms 8282 filed during the year.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
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</table>

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
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</table>

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
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</table>

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
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</table>

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
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</table>

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?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

9 Sponsoring organizations maintaining donor advised funds.  

a Did the sponsoring organization make any taxable distributions under section 4966?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
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</tbody>
</table>

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

c Enter the amount of reserves on hand.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14a Did the organization receive any payments for indoor tanning services during the tax year?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15 Is the organization subject to the section 4950 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If "Yes," see instructions and file Form 4720, Schedule N.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If "Yes," complete Form 4720, Schedule O.
### Section A. Governing Body and Management

<table>
<thead>
<tr>
<th></th>
<th>1a Enter the number of voting members of the governing body at the end of the tax year</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.</td>
<td>1a</td>
<td>13</td>
</tr>
<tr>
<td>b</td>
<td>Enter the number of voting members included on line 1a, above, who are independent</td>
<td>1b</td>
<td>13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>6 Did the organization have members or stockholders?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>a The governing body?</td>
<td>8a</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>b Each committee with authority to act on behalf of the governing body?</td>
<td>8b</td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>10a Did the organization have local chapters, branches, or affiliates?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.</td>
<td>SEE SCHEDULE O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>12b Were officers, directors, or trustees, and key employees required to disclose annually the interests that could give rise to conflicts?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>13 Did the organization have a written whistleblower policy?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>14 Did the organization have a written document retention and destruction policy?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Section C. Disclosure

<table>
<thead>
<tr>
<th></th>
<th>15a The organization's CEO, Executive Director, or top management official.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15b Other officers or key employees of the organization.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>16b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

   - List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
   - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
   - List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
   - List all of the organization's former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.

   See 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.

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) DEANDRA HICKS DIRECTOR</td>
<td>40</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) JOHN HIESTER EXECUTIVE</td>
<td>40</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3) CARLA ROBBINS SILVER</td>
<td>3</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) CHRISTINE KENNEDY</td>
<td>3</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5) ERIC PIZIALI DIRECTOR</td>
<td>3</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6) LENIECE FLOWERS DIRECTOR</td>
<td>3</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) RITA CHEN DIRECTOR</td>
<td>3</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8) SHERICE TORRES DIRECTOR</td>
<td>3</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9) MARIMO BERK VICE PRESIDENT</td>
<td>3</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(10) CANDICE BROWN PACHECO DIRECTOR</td>
<td>3</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(11) GREG LEUNG VICE CHAIR</td>
<td>3</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(12) SUCHITRA SUBRAHMANYAN DIRECTOR</td>
<td>3</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(13) ELLEN DEMPSEY DIRECTOR</td>
<td>3</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(14) ALLISON RAIO DIRECTOR</td>
<td>3</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(A) Name and title</td>
<td>(B) Average hours per week (list any hours for related organizations below dotted line)</td>
<td>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</td>
<td>(D) Reportable compensation from the organization (W-2/1099-MISC)</td>
<td>(E) Reportable compensation from related organizations (W-2/1099-MISC)</td>
<td>(F) Estimated amount of other compensation from the organization and related organizations</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------------------------------------------</td>
<td>------------------------------------------------</td>
<td>------------------------------------------------</td>
<td>------------------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>(15) MARK ASHER TREASURER</td>
<td>3</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(16) DANIEL SHAW TREASURER</td>
<td>3</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(17) COURTNEY MONK SECRETARY</td>
<td>3</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(18)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(19)</td>
<td></td>
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<tr>
<td>(20)</td>
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<tr>
<td>(21)</td>
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<td>(22)</td>
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<td>(24)</td>
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<tr>
<td>(25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Subtotal: 230,032.

<table>
<thead>
<tr>
<th>(2) Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization</th>
<th>Z</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(3) Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If &quot;Yes,&quot; complete Schedule J for such individual.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(4) For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If &quot;Yes,&quot; complete Schedule J for such individual.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(5) Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If &quot;Yes,&quot; complete Schedule J for such person.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Independent Contractors**

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 0
### Part VIII: Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>1a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td>1c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td>1e</td>
<td>42,196</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and</td>
<td>1f</td>
<td>1,223,203</td>
<td></td>
<td></td>
</tr>
<tr>
<td>similar amounts not included above</td>
<td>1g</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td>1,265,399</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 3 Investment income (including dividends, interest, and other similar amounts) |                   |                                       |                               |                                               |
| 4 Income from investment of tax-exempt bond proceeds   |                   |                                       |                               |                                               |
| 5 Royalties                                             |                   |                                       |                               |                                               |

| 6 a Gross rents                                        | 6a                |                                       |                               |                                               |
| b Less: rental expenses                                | 6b                |                                       |                               |                                               |
| c Rental income or (loss)                             | 6c                |                                       |                               |                                               |
| d Net rental income or (loss)                         |                   |                                       |                               |                                               |

| 7 a Gross amount from sales of assets other than inventory | 7a                |                                       |                               |                                               |
| b Less: cost or other basis and sales expenses         | 7b                |                                       |                               |                                               |
| c Gain or (loss)                                       | 7c                |                                       |                               |                                               |
| d Net gain or (loss)                                   |                   |                                       |                               |                                               |

| 8 a Gross income from fundraising events (not including $ of contributions reported on line 1c). | 8a                | 404,944                               |                               |                                               |
| b Less: direct expenses                                | 8b                |                                       |                               |                                               |
| c Net income or (loss) from fundraising events         |                   | 404,944                               |                               |                                               |

| 9 a Gross income from gaming activities. See Part IV, line 19. | 9a                |                                       |                               |                                               |
| b Less: direct expenses                                 | 9b                |                                       |                               |                                               |
| c Net income or (loss) from gaming activities           |                   |                                       |                               |                                               |

| 10 a Gross sales of inventory, less returns and allowances | 10a               |                                       |                               |                                               |
| b Less: cost of goods sold                              | 10b               |                                       |                               |                                               |
| c Net income or (loss) from sales of inventory          | 10c                |                                       |                               |                                               |

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Total. Add lines 11a-11d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 12 Total revenue. See instructions                      |                   | 1,694,331                              | 0.                            | 23,988.                                      |

BAA

Form 990 (2019)
<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.</td>
<td>261,500</td>
<td>88,150</td>
<td>33,550</td>
<td>139,800</td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>812,024</td>
<td>687,457</td>
<td>27,838</td>
<td>96,729</td>
</tr>
<tr>
<td>6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>104,229</td>
<td>75,449</td>
<td>6,586</td>
<td>22,194</td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>87,524</td>
<td>64,002</td>
<td>4,863</td>
<td>18,659</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>343,698</td>
<td>275,710</td>
<td>59,882</td>
<td>8,106</td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>17,248</td>
<td>9,144</td>
<td>982</td>
<td>7,122</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>44,550</td>
<td>12,271</td>
<td>255</td>
<td>32,024</td>
</tr>
<tr>
<td>11 Fees for services (nonemployees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)</td>
<td>24,279</td>
<td>18,057</td>
<td>1,480</td>
<td>4,742</td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Information technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td>120,828</td>
<td>110,492</td>
<td>3,387</td>
<td>6,949</td>
</tr>
<tr>
<td>a FOOD</td>
<td>57,395</td>
<td>34,573</td>
<td>77</td>
<td>22,745</td>
</tr>
<tr>
<td>b RECRUITMENT &amp; RECOGNITION</td>
<td>55,040</td>
<td>47,584</td>
<td>2,685</td>
<td>4,771</td>
</tr>
<tr>
<td>c FIELD TRIPS &amp; TOURS</td>
<td>44,598</td>
<td>44,598</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d STUDENT TRANSPORTATION</td>
<td>34,249</td>
<td>32,172</td>
<td>238</td>
<td>1,839</td>
</tr>
<tr>
<td>e All other expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>2,007,162</td>
<td>1,499,659</td>
<td>141,823</td>
<td>365,680</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here □ if following SOP 98-2 (ASC 958-720)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assets</td>
<td>Description</td>
<td>(A) Beginning of year</td>
<td>(B) End of year</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>-------------</td>
<td>-----------------------</td>
<td>-----------------</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Cash — non-interest-bearing</td>
<td>1,390,195</td>
<td>1 491,159</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>1,053,640</td>
<td>2 1,461,514</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>22,270</td>
<td>3 304,943</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>4</td>
<td>3,000</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>31,865</td>
<td>9 15,876</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>10a</td>
<td>10c</td>
<td></td>
</tr>
<tr>
<td>10c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Investments — publicly traded securities</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments — other securities. See Part IV, line 11</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments — program-related. See Part IV, line 11</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 33)</td>
<td>2,597,970</td>
<td>16 2,276,492</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>Description</th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>107,202</td>
<td>17 98,555</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties.</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>107,202</td>
<td>26 98,555</td>
</tr>
</tbody>
</table>

Organizations that follow FASB ASC 958, check here □ and complete lines 27, 28, 32, and 33.

Organizations that do not follow FASB ASC 958, check here □ and complete lines 29 through 33.

Net Assets or Fund Balances

<table>
<thead>
<tr>
<th>Description</th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Net assets without donor restrictions</td>
<td>2,254,761</td>
</tr>
<tr>
<td>28</td>
<td>Net assets with donor restrictions</td>
<td>236,007</td>
</tr>
<tr>
<td>29</td>
<td>Capital stock or trust principal, or current funds</td>
<td>29</td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>30</td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>31</td>
</tr>
<tr>
<td>32</td>
<td>Total net assets or fund balances</td>
<td>2,490,768</td>
</tr>
<tr>
<td>33</td>
<td>Total liabilities and net assets/fund balances</td>
<td>2,597,970</td>
</tr>
</tbody>
</table>
### Part XI: Reconciliation of Net Assets

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>1,694,331</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>2,007,162</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>-312,831</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
<td>2,490,768</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
<td>2,177,937</td>
</tr>
</tbody>
</table>

### Part XII: Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: Cash X Accrual Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked 'Other;' explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X Separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consolidated basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X Separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consolidated basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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.

**Part I** Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (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)(vii). (Complete Part II.)
9. An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10. An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
12. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supported organization and complete lines 12e, 12f, and 12g.
   a. Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
   b. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons who control or manage the supported organization(s). You must complete Part IV, Sections A and C.
   c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
   d. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
   e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f. Enter the number of supported organizations.

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

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

Schedule A (Form 990 or 990-EZ) 2019
## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any 'usual grants')</td>
<td>1,583,908</td>
<td>1,603,780</td>
<td>1,609,339</td>
<td>1,666,339</td>
<td>1,686,460</td>
<td>8,149,826</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>1,583,908</td>
<td>1,603,780</td>
<td>1,609,339</td>
<td>1,666,339</td>
<td>1,686,460</td>
<td>8,149,826</td>
</tr>
<tr>
<td>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)</td>
<td>578,834</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td>7,570,992</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>1,583,908</td>
<td>1,603,780</td>
<td>1,609,339</td>
<td>1,666,339</td>
<td>1,686,460</td>
<td>8,149,826</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>2</td>
<td>7</td>
<td>11</td>
<td>7,604</td>
<td>23,988</td>
<td>31,612</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td>8,181,438</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td>12</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 First five 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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| (a) 2019 | 92.54% |
| (b) 2018 | 92.61% |

*16a 33-1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.*

*16b 33-1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.*

*17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.*

*17b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.*

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

BAA

Schedule A (Form 990 or 990-EZ) 2019
### Part III  Support Schedule for Organizations Described in Section 509(a)(2)

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

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Add lines 7a and 7b</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Add lines 10a and 10b</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part V.L.)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total support. (Add lines 9, 10c, 11, and 12.)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>First five 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.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Public support percentage from 2018 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Investment income percentage from 2018 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19a</td>
<td>33-1/3% support tests — 2019. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19b</td>
<td>33-1/3% support tests — 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?
   a Person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
   b A family member of a person described in (a) above?
   c A 35% controlled entity of a person described in (a) or (b) above? If ‘Yes’ to a, b, or c, provide detail in Part VI.

### Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If ‘No,’ describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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 ‘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

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).

### Section D. All Type III Supporting Organizations

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?

2 Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If ‘No,’ explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If ‘Yes,’ describe in Part VI the role the organization’s supported organizations played in this regard.

### Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a 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 government entity (see instructions).

2 Activities Test. Answer (a) and (b) 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 in (a) 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 (a) and (b) 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? 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.
### Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

#### Section A — Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section B — Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
</tbody>
</table>

#### Section C — Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
</tbody>
</table>

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).
## Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

### Section D — Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2019 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

### Section E — Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2019</th>
<th>(iii) Distributable Amount for 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2019 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2014. ..................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2015. ..................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2016. ..................</td>
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<td>d</td>
<td>From 2017. ..................</td>
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<tr>
<td>e</td>
<td>From 2018. ..................</td>
<td></td>
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</tr>
<tr>
<td>f</td>
<td><strong>Total</strong> of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2019 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2014 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
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</tr>
<tr>
<td>4</td>
<td>Distributions for 2019 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2019 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
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</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
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<td></td>
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<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2020.</strong> Add lines 3j and 4c.</td>
<td></td>
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<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
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<tr>
<td>a</td>
<td>Excess from 2015 .........</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2016 .........</td>
<td></td>
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<td>c</td>
<td>Excess from 2017 .........</td>
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<tr>
<td>d</td>
<td>Excess from 2018 .........</td>
<td></td>
<td></td>
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<tr>
<td>e</td>
<td>Excess from 2019 .........</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1a, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule B
(For Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

Name of the organization: BREAKTHROUGH SILICON VALLEY
Employer Identification number: 26-2168102

Organization type (check one):
Form 990 or 990-EZ
☐ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
Form 990-PF
☐ 527 political organization
☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

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

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

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>APPLIED MATERIALS FOUNDATION 3050 BOWERS AVE SANTA CLARA, CA 95052-8039</td>
<td>$105,000.00</td>
<td>Person X</td>
</tr>
<tr>
<td>2</td>
<td>GLIKBARG FAMILY FOUNDATION 200 W. VICTORIA ST SANTA BARBARA, CA 93101</td>
<td>$35,000.00</td>
<td>Person X</td>
</tr>
<tr>
<td>3</td>
<td>MICHELLE CALE &amp; DUNCAN GREATWOOD 1555 EDGEWOOD DRIVE PALO ALTO, CA 94303</td>
<td>$40,000.00</td>
<td>Person X</td>
</tr>
<tr>
<td>4</td>
<td>ELENA MARIMO BERK 17990 DAVES AVENUE MONTE SERENO, CA 95030</td>
<td>$55,000.00</td>
<td>Person X</td>
</tr>
<tr>
<td>5</td>
<td>ADOBE 321 PARK AVENUE SAN JOSE, CA 95110</td>
<td>$30,000.00</td>
<td>Person X</td>
</tr>
<tr>
<td>6</td>
<td>YELLOW CHAIR FOUNDATION 1660 BUSH STREET #300 SAN FRANCISCO, CA 94109-5308</td>
<td>$75,000.00</td>
<td>Person X</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
### Part I Contributors

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td><strong>SUSAN NEWMAN &amp; MICHAEL DIXON</strong></td>
<td>$35,000</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>1523 PORTOLA AVENUE</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>PALO ALTO, CA 94306</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td><strong>WEBB FAMILY FOUNDATION</strong></td>
<td>$75,000</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>329 RICHARDSON WAY</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>MILL VALLEY, CA 94941</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
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<tr>
<td>9</td>
<td><strong>CALIFORNIA DEPT OF EDUCATION</strong></td>
<td>$32,196</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>1430 N STREET</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>SACRAMENTO, CA 95814</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
<td></td>
<td></td>
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<tr>
<td>10</td>
<td><strong>RITA CHEN &amp; COLIN FAN</strong></td>
<td>$55,000</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>22525 ROLLING HILLS ROAD</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>SARATOGA, CA 95070</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
<td></td>
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</tr>
<tr>
<td>11</td>
<td><strong>JONATHAN &amp; GERMAIN HEILIGER</strong></td>
<td>$36,250</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>1934 WAVERLY STREET</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>PALO ALTO, CA 94301</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
<td></td>
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<tr>
<td>12</td>
<td><strong>DAVIDSON FAMILY FOUNDATION</strong></td>
<td>$50,000</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>255 W JULIAN ST #200</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>SAN JOSE, CA 95110</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (See instructions.)</td>
<td>(d) Date received</td>
</tr>
<tr>
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<td>N/A</td>
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</tbody>
</table>
**Part III**

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

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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</tbody>
</table>

**Transferee's name, address, and ZIP + 4**

Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
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**Transferee's name, address, and ZIP + 4**

Relationship of transferor to transferee

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**Transferee's name, address, and ZIP + 4**

Relationship of transferor to transferee

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**Transferee's name, address, and ZIP + 4**

Relationship of transferor to transferee

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<th>(a) No. from Part I</th>
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</tbody>
</table>
**Part I: Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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?</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Part II: Conservation Easements.**

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

1. **Purpose(s) of conservation easements held by the organization (check all that apply).**
   - Preservation of land for public use (for example, recreation or education)
   - Protection of natural habitat
   - Preservation of open space
   - Preservation of a historically important land area
   - Preservation of a certified historic structure

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| Held at the End of the Tax Year |
|---|---|
| 2a | Total number of conservation easements |
| 2b | Total acreage restricted by conservation easements |
| 2c | Number of conservation easements on a certified historic structure included in (a) |
| 2d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year |
| 4 | Number of states where property subject to conservation easement is located |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | Yes | No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year |  |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year | $ |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | Yes | No |

9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1. 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.

2. 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 | $ |

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
   - (a) Revenue included on Form 990, Part VIII, line 1 | $ |
   - (b) Assets included in Form 990, Part X | $ |
Part III. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3. Using the organization’s acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
   a. Public exhibition
   b. Scholarly research
   c. Preservation for future generations
   d. Loan or exchange program
   e. Other

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

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

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

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

   b. If ‘Yes,’ explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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

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

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

1. a. Beginning of year balance
   b. Contributions
   c. Net investment earnings, gains, and losses
   d. Grants or scholarships
   e. Other expenditures for facilities and programs
   f. Administrative expenses
   g. End of year balance

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a. Board designated or quasi-endowment
   b. Permanent endowment
   c. Term endowment

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

3. a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   (i) Unrelated organizations
   (ii) Related organizations
   b. If ‘Yes’ on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4. Describe in Part XIII the intended uses of the organization’s endowment funds.

Part VI. Land, Buildings, and Equipment.

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.
**Part VII** Investments — Other Securities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
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<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
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<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(I)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)

**Part VIII** Investments — Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(1) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
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<tr>
<td>(6)</td>
<td></td>
<td></td>
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<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)

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

1. Federal income taxes

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
</tr>
<tr>
<td>(11)</td>
<td></td>
</tr>
</tbody>
</table>

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. □
### Part XI: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements.</td>
<td>1,733,493</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments.</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities.</td>
<td>2b 39,162</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants.</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d.</td>
<td>2e 39,162</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b.</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b.</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>5</td>
</tr>
</tbody>
</table>

### Part XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements.</td>
<td>2,046,324</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities.</td>
<td>2a 39,162</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments.</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Other losses.</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d.</td>
<td>2e 39,162</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b.</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b.</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>5</td>
</tr>
</tbody>
</table>

### Part XIII: Supplemental Information
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.
### Supplemental Information Regarding Fundraising or Gaming Activities

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

> Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**BREAKTHROUGH SILICON VALLEY**

**Employer identification number**

26-2168102

**Part I**

**Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [ ] Mail solicitations
   - [ ] Internet and email solicitations
   - [ ] Phone solicitations
   - [ ] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Solicitation of government grants
   - [ ] Special fundraising events

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

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

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in column (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total                                                   |               |                                                               |                                 | 0.                                                             |                                               |

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

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

<table>
<thead>
<tr>
<th>REVENUE</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events (add column (a) through column (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
<td>404,944</td>
<td></td>
<td></td>
<td>404,944</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td></td>
<td></td>
<td></td>
<td>404,944</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>404,944</td>
<td></td>
<td></td>
<td>404,944</td>
</tr>
<tr>
<td>4 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Direct expense summary. Add lines 4 through 9 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income summary. Subtract line 10 from line 3, column (d)</td>
<td></td>
<td></td>
<td></td>
<td>404,944</td>
</tr>
</tbody>
</table>

## Part III Gaming

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

<table>
<thead>
<tr>
<th>REVENUE</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/Instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add column (a) through column (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>7 Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

b. If 'No,' explain: ____________________________________________

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

b. If 'Yes,' explain: ____________________________________________
11 Does the organization conduct gaming activities with nonmembers? □ Yes □ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? □ Yes □ No

13 Indicate the percentage of gaming activity conducted in:
   a. The organization’s facility .................................................. 13a %
   b. An outside facility .................................................................. 13b %

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

   Name ▶

   Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Yes □ No
   b. If ‘Yes,’ enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $.
   c. If ‘Yes,’ enter name and address of the third party:

   Name ▶

   Address ▶

16 Gaming manager information:

   Name ▶

   Gaming manager compensation ▶ $.

   Description of services provided ▶

   □ Director/officer □ Employee □ Independent contractor

17 Mandatory distributions:
   a. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No
   b. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year ▶ $.

Part IV: Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE ORGANIZATION HAS A DUAL MISSION: (1) TO PREPARE ACADEMICALLY MOTIVATED MIDDLE SCHOOL STUDENTS WITH LIMITED EDUCATIONAL OPPORTUNITIES FOR SUCCESS IN RIGOROUS COLLEGE-PREPATORY HIGH SCHOOL PROGRAMS AND ENTRY INTO FOUR-YEAR COLLEGES, AND (2) TO PREPARE OUTSTANDING HIGH SCHOOL AND COLLEGE STUDENTS TO ENTER CAREERS IN EDUCATION.

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

MIDDLE SCHOOL PROGRAMS:

- SUMMER PROGRAM - AN INTENSIVE SIX WEEK PROGRAM FOCUSING ON CORE ACADEMIC SUBJECTS, ELECTIVE COURSES AND CAREER DEVELOPMENT ACTIVITIES. APPROXIMATELY 230 STUDENTS WERE SERVED IN THIS YEAR.

- MATH AFTER-SCHOOL PROGRAM AND "SUPER SATURDAY" WORKSHOPS - THE STUDENTS' INVOLVEMENT CONTINUES AFTER THE SUMMER IN THE YEAR-LONG AFTER SCHOOL PROGRAM THAT PREPARES STUDENTS FOR ENROLLMENT IN 9TH GRADE GEOMETRY AND "SUPER SATURDAY" WORKSHOPS THAT ADDRESS AND DEVELOP VARIOUS SOFT SKILLS. APPROXIMATELY 230 STUDENTS ATTENDED IN THIS YEAR.

- MIDDLE SCHOOL ADVISING AND HIGH SCHOOL ENTRANCE ADVISING - THE STUDENTS' GRADES ARE MONITORED EVERY EIGHT WEEKS AND ARE PROVIDED WITH YEAR-ROUND MENTORING AND TUTORING. THE 8TH GRADE STUDENTS ARE PROVIDED WITH HIGH SCHOOL OPTIONS COUNSELING AND PERSONALIZED ASSISTANCE IN WRITING APPLICATIONS, FILLING OUT ENROLLMENT FORMS, AND SEEKING SCHOLARSHIP FUNDING.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

STUDENTS ARE TAUGHT BY HIGH-ACHIEVING HIGH SCHOOL AND COLLEGE. APPROXIMATELY 60 INTERNS PARTICIPATED IN THIS YEAR.

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

THE BOARD OF DIRECTORS WILL REVIEW THE FORM 990 AND THE OFFICERS ON THE BOARD WILL APPROVE IT BEFORE IT IS FILED.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT A FORMAL REVIEW IS DONE BY THE BOARD.

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

FINANCIAL STATEMENTS WILL BE PROVIDED UPON REQUEST.

FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES

<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
<td>PROGRAM SERVICES</td>
<td>MANAGEMENT &amp; GENERAL</td>
<td>FUND-RAISING</td>
</tr>
<tr>
<td>ALUMNI SERVICES</td>
<td>24,005</td>
<td>24,005.</td>
<td></td>
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<tr>
<td>CONSULTING</td>
<td>44,523</td>
<td>34,610.</td>
<td>2,442.</td>
<td>7,471.</td>
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<td>PROFESSIONAL SERVICES</td>
<td>55,823</td>
<td>3,338.</td>
<td>51,850.</td>
<td>635.</td>
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<tr>
<td>TEACHER STIPENDS</td>
<td>219,347</td>
<td>213,757.</td>
<td>5,590.</td>
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</tr>
<tr>
<td>TOTAL</td>
<td>$343,698</td>
<td>$275,710.</td>
<td>$59,882.</td>
<td>$8,106.</td>
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</table>
Application for Automatic Extension of Time To File an Exempt Organization Return

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

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

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

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

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization or other title, see instructions.</th>
<th>Taxpayer identification number (TIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic</td>
<td>BREAKTHROUGH SILICON VALLEY</td>
<td>26-21668102</td>
</tr>
<tr>
<td>filing</td>
<td>Number, street, and room or suite number. If a P.O. box, see instructions.</td>
<td>1635 PARK AVENUE</td>
</tr>
<tr>
<td></td>
<td>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</td>
<td>SAN JOSE, CA 95126</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Application</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (section 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

- The boxes are in the care of F.A.S.S.

Telephone No. (408) 513-8765
Fax No. 

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

1 I request an automatic 6-month extension of time until 12/15 ___, 20__, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
   - ☐ calendar year 20___ or
   - ☑ tax year beginning 2/01 ___, 20__, and ending 1/31 ___, 20__.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. $0.00 | $0.00 |
3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | $0.00 |
3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 0.00 | 0.00 |

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

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