## Part I Summary

1. Briefly describe the organization's mission or most significant activities: **DOWNTOWN STREETS, INC. STRIVES TO END HOMELESSNESS BY RESTORING THE DIGNITY AND REBUILDING THE COMMUNITY.**

### Activities & Governance

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Number of voting members of the governing body (Part VI, line 1a)</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>Number of independent voting members of the governing body (Part VI, line 1b)</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>Total number of individuals employed in calendar year 2020 (Part V, line 2a)</td>
<td>91</td>
<td>91</td>
</tr>
<tr>
<td>6</td>
<td>Total number of volunteers (estimate if necessary)</td>
<td>834</td>
<td>834</td>
</tr>
</tbody>
</table>

### Revenue

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Contributions and grants (Part VIII, line 1h)</td>
<td>10,107,490</td>
<td>10,105,821</td>
</tr>
<tr>
<td>9</td>
<td>Program service revenue (Part VIII, line 2g)</td>
<td>95,941</td>
<td>95,941</td>
</tr>
<tr>
<td>10</td>
<td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td>
<td>1,049</td>
<td>1,049</td>
</tr>
<tr>
<td>11</td>
<td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td>
<td>154,710</td>
<td>158,967</td>
</tr>
<tr>
<td>12</td>
<td>Total revenue - add lines 8 through 11 (must equal Part IX, column (A), line 12)</td>
<td>10,339,501</td>
<td>10,361,163</td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>14</td>
<td>Benefits paid to or for members (Part IX, column (A), line 4)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15</td>
<td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td>
<td>5,846,071</td>
<td>7,091,528</td>
</tr>
<tr>
<td>16</td>
<td>Professional fundraising fees (Part IX, column (A), line 11e)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>17</td>
<td>Total fundraising expenses (Part IX, column (D), line 25)</td>
<td>453,783</td>
<td>453,783</td>
</tr>
<tr>
<td>18</td>
<td>Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td>
<td>9,825,880</td>
<td>9,991,183</td>
</tr>
<tr>
<td>19</td>
<td>Revenue less expenses. Subtract line 18 from line 12</td>
<td>9,671,951</td>
<td>11,082,711</td>
</tr>
</tbody>
</table>

### Net Assets or Fund Balances

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Beginning of Current Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Total assets (Part X, line 16)</td>
<td>2,969,858</td>
<td>3,075,834</td>
</tr>
<tr>
<td>21</td>
<td>Total liabilities (Part X, line 26)</td>
<td>531,698</td>
<td>1,359,222</td>
</tr>
<tr>
<td>22</td>
<td>Net assets or fund balances. Subtract line 21 from line 20</td>
<td>2,438,160</td>
<td>1,716,612</td>
</tr>
</tbody>
</table>

## Part II Signature Block

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

### Sign Here

**ELFREDA STRYDOM, CHIEF OPERATING OFFICER**

Type or print name and title

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELFREDA STRYDOM</td>
<td></td>
</tr>
</tbody>
</table>

Print/Type preparer's name: **JOHN BOVARD MIRON**

Preparer's signature: **QUIGLEY & MIRON**

Firm's name: **3550 WILSHIRE BLVD., #1660 LOS ANGELES, CA 90010**

Firm's EIN: **32-0530003**

Phone no.: **(213) 639-3550**

May the IRS discuss this return with the preparer shown above? **Yes**

For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
Part III | Statement of Program Service Accomplishments

1. Briefly describe the organization's mission:

DOWNTOWN STREETS, INC. STRIVES TO END HOMELESSNESS BY RESTORING THE DIGNITY AND REBUILDING THE LIVES OF UNHOUSED MEN AND WOMEN BY SERVING THE COMMUNITY THROUGH WORK TEAMS THAT PREPARE MEMBERS FOR PERMANENT EMPLOYMENT AND HOUSING.

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

If "Yes," describe these new services on Schedule O.

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services? □ Yes ☒ 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 $ 9,170,465. including grants of $ ) (Revenue $ 95,941.)

THE ORGANIZATION BEGAN IN 2005 IN PALO ALTO, CALIFORNIA AND CURRENTLY OPERATES IN 15 CITIES SPANNING SEVEN COUNTIES IN THE BAY AREA. SINCE 2005, THE ORGANIZATION HAS ASSISTED OVER 2,000 PROGRAM PARTICIPANTS (TEAM MEMBERS) IN SECURING EMPLOYMENT AND/OR FINDING PERMANENT HOUSING. THE ORGANIZATION HAS A SUBSIDIARY, STREETS TEAM ENTERPRISES, WHICH OFFERS LOW-BARRIER EMPLOYMENT TO THIS UNDERSERVED POPULATION. THE ORGANIZATION IS PRINCIPALLY FUNDED THROUGH CONTRIBUTIONS AND GOVERNMENT CONTRACTS.

DOWNTOWN STREETS TEAM BUILDS TEAMS THAT RESTORE DIGNITY, INSPIRE HOPE, AND PROVIDE A PATHWAY TO RECOVER FROM HOMELESSNESS. TEAM MEMBERS VOLUNTEER IN THEIR COMMUNITIES, REMOVING DEBRIS FROM STREETS, PARKS,

4b. (Code: ______ ) (Expenses $ including grants of $ ) (Revenue $ )

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

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

4e. Total program service expenses ▶ 9,170,465.

SEE SCHEDULE O FOR CONTINUATION(S)
**Part IV Checklist of Required Schedules**

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

**Note:** All Form 990 filers are required to complete Schedule O

<table>
<thead>
<tr>
<th>1a</th>
<th>Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</th>
<th>Yes</th>
<th>No</th>
<th>1a</th>
<th>31</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>1b</td>
<td>Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
<td>Yes</td>
<td>No</td>
<td>1b</td>
<td>0</td>
<td>X</td>
</tr>
<tr>
<td>1c</td>
<td>Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>Yes</td>
<td>No</td>
<td>1c</td>
<td>38</td>
<td>X</td>
</tr>
</tbody>
</table>

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**Part IV Checklist of Required Schedules (continued)**

| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | Yes | No | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | Yes | No | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 24a | Yes | No | 24a | X | |
| 24b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | Yes | No | 24b | X | |
| 24c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | Yes | No | 24c | X | |
| 24d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | Yes | No | 24d | X | |

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**Part V Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I**

| 25a | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | Yes | No | 25a | X | |
| 25b | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | Yes | No | 25b | X | |
| 25c | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | Yes | No | 25c | X | |

---

**Part I Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III**

| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | Yes | No | 26 | X | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | Yes | No | 27 | X | |

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**Part VII Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?**

| 28a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | Yes | No | 28a | X | |
| 28b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | Yes | No | 28b | X | |
| 28c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | Yes | No | 28c | X | |

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**Part VIII Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M**

| 29 | Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M | Yes | No | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | Yes | No | 30 | X | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | Yes | No | 31 | X | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | Yes | No | 32 | X | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | Yes | No | 33 | X | |

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**Part VII Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M**

| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | Yes | No | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | Yes | No | 35a | X | |
| 35b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | Yes | No | 35b | X | |

---

**Part VIII Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI**

| 36 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | Yes | No | 36 | X | |
| 37 | Did the organization receive more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | Yes | No | 37 | X | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | Yes | No | 38 | X | |

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**Part IX Did the organization have a controlled entity within the meaning of section 512(b)(13)?**

| 39 | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | Yes | No | 39 | X | |

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**Part X Did the organization have a controlled entity within the meaning of section 512(b)(13)?**

| 40 | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | Yes | No | 40 | X | |
### 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. | 2a | 91 |
| **2b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X |

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

| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? | 3a | X |
| **3b** | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. | 3b |

| **4a** | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X |
| **4b** | If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 4b |

| **5a** | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | X |
| **5b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b |
| **5c** | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c |

| **6a** | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | X |
| **6b** | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b |

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

| **7a** | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X |
| **7b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b |
| **7c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | X |

| **7d** | If "Yes," indicate the number of Forms 8282 filed during the year. | 7d |
| **7e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | X |
| **7f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | X |
| **7g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g |
| **7h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h |

#### 8 Sponsoring organizations maintaining donor advised funds.

| **8** | Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 |

#### 9 Sponsoring organizations maintaining donor advised funds.

| **9a** | Did the sponsoring organization make any taxable distributions under section 4966? | 9a |
| **9b** | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b |

#### 10 Section 501(c)(7) organizations.

| **10a** | Initiative fees and capital contributions included on Part VIII, line 12. | 10a |
| **10b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b |

#### 11 Section 501(c)(12) organizations.

| **11a** | Gross income from members or shareholders | 11a |
| **11b** | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b |

#### 12a Section 4947(a)(1) non-exempt charitable trusts.

| **12a** | Is the organization filing Form 990 in lieu of Form 1041? | 12a |
| **12b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b |

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

| **13a** | Is the organization licensed to issue qualified health plans in more than one state? | 13a |

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

| **13b** | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b |
| **13c** | Enter the amount of reserves on hand | 13c |

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

| **14a** | If "Yes," has it filed a Form 720 to report these payments? | 14a | X |

#### 14b Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?

| **14b** | If "Yes," see instructions and file Form 4720, Schedule N. | 14b | X |

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

| **16** | If "Yes," complete Form 4720, Schedule O. | 16 | X |
Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year.

1b Enter the number of voting members included on line 1a, above, who are independent officers.

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

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?

7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

- a) The governing body?
- b) Each committee with authority to act on behalf of the governing body?

8 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

- a) The organization's CEO, Executive Director, or top management official
- b) Other officers or key employees of the organization

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address?

Section B. Policies

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

10a Did the organization have local chapters, branches, or affiliates?

10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy?

12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

- a) The organization's CEO, Executive Director, or top management official
- b) Other officers or key employees of the organization

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?

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?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed.

- CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

- Own website
- Another's website
- Upon request
- Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

FINANCIAL ADMINISTRATIVE SUPPORT SERVICES – (408) 513-8700
1631 WILLOW STREET, SUITE 200, SAN JOSE, CA  95125
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization’s current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s current key employees, if any. See instructions for definition of “key employee.”
- List the organization’s five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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</th>
<th>(C) Position</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) Eileen Richardson</td>
<td>40.00</td>
<td>President and CEO</td>
<td>147,910.</td>
<td>66,802.</td>
<td>13,709.</td>
</tr>
<tr>
<td>(2) Elfreda Strydom</td>
<td>40.00</td>
<td>Chief Operating Officer</td>
<td>138,744.</td>
<td>40,640.</td>
<td>18,136.</td>
</tr>
<tr>
<td>(3) Christopher Richardson</td>
<td>40.00</td>
<td>Director of Programs</td>
<td>128,465.</td>
<td>0.</td>
<td>17,186.</td>
</tr>
<tr>
<td>(4) Rebecca Baer</td>
<td>40.00</td>
<td>Director of Community Engagement</td>
<td>121,385.</td>
<td>0.</td>
<td>9,648.</td>
</tr>
<tr>
<td>(5) Logan Macdonnel</td>
<td>40.00</td>
<td>Director of Development</td>
<td>118,188.</td>
<td>0.</td>
<td>10,865.</td>
</tr>
<tr>
<td>(6) Romie Nottage</td>
<td>40.00</td>
<td>Director of Social Innovation</td>
<td>119,037.</td>
<td>0.</td>
<td>5,355.</td>
</tr>
<tr>
<td>(7) Michael D. Boulton</td>
<td>2.00</td>
<td>Board Treasurer</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8) Owen Byrd</td>
<td>2.00</td>
<td>Board Chair</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9) Carol Hubenthal</td>
<td>2.00</td>
<td>Board Secretary</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(10) Matthew Bahls</td>
<td>2.00</td>
<td>Director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(11) Norman W. Robinson</td>
<td>2.00</td>
<td>Director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(12) Elaine Wood</td>
<td>2.00</td>
<td>Director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Position</th>
<th>(C) Highest compensated employee</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 any unrelated organization or individual for services rendered to the organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

1b Subtotal: 773,729, 107,442, 74,899.

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>
<tbody>
<tr>
<td>WEN-YUAN HUANG</td>
<td>RENT</td>
<td>230,420.</td>
</tr>
<tr>
<td>4020 MOORPARK AVE, SAN JOSE, CA 95117</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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: 1
### 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>1 a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 g Noncash contributions included in lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h Total. Add lines 1a-1f</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>10,105,821.</strong></td>
</tr>
</tbody>
</table>

| Program Service Revenue                                |                   |                                      |                               |                                                  |
|                                                      |                   |                                      |                               |                                                  |
|                                                      |                   |                                      |                               |                                                  |
| 2 a FEE FOR SERVICE CONTRACTS                         |                   |                                      |                               |                                                  |
|                                                      |                   |                                      |                               |                                                  |
|                                                      |                   |                                      |                               |                                                  |
| 2 b                                                   |                   |                                      |                               |                                                  |
| 2 c                                                   |                   |                                      |                               |                                                  |
| 2 d                                                   |                   |                                      |                               |                                                  |
| 2 e                                                   |                   |                                      |                               |                                                  |
| 2 f All other program service revenue                 |                   |                                      |                               |                                                  |
| **g Total. Add lines 2a-2f**                          |                   |                                      |                               | **95,941.**                                      |

| Other Revenue                                          |                   |                                      |                               |                                                  |
|                                                      |                   |                                      |                               |                                                  |
|                                                      |                   |                                      |                               |                                                  |
| 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                                       |                   |                                      |                               |                                                  |
| 6 b Less: rental expenses                             |                   |                                      |                               |                                                  |
| 6 c Rental income or (loss)                           |                   |                                      |                               |                                                  |
| 6 d Net rental income or (loss)                       |                   |                                      |                               |                                                  |
|                                                      |                   |                                      |                               |                                                  |
| 7 a Gross amount from sales of assets other than inventory |                   |                                      |                               |                                                  |
| 7 b Less: cost or other basis and sales expenses      |                   |                                      |                               |                                                  |
| 7 c Gain or (loss)                                    |                   |                                      |                               |                                                  |
| 7 d Net gain or (loss)                                |                   |                                      |                               |                                                  |
|                                                      |                   |                                      |                               |                                                  |
| 8 a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 |                   |                                      |                               |                                                  |
| 8 b Less: direct expenses                             |                   |                                      |                               |                                                  |
| 8 c Net income or (loss) from fundraising events      |                   |                                      |                               |                                                  |
|                                                      |                   |                                      |                               |                                                  |
| 9 a Gross income from gaming activities. See Part IV, line 19 |                   |                                      |                               |                                                  |
| 9 b Less: direct expenses                             |                   |                                      |                               |                                                  |
| 9 c Net income or (loss) from gaming activities       |                   |                                      |                               |                                                  |
|                                                      |                   |                                      |                               |                                                  |
| 10 a Gross sales of inventory, less returns and allowances |                   |                                      |                               |                                                  |
| 10 b Less: cost of goods sold                         |                   |                                      |                               |                                                  |
| 10 c Net income or (loss) from sales of inventory     |                   |                                      |                               |                                                  |
|                                                      |                   |                                      |                               |                                                  |
| Miscellaneous Revenue                                  |                   |                                      |                               |                                                  |
|                                                      |                   |                                      |                               |                                                  |
|                                                      |                   |                                      |                               |                                                  |
| 11 a OTHER INCOME                                     |                   |                                      |                               | **29,695.**                                      |
| 11 b                                                   |                   |                                      |                               |                                                  |
| 11 c                                                   |                   |                                      |                               |                                                  |
| 11 d All other revenue                                |                   |                                      |                               |                                                  |
| **e Total. Add lines 11a-11d**                         |                   |                                      |                               | **29,695.**                                      |
| **12 Total revenue. See instructions**                 |                   |                                      |                               | **10,361,163.**                                  | **95,941.** | **0.** | **159,401.** |
### Part IX: Statement of Functional Expenses

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

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

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
<td></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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>324,568.</td>
<td>81,185.</td>
<td>182,449.</td>
<td>60,934.</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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>5,615,052.</td>
<td>4,829,895.</td>
<td>501,964.</td>
<td>283,193.</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>123,208.</td>
<td>89,267.</td>
<td>28,227.</td>
<td>5,714.</td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>512,294.</td>
<td>426,917.</td>
<td>62,269.</td>
<td>23,108.</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>516,406.</td>
<td>428,184.</td>
<td>59,730.</td>
<td>28,492.</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>106,842.</td>
<td>9,110.</td>
<td>97,732.</td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>81,135.</td>
<td>45,777.</td>
<td>35,358.</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 Sch O.)</td>
<td>368,002.</td>
<td>343,705.</td>
<td>14,939.</td>
<td>9,358.</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>287,136.</td>
<td>173,855.</td>
<td>72,028.</td>
<td>41,253.</td>
</tr>
<tr>
<td>14 Information technology</td>
<td>31,021.</td>
<td>31,021.</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>616,822.</td>
<td>433,736.</td>
<td>183,086.</td>
<td></td>
</tr>
<tr>
<td>17 Travel</td>
<td>155,677.</td>
<td>153,836.</td>
<td>1,785.</td>
<td>56.</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>16,527.</td>
<td>16,253.</td>
<td>274.</td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td>13,886.</td>
<td>7,371.</td>
<td>6,515.</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>47,972.</td>
<td>47,972.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Insurance</td>
<td>94,531.</td>
<td>71,749.</td>
<td>22,782.</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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a VOUCHERS</td>
<td>1,648,249.</td>
<td>1,648,249.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b SUPPLIES</td>
<td>298,432.</td>
<td>285,682.</td>
<td>11,075.</td>
<td>1,675.</td>
</tr>
<tr>
<td>c LEGAL SETTLEMENT</td>
<td>170,000.</td>
<td>170,000.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d PROGRAM OUTREACH SERVIC</td>
<td>46,701.</td>
<td>46,701.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e All other expenses</td>
<td>8,250.</td>
<td>8,250.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>11,082,711.</td>
<td>9,170,465.</td>
<td>1,458,463.</td>
<td>453,783.</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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check here [ ] if following SOP 98-2 (ASC 958-720)
<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
</tr>
<tr>
<td>1 Cash - non-interest-bearing</td>
<td>530,152.</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td>45,559.</td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td>365,827.</td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td>1,628,863.</td>
</tr>
<tr>
<td>5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td></td>
</tr>
<tr>
<td>6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td></td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td></td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td></td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td>217,646.</td>
</tr>
<tr>
<td>10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>383,488.</td>
</tr>
<tr>
<td>10b</td>
<td>166,243.</td>
</tr>
<tr>
<td>11 Investments - publicly traded securities</td>
<td></td>
</tr>
<tr>
<td>12 Investments - other securities. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>13 Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15 Other assets. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>16 Total assets. Add lines 1 through 15 (must equal line 33)</td>
<td>2,969,858.</td>
</tr>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>333,519.</td>
</tr>
<tr>
<td>18 Grants payable</td>
<td>150,288.</td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td>34,839.</td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21 Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td></td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>13,052.</td>
</tr>
<tr>
<td>26 Total liabilities. Add lines 17 through 25</td>
<td>531,698.</td>
</tr>
<tr>
<td>27 Net assets without donor restrictions</td>
<td>1,792,977.</td>
</tr>
<tr>
<td>28 Net assets with donor restrictions</td>
<td>645,183.</td>
</tr>
<tr>
<td>29 Capital stock or trust principal, or current funds</td>
<td></td>
</tr>
<tr>
<td>30 Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
</tr>
<tr>
<td>31 Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
</tr>
<tr>
<td>32 Total net assets or fund balances</td>
<td>2,438,160.</td>
</tr>
<tr>
<td>33 Total liabilities and net assets/fund balances</td>
<td>2,969,858.</td>
</tr>
</tbody>
</table>
### Part XI: Reconciliation of Net Assets

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>10,361,163</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>11,082,711</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>-721,548</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>2,438,160</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>1,716,612</td>
</tr>
</tbody>
</table>

### Part XII: Financial Statements and Reporting

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounting method used to prepare the Form 990:</td>
<td>Cash</td>
<td>Accrual</td>
</tr>
<tr>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; 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>Separate basis</td>
<td>Consolidated basis</td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; 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>Separate basis</td>
<td>Consolidated basis</td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>If &quot;Yes&quot; 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></td>
<td></td>
</tr>
<tr>
<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></td>
<td>Yes</td>
</tr>
<tr>
<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></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; 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>
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)(iv). (Complete Part II.)
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. A community trust described in section 170(b)(1)(A)(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 supporting organization and complete lines 12e, 12f, and 12g.

a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f. Enter the number of supported organizations ..........................................

g. Provide the following information about the supported organization(s).

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

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any “unusual grants.”)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 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>3 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>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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></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></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) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 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>9 Net income from unrelated business activities, 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>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 First 5 years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</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>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2019 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 16a 33 1/3% support test - 2020

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 - 2019

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 - 2020

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

#### 17b 10% - facts-and-circumstances test - 2019

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

#### 18 Private foundation

If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.
**Schedule A (Form 990 or 990-EZ) 2020**

**DOWNTOWN STREETS, INC.**

**20-5242330 Page 3**

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

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

### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>2,302,820</td>
<td>4,790,434</td>
<td>4,265,581</td>
<td>10,150,879</td>
<td>10,105,821</td>
</tr>
<tr>
<td>2</td>
<td>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>761,547</td>
<td>1,322,142</td>
<td>3,952,120</td>
<td>76,252</td>
<td>95,941</td>
</tr>
<tr>
<td>3</td>
<td>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>
</tr>
<tr>
<td>4</td>
<td>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>
</tr>
<tr>
<td>5</td>
<td>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>
</tr>
<tr>
<td>6</td>
<td><strong>Total. Add lines 1 through 5</strong></td>
<td>3,064,367</td>
<td>6,112,576</td>
<td>8,217,701</td>
<td>10,227,131</td>
<td>10,201,762</td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>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 23 for the year</td>
<td>124,280</td>
<td>56,130</td>
<td>102,594</td>
<td>233,567</td>
<td>393,063</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 7a and 7b</td>
<td>124,280</td>
<td>56,130</td>
<td>102,594</td>
<td>233,567</td>
<td>393,063</td>
</tr>
</tbody>
</table>

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td>3,064,367</td>
<td>6,112,576</td>
<td>8,217,701</td>
<td>10,227,131</td>
<td>10,201,762</td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>71,055</td>
<td>70,931</td>
<td>408</td>
<td>147,760</td>
<td>129,706</td>
</tr>
<tr>
<td>b</td>
<td>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>
</tr>
<tr>
<td>c</td>
<td>Add lines 10a and 10b</td>
<td>71,055</td>
<td>70,931</td>
<td>408</td>
<td>147,760</td>
<td>129,706</td>
</tr>
<tr>
<td>11</td>
<td>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>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>Total support. Add lines 9, 10c, 11, and 12</strong></td>
<td>3,154,981</td>
<td>6,201,033</td>
<td>8,219,252</td>
<td>10,382,890</td>
<td>10,361,163</td>
</tr>
<tr>
<td>14</td>
<td><strong>First 5 years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</strong></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></th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
</table>
| 15 | Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | | | | | | 96.33 %
| 16 | Public support percentage from 2019 Schedule A, Part III, line 15 | | | | | | 97.00 %

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
</table>
| 17 | Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | | | | | | 1.10 %
| 18 | Investment income percentage from 2019 Schedule A, Part III, line 17 | | | | | | 1.07 %

**19a 33 1/3% support tests - 2020.** 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 ✗

**19b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ✗

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

---

**032023 01-25-21**
**Section A. All Supporting Organizations**

1. Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

   b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

   c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

   b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

   c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

   b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?

   c. Substitutions only. Was the substitution the result of an event beyond the organization’s control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If "Yes," provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

   b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

   c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

   b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
Part IV  Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

1  Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or
   more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s officers,
   directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported
organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

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 line 2, above, did the organization’s supported organizations have a
significant voice in the organization’s investment policies and in directing the use of the organization’s
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization’s
supported organizations played in this regard.

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 governmental entity (see instructions).

2  Activities Test. Answer lines 2a and 2b below.
   a  Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of
      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 line 2a, above, constitute activities that, but for the organization’s involvement,
one or more of the organization’s supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in
      these activities but for the organization’s involvement.

3  Parent of Supported Organizations. Answer lines 3a and 3b below.
   a  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or
      trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
   b  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each
      of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
### 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.

<table>
<thead>
<tr>
<th>Section A - Adjusted Net Income</th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Net short-term capital gain</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2 Recoveries of prior-year distributions</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 Other gross income (see instructions)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4 Add lines 1 through 3.</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5 Depreciation and depletion</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Other expenses (see instructions)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B - Minimum Asset Amount</th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 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>
<td></td>
</tr>
<tr>
<td>a Average monthly value of securities</td>
<td>1a</td>
<td></td>
</tr>
<tr>
<td>b Average monthly cash balances</td>
<td>1b</td>
<td></td>
</tr>
<tr>
<td>c Fair market value of other non-exempt-use assets</td>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>d Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>e Discount claimed for blockage or other factors</td>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>2 Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 Subtract line 2 from line 1d.</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5 Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6 Multiply line 5 by 0.035.</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Recoveries of prior-year distributions</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section C - Distributable Amount</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Adjusted net income for prior year (from Section A, line 8, column A)</td>
<td>1</td>
</tr>
<tr>
<td>2 Enter 0.85 of line 1.</td>
<td>2</td>
</tr>
<tr>
<td>3 Minimum asset amount for prior year (from Section B, line 8, column A)</td>
<td>3</td>
</tr>
<tr>
<td>4 Enter greater of line 2 or line 3.</td>
<td>4</td>
</tr>
<tr>
<td>5 Income tax imposed in prior year</td>
<td>5</td>
</tr>
<tr>
<td>6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
<td>6</td>
</tr>
<tr>
<td>7 Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).</td>
<td></td>
</tr>
</tbody>
</table>
**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 - provide details in Part VI)</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 2020 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**

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2020</th>
<th>(iii) Distributable Amount for 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Distributable amount for 2020 from Section C, line 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Excess distributions carryover, if any, to 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a From 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b From 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c From 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d From 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e From 2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Total of lines 3a through 3e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Applied to 2020 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Carryover from 2015 not applied (see instructions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Distributions for 2020 from Section D, line 7:</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Applied to 2020 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Remainder. Subtract lines 4a and 4b from line 4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Excess distributions carryover to 2021. Add lines 3j and 4c.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Breakdown of line 7:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Excess from 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Excess from 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Excess from 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Excess from 2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Excess from 2020</td>
<td></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 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

(See instructions.)
Schedule B
(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
DOWNTOWN STREETS, INC.

Employer identification number
20-5242330

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ
X 501(c)(3) (enter number) organization

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.
## 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><strong>STANFORD HEALTHCARE</strong></td>
<td>$261,261.</td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>300 PASTEUR DR MIC 5540</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>STANFORD, CA 94305–2200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td><strong>ANTHONY AND SUSAN WOOD</strong></td>
<td>$240,000.</td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>161 PRIMROSE WAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PALO ALTO, CA 94303–3047</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td><strong>SOBRATO FAMILY FOUNDATION</strong></td>
<td>$181,250.</td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>10600 N DE ANZA BLVD SUITE 200</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CUPERTINO, CA 95014–2000</td>
<td></td>
<td></td>
</tr>
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<td>4</td>
<td><strong>KAISER PERMANENT</strong></td>
<td>$125,000.</td>
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<td>1 KAIser PLz</td>
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<td>OAKLAND, CA 94612–3610</td>
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<td><strong>DOLBY LABORATORIES</strong></td>
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<td>1275 MARKET ST SUITE 300</td>
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<td>SAN FRANCISCO, CA 94103–1410</td>
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<tr>
<td>6</td>
<td><strong>CITY OF SAN JOSE</strong></td>
<td>$64,442.</td>
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<tr>
<td></td>
<td>FINANCE - DISBURSEMENTS 200 EAST SANTA CLARA STREET</td>
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<td>SAN JOSE, CA 95113–1905</td>
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### Part I Contributors

<table>
<thead>
<tr>
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<th>(d) Type of contribution</th>
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<tr>
<td>7</td>
<td>TWITTER INC. 1355 MARKET ST SAN FRANCISCO, CA 94103</td>
<td>$50,517</td>
<td>Person Payroll Noncash</td>
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<td>8</td>
<td>CHAN ZUCKERBERG INITIATIVE 601 MARSHALL ST REDWOOD CITY, CA 94063-1621</td>
<td>$50,000</td>
<td>Person Payroll Noncash</td>
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<td>9</td>
<td>CITY OF PETALUMA PO BOX 61 PETALUMA, CA 94953-0061</td>
<td>$50,000</td>
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<tr>
<td>10</td>
<td>HUMANITAS FUND 1671 THE ALAMEDA SAN JOSE, CA 95126</td>
<td>$50,000</td>
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<td>11</td>
<td>COMCAST 1900 S. 10TH STREET SAN JOSE, CA 95112</td>
<td>$37,637</td>
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<td>12</td>
<td>COCA COLA 2603 CAMINO RAMON #550 SAN RAMON, CA 94583-9126</td>
<td>$30,000</td>
<td>Person Payroll Noncash</td>
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### Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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<th>Type of contribution</th>
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</table>
| 13  | SAN JOSE MERCURY NEWS WISH BOOK FUND  
4 N 2ND ST #800  
SAN JOSE, CA 95113-1308 | $ 30,000. | Person ☒ Payroll ☐ Noncash ☐ |
| 14  | WELLS FARGO FOUNDATION  
550 S 4TH ST MAC N9310-074  
MINNEAPOLIS, MN 55415-1529 | $ 30,000. | Person ☒ Payroll ☐ Noncash ☐ |
| 15  | THE APPLIED MATERIALS FOUNDATION  
3050 BOWERS AVE MS 0106  
SANTA CLARA, CA 95054-3201 | $ 25,400. | Person ☒ Payroll ☐ Noncash ☐ |
| 16  | ANTHEM FOUNDATION  
220 VIRGINIA AVE  
INDIANAPOLIS, IN 46204-3709 | $ 25,000. | Person ☒ Payroll ☐ Noncash ☐ |
| 17  | HARDEN FOUNDATION  
1636 ERCIA ST  
SALINAS, CA 93906-5200 | $ 25,000. | Person ☒ Payroll ☐ Noncash ☐ |
| 18  | STAR ONE CREDIT UNION  
1080 ENTERPRISE WAY #150  
SUNNYVALE, CA 94089-1411 | $ 25,000. | Person ☒ Payroll ☐ Noncash ☐ |
### Part I: Contributors

<table>
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<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
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<tr>
<td>19</td>
<td><strong>MARIN COMMUNITY FOUNDATION</strong></td>
<td>$20,500.</td>
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<td></td>
<td>5 HAMILTON LANDING SUITE 200</td>
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<td>NOVATO, CA 94949-8262</td>
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<tr>
<td>20</td>
<td><strong>JOHN &amp; MICHELE MCNELLIS</strong></td>
<td>$20,000.</td>
<td><strong>Payroll</strong></td>
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<td>419 Waverley St</td>
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<td>PALO ALTO, CA 94301-1719</td>
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<td>21</td>
<td><strong>TAMMY AND BILL CROWN</strong></td>
<td>$20,000.</td>
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<td>100 LA SANDRA WAY</td>
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<td>PORTOLA VALLEY, CA 94028-7312</td>
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<td>22</td>
<td><strong>ANONYMOUS</strong></td>
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<td>1671 THE ALAMEDA</td>
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<td>SAN JOSE, CA 95126</td>
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<tr>
<td>23</td>
<td><strong>ST. JOHN'S LUTHERAN CHURCH</strong></td>
<td>$15,658.</td>
<td><strong>Payroll</strong></td>
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<td>1701 L ST</td>
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<td>SACRAMENTO, CA 95811-4023</td>
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<td>24</td>
<td><strong>GOOGLE INC</strong></td>
<td>$15,206.</td>
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<td>1600 AMPHITHEATRE PKWY</td>
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<td></td>
<td>MOUNTAIN VIEW, CA 94043-1351</td>
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</table>
### Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
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</table>
| 25  | CATHOLIC WORKER HOUSE OF SAN MATEO COUNTY  
545 CASSIA ST  
REDWOOD CITY, CA 94063-2016 | $15,000. | Person [X]  
Payroll  
Noncash |
| 26  | COMMUNITY FOUNDATION SONOMA COUNTY  
120 STONY POINT RD SUITE 220  
SANTA ROSA, CA 95401-4119 | $15,000. | Person [X]  
Payroll  
Noncash |
| 27  | JEANNE MURPHY  
321 BUSH ST  
MOUNTAIN VIEW, CA 94041-1317 | $15,000. | Person [X]  
Payroll  
Noncash |
| 28  | KEN AND CHERYL BRANSON  
701 LOS NINOS WAY  
LOS ALTOS, CA 94022-1508 | $15,000. | Person [X]  
Payroll  
Noncash |
| 29  | APPLE MATCHING GIFTS PROGRAM  
PO BOX 3542  
PRINCETON, NJ 08543-3542 | $14,710. | Person [X]  
Payroll  
Noncash |
| 30  | KEVIN NARIMATSU AND STEPHANIE JAYNE  
52 S 15TH ST  
SAN JOSE, CA 95112-2024 | $10,071. | Person [X]  
Payroll  
Noncash |
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
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</thead>
<tbody>
<tr>
<td>31</td>
<td>ADOBE, INC. 345 PARK AVE SAN JOSE, CA 95110–2704</td>
<td>$10,000</td>
<td>Person Payroll</td>
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<td>32</td>
<td>ALI SAZEGARI PO BOX 593 CUPERTINO, CA 95015–0593</td>
<td>$10,000</td>
<td>Person Payroll</td>
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<tr>
<td>33</td>
<td>BEN TROMBLEY 1776 FELL ST SAN FRANCISCO, CA 94117–2027</td>
<td>$10,000</td>
<td>Person Payroll</td>
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<tr>
<td>34</td>
<td>CITY OF SUNNYVALE 456 W OLIVE AVE SUNNYVALE, CA 94086–7619</td>
<td>$10,000</td>
<td>Person Payroll</td>
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<tr>
<td>35</td>
<td>COSTCO FOUNDATION 999 LAKE DR ISSAQUAH, WA 98027–8990</td>
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<tr>
<td>36</td>
<td>EAST BAY COMMUNITY ENERGY AUTHORITY 1111 BROADWAY SUITE 300 OAKLAND, CA 94607–4139</td>
<td>$10,000</td>
<td>Person Payroll</td>
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</table>
### Part I  Contributors

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<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
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</thead>
<tbody>
<tr>
<td>37</td>
<td>JOLSON FAMILY FOUNDATION</td>
<td>$10,000.</td>
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<td>600 MONTGOMERY ST SUITE 1100</td>
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<tr>
<td></td>
<td>SAN FRANCISCO, CA 94111-2702</td>
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<tr>
<td>38</td>
<td>SACRAMENTO CANNABIS INDUSTRY ASSOCIATION</td>
<td>$10,000.</td>
<td>Payroll</td>
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<tr>
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<td>1215 K SUITE 1120</td>
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<td></td>
<td>SACRAMENTO, CA 95814-3945</td>
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<tr>
<td>39</td>
<td>SOLAIRUS AVIATION</td>
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<td>201 1ST ST</td>
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<td>PETALUMA, CA 94952-4288</td>
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<td>40</td>
<td>THE ALICE SHAVER FOUNDATION</td>
<td>$10,000.</td>
<td>Payroll</td>
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<tr>
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<td>23 BELLE AVE</td>
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<td>SAN RAFAEL, CA 94901-3540</td>
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<td>41</td>
<td>DENISE MULLE</td>
<td>$9,630.</td>
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<td>3065 CLAY ST APT 102</td>
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<td>SAN FRANCISCO, CA 94115-1668</td>
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<td>42</td>
<td>JOHN MOREY</td>
<td>$8,000.</td>
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<td>2440 W EL CAMINO REAL SUITE 300</td>
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<tr>
<td></td>
<td>MOUNTAIN VIEW, CA 94040-1497</td>
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</table>
### 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>
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</thead>
</table>
| 43  | SAFeway FOUNDATION
5918 STONERIDGE MALL RD
PLEASANTON, CA 94588-3229 | $7,500. | Payroll X Noncash |
| 44  | SUNNYVALE PRESBYTERIAN CHURCH
728 W FREMONT AVE
SUNNYVALE, CA 94087-3102 | $7,500. | Person X Noncash |
| 45  | WESLEY TANAKA
7009 VIA VALVERDE
SAN JOSE, CA 95135-1339 | $7,500. | Person X Noncash |
| 46  | HURLBUT-JOHNSON CHARITABLE TRUSTS
2440 W EL CAMINO REAL SUITE 300
MOUNTAIN VIEW, CA 94040-1497 | $7,300. | Payroll Noncash |
| 47  | SUTHERLAND GOLD
315 PACIFIC AVE
SAN FRANCISCO, CA 94111-1701 | $6,500. | Person X Noncash |
| 48  | FIDELITY INVESTMENT
1671 THE ALAMEDA
SAN JOSE, CA 95126 | $6,276. | Person X Noncash |
## 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>
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</thead>
</table>
| 49  | BIOMARIN PHARMACEUTICAL INC.  
105 DIGITAL DR  
NOVATO, CA 94949-8703 | $6,000. | Person X  
Payroll  
Noncash |
| 50  | CHERYL AND SVEN POLE  
101 SYCAMORE AVE  
LARKSPUR, CA 94939-1316 | $6,000. | Person X  
Payroll  
Noncash |
| 51  | MENLO PARK PRESBYTERIAN CHURCH  
950 SANTA CRUZ AVE  
MENLO PARK, CA 94025-4611 | $6,000. | Person X  
Payroll  
Noncash |
| 52  | BANK OF MARIN  
504 REDWOOD BLVD  
NOVATO, CA 94947-6922 | $5,500. | Person X  
Payroll  
Noncash |
| 53  | EBAY FOUNDATION  
2065 HAMILTON AVE  
SAN JOSE, CA 95125-5904 | $5,145. | Person X  
Payroll  
Noncash |
| 54  | AMAZON  
1671 THE ALAMEDA  
SAN JOSE, CA 95126 | $5,145. | Person X  
Payroll  
Noncash |
## Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
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<tbody>
<tr>
<td>55</td>
<td>ANDREW MCLoughlin 910 CLAYTON ST SAN FRANCISCO, CA 94117-4426</td>
<td>$5,000.00</td>
<td>Payroll (Complete Part II for noncash contributions.)</td>
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<td>56</td>
<td>BANK OF AMERICA 1671 THE ALAMEDA SAN JOSE, CA 95126</td>
<td>$5,000.00</td>
<td>Payroll (Complete Part II for noncash contributions.)</td>
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<tr>
<td>57</td>
<td>BLUE SHIELD OF CALIFORNIA 601 12TH ST OAKLAND, CA 94607-3885</td>
<td>$5,000.00</td>
<td>Payroll (Complete Part II for noncash contributions.)</td>
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<td>58</td>
<td>CALIFORNIA WELLNESS FOUNDATION 515 S FLOWER ST SUITE 100 LOS ANGELES, CA 90071-2201</td>
<td>$5,000.00</td>
<td>Payroll (Complete Part II for noncash contributions.)</td>
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<tr>
<td>59</td>
<td>DESTINATION HOME SV 3180 NEWBERRY DR SUITE 200 SAN JOSE, CA 95118-1564</td>
<td>$5,000.00</td>
<td>Payroll (Complete Part II for noncash contributions.)</td>
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<td>60</td>
<td>EL CAMINO HEALTHCARE DISTRICT 2500 GRANT RD MS OAK209 MOUNTAIN VIEW, CA 94040-4302</td>
<td>$5,000.00</td>
<td>Payroll (Complete Part II for noncash contributions.)</td>
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## Part I Contributors

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<th>No.</th>
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<tr>
<td>61</td>
<td>FIRST CHURCH OF CHRIST, SCIENTIST 3045 COWPER ST PALO ALTO, CA 94306-2402</td>
<td>$5,000.</td>
<td>Person X Payroll Noncash</td>
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<td>62</td>
<td>INSPERITY 19001 CRESCENT SPRINGS DR KINGWOOD, TX 77339-3802</td>
<td>$5,000.</td>
<td>Person X Payroll Noncash</td>
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<td>63</td>
<td>KAREN CHAKMAKIAN 850 CENTER DR PALO ALTO, CA 94301-3012</td>
<td>$5,000.</td>
<td>Person X Payroll Noncash</td>
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<tr>
<td>64</td>
<td>MAIR FAMILY FOUNDATION 1671 THE ALAMEDA SAN JOSE, CA 95126</td>
<td>$5,000.</td>
<td>Person X Payroll Noncash</td>
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<tr>
<td>65</td>
<td>MARGARET SHEEHAN PO BOX 87 LYM, NH 03768-0087</td>
<td>$5,000.</td>
<td>Person X Payroll Noncash</td>
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<tr>
<td>66</td>
<td>MICHAEL AND CAROLE MARKS FAMILY FUND 1671 THE ALAMEDA SAN JOSE, CA 95126</td>
<td>$5,000.</td>
<td>Person X Payroll Noncash</td>
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# Part I  Contributors

(a) No.  

(b) Name, address, and ZIP + 4  

(c) Total contributions  

(d) Type of contribution  

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<td>67</td>
<td>PACIFIC GAS AND ELECTRIC FOUNDATION 1671 THE ALAMEDA SAN JOSE, CA 95126</td>
<td>$ 5,000.</td>
<td>Person X Payroll Noncash</td>
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<tr>
<td>68</td>
<td>PAULA HUGHMANICK AND STEVEN BERGER 173 HILLCREST RD BERKELEY, CA 94705-2808</td>
<td>$ 5,000.</td>
<td>Person X Payroll Noncash</td>
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<td>69</td>
<td>ROCKY AUSTIN 1671 THE ALAMEDA SAN JOSE, CA 95126</td>
<td>$ 5,000.</td>
<td>Person X Payroll Noncash</td>
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<tr>
<td>70</td>
<td>SACRAMENTO ASSOCIATION OF REALTORS CHARITABLE FOUNDATION INC 2003 HOWE AVE SACRAMENTO, CA 95825-0183</td>
<td>$ 5,000.</td>
<td>Person X Payroll Noncash</td>
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<tr>
<td>71</td>
<td>SAN JOSE WATER COMPANY 110 W TAYLOR ST SAN JOSE, CA 95110-2131</td>
<td>$ 5,000.</td>
<td>Person X Payroll Noncash</td>
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<tr>
<td>72</td>
<td>SARATOGA ROTARY CHARITABLE FOUNDATION 14457 BIG BASIN WAY SARATOGA, CA 95070-6008</td>
<td>$ 5,000.</td>
<td>Person X Payroll Noncash</td>
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### Part I Contributors

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<th>No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
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<tbody>
<tr>
<td>73</td>
<td>STEVEN RIFAI 22637 SAN JUAN RD CUPERTINO, CA 95014-3932</td>
<td>$ 5,000.</td>
<td>Person [x] Payroll [ ] Noncash [ ]</td>
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<td>74</td>
<td>SUSAN BYRD 1671 THE ALAMEDA SAN JOSE, CA 95126</td>
<td>$ 5,000.</td>
<td>Person [x] Payroll [ ] Noncash [ ]</td>
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<td>75</td>
<td>TAYLOR FRESH FOODS, INC. 150 MAIN ST SUITE 400 SALINAS, CA 93901-3407</td>
<td>$ 5,000.</td>
<td>Person [x] Payroll [ ] Noncash [ ]</td>
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<td>76</td>
<td>U.S. BANK FOUNDATION 800 NICOLLET MALL MINNEAPOLIS, MN 55402-7000</td>
<td>$ 5,000.</td>
<td>Person [x] Payroll [ ] Noncash [ ]</td>
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<tr>
<td>77</td>
<td>SMALL BUSINESS ADMINISTRATION 409 3RD ST, SW WASHINGTON, DC 20416</td>
<td>$ 39,713.</td>
<td>Person [x] Payroll [ ] Noncash [ ]</td>
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## Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
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<td></td>
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</tr>
<tr>
<td>No. from Part I</td>
<td>Purpose of gift</td>
<td>Use of gift</td>
<td>Description of how gift is held</td>
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<tr>
<td>----------------</td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
<th>Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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

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</table>

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

<table>
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<tr>
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<tbody>
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<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
<th>Transfer of gift</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
## SCHEDULE D

### Supplemental Financial Statements

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

Attach to Form 990.

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

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOWNTOWN STREETS, INC.</td>
<td>20-5242330</td>
</tr>
</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>Line</th>
<th>Description</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>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></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>
<td>No</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>
<td>No</td>
</tr>
</tbody>
</table>

### Part II

**Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Purpose(s) of conservation easements held by the organization (check all that apply).</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Total number of conservation easements</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Total acreage restricted by conservation easements</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Number of states where property subject to conservation easement is located</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</td>
<td>$</td>
</tr>
<tr>
<td>8</td>
<td>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)?</td>
<td>Yes</td>
</tr>
<tr>
<td>9</td>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Include the following amounts relating to these items:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>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:</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Revenue included on Form 990, Part VIII, line 1</td>
<td>$</td>
</tr>
<tr>
<td>ii</td>
<td>Assets included in Form 990, Part X</td>
<td>$</td>
</tr>
</tbody>
</table>

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

Schedule D (Form 990) 2020

032051 12-01-20

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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.

1a 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>

2a 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.

1a Beginning of year balance

1b Contributions

1c Net investment earnings, gains, and losses

1d Grants or scholarships

1e Other expenditures for facilities and programs

1f Administrative expenses

1g End of year balance

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

2a Board designated or quasi-endowment ▶

2b Permanent endowment ▶

2c Term endowment ▶

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

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

(i) Unrelated organizations □ Yes □ No

(ii) Related organizations □ Yes □ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

3b

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>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Other</td>
<td>383,488.</td>
<td>217,245.</td>
<td></td>
<td>166,243.</td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

166,243.
### 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>
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<tr>
<td>(B)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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>(a) 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>(1)</td>
<td></td>
<td></td>
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<tr>
<td>(2)</td>
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<td></td>
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<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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>
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<tr>
<td>(3)</td>
<td></td>
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<td>(4)</td>
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<td>(5)</td>
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<td>(7)</td>
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<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> (Column (b) must equal Form 990, Part X, col. (B) line 15.)</td>
<td></td>
</tr>
</tbody>
</table>

### Part X Other Liabilities

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

1. **(a) Description of liability (b) Book value**

| (1) Federal income taxes |               |
| (2) RENTAL DEPOSITS      | 7,000         |
| (3)                       |               |
| (4)                       |               |
| (5)                       |               |
| (6)                       |               |
| (7)                       |               |
| (8)                       |               |
| (9)                       |               |
| **Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.) |               |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII [X]
**Part XI**  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1. Total revenue, gains, and other support per audited financial statements
   - Amounts included on line 1 but not on Form 990, Part VIII, line 12:
     - Net unrealized gains (losses) on investments
     - Donated services and use of facilities
     - Recoveries of prior year grants
     - Other (Describe in Part XIII.)
   - Add lines 2a through 2d
   - Subtract line 2e from line 1

2. Amounts included on Form 990, Part VIII, line 12, but not on line 1:
   - Investment expenses not included on Form 990, Part VIII, line 7b
   - Other (Describe in Part XIII.)
   - Add lines 4a and 4b

3. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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

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

1. Total expenses and losses per audited financial statements
   - Amounts included on line 1 but not on Form 990, Part IX, line 25:
     - Donated services and use of facilities
     - Prior year adjustments
     - Other losses
     - Other (Describe in Part XIII.)
   - Add lines 2a through 2d
   - Subtract line 2e from line 1

2. Amounts included on Form 990, Part IX, line 25, but not on line 1:
   - Investment expenses not included on Form 990, Part VIII, line 7b
   - Other (Describe in Part XIII.)
   - Add lines 4a and 4b

3. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

**Part XIII**  Supplemental Information.

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

**Part X, Line 2:**

ACCOUNTING STANDARDS REQUIRE AN ORGANIZATION TO EVALUATE ITS TAX POSITIONS AND PROVIDE FOR A LIABILITY FOR ANY POSITIONS THAT WOULD NOT BE CONSIDERED 'MORE LIKELY THAN NOT' TO BE UPHルド UNDER A TAX AUTHORITY EXAMINATION.

MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT A PROVISION FOR A TAX LIABILITY IS NOT NECESSARY AT JUNE 30, 2021.

GENERALLY, THE ORGANIZATION'S INFORMATION RETURNS REMAIN OPEN FOR EXAMINATION FOR A PERIOD OF THREE (FEDERAL) OR FOUR (STATE OF CALIFORNIA) YEARS FROM THE DATE OF FILING.
### Part I Questions Regarding Compensation

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

Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) EILEEN RICHARDSON</td>
<td>(i) 147,910. 0. 0. 6,012. 7,344. 161,266. 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRESIDENT AND CEO</td>
<td>(ii) 66,802. 0. 0. 0. 353. 67,155. 0.</td>
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</tr>
<tr>
<td>(2) ELFREDA STRYDOM</td>
<td>(i) 138,744. 0. 0. 8,331. 9,511. 156,586. 0.</td>
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<tr>
<td>CHIEF OPERATING OFFICER</td>
<td>(ii) 40,640. 0. 0. 0. 294. 40,934. 0.</td>
<td></td>
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</tbody>
</table>
Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
### SCHEDULE M
(Form 990)

**Noncash Contributions**

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

#### Part I - Types of Property

<table>
<thead>
<tr>
<th></th>
<th>Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
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<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td></td>
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<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
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<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
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<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
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<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td></td>
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<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
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<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
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<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td></td>
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<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
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<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
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<tr>
<td>15</td>
<td>Real estate - Residential</td>
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<tr>
<td>16</td>
<td>Real estate - Commercial</td>
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<tr>
<td>17</td>
<td>Real estate - Other</td>
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<td></td>
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<tr>
<td>18</td>
<td>Collectibles</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>19</td>
<td>Food inventory</td>
<td>X</td>
<td>99</td>
<td>17,545, FAIR VALUE</td>
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<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
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<tr>
<td>21</td>
<td>Taxidermy</td>
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<tr>
<td>22</td>
<td>Historical artifacts</td>
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<td>23</td>
<td>Scientific specimens</td>
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<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
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<tr>
<td>25</td>
<td>Other (PROGRAM SUPPL)</td>
<td>X</td>
<td>99</td>
<td>14,431, FAIR VALUE</td>
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<tr>
<td>26</td>
<td>Other</td>
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<tr>
<td>27</td>
<td>Other</td>
<td></td>
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<tr>
<td>28</td>
<td>Other</td>
<td></td>
<td></td>
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<tr>
<td>29</td>
<td>Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement</td>
<td>29</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 30a
During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>30a</td>
<td>X</td>
<td></td>
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</tbody>
</table>

#### 31
Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>31</td>
<td>X</td>
<td></td>
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</tbody>
</table>

#### 32a
Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>32a</td>
<td>X</td>
<td></td>
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</tbody>
</table>

#### 33
If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

---

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

Schedule M (Form 990) 2020
Part II  Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LIVES OF UNHOUSED MEN AND WOMEN BY SERVING THE COMMUNITY THROUGH WORK TEAMS THAT PREPARE MEMBERS FOR PERMANENT EMPLOYMENT AND HOUSING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
AND WATERWAYS. IN EXCHANGE FOR VOLUNTEERING TO CLEAN UP THEIR COMMUNITIES, TEAM MEMBERS ARE PROVIDED WITH A VOUCHER THAT THEY MAY USE ON FOOD, MEDICINE, CLOTHING, HYGIENE SUPPLIES, TRANSPORTATION, STORAGE, AND COMMUNICATION, AMONG OTHER THINGS. TEAM MEMBERS HAVE ACCESS TO CASE MANAGEMENT AND EMPLOYMENT SERVICES TO HELP THEM ELIMINATE THE BARRIERS THAT KEEP THEM FROM JOBS AND HOUSING. THROUGH THEIR EFFORTS, TEAM MEMBERS REGAIN SELF-WORTH AND BENEFIT FROM A SENSE OF COMMUNITY WHICH PROPELS THEM TO A HIGHER QUALITY OF LIFE AND OUT OF HOMELESSNESS.

SANTA CLARA TEAM: THE SANTA CLARA TEAM WAS THE FIRST DOWNTOWN STREETS TEAM, LAUNCHED WITH JUST FOUR TEAM MEMBERS IN 2005. IN THE LAST FISCAL YEAR THE EXPANDED ITS SCOPE TO INCLUDE POWER WASHING AND INCREASED ITS PRESENCE AT THE PALO ALTO FOOD CLOSET, SERVING MEALS TO HUNDREDS OF UNDuplicated LOCAL RESIDENTS IN NEED.

SAN FRANCISCO TEAM: THE SAN FRANCISCO TEAM WAS FOUNDED IN MARCH 2016 IN COLLABORATION WITH SAN FRANCISCO COMMUNITY LEADERS AND GOOGLE. SINCE THEN THE TEAM HAS BECOME DST'S FASTEST GROWING, SPREADING FROM OUR ORIGINAL LOCATION IN CIVIC CENTER TO UNION SQUARE, THE TENDERLOIN, MID-MARKET, SOMA AND THE EAST CUT. EXCITINGLY, THE TEAM IS SET TO LAUNCH IN THE MISSION DISTRICT SOON, MEANING TEAMS WILL BE OPERATING...
ALONG MOST OF MARKET ST., SAN FRANCISCO’S HISTORICAL "MAIN STREET."

LASTLY, THIS LAST YEAR OUR SAN FRANCISCO TEAM HOUSED AND FOUND
EMPLOYMENT FOR MORE GRADUATES THAN ANY OTHER TEAM AND MADE HEADLINES
REGULARLY.

MARIN COUNTY TEAM: THE MARIN COUNTY TEAM WAS LAUNCHED WITH MANY FUNDING PARTNERS AND THE CITY OF SAN RAFAEL IN 2013. IN 2017 OPERATIONS EXPANDED TO NOVATO AS WELL. THIS LAST FISCAL YEAR SAW THE INTRODUCTION OF OUR NEW SERVICE: MOBILE SHOWERS AND RESTROOMS THROUGHOUT THE COUNTY.
MARIN MOBILE CARE IS RUN THROUGH THE MARIN OPERATIONS AND HAS ALREADY GROWN TO SERVE FOUR COMMUNITIES, PROVIDING SHOWERS AT SERVICE CENTERS, ENCAMPMENTS AND OTHER PLACES IN GREAT NEED.

SUNNYVALE TEAM: THE SUNNYVALE TEAM WAS FOUNDED IN 2012 THROUGH PARTNERSHIPS WITH THE CITY OF SUNNYVALE AND SUNNYVALE COMMUNITY SERVICES. IN THE LAST YEAR WE CONTINUED HOUSING TEAM MEMBERS THROUGH A UNIQUE VOUCHER PROGRAM WITH THE CITY AND CONDUCTED NUMEROUS POVERTY SIMULATIONS WITH TEAM MEMBERS TO REMOVE THE STIGMA OF HOMELESSNESS IN THE COMMUNITY.

MARIN TEAMS: THE SAN RAFAEL TEAM WAS LAUNCHED WITH MANY FUNDING PARTNERS AND THE CITY OF SAN RAFAEL IN 2013. IN 2017 OPERATIONS EXPANDED TO NOVATO AS WELL. THIS LAST FISCAL YEAR SAW THE INTRODUCTION OF OUR NEW SERVICE: MOBILE SHOWERS AND RESTROOMS THROUGHOUT THE COUNTY.
MARIN MOBILE CARE IS RUN THROUGH THE MARIN OPERATIONS AND HAS ALREADY GROWN TO SERVE FOUR COMMUNITIES, PROVIDING SHOWERS AT SERVICE CENTERS, ENCAMPMENTS AND OTHER PLACES IN GREAT NEED.

HAYWARD TEAM: THE HAYWARD TEAM WAS ALSO FOUNDED IN 2016 THROUGH A CDBG
GRANT ADMINISTERED BY THE CITY OF HAYWARD. THIS LAST YEAR THE TEAM GREW TO ENCOMPASS UNINCORPORATED AREAS OF THE COUNTY AND GAIN NEW CONTRACTS WITH THE PARK AND RECREATION DEPARTMENT. ONE OF THE TEAM MEMBERS ALSO WON A LOCAL VOLUNTEERISM AWARD FOR HER WORK WITH DOWNTOWN STREETS TEAM.

SANTA CRUZ TEAM: THE SANTA CRUZ TEAM WAS LAUNCHED IN JULY 2017 THROUGH A MIX OF FUNDS FROM THE CITY AND PRIVATE DONORS. THE TEAM WON NUMEROUS HONORS AFTER IT'S FIRST YEAR INCLUDING ORGANIZATION OF THE YEAR FROM THE CHAMBER OF COMMERCE. THE TEAM HAD VERY HIGH HOUSING AND EMPLOYMENT PLACEMENT RESULTS IN IT'S FIRST YEAR AND HAS DONE A LOT TO CHANGE THE NARRATIVE AROUND HOMELESSNESS IN THE COMMUNITY.

SACRAMENTO AREA TEAMS: THE SACRAMENTO TEAM WAS LAUNCHED IN JANUARY OF 2018 WITH JUST A FOUR-MONTH PILOT FROM THE CITY OF SACRAMENTO. IT HAS SINCE GROWN TO THREE NEW PROJECT AREAS WITH STABLE FUNDING BECAUSE OF THE IMPACT THE TEAM MEMBERS HAVE HAD. IN FACT, THE TEAM WAS SO SUCCESSFUL THAT NEIGHBORING WEST SACRAMENTO (IN YOLO COUNTY AS OPPOSED TO SACRAMENTO COUNTY) LAUNCHED A TEAM IN MID 2018. LASTLY, PORTRAITS OF TEAM MEMBERS WERE HUNG IN THE STATE CAPITAL AS PART OF THE BLUE TARP PROJECT.

BERKELEY TEAM: BERKELEY LAUNCHED LATE IN THE SUMMER OF 2018 WITH SUPPORT FROM THE CITY OF BERKELEY PUBLIC WORKS DEPARTMENT. THE TEAM LAUNCHED DOWNTOWN INITIALLY, THEN IN THE TELEGRAPH DISTRICT AND IS FOCUSING ON OUTREACH AND EXPANSION.
FOCUSING ON OUTREACH AND EXPANSSION.

OAKLAND TEAM: THIS VERY NEW TEAM (OCTOBER 2018) WAS LAUNCHED AS A PILOT AROUND LAKE MERRITT WITH FUNDING FROM THE CITY OF OAKLAND. ALTHOUGH THE PILOT IS NEW AND SMALL, OAKLAND HAD TWO EMPLOYMENT PLACEMENTS IN ITS FIRST SIX WEEKS.

FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS PREPARED BY OUR OUTSIDE CPA FIRM IN CONNECTION WITH THE AUDIT OF OUR ANNUAL FINANCIAL STATEMENTS. FOLLOWING THE COMPLETION OF A DRAFT OF THE AUDITED FINANCIAL STATEMENTS AND FORM 990, THE OUTSIDE CPA FIRM MEETS WITH MANAGEMENT AND THE AUDIT COMMITTEE TO REVIEW THE FINANCIAL STATEMENTS AND FORM 990 FOR COMPLETENESS AND ACCURACY. CHANGES, AS APPROPRIATE, ARE MADE TO BOTH DOCUMENTS PRIOR TO THEIR ISSUANCE AND FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
EACH BOARD MEMBER IS REQUIRED TO ANNUALLY FILE A STATEMENT OF ECONOMIC INTEREST. VOTING BOARD MEMBERS WITH AN ECONOMIC INTEREST IN THE SUBJECT MATTER OF A BOARD VOTE ABSTAIN FROM VOTING ON THAT ISSUE.

FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION IS CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR SETTING THE COMPENSATION OF OTHER EMPLOYEES THROUGH SALARY INFORMATION RECEIVED FROM SIMILAR SOURCES AS USED IN THE SETTING THE EXECUTIVE DIRECTOR'S COMPENSATION. EACH EMPLOYEE'S COMPENSATION DECISION IS DOCUMENTED IN THAT EMPLOYEE'S PERSONNEL FILE.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

PART XII, LINE 2C
THE ORGANIZATION HAS NOT CHANGED THE OVERSIGHT PROCESS OR THE SELECTION PROCESS OF ITS INDEPENDENT ACCOUNTANTS SINCE THE PRIOR YEAR.
**Related Organizations and Unrelated Partnerships**

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

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

<table>
<thead>
<tr>
<th>Part I</th>
<th>Identification of Disregarded Entities</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and EIN (if applicable) of disregarded entity</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Total income</td>
<td>End-of-year assets</td>
<td>Direct controlling entity</td>
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</table>

**Part II | Identification of Related Tax-Exempt Organizations**

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<table>
<thead>
<tr>
<th>Name, address, and EIN of related organization</th>
<th>Primary activity</th>
<th>Legal domicile (state or foreign country)</th>
<th>Exempt Code section</th>
<th>Public charity status (if section 501(c)(3))</th>
<th>Direct controlling entity</th>
<th>Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>PENINSULA HEALTHCARE CONNECTION, INC. -</td>
<td>PROMOTES HEALTH CARE AND INTENSIVE CASE MANAGEMENT</td>
<td>CALIFORNIA</td>
<td>501(C)(3)</td>
<td>LINE 11</td>
<td>NONE</td>
<td>No</td>
</tr>
<tr>
<td>20-2886131, 33 ENCINA AVENUE, SUITE 103,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
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<tr>
<td>PALO ALTO, CA 94301</td>
<td>FOR HOMELESS</td>
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part III
**Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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### Part IV
**Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity?</th>
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**Notes:**
- **Legal domicile:** State or foreign country
- **Share of total income** and **Share of end-of-year assets**.
- **Disproportionate allocations?**
- **Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)**
- **General or managing partner?**
- **Percentage ownership**
- **Primary activity**
- **Type of entity** (C corp, S corp, or trust)
- **Section 512(b)(13) controlled entity?**
**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
   a. Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
   b. Gift, grant, or capital contribution to related organization(s)
   c. Gift, grant, or capital contribution from related organization(s)
   d. Loans or loan guarantees to or for related organization(s)
   e. Loans or loan guarantees by related organization(s)
   f. Dividends from related organization(s)
   g. Sale of assets to related organization(s)
   h. Purchase of assets from related organization(s)
   i. Exchange of assets with related organization(s)
   j. Lease of facilities, equipment, or other assets to related organization(s)
   k. Lease of facilities, equipment, or other assets from related organization(s)
   l. Performance of services or membership or fundraising solicitations for related organization(s)
   m. Performance of services or membership or fundraising solicitations by related organization(s)
   n. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   o. Sharing of paid employees with related organization(s)
   p. Reimbursement paid to related organization(s) for expenses
   q. Reimbursement paid by related organization(s) for expenses
   r. Other transfer of cash or property to related organization(s)
   s. Other transfer of cash or property from related organization(s)

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

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>PENINSULA HEALTHCARE CONNECTION, INC.</td>
<td>J</td>
<td>72,000.</td>
<td>DIRECT</td>
</tr>
<tr>
<td>PENINSULA HEALTHCARE CONNECTION, INC.</td>
<td>Q</td>
<td>70,329.</td>
<td>DIRECT</td>
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</tbody>
</table>

(3)

(4)

(5)

(6)
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners sec. 501(c)(3) orgs.?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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<td>DOWNTOWN STREETS, INC. 20-5242330</td>
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Part VII Supplemental Information

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

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# ANNUAL REGISTRATION RENEWAL FEE REPORT

TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 309, 311, and 312

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

---

### Name of Organization

DOWNTOWN STREETS, INC.

### Address (Number and Street)

1671 THE ALAMEDA, NO. 306
SAN JOSE, CA 95126

### Telephone Number

(650) 305-1174

### E-mail Address

ELFREDA@STREETSTEAM.ORG

### State Charity Registration Number

CT0147952

### Corporation or Organization No.

2804950

### Federal Employer ID No.

20-5242330

### Gross Annual Revenue Fee Schedule (11 Cal. Code Regs. sections 301-307, 311, and 312)

<table>
<thead>
<tr>
<th>Gross Annual Revenue</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $25,000</td>
<td>0</td>
</tr>
<tr>
<td>Between $25,001 and $250,000</td>
<td>$25</td>
</tr>
<tr>
<td>$250,001 and $1 million</td>
<td>$50</td>
</tr>
<tr>
<td>Between $1,000,001 and $10 million</td>
<td>$75</td>
</tr>
<tr>
<td>Between $10,000,001 and $50 million</td>
<td>$150</td>
</tr>
<tr>
<td>Greater than $50 million</td>
<td>$225</td>
</tr>
<tr>
<td>Greater than $100 million</td>
<td>$300</td>
</tr>
</tbody>
</table>

---

### Activities

#### For your most recent full accounting period (beginning 07/01/2020 ending 06/30/2021)

<table>
<thead>
<tr>
<th>Gross Annual Revenue</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>10,361,163 Noncash Contributions</td>
<td>$32,976</td>
</tr>
</tbody>
</table>

### Financial Statements

Program Expenses $9,170,465 Total Expenses $11,082,711

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### Questions

- 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?
  - Yes [X] No [ ]

- 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization’s charitable property or funds?
  - Yes [X] No [ ]

- 3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?
  - Yes [X] No [ ]

- 4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?
  - Yes [X] No [ ]

- 5. During this reporting period, did the organization receive any governmental funding?
  - Yes [X] No [ ]

- 6. During this reporting period, did the organization hold a raffle for charitable purposes?
  - Yes [X] No [ ]

- 7. Does the organization conduct a vehicle donation program?
  - Yes [X] No [ ]

- 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?
  - Yes [X] No [ ]

- 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?
  - Yes [X] No [ ]

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

ELFREDA STRYDOM
CHIEF OPERATING OFFICER

Signature of Authorized Agent Printed Name Title Date

04-08-21