

550 Howe Avenue, Suite 210 Sacramento, California 95825

Telephone: (916) 564-8727 FAX: (916) 564-8728

May 16, 2022

California Partnership to End Domestic Violence 1107 9th Street No. 910 Sacramento, CA 95814

Dear Lisa:

Enclosed is the organization's 2020 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by May 16, 2022.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed by May 16, 2022 to:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

Enclose a check or money order for \$150.00, payable to Department of Justice.

The report should be signed and dated by the authorized individual(s).

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

Pamela White, CPA

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning $\ JUL\ 1$, 2020, and ending $\ JUN\ 30$, 20 $\ 21$

77-0347420

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax Taxpayer identification number CALIFORNIA PARTNERSHIP

TO END DOMESTIC VIOLENCE Name and title of officer or person subject to tax

ALEESE MOORE-ORBIH EXECUTIVE DIRECTOR

Part I	Type of Return and Return Information	(Whole Dollars Only

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was

blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.	
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 7,441,304.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	
5a Form 8868 check here b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	
Under penalties of perjury, I declare that X I am an officer of the above organization or I am a person subject	t to tax with respect to
(name of organization) , (EIN)	and that I have examined a copy
of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and be true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its desi Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tangent for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account apayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxe confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a pe	electronic return. In to the IRS and In any delay in In any de

PIN: check one box only

X	Lauthoriza	RICHARDSON	۶	COMPANY	T.T.P
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ERO firm name

identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

to enter my PIN

Enter five numbers but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

 \perp As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies)

regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

94679595825 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

023051 11-03-20

ERO's signature

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

	nis form, visit www.irs.gov/e-file-providers/e-file-for-chara		,	details of	Title electronic							
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).									
All corpo	rations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnership	s, REMIC	Cs, and trusts							
Type or	/pe or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN)											
print CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE 77-0347420												
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 9 your 1107 9 TH STREET NO. 910											
instructions	. See											
Enter the	Return Code for the return that this application is for (fil	e a separa	······			0 1						
Applicat	ion	Return	l ''			Return						
Is For) or Faura 000 F7	Code	Is For			Code						
Form 990	0 or Form 990-EZ	01	Form 990-T (corporation) Form 1041-A			07						
	20 (individual)	02	Form 4720 (other than individual)			08						
Form 990		04	Form 5227			10						
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11						
	O-T (trust other than above)	06	Form 8870			12						
Telepi	books are in the care of \blacktriangleright 1107 9TH STREE's none No. \blacktriangleright (916) 444-7163 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright	s in the Ur Group Exe	Fax No. ▶	f this is fo	or the whole group							
the	equest an automatic 6-month extension of time until e organization named above. The extension is for the org or or X tax year beginning JUL _ 1 , 2020 The tax year entered in line 1 is for less than 12 months, or Change in accounting period	anization's	s return for:	the exen	npt organization r	eturn for						
	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$											
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and												
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$												
	lance due. Subtract line 3b from line 3a. Include your pa	•			1.	^						
	ng EFTPS (Electronic Federal Tax Payment System). Se			3c	- 45 0070 56	0.						
instruction:	If you are going to make an electronic funds withdrawal	(direct de	edit) with this Form 8868, see Form 8	453-EO a	na Form 8879-EC) tor payment						
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8868	(Rev. 1-2020)						

023841 04-01-20

EXTENDED TO MAY 16, 2022

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

ax year beginning JUL 1 . 2020 and ending JUN 30 . and ending JUN 30

Open to Public

$\underline{\sim}$	ו טו נוופ	e 2020 Calendar year, or tax year beginning 000 1, 2020 and	ending 0	ON 50, 2021						
В	Check if applicabl	C Name of organization CALIFORNIA PARTNERSHIP		D Employer identific	cation number					
	Addre									
F	Name chang			77-03474	20					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number						
	Final return	1107 0mg cmprrm								
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,441,304.					
	Ameno	BACKAMENIO, CA 93014		H(a) Is this a group re						
	Application pendir			for subordinates						
		SAME AS C ABOVE		H(b) Are all subordinates in						
		empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)(1)	or 527		list. See instructions					
		te: WWW.CPEDV.ORG	1	H(c) Group exemption						
		organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 2004 N	State of legal domicile: CA					
	art I	Briefly describe the organization's mission or most significant activities: CA C	<u> </u>	ON LEADING	DOT.TOV					
Activities & Governance	1	COMMUNICATIONS & STRENGTHENING CAPACITY	TO ENL	DOMESTIC V	TOLENCE.					
nan		Check this box if the organization discontinued its operations or dispo								
Ver		·		3	21					
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)		·····	21					
ي م		Total number of individuals employed in calendar year 2020 (Part V, line 2a)								
itie		Total number of volunteers (estimate if necessary)			19					
ŧ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
				Prior Year	Current Year					
Φ	8	Contributions and grants (Part VIII, line 1h)		3,060,245.	7,306,171.					
ň	9	Program service revenue (Part VIII, line 2g)		92,779.	118,316.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,078.	1,375.					
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,225.	15,442.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,183,327.	7,441,304.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,229,753.	1,485,760.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 16, 9		0.	0.					
Ϋ́	b			1 (10 000	F 7F7 074					
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,618,200.	5,757,974.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,847,953. 335,374.	7,243,734. 197,570.					
	19	Revenue less expenses. Subtract line 18 from line 12								
Net Assets or Find Balances		T	Be	eginning of Current Year 4,120,982.	End of Year 1,881,495.					
Asse Rais	20	Total assets (Part X, line 16)		2,987,050.	549,993.					
Vet /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		1,133,932.	1,331,502.					
P	art II	Signature Block		1,133,3324	1,331,3024					
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of my	/ knowledge and belief, it is					
		et, and complete. Declaration of preparer (other than officer) is based on all information of w			, momoago ana bonon, n io					
	,	•		1						
Sig	ın	Signature of officer		Date						
He		▲ ALEESE MOORE-ORBIH, EXECUTIVE DIRECTO	R							
		Type or print name and title								
		Print/Type preparer's name Preparer's signature	П	Date Check	PTIN					
Pai	d	PAMELA WHITE, CPA		if self-employe	d №00599056					
Pre	parer	Firm's name ► RICHARDSON & COMPANY LLP		Firm's EIN	46-5577902					
Use	Only	Firm's address 550 HOWE AVENUE, SUITE 210								
		SACRAMENTO, CA 95825		Phone no. (9						
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No					

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: THE PARTNERSHIP'S MISSION IS TO PROMOTE THE COLLECTIVE VOICE OF	7 A
	DIVERSE COALITION OF ORGANIZATIONS AND INDIVIDUALS WORKING TO	
	ELIMINATE ALL FORMS OF DOMESTIC VIOLENCE. AS AN ADVOCATE FOR SO	CIAL
	CHANGE, WE ADVANCE OUR MISSION BY SHAPING PUBLIC POLICY, INCREA	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3		Yes X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	
	revenue, if any, for each program service reported.	,,
4a	C 4F0 C20	118,316.)
	ADVANCE PUBLIC POLICY SOLUTIONS: PASS STRONG LEGISLATION ADDRES	
	NEEDS OF SURVIVORS, FAMILIES AND COMMUNITIES. WORK WITH STATE O	
	AND OTHER MULTI-DISCIPLINARY BODIES TO ENSURE POLICIES ARE IMPI	
	AND INSTITUTIONAL RESPONSES ARE EFFECTIVE IN PROMOTING VICTIM S	SAFETY
	AND ACCOUNTABILITY BY THOSE WHO COMMIT HARM.	
	- ADVOCATED FOR STATE BUDGET RESULTING IN A \$5 MILLION INCREASE	E IN
	ALLOCATIONS	
	- ADVOCATED FOR FEDERAL BUDGET RESULTING IN SUSTAINED FUNDING H	FOR
	VICTIM SERVICES	
	- CO-SPONSORED 2 SUCCESSFUL PIECES OF LEGISLATION	
	- TRACKED AND ADVOCATED FOR 70 ADDITIONAL BILLS	
	- PARTICIPATED IN STATEWIDE COMMITTEES ADDRESSING IMMIGRATION,	HUMAN
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
Tu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 6,450,639.	<i>1</i>
		Form 990 (2020)

Part IV | Checklist of Required Schedules

			Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?							
	If "Yes," complete Schedule A	1	X					
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for							
	public office? If "Yes," complete Schedule C, Part I	3		X				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		х					
	ring the tax year? If "Yes," complete Schedule C, Part II							
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,				
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X				
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.				
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x				
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7						
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x				
•	Schedule D, Part III	8		Α_				
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?			x				
40	If "Yes," complete Schedule D, Part IV	9						
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x				
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10						
11	as applicable.							
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,							
а	0.414	11a	Х					
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia						
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X				
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110						
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х				
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in							
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х				
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х				
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses							
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х				
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete							
	Schedule D, Parts XI and XII	12a	Х					
b	Was the organization included in consolidated, independent audited financial statements for the tax year?							
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X				
b								
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			\ \ •				
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			 ₩				
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		X				
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16						
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		X				
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		_ <u> </u>				
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10						
19	complete Schedule G, Part III	19		X				
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X				
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or							
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х				
				_				

032003 12-23-20

Form **990** (2020)

Page 4

CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	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	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			۱
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
Da	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms wize included in line 1a. Enter of infocuspilicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	_1c	X	(0000

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Form **990** (2020)

| Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 19										
b	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)										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х							
b	If "Yes," enter the name of the foreign country ▶										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с									
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							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7с		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
_	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.	0-									
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b									
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90									
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a										
a b	Initiation fees and capital contributions included on Part VIII, line 12										
11	Section 501(c)(12) organizations. Enter:										
··	Gross income from members or shareholders										
h	Gross income from other sources (Do not net amounts due or paid to other sources against										
~	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
С	Enter the amount of reserves on hand										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		Х							
	If "Yes," see instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
	If "Yes," complete Form 4720, Schedule O.										
		Form	990	(2020)							

TO END DOMESTIC VIOLENCE

Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 21 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 21 **b** Enter the number of voting members included on line 1a, above, who are independent _____ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 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? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes $\overline{\mathbf{x}}$ 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** 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? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 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? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA 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. X Another's website X Upon request X Own website Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2020)

LISA SICA - (916) 444-7163

1107 9TH STREET, SUITE 910, SACRAMENTO,

95814

Form 990 (2020)

TO END DOMESTIC VIOLENCE Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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

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

Employees, and Independent Contractors

- 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.

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

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

(A) Name and title	(B) Average hours per	box	not c	Pos heck ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) PAUL S. CASTRO	40.00	1						F4 F07	0	0
INTERIM EXECUTIVE DIRECTOR	4 00	_		Х				54,587.	0.	0.
(2) COLSARIA HENDERSON	4.00	١,,								0
PRESIDENT	2 00	Х						0.	0.	0.
(3) ANNA CONTI	3.00	١,,								•
VICE PRESIDENT/LA REGIONAL REP	2 50	Х						0.	0.	0.
(4) GAYLE GUEST-BROWN	3.50	١,,								0
TREASURER	2 00	Х		Х				0.	0.	0.
(5) AIKO PANDORF	2.00	٠,							0	0
SECRETARY	2 00	Х						0.	0.	0.
(6) JEANNE SPURR	3.00	٠,						0.	0.	0
FAR NORTH REGIONAL REP	2 00	Х						0.	0.	0.
(7) CRISTAL GLEASON	3.00	٠,						0.	0.	0
CENTRAL VALLEY REGIONAL RE	2 00	Х						0.	0.	0.
(8) REBECCA NUSSBAUM	3.00	X						0.	0.	0.
SOUTHERN REGIONAL REP	2.00	_						0.	0.	0.
(9) AMANDA JANCU	2.00	X						0.	0.	0.
DIRECTOR	3.00	_						0.	0.	0.
(10) GINA ROBERSON	3.00	X						0.	0.	0.
NORTH REGIONAL REP	2.00	_						0.	0.	0.
(11) S. SURESH	2.00	X						0.	0.	0.
01RECTOR (12) DINA POLKINGHOME	2.00	^						0.	0.	<u> </u>
DIRECTOR	2.00	X						0.	0.	0.
(13) HISHAM ALIBOB	2.00	<u> </u>						0.	0.	<u></u>
DIRECTOR	2.00	X						0.	0.	0.
(14) JENNIFER PONCE	2.00	<u> </u>						0.	•	•
DIRECTOR	2.00	X						0.	0.	0.
(15) PAMELA MEJIA	2.00	<u> </u>						0.	•	•
DIRECTOR	2.00	X						0.	0.	0.
(16) MELISA LUKE	2.00	 	\vdash			\vdash			.	
DIRECTOR	2.00	X						0.	0.	0.
(17) ALEJANDRINA CARRASCO	3.00	 ^`	\vdash			\vdash	\vdash		.	
CENTRAL COAST REGIONAL REP	3.00	x						0.	0.	0.
020007 10 02 00				_		_				Form 990 (2020)

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<u>Pag</u>e **8**

CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE

Part VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C					(F)	
(A) (B) Name and title Average				Pos	C) sition	1		(D)	(E)			(F)	اند
Name and title	hours per	not c	heck	more	than is bot		Reportable compensation	Reportable compensation	n		stimate nount		
	week					or/trus		from	from related			other	01
	(list any	octor						the	organizations	3	com	pensa	tion
	hours for	or dire	a.			ated		organization	(W-2/1099-MIS	C)		om the	
	related organizations	ıstee	truste		a.	bens		(W-2/1099-MISC)			_	anizat	
	below	ual tri	ional		ploye	t com	١.					d relat anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme				l	ainzan	5113
(18) SAARA AHMED	3.00	 -	-			1 0	_						
BAY AREA REGIONAL REP		Х						0.		0.			0.
(19) ELIZABETH EASTLAND	2.00												
DIRECTOR		Х						0.		0.	<u> </u>		0.
(20) MATHEW WHITE	2.00	,,								^			^
DIRECTOR	40.00	Х			<u> </u>	<u> </u>	_	0.		0.			0.
(21) ALEESE MOORE-ORBIH	40.00	1		\ _V						Λ			0
EXECUTIVE DIRECTOR				Х			-	0.		0.	<u> </u>		0.
		1											
					\vdash	\vdash							
		1											
		1											
					_	_					<u> </u>		
		-											
1b Subtotal			<u> </u>	<u> </u>	<u> </u>	<u> </u>		54,587.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								54,587.		0.			0.
2 Total number of individuals (including but n								eceived more than \$100	,000 of reportable	e			
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer,			•		•		•		•				v
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	=		-					· · · · · · · · · · · · · · · · · · ·	the organization				Х
and related organizations greater than \$15Did any person listed on line 1a receive or a									dual for convices		4		- 22
rendered to the organization? If "Yes," com	•				•	•		•			5		Х
Section B. Independent Contractors	pioto Coriodai	00,	0, 0,	4011	porc	3011							
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of com	pens	ation	from	
the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	ithi	n the organization's tax	year.				
(A)			~	_				(B)		_	((
Name and business	address	N	INC	<u> </u>				Description of s	ervices		ompe	nsatio	n
2 Total number of independent contractors (i	including but n	not li	mite	d to	tho	se li	ster	d above) who received m	ore than				
\$100,000 of compensation from the organi		.J. 11		.a 10		0	٥٠٥٥	a abovo, who received if	io.o triair				
<u> </u>	•										Form	990 (ž	2020)

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77 - 0347420TO END DOMESTIC VIOLENCE Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 6,493,534. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 812,637 similar amounts not included above 1f 1,200 1g \$ g Noncash contributions included in lines 1a-1f 7,306,171. h Total. Add lines 1a-1f **Business Code** 900099 78,703. 78,703. 2 a MEMBERSHIP DUES & ASSE Program Service Revenue 39,613. CONFERENCES 611600 39,613. С All other program service revenue 118,316. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,375. 1,375. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b **c** Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a b Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 15,442. 900099 15,442. 11 a OTHER REVENUE b

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15,442.

441,304.

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

135,133.

CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE

Form 990 (2020)

1 01111 000 (2020)					
Part IX Statement of	Functional I	Expenses			
Section 501(c)(3) and 501(c)(4)) organizations r	nust complete all	columns. A	Il other organizations must complete column (A).	

	Check if Schedule O contains a respon	se or note to any line in	er organizations must co this Part IX	, , ,	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	120 702	07 765	40 620	1 200
_	trustees, and key employees	129,792.	87,765.	40,629.	1,398
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,127,881.	762,674.	353,059.	12,148
7	Other salaries and wages	1,121,001.	104,014.	333,033.	14,140
8					
0	section 401(k) and 403(b) employer contributions)	126,268.	78,651.	46,412.	1,205
9	Other employee benefits	101,819.	65,096.	35,673.	1,050
10 11	Payroll taxes Fees for services (nonemployees):	101,019.	03,030.	33,073.	Ι,030
	` ' ' '				
a	Management				
b	Legal				
q	<u> </u>				
d e	D (' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch 0.)	465,072.	364,464.	100,608.	
12	Advertising and promotion	100,0120	301,101		
13	Office expenses	25,094.	4,295.	20,718.	81.
14	Information technology	84,191.	13,634.	69,783.	774
15	Royalties	•	,	<u> </u>	
16	Occupancy	80,459.		80,459.	
17	Travel	697.	247.	450.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	219,193.	217,653.	1,540.	
20	Interest	-	-	-	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,728.		1,728.	
23	Insurance	7,654.		7,654.	
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 0.)				
а		4,848,496.	4,848,496.		
b	DUES AND MEMBERSHIPS	15,819.	3,557.	11,967.	295
С	COMMUNICATIONS	9,571.	4,107.	5,464.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,243,734.	6,450,639.	776,144.	16,951
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2020)

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,745,149.	1	1,440,749.	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		256,218.	3	392,362.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form				
		trustee, key employee, creator or founder, substanti	al contributor, or 35%			
		controlled entity or family member of any of these pe			5	
	6	Loans and other receivables from other disqualified				
		under section 4958(f)(1)), and persons described in	section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		52,425.	9	47,951.
		Land, buildings, and equipment: cost or other				,
		basis. Complete Part VI of Schedule D 10	68,290.			
	Ь	Less: accumulated depreciation 10		2,161.	10c	433.
	11	Investments - publicly traded securities		•	11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		65,029.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal lin		4,120,982.	16	1,881,495.
	17	Accounts payable and accrued expenses		531,482.	17	492,818.
	18	Grants payable			18	
	19	Deferred revenue		2,455,568.	19	57,175.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part			21	
Ś	22	Loans and other payables to any current or former of				
Liabilities		trustee, key employee, creator or founder, substanti				
abi		controlled entity or family member of any of these pe			22	
Ï	23	Secured mortgages and notes payable to unrelated			23	
	24	Unsecured notes and loans payable to unrelated thi			24	
	25	Other liabilities (including federal income tax, payabl				
		parties, and other liabilities not included on lines 17-	24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		2,987,050.	26	549,993.
		Organizations that follow FASB ASC 958, check h	nere X			
Ses		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		733,820.	27	657,737.
Ba	28	Net assets with donor restrictions		400,112.	28	673,765.
Pun		Organizations that do not follow FASB ASC 958,				
Ę		and complete lines 29 through 33.				
Ŏ O	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipr			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated incom			31	
Net	32	Total net assets or fund balances		1,133,932.	32	1,331,502.
-	33	Total liabilities and net assets/fund balances		4,120,982.	33	1,881,495.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,44	<u>1,3</u>	04.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,24	<u>3,7</u>	<u>34.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	19	7,5	70.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,13	<u>3,9</u>	32.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,33	1,5	02.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

CALIFORNIA PARTNERSHIP Name of the organization

TO END DOMESTIC VIOLENCE

Employer identification number 77-0347420

Pa	rt I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.						
Γhe	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch					I)(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					i).	
4		A medical research organiz						the hospital's name.
		city, and state:	a operatea ee.	ngan onon man a moopha		000		ino noophan o name,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in
J		section 170(b)(1)(A)(iv). (C		nego or armversity owner	a or opera	iou by u g	overnmental and accord	700 III
6				aantal unit daaarihad in	costion 17	70/6\/4\/A\	(v)	
6	X	A federal, state, or local gov						nublic described in
′	21	An organization that norma	•	riliai part of its support i	rom a gov	emmentai	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	. ,	(4)(A)(vi) (Commisto Dom	L II \			
8		A community trust describe						a alla ma
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or
40		university:	. (4)					
10		An organization that norma						
		activities related to its exen						
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	•				201 1141	
11		An organization organized	•	•	-			
12		An organization organized a		•	=		•	
		more publicly supported or	~					neck the box in
_		lines 12a through 12d that	* *			-	_	. at ta
а		☐ Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·		•	•		
		the supported organization			a majority (of the aire	ctors or trustees of the s	supporting
		organization. You must o						
b			•					•
		control or management o			ame perso	ons that co	ontrol or manage the sup	portea
		organization(s). You mus	-					1 20
С		☐ Type III functionally inte					• •	ed with,
		its supported organization		•				
d		☐ Type III non-functionally						` '
		that is not functionally int	•	•	•		•	iveness
		requirement (see instruct	· ·	-				
е	L	☐ Check this box if the orga					ı Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.		
Т		er the number of supported o	•					
<u>g</u>		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	`	organization	(-,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)
				above (see instructions))				
Γ∩t:	al							

Schedule A (Form 990 or 990-EZ) 2020 TO END DOMESTIC VIOLENCE

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,108,917.	2,162,596.	2,311,234.	3,153,024.	7,424,487.	18,160,258.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,108,917.	2,162,596.	2,311,234.	3,153,024.	7,424,487.	18,160,258.
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)						363,934.
6	Public support. Subtract line 5 from line 4.						17,796,324.
	ction B. Total Support						, , ,
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	3,108,917.	2,162,596.	2,311,234.	3,153,024.	7,424,487.	18,160,258.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	45.	401.	2,332.	3,078.	1,375.	7,231.
a	Net income from unrelated business					_,	.,
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	53,816.	32 137.	13,272.	27,225.	15 442	141,892.
11		33,0201	32,23,1	20,2,21	27,2231	23,1121	18,309,381.
12	Gross receipts from related activities,	etc (see instruction	one)			12	20,000,002.
13	First 5 years. If the Form 990 is for th			ourth or fifth tax v			
.0	organization, check this box and stop	haua					
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2020 (I		<u> </u>	olumn (f))		14	97.20 %
15	Public support percentage from 2019					15	94.67 %
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies	•		•		•	▶ X
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te		•	-		•	
h	10% -facts-and-circumstances tes	•	•			I7a and line 15 is	
N	more, and if the organization meets the	-					1070 01
	organization meets the facts-and-circle				-		
12	Private foundation. If the organization						
18	i invate roundation. Il the organizatio	n ala not crieck a l	DON OH III IC 13, 108	, 100, 11a, 01 1/D	, or record trito box a	ina see manuchom	· 🖊 🗀

Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	ction A. Public Support	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 23 11	(0) 2010	(4) 2010	(0) 2020	(i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
5							
	furnished by a governmental unit to the organization without charge						
	· · · · ·						
	Total. Add lines 1 through 5		+				
<i>1</i> a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received		+				
U	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
					(0 0040	() 0000	(0 =
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
44	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_							<u></u>
	ction C. Computation of Public						
	Public support percentage for 2020 (lin			column (f))		15	<u>%</u>
	Public support percentage from 2019					16	<u>%</u>
	ction D. Computation of Inves						
17	Investment income percentage for 202					17	%
18	Investment income percentage from 2	019 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2020. If the o	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 $1/3\%$, check this box an	d stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	▶□
b	33 1/3% support tests - 2019. If the o	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 $1/3\%$, chec	k this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	nstructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	2		
	3a		
	- Gu		
	3b		
	3с		
	4a		
	4b		
	40		
	4c		
	F		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
n 9	90 or 99	10-F7	2020

Par	art IV Supporting Organizations (con	tinued)			
	•			Yes	No
11	Has the organization accepted a gift or contribution	ution from any of the following persons?			
а	a A person who directly or indirectly controls, eith	ner alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported		11a		
b	b A family member of a person described in line	11a above?	11b		
С	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.		11c		
Sect	ction B. Type I Supporting Organization	ons			
				Yes	No
1	Did the governing body, members of the govern	ning body, officers acting in their official capacity, or membership of one or			
		to regularly appoint or elect at least a majority of the organization's officers,			
		year? If "No," describe in Part VI how the supported organization(s) he organization's activities. If the organization had more than one supported			
		int and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions of	r restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of a	any supported organization other than the supported			
	organization(s) that operated, supervised, or co	ontrolled 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 organize		2		
Sect	ction C. Type II Supporting Organizat	ions			
		,		Yes	No
	· · ·	or trustees during the tax year also a majority of the directors			
		rted organization(s)? If "No," describe in Part VI how control			
		was vested in the same persons that controlled or managed			
	the supported organization(s).		1		
Sect	ction D. All Type III Supporting Organ	izations			
				Yes	No
		ported organizations, by the last day of the fifth month of the			
		ribing the type and amount of support provided during the prior tax			
		recently filed as of the date of notification, and (iii) copies of the			
		n the date of notification, to the extent not previously provided?	1		
		rs, or trustees either (i) appointed or elected by the supported			
		ody of a supported organization? If "No," explain in Part VI how			
	_	ious working relationship with the supported organization(s).	2		
		2, above, did the organization's supported organizations have a			
		nt policies and in directing the use of the organization's			
	supported organizations played in this regard.	r? If "Yes," describe in Part VI the role the organization's	2		
	ction E. Type III Functionally Integrate	ed Supporting Organizations	3		
		anization used to satisfy the Integral Part Test during the yea(see instructions).			
' a			•		
b		its supported organizations. Complete line 3 below.			
С		ntal entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
		•		Yes	No
а	a Did substantially all of the organization's activit	ies during the tax year directly further the exempt purposes of			
		anization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain h	ow these activities directly furthered their exempt purposes,			
	how the organization was responsive to those s	upported organizations, and how the organization determined			
	that these activities constituted substantially all		2a		
b	b Did the activities described in line 2a, above, co	onstitute activities that, but for the organization's involvement,			
	one or more of the organization's supported or	ganization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position	on that its supported organization(s) would have engaged in			
	these activities but for the organization's involve	ement.	2b		
3	Parent of Supported Organizations. Answer lin	nes 3a and 3b below.			
	- · · · · · · · · · · · · · · · · · · ·	y appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations	s? If "Yes" or "No" provide details in Part VI.	3a		
b	b Did the organization exercise a substantial deg	ree 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.

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Sch

Schedule A (Form 990 or 990-EZ) 2020 TO END DOMESTIC VIOLENCE

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 TO END DOMESTIC VIOLENCE

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Sect	Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exe	1							
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported							
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3					
4	Amounts paid to acquire exempt-use assets			4					
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
_6	Other distributions (describe in Part VI). See instructions.			6					
_7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	he organization is responsive	е						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2020 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020				
1	Distributable amount for 2020 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2020 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2020								
a	From 2015								
b	From 2016								
c	From 2017								
d	From 2018								
е	From 2019								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2020 distributable amount								
i	Carryover from 2015 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2020 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2020 distributable amount								
c	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2020, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2020. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2021. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								

Schedule A (Form 990 or 990-EZ) 2020

a Excess from 2016
b Excess from 2017
c Excess from 2018
d Excess from 2019
e Excess from 2020

CALIFORNIA PARTNERSHIP

Schedule A (Form 990 or 990-EZ) 2020 TO END DOMESTIC VIOLENCE 77-0347420 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE Employer identification number

77-0347420

Organization type (check one):							
Filers of:	Section:						
Form 990 or 9	90-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						
	organization is covered by the General Rule or a Special Rule. section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
☐ For a	an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or erty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rule	S Company of the comp						
secti any o	In 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 ons 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 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 Form 990-EZ, line 1. Complete Parts I and II.						
cont litera	in organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ry, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering " in column (b) instead of the contributor name and address), II, and III.						
year is ch purp	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 contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ecked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., ose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ous, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} \rightarrow \frac{1}						
Caution: An o	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

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

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

Name of organization
CALIFORNIA PARTNERSHIP
TO END DOMESTIC VIOLENCE

Employer identification number

77 - 0347420

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALIFORNIA OFFICE OF EMERGENCY SERVICES 3650 SCHIEVER AVE. MATHER, CA 95655	\$870,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	US CENTER FOR DISEASE CONTROL 4770 BUFFORD HIGHWAY MS 76 ATLANTA, GA 30241-3717	\$ 455,555.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 US DEPARTMENT OF HEALTH AND HUMAN SERVICES 1250 MARYLAND AVE. SW SUITE 800 WASHINGTON, DC 20530	s 582,143.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 BLUE SHIELD OF CALIFORNIA FOUNDATION 315 MONTGOMERY STREET, SUITE 1200 SAN FRANCISCO, CA 94104	\$ 475,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Nume, audiess, and Lif T 7	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	ivaine, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
CALIFORNIA PARTNERSHIP
TO END DOMESTIC VIOLENCE

Employer identification number

77-0347420

art II	Noncash Property (see instructions). Use duplicate copies of P	rart II II additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization

CALIFORNIA PARTNERSHIP

TO END DOMESTIC VIOLENCE

Part III Exclusively religious, charitable, etc., or

Employer identification number

77-0347420

Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a)	tions to organizations describe	ed in section 5	01(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,0	000 or less for th	ne year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer	of gift	
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, a			elationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization CALIFORNIA PARTNERSHIP **Employer identification number** 77-0347420 TO END DOMESTIC VIOLENCE Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures

\$ \bigsir \text{\$\ext{\$\ext{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\exitt{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\}\$}}}\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitit{\$\text{\$\exitit{\$\text{\$\exititt{\$\exitit{\$\text{\$\text{\$\text{\$\text{\$\text{ 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Nο 4a Was a correction made? No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$\infty\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities _______ > \$_ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b _______▶\$___ 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (b) Address (d) Amount paid from (a) Name (c) EIN (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Sche	dule C (Form 990 or 990-EZ) 2020					347420 Page 2
Pai	t II-A Complete if the org	anization is exe	mpt under sectio	n 501(c)(3) and fil	led Form 5768 (el	ection under
	section 501(h)).					
A CI	* *	-	iliated group (and list ir	n Part IV each affiliated	I group member's nam	e, address, EIN,
		e of excess lobbying	. ,			
B C	neck 🕨 🔙 if the filing organizat	tion checked box A a	nd "limited control" pro	ovisions apply.		+
		s on Lobbying Expe litures" means amo	nditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	ence public opinion	(grassroots lobbying)		52,929.	
b	Total lobbying expenditures to influ	ence a legislative bo	dy (direct lobbying)		47,785.	
С	Total lobbying expenditures (add li	nes 1a and 1b)			100,714.	
	Other exempt purpose expenditure				6,349,725.	
е	Total exempt purpose expenditure	s (add lines 1c and 1	d)		6,450,439.	
	Lobbying nontaxable amount. Ente				472,522.	
	If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable am	ount is:		
	Not over \$500,000	20% of	the amount on line 1e			
	Over \$500,000 but not over \$1,000	,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,	000,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
	Over \$17,000,000	\$1,000	,000.			
g	Grassroots nontaxable amount (en	ter 25% of line 1f)			118,131.	
h	Subtract line 1g from line 1a. If zero	o or less, enter -0-			0.	
i	Subtract line 1f from line 1c. If zero	or less, enter -0			0.	
j	If there is an amount other than zer	o on either line 1h or	line 1i, did the organiz	ation file Form 4720	_	
	reporting section 4911 tax for this	year?				Yes No
	(Some organizations th	at made a section 5	eraging Period Under 501(h) election do not ate instructions for li	have to complete all	of the five columns b	elow.
		Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total		
2a Lobbying nontaxable amount	227,725.	246,531.	251,828.	472,522.	1,198,606.		
b Lobbying ceiling amount (150% of line 2a, column(e))					1,797,909.		
c Total lobbying expenditures	39,100.	46,588.	39,312.	100,714.	225,714.		
d Grassroots nontaxable amount	56,931.	61,633.	62,957.	118,131.	299,652.		
e Grassroots ceiling amount (150% of line 2d, column (e))					449,478.		
f Grassroots lobbying expenditures	4,172.	6,259.	1,414.	52,929.	64,774.		

Schedule C (Form 990 or 990-EZ) 2020

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements? Mailings to morphore legislators on the public?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	F01/a\	(F) 0 × 0 ×			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 50 I(c)	(5), or se			
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).			-4:		
<u> </u>	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid).	cal				
а	Current year		2a			
	Carryover from last year					
С	Total		l _			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the control of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the exceeds the exceeds the amount on line 3.					
_	expenditure next year?		4			
5 Dar	Taxable amount of lobbying and political expenditures (See instructions)		5			
Par				10.0		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	ilst); Part II	I-A, lines 1	and 2 (See		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE

Employer identification number 77-0347420

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		•
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
4	year	coment is leasted	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Transming of Violations, and emoreting conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	\$	aming of the latter, and other only contact ration	caseee adming and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	-	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	in, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

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CALIFORNIA PARTNERSHIP

77-0347420 Page 2

Sche		DOMESTIC V						77-03			e 2
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, d	or Othe	r Simil	ar Asse	ts (contin	ued)	_
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following tha	at make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	(hange progra						
b	Scholarly research	•	• 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	•		-	-			ose in Par	t XIII.		
5	During the year, did the organization solicit of								7		
Day	to be sold to raise funds rather than to be m								⊻Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa		-l' 	4. (1 4.)							
та	Is the organization an agent, trustee, custod								7 v	\Box	\ I -
	on Form 990, Part X?			 kalala					Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:					Amount		—
_	Paginning halance						10		Amount		—
	Beginning balance										_
	Additions during the year Distributions during the year										—
	Ending balance										_
	Did the organization include an amount on F								Yes	\top	No
	If "Yes," explain the arrangement in Part XIII						•			Ħ.	
Par											_
	·	(a) Current year	1	rior year	(c) Two yea			ears back	(e) Four	years ba	ck
1a	Beginning of year balance			,		<u> </u>	, ,			<u>, </u>	_
	Contributions										_
	Net investment earnings, gains, and losses										_
d	Grants or scholarships										_
	Other expenditures for facilities										_
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	e organiz	zation	г		
	by:									Yes N	lo_
	(i) Unrelated organizations								3a(i)	+	—
	(ii) Related organizations								3a(ii)	+	—
b	If "Yes" on line 3a(ii), are the related organiza								3b		_
Da.	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipn		owment	tunds.							_
Fai			0 Dort IV	/ lina 11a C	Can Farm 000) Dort V I	ina 10				
	Complete if the organization answere						cumulate	-d	(d) Dool	. volue	—
	Description of property	(a) Cost or o			or other (other)		reciation	eu	(d) Book	value	
12	Land	<u> </u>		54313	(50101)	чер	· Solution				—
	Land Buildings										—
	Buildings Leasehold improvements										—
	Equipment			6	8,290.		67,8	57.		43	3.
	Other				, , , , ,		, ,				_
	. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line 1	10c.)			ightharpoonup		43	3.

Schedule D (Form 990) 2020

CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE

Part VII Investments - Other Securities.			Ğ
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	ie 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	F 000 P+ IV II	- 44 d. O Farma 000 Part V. Br 45	
Complete if the organization answered "Yes"	On Form 990, Part IV, IIn Description	le 11d. See Form 990, Part X, line 15.	(b) Book value
	Description	+	(b) Dook value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities.	-		
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide		_	
organization's liability for uncertain tax positions under	FASB ASC 740. Check	here if the text of the footnote has been pro	ovided in Part XIII L

Schedule D (Form 990) 2020

Pai	rt XI Reconciliation of Revenue per Audited Financial		ie per Return	•
	Complete if the organization answered "Yes" on Form 990, Part I			7 441 204
1	Total revenue, gains, and other support per audited financial statements	s	1	7,441,304.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
a	5			
b				
С.	1 7 0			
d	, , , , , , , , , , , , , , , , , , , ,			0
е	J			7,441,304 .
3	Subtract line 2e from line 1		3	7,441,304.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a	, , , , , , , , , , , , , , , , , , , ,			
b	,			0.
_C				7,441,304.
5 D 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial			
Га	Complete if the organization answered "Yes" on Form 990, Part I	· · · · · · · · · · · · · · · · · · ·	ses per netu	111.
_			1	7,243,734.
1	Total expenses and losses per audited financial statements			7,245,754.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م		
a				
b				
c				
d	,	·		0.
е 3	•			7,243,734.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			7,245,754
+ a		4a		
b				
		•	4c	0.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			7,243,734.
	rt XIII Supplemental Information.	10 10.)		,,210,,010
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid			

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE

Employer identification number 77-0347420

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMUNITY AWARENESS, AND STRENGTHENING STATEWIDE CAPACITY TO ADVANCE SAFETY AND HEALING OF VICTIMS, SURVIVORS AND THEIR FAMILIES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: TRAFFICKING, VICTIM SERVICES PLANNING, AND TRAINING FOR COURT **PROFESSIONALS** COMMUNICATE PRIORITIES: ENSURE ACCURATE AND RESPONSIBLE REPORTING WITH NEWS ANALYSES AND MEDIA ADVOCACY. PROMOTE HEALTHY RELATIONSHIPS AND SHIFT SOCIAL NORMS ABOUT ROOT CAUSES OF DOMESTIC VIOLENCE. ISSUED MULTIPLE PRESS RELEASES, ADVISORIES AND MEDIA STATEMENTS LED STATEWIDE CAMPAIGNS PROMOTING DOMESTIC VIOLENCE AWARENESS MONTH AND TEEN DATING VIOLENCE AWARENESS AND PREVENTION MONTH CONDUCTED PUBLIC EDUCATION ABOUT STRATEGIC POLICY AREAS VIA TRADITIONAL AND SOCIAL MEDIA PROVIDED COMMUNICATIONS TECHNICAL ASSISTANCE STRENGTHEN CAPACITY: LEAD NETWORK OF ADVOCATES ORGANIZING FOR COMMON SOLUTIONS WITH RELATED SOCIAL JUSTICE MOVEMENTS. PROVIDE TOOLS, TRAINING AND RESOURCES TO ENSURE STATEWIDE SYSTEM EFFECTIVELY ATTENDS THE EVOLVING NEEDS OF SURVIVORS AND FAMILIES. MOBILIZE COMMUNITIES PREVENT AND RESPOND TO DOMESTIC VIOLENCE WITH INNOVATIVE APPROACHES.

HOSTED 124 ATTENDEES AT ANNUAL MEMBERSHIP MEETING AND FACILITATED

REGIONAL CONVENINGS

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

Schedule O (Form 990 or 990-EZ) 2020

Employer identification number TO END DOMESTIC VIOLENCE 77-0347420 TRAINED 523 PROFESSIONALS ATTENDING STATE DOMESTIC VIOLENCE CONFERENCE CONDUCTED REGIONAL TRAININGS AND WEBINARS ON DOMESTIC VIOLENCE-RELATED TOPICS - COORDINATED REGIONAL TRAININGS ON VARIOUS RELEVANT SERVICE DELIVERY TOPICS REPORTING FOR 172 ADVOCATES PROVIDED TECHNICAL ASSISTANCE TO 89 INDIVIDUALS CONTACTING HELP DESK REVISED 3 TRAINING CURRICULA AND MATERIALS SUPPORTED PROFESSIONAL DEVELOPMENT VIA THREE LISTSERVS AND TWO PEER LEARNING CIRCLES FORM 990, PART VI, SECTION A, LINE 6: EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDERS: LEVEL I - PRIMARY PURPOSE DOMESTIC VIOLENCE ORGANIZATIONS, PROGRAMS & PROJECTS LEVEL II - ALLIED COALITIONS, MULTI-DISCIPLINARY GROUPS & GOVERNMENT AGENCIES LEVEL III - INDIVIDUAL MEMBERS FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT REGIONAL REPRESENTATIVES AND AT-LARGE DIRECTORS TO SERVE ON THE BOARD. FORM 990, PART VI, SECTION A, LINE 7B: BYLAWS AMENDED JUNE 25, 2018 STIPULATE: MEMBERS SHALL HAVE THE RIGHT TO VOTE ON THE ELECTION OF DIRECTORS, ON THE

DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS, ON ANY

032212 11-20-20

Employer identification number 77-0347420

MERGER AS TO WHICH THE CORPORATION IS A PARTY AND THE PRINCIPAL TERMS OF

SUCH MERGER, ON ANY ELECTION TO DISSOLVE THE CORPORATION AND ON ANY OTHER

MATTER PROPERLY SUBMITTED TO A VOTE OF THE MEMBERS. IN ADDITION, MEMBERS

SHALL HAVE ALL RIGHTS AFFORDED MEMBERS UNDER THE CODE.

APPROVAL BY THE MEMBERS OF ANY OF THE FOLLOWING PROPOSALS, OTHER THAN BY
UNANIMOUS APPROVAL BY THOSE ENTITLED TO VOTE, IS VALID ONLY IF THE NOTICE
OR WRITTEN WAIVER OF NOTICE STATES THE GENERAL NATURE OF THE PROPOSAL OR
PROPOSALS: (A) REMOVING A DIRECTOR WITHOUT CAUSE; (B) FILLING
MEMBER-ELECTED DIRECTOR VACANCIES ON THE BOARD; (C) AMENDING THE ARTICLES
OF INCORPORATION; OR

(D) ELECTING TO WIND UP AND DISSOLVE THE CORPORATION.

MEMBERS WANTING TO SUBMIT ITEMS FOR DISCUSSION AT MEETINGS OF THE MEMBERS,

INCLUDING ITEMS REQUIRING A VOTE, MUST FOLLOW THE BOARD-APPROVED PROCEDURES

FOR ADDING ITEMS TO THE AGENDA.

ANY MEMBER OR DIRECTOR MAY PROPOSE AMENDMENTS TO THE BYLAWS. SUCH

AMENDMENTS SHALL BE SUBMITTED TO AN AD HOC BYLAWS COMMITTEE IN ACCORDANCE

WITH BOARD APPROVED PROCEDURES FOR CONSIDERATION AND PRESENTATION TO THE

BOARD.

BYLAWS MAY BE ADOPTED, AMENDED OR REPEALED (I) BY THE BOARD IN ACCORDANCE WITH SECTION 5150(A) OF THE CODE AND (II) BY THE MEMBERS IN ACCORDANCE WITH SECTION 5150(B) OF THE CODE.

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

DRAFT WAS REVIEWED BY AUDIT COMMITTEE, WHICH THEN SUBMITTED TO FULL BOARD FOR REVIEW AND APPROVAL.

Employer identification number 77-0347420

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

BOARD DEVELOPMENT COMMITTEE ENSURES NEW BOARD MEMBERS RECEIVE THIS POLICY

STATEMENT DURING INITIAL BOARD ORIENTATION. THERE IT IS REVIEWED AND

SIGNED. FULL BOARD REVIEWS AND RE-SIGNS POLICY ON ANNUAL BASIS. ANY SUCH

ISSUES, OR PERCEIVED ISSUES, THAT ARISE IN THE COURSE OF BUSINESS ARE

DISCLOSED TO FULL BOARD AND DOCUMENTED AS SUCH.

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

BYLAWS STIPULATE DIRECTORS SHALL NOT RECEIVE ANY COMPENSATION FROM THE

CORPORATION FOR THEIR SERVICES. (A) BY RESOLUTION OF THE BOARD, HOWEVER,

EXPENSES OF ATTENDANCE, IF ANY, MAY BE ALLOWED FOR ATTENDANCE AT EACH

REGULAR OR SPECIAL MEETING OF THE BOARD AND OTHER CORPORATION FUNCTIONS.

- (B) FOR FUNCTIONS WHERE ATTENDEES RECEIVE BENEFITS, SUCH AS A CONFERENCE,

 DIRECTORS MAY BE REIMBURSED FOR ADDITIONAL EXPENSES SPECIFIC TO THEIR

 FUNCTION AS A DIRECTOR.
- (C) NOTHING HEREIN CONTAINED SHALL BE CONSTRUED TO PRECLUDE ANY DIRECTOR

 FROM REPRESENTING THE CORPORATION IN ANY OTHER CAPACITY AND RECEIVING

 COMPENSATION THEREFORE TO THE EXTENT ALLOWED BY LAW, UPON DISCLOSURE OF ANY

 ACTUAL OR PERCEIVED CONFLICT OF INTEREST AND SUBSEQUENT APPROVAL OF THE

 BOARD.

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

SUCH ITEMS ARE POSTED ON OUR PUBLIC WEBSITE AND ALSO AVAILABLE UPON REQUEST.

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAXABLE YEAR

California Exempt Organization Annual Information Return

028941 12-22-20 FORM

Receipts and Revenues Revenues This line must be completed. If the result is less than \$50,000, see General Information B Cost of goods sold Cost or other basis, and sales expenses of assets sold Total gross income. Subtract line 7 from line 4 Expenses Total gross income. Subtract line 7 from line 4 Expenses Total expenses and disbursements. From Side 2, Part II, line 18 Expenses Total payments Less sof receipts over expenses and disbursements. Subtract line 9 from line 8 Total payments Less sof receipts over expenses and disbursements. Subtract line 9 from line 8 Total payments Less sof receipts over expenses and disbursements. Subtract line 9 from line 8 Total payments Less sof receipts over expenses and disbursements. Subtract line 9 from line 8 Total payments Less sof receipts over expenses and disbursements. Subtract line 9 from line 8 Total payments Less sof receipts over expenses and disbursements. Subtract line 9 from line 8 Total payments Less sof receipts over expenses and disbursements. Subtract line 9 from line 8 Total payments Less sof receipts over expenses and disbursements. Subtract line 9 from line 8 Total payments Less sof receipts over expenses and disbursements. Subtract line 9 from line 8 Total payments Less sof receipts over expenses and disbursements. Subtract line 9 from line 8 Total payments Less sof receipts over expenses and disbursements. Subtract line 12 from line 11 Less tax balance. If line 11 is more than line 12, subtract line 12 from line 12 Less tax balance. If line 12 is more than line 11, subtract line 11 from the result Less tax balance. If line 12 is more than line 12, subtract line 11 from line 12 Less tax balance. If line 12 is more than line 12, subtract line 11 from line 12 Less tax balance and linterest. See General Information J Less tax balance. If line 12 is more than line 12, subtract line 11 from line 12 Less tax balance and linterest. See General Information J Less tax balance. If line 12 is more than line 12, subtract line	202	O Annual Information Return	ו				199
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TO END DOMESTIC VIOLENCE See address laufe or rows				Cali	fornia corp	oration	number
Sheer add sees (surite or room) 1107 9TH STREET, NO. 910 City SACRAMENTO Foreign country name Foreign province-bitate-locurity A First return Yes X No I foreign province-bitate-locurity Foreign province-bitate-locurity Foreign province-bitate-locurity Foreign province-bitate-locurity A First return A First return Foreign country name Foreign province-bitate-locurity Foreign posts in the province-bitate-locurity Foreign posts in th					1054	400	
September Sept						193	3
The part	Additional infor	nation. See instructions.		FE		2.45	4400
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B Amended return Yes			te/county	1 011			ode
B Amended return Yes							
B Amended return Yes	A First return Yes X No I Did the organization have any changes to its guidelines						lines
C IRG Section 4947(a)(1) trust							● Yes X No
E check accounting method: (1)	C IRC Sect	on 4947(a)(1) trust Yes 🗓 No	J If exempt under R&TC S	Section 237	01d, has t	the or	ganization
Enter date: (mm/dd/yyyy) E Check accounting method: (11)	D Final info	rmation return?					·····
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report taxable income? report taxable in taxable income? report report report income report report report income. Taxable income? report repor							
G is this a group filing? See instructions H is this organization in a group exemption If "Yes," what is the parent's name? Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Gross sales or receipts from other sources. From Side 2, Part II, line 8 Complete Part I unless not required to file this form. See General Information B and C. Complete Part I unless not required to file this form. See General Information B and C. Complete Part I unless not required to file this form. See General Information B and C. Complete Part I unless not required to file this form. See General Information B and C. Complete Part I unless not required to file this form. See General Information B and C. Complete Part I unless not required to file this form. See General Information B and C. Complete Part I unless not required to file this form. See General Information B and C. Complete Part I unless not required to file this form. See General Information B and C. Complete Part I unless not required to file this form. See General Information B and C. Complete Part I unless not required to file this form. See General Information B and C. Complete Part I unless not required to file this form. See General Information B and C. Coccording of Coccording Coccording Complete C. Coccording of Coccording Coccording Coccording Coccording Coccording Condition of Value Part Cordinal Condition C. Check if Self-employed Part Coccording Coccording Secondary Self-employed Part Coccording Coccording Secondary Self-employed Part Coccording Coccor			raport tayable income?	FORM 100 C	or Form 1	09 10	Voc X No
H Is this organization in a group exemption			N is the organization under	er audit hy tl	he IRS or	has th	165 <u>23</u> 100
Part I Complete Part I unless not required to file this form. See General Information B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8							
Part Complete Part unless not required to file this form. See General Information B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8							
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Receipts and Revenues Total gross receipts for filing requirement test. Add line 1 through line 3.		2 Gross dues and assessments from members and affiliates		СШМШ	• 1 •		7 206 171
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Filing Fee 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 15 Penalties and Interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties or perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, its true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer Preparer's signature Preparer's signature Firm's name 13 000 14 000 15 000 16 000		l				-	00
Filing Fee 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12						\vdash	
15 Penalties and Interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties or 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 taxpayer) is based on all information of which preparer has any knowledge. Signature of officer Preparer's signature Preparer's signature Firm's name 15 000 16 000 OCCUPATION DIRE OF THE PROPOSE OF THE	Eiling Eee						
16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penatures 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 taxpayer) is based on all information of which preparer has any knowledge. Signature of officer	i iiiig i cc					- 	
Sign Here Under penaltites 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 taxpayer) is based on all information of which preparer has any knowledge. Title EXECUTIVE DIRE Onder Onder penaltites 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 has any knowledge. Title EXECUTIVE DIRE Onder Onder penaltites 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 to the Dest of my knowledge and belief, it is true, correct, and to the Dest of my knowledge and belief, it is true, correct, and to the Dest of my knowledge and belief, it is true, correct, and to the Dest of my knowledge and belief, it is true, correct, and to the Dest of my knowledge and belief, and to the Dest of my knowledge and belief, and to the Dest of my knowledge and belief, and to the Dest of my knowledge and belief, and to the Dest of my knowledge and belief, and to the Dest of my knowledge and belief, and to the Dest of my knowledge and belief, and to the Dest of my knowledge and belief, and to the Dest of my knowledge. Paid Firm's name						16	00
Here Signature of officer	0:	Under penalties of perjury, I declare that I have examined this return, including a	accompanying schedules and state	ements, and to	the best o	my kn lge.	lowledge and belief,
Paid Signature							
Preparer's signature		of officer		RE			
Paid Firm's name Firm's rEIN		Preparer's.	Date				- · · · ·
Firm's name				self-en	nployed	•	
Preparer's Gryours, RICHARDSON & COMPANY LLP 46-5577902							46-5577902
Preparer's Use Only Use Only Use Only (a,b) Telephone (a,b) Telephone (a,b) Telephone (a,b) Telephone (a,b) Telephone	•	if calf. RICHMDDON & COMPANI DDI	10				
	CGC OIIIy						(916) 564-8727
May the FTB discuss this return with the preparer shown above? See instructions			e instructions		• X	Yes	<u> </u>

028951 12-22-20

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

	1	Gross sales or receipts from all b	usiness activities. See instruc	ctions	•	1	00
	2	Interest			•	2	1,375 00
		Dividends				3	00
Receipts		Gross rents				4	00
from		Gross royalties				5	00
Other	6	Gross amount received from sale	of assets (See Instructions)		•	6	00
Sources		Other income	,	SEE STA	TEMENT 2 •	7	133,758 00
	8	Total gross sales or receipts from	n other sources. Add line 1 th	rough line 7. Enter here and c	on Side 1, Part I, line 1	8	135,133 00
		Contributions, gifts, grants, and s		_		9	00
	10	Disbursements to or for member	S		•	10	00
	11	Disbursements to or for member Compensation of officers, directo	ors, and trustees	SEE STA	TEMENT 3 •	11	129,792 00
	12	Other salaries and wages	, , , , , , , , , , , , , , , , , , , ,			12	1,127,881 00
Expenses						13	00
and		Interest Taxes				14	101,819 00
Disburse-						15	80,459 00
ments	16	Rents	netructione)			16	1,728 00
IIIEIIIS	17	Depreciation and depletion (See i Other expenses and disbursemer	11511 116110115)	ርፑፑ ርጥል		17	5,802,055 00
	1/	Tetal expenses and dishursemen	ito Add line O through line 17	7 Enter here and an Cide 1 De	urt Line O		7,243,734 00
Schedu		Total expenses and disbursemer Balance Sheet	Beginning of			18 of taxab	
	ile L	Daiance Sheet					
Assets		-	(a)	(b) 3,745,149	(c)		(d) 1 440 740
1 Cash				3,745,149		•	1,440,749
		receivable				•	
		eivable				•	
						•	
		tate government obligations				•	
		n other bonds				•	
7 Investi	ments ii	n stock				•	
8 Mortga	age loar	ns				•	
9 Other i						•	
10 a Dep	reciable	e assets	68,290		68,2	90	
b Less	s accun	nulated depreciation	(66,129	2,161	(67,85	7)	433
11 Land		<u>.</u> .				•	
12 Other a	assets	STMT 5		373,672		•	440,313
				4,120,982			1,881,495
Liabilities							
14 Accou	nts pay	able		531,482		•	492,818
		, gifts, or grants payable				•	
		ites payable				•	
						•	
18 Other I	liabilitie:	yable s STMT 6		2,455,568			57,175
		or principal fund				•	
		al surplus. Attach reconciliation				•	
		ings or income fund		1,133,932		•	1,331,502
		es and net worth		4,120,982			1,881,495
		-1 Reconciliation of income	per books with income per re				
				e L, line 13, column (d), is les	s than \$50,000.		
1 Net inc	come ne	er books			·		
2 Federa				not included in th		l l	•
						····· F	
	3 Excess of capital losses over capital gains					la)
		orded on books this year not		9 Total. Add line 7 a			
-			•	10 Net income per re		·····	
				570 Subtract line 9 fro		-	197,570
o rotal.	Auu IIIlt	e 1 through line 5	± 31,	Subtract line 9 irc)III IIIIE O		191,310

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT AMOUNT		
CALIFORNIA OFFICE OF EMERGENCY SERVICES	3650 SCHIEVER AVE. MATHER, CA 95655	870,000.		
US CENTER FOR DISEASE CONTROL	4770 BUFFORD HIGHWAY MS 76 ATLANTA, GA 30241-3717	455,555.		
US DEPARTMENT OF HEALTH AND HUMAN SERVICES	1250 MARYLAND AVE. SW SUITE 800 WASHINGTON, DC 20530	582,143.		
US DEPARTMENT OF JUSTICE	810 7TH STREET, NW WASHINGTON, DC 20531	98,706.		
BELLWETHER FOUNDATION	8000 MARYLAND AVE, SUITE 1165 CLAYTON, MO 63105	45,000.		
BLUE SHIELD OF CALIFORNIA FOUNDATION	315 MONTGOMERY STREET, SUITE 1200 SAN FRANCISCO, CA 94104	475,000.		
POLICYLINK	1438 WEBSTER STREET, SUITE 303 OAKLAND, CA 94612	25,000.		
TOTAL INCLUDED ON LINE 3		2,551,404.		
CA 199	OTHER INCOME	STATEMENT 2		
DESCRIPTION		AMOUNT		
OTHER REVENUE MEMBERSHIP DUES & ASSESSMI CONFERENCES	15,442. 78,703. 39,613.			
TOTAL TO FORM 199, PART I	I, LINE 7	133,758		

CA 199 COMPENSATION OF OFFICERS	, DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
PAUL S. CASTRO 1107 9TH STREET, NO. 910 SACRAMENTO, CA 95814	INTERIM EXECUTIVE DIRECTOR 40.00	0.
COLSARIA HENDERSON 1107 9TH STREET, NO. 910 SACRAMENTO, CA 95814	PRESIDENT 4.00	0.
ANNA CONTI 1107 9TH STREET, NO. 910 SACRAMENTO, CA 95814	VICE PRESIDENT/LA REGIONAL 3.00	0.
GAYLE GUEST-BROWN 1107 9TH STREET, NO. 910 SACRAMENTO, CA 95814	TREASURER 3.50	0.
AIKO PANDORF 1107 9TH STREET, NO. 910 SACRAMENTO, CA 95814	SECRETARY 2.00	0.
JEANNE SPURR 1107 9TH STREET, NO. 910 SACRAMENTO, CA 95814	FAR NORTH REGIONAL REP 3.00	0.
CRISTAL GLEASON 1107 9TH STREET, NO. 910 SACRAMENTO, CA 95814	CENTRAL VALLEY REGIONAL RE 3.00	0.
REBECCA NUSSBAUM 1107 9TH STREET, NO. 910 SACRAMENTO, CA 95814	SOUTHERN REGIONAL REP 3.00	0.
AMANDA JANCU 1107 9TH STREET, NO. 910 SACRAMENTO, CA 95814	DIRECTOR 2.00	0.
GINA ROBERSON 1107 9TH STREET, NO. 910 SACRAMENTO, CA 95814	NORTH REGIONAL REP 3.00	0.
S. SURESH 1107 9TH STREET, NO. 910 SACRAMENTO, CA 95814	DIRECTOR 2.00	0.

CALIFORNIA PARTNERSHIP TO END DOMES	ric v	77-0347420
DINA POLKINGHOME 1107 9TH STREET, NO. 910 SACRAMENTO, CA 95814	DIRECTOR 2.00	0.
HISHAM ALIBOB 1107 9TH STREET, NO. 910 SACRAMENTO, CA 95814	DIRECTOR 2.00	0.
JENNIFER PONCE 1107 9TH STREET, NO. 910 SACRAMENTO, CA 95814	DIRECTOR 2.00	0.
PAMELA MEJIA 1107 9TH STREET, NO. 910 SACRAMENTO, CA 95814	DIRECTOR 2.00	0.
MELISA LUKE 1107 9TH STREET, NO. 910 SACRAMENTO, CA 95814	DIRECTOR 2.00	0.
ALEJANDRINA CARRASCO 1107 9TH STREET, NO. 910 SACRAMENTO, CA 95814	CENTRAL COAST REGIONAL REP 3.00	0.
SAARA AHMED 1107 9TH STREET, NO. 910 SACRAMENTO, CA 95814	BAY AREA REGIONAL REP 3.00	0.
ELIZABETH EASTLAND 1107 9TH STREET, NO. 910 SACRAMENTO, CA 95814	DIRECTOR 2.00	0.
MATHEW WHITE 1107 9TH STREET, NO. 910 SACRAMENTO, CA 95814	DIRECTOR 2.00	0.
ALEESE MOORE-ORBIH 1107 9TH STREET, NO. 910 SACRAMENTO, CA 95814	EXECUTIVE DIRECTOR 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199 OTHER EXI	PENSES	STATEMENT 4
DESCRIPTION		AMOUNT
SUB-CONTRACTOR PAYMENTS DUES AND MEMBERSHIPS COMMUNICATIONS OTHER EMPLOYEE BENEFITS OTHER PROFESSIONAL FEES OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL CONFERENCES AND CONVENTIONS INSURANCE TOTAL TO FORM 199, PART II, LINE 17		4,848,496. 15,819. 9,571. 126,268. 465,072. 25,094. 84,191. 697. 219,193. 7,654.
CA 199 OTHER AS		STATEMENT 5
		———————————
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES UNCONDITIONAL PROMISES TO GIVE	256,218. 52,425. 65,029.	392,362. 47,951. 0.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	373,672.	440,313.
CA 199 OTHER LIAM	BILITIES	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	2,455,568.	57,175.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	2,455,568.	57,175.

0		
Date Accepte	d	

Date Ac	cepte	d				DO 1	NOT MAIL	THIS FO	RM TO THE FTB
20	LE YEA 20	– Gaii	ifornia e-file Rempt Organizat		norizatio	n for			FORM 8453-EC
Exempt O	rganizatio	n name						Identifying nu	mber
		NIA PART						77 02	47420
			VIOLENCE	t- A				17-03	47420
Part I			Information (whole dollars	• • • • • • • • • • • • • • • • • • • •				1	7,441,304
		ss receipts (Forn	m 199, line 4)						7,441,304
	•	•	ursements (Form 199, line						7,243,734
Part II			nt Electronically for Taxa	ble Year 2020	415	\A/ithe elverred		(,,,,)	
4 Part III		tronic funds wit	hdrawal 4a Amount on (Have you verified the e	vemnt organizatio		Withdrawal	date (mm/dd.	/уууу)	
5 Rou		ımbor	on (nave you vermed the e	Aempt organizatio	IT'S DATIKING ITHO	mation:)			
6 Acc	-				7 Type	of account:	Checkir	ng 🔲 Sa	avings
Part IV		laration of Offic	cer		,				<u> </u>
I authoriz		xempt organizatio	n's account to be settled as d	esignated in Part II. I	f I check Part II, Bo	x 4, I authorize	an electronic t	funds withdrav	val for the amount listed
statemer	nts be tr	ansmitted to the F	the fee liability and all applicat TB by the ERO, transmitter, o isclose to the ERO or interme	r intermediate servic	e provider. If the p ler the reason(s) f	rocessing of th	e exempt orga	anization's ret	
Here									
Part V	Dec	laration of Elec	ctronic Return Originator	(ERO) and Paid F	reparer.				
am only accurate provided 1345, 20 the exem	an inter ly reflec I the orç 120 Han 1pt orga that I h	mediate service p ts the data on the lanization officer v dbook for Authori nization return is ave examined the	above exempt organization's r rovider, I understand that I an return.) I have obtained the o with a copy of all forms and in zed e-file Providers. I will kee filed, whichever is later, and I above exempt organization's e this declaration based on all	n not responsible for rganization officer's : formation that I will f o form FTB 8453-EO will make a copy ava return and accompal	reviewing the exer signature on form ile with the FTB, an on file for four yea ilable to the FTB up nying schedules ar	npt organization FTB 8453-E0 be d I have followers from the due fon request. If I full statements, a	n's return. I de efore transmitt ed all other req e date of the re am also the pa	clare, however ing this return juirements des turn or four ye aid preparer, u	r, that form FTB 8453-EC to the FTB; I have cribed in FTB Pub. cars from the date inder penalties of perjury
ERO	ERO's- signatu				Date	Check if also paid preparer	X Check if self empl	f- loyed P	RO'S PTIN
Must		name (or yours employed)	RICHARDSON &					Firm's FEIN	46-5577902
Sign	and ad		550 HOWE AVE SACRAMENTO,	•	'E 210			ZIP code 9	5825
			re that I have examined the ab	ove organization's re					
Paid Prepa		Paid preparer's signature	ara complete. i make uns ucci	ผเนตบน ม ผงธน บน ฝีป โ	Dat		Check if self- employed	Paid p	reparer's PTIN
Must Sign		Firm's name (or yours if self-employed) and address	· •		•		-	Firm's FEIN	

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020

ZIP code

DEPARTMENT OF JUSTICE PAGE 1 of 5

STATE OF CALIFORNIA RRF-1

(Rev. 09/2017) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

(For Registry Use Only)

	Check if:						
CALIFORNIA PARTNERSHIP	Change of address						
TO END DOMESTIC VIOLENCE	Am	ended report					
Name of Organization							
List all DDA and a second the second second							
List all DBAs and names the organization uses or has used		00221					
1107 9TH STREET, NO. 910 Address (Number and Street)	State Cha	arity Registration Number CT 89331					
		1054103					
SACRAMENTO, CA 95814 City or Town, State, and ZIP Code	Corporati	on or Organization No. 1854193					
(916) 444-7163 INFO@CPEDV.ORG		77 0247420					
Telephone Number E-mail Address	Federal E	mployer ID No. 77-0347420					
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal	Code Reg	s sections 301-307 311 and 312)					
Make Check Payable to Depart							
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fe	<u> </u>			
Less than \$25,000 0 Between \$100,001 and \$250,000		Between \$1,000,001 and \$10 million	\$1	_			
Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 millio		Between \$10,000,001 and \$50 million	\$2				
		Greater than \$50 million	\$30	00			
PART A - ACTIVITIES							
For your most recent full accounting period (beginning 07/01/20)20 end	ing 06/30/2021) list:					
Gross Annual Revenue\$ 7,441,304 Noncash Contributions\$ Program Expenses \$ 6,450,639	1	. , 200 Total Assets \$ 1 , 88 7 , 243 , 734	1,4	95			
Program Expenses \$ 6,450,639	Total Expe	enses \$ 7,243,734					
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD	OF THIS RE	EPORT					
Nicker All marchine marchine arranged lifeton annual lives like any of the march	ations bala						
Note: All questions must be answered. If you answer "yes" to any of the que providing an explanation and details for each "yes" response. Please			Yes	No			
During this reporting period, were there any contracts, loans, leases or other			163	NO			
and any officer, director or trustee thereof, either directly or with an entity in v		-					
any financial interest?	willow daily oc	ion emesi, andeter or tradition had		х			
2. During this reporting period, was there any theft, embezzlement, diversion or	misuse of th	ne organization's charitable property					
or funds?				Х			
During this reporting period, were any organization funds used to pay any pe	nalty fino or	iudamont?					
5. During this reporting period, were any organization funds used to pay any pe	riaity, fifie of	juagment:		X			
4. During this reporting period, were the services of a commercial fundraiser, fur	ndraising co	unsel for charitable purposes, or					
commercial coventurer used?				X			
5. During this reporting period, did the organization receive any governmental fu	ındina?						
o. Burning this reporting period, and the organization receive any governmental re-	arraing.	SEE STATEMENT 7	X				
6. During this reporting period, did the organization hold a raffle for charitable pr	urposes?			.,			
- Samigano reporting portes, are the organization fold a famous continuous pr				X			
7. Does the organization conduct a vehicle donation program?				. v			
0 8:10				X			
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?							
generally accepted accounting principles for this reporting period?							
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?							
I declare under penalty of perjury that I have examined this report, including a	accompanyi	ng documents, and to the best of my kno	wled				
and belief, the content is true, correct and complete, and I am authorized to sign.							
ALEESE MOORE-ORBIH		EXECUTIVE DIRECTOR					
Signature of Authorized Agent Printed Name	Ti	tle Date					

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING PART B, LINE 5

STATEMENT

CALIFORNIA OFFICE OF EMERGENCY SERVICES 3650 SCHIEVER AVE.

MATHER, CA 95655

CONTACT: SARA STILLWELL

PHONE: 916-845-8506

US CENTER OF DISEASE CONTROL 4770 BUFFORD HWY, MS76 CDC/NCCDHP/DCPC ATLANTA, GA 30241-3717 CONTACT: BRENTON GUY

PHONE: 777-488-5123

US DEPARTMENT OF HEALTH AND HUMAN SERVICES 1250 MARYLAND AVE., SW, SUITE 800

WASHINGTON, DC 20530 CONTACT: MATHEW MCMAHON PHONE: 202-208-8356

US DEPARTMENT OF JUSTICE 810 7TH STREET, NW WASHINGTON, DC 20531 CONTACT: KEVIN SWEENEY PHONE: 202-305-3221

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

	ts, for which an extension request must be sent to the in- this form, visit www.irs.gov/e-file-providers/e-file-for-chari		•	details on	the electronic	
Autom	natic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed)			
All corpo	prations required to file an income tax return other than Fore e Form 7004 to request an extension of time to file income	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts	
Type or print	CALTEODATA DADENIED CUITO					, ,
File by the due date for filing your return. See instructions	ue date for ing your street, and room or suite no. If a P.O. box, see instructions. 1107 9TH STREET, NO. 910					
	SACRAMENTO, CA 95814					
Enter the	e Return Code for the return that this application is for (file	e a separa	ate application for each return)			<u> 0 1 </u>
Applicat	tion	Return	Application			Return
Is For Code Is For				Code		
Form 990 or Form 990-EZ 01 Form 990-T (corporation)			07			
Form 990-BL 02 Form 1041-A				08		
Form 4720 (individual) 03 Form 4720 (other than individual)			09			
Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069			10			
Form 990-T (trust other than above) 03 Form 8870				12		
Telep If the	LISA SICA cooks are in the care of ► 1107 9TH STREET chone No. ► (916) 444-7163 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box ►	s in the Ui Group Ex	Fax No. ▶nited States, check this box	f this is fo	r the whole group, o	
the	the organization named above. The extension is for the organization's return for: Calendar year or X tax year beginning JUL 1, 2020 , and ending JUN 30, 2021 .					
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$					0.	
	· · · · · · · · · · · · · · · · · · ·					0.
	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0.					
	: If you are going to make an electronic funds withdrawal			453-EO ar	nd Form 8879-EO fo	or payment

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

Form **8868** (Rev. 1-2020)

EXTENDED TO MAY 16, 2022

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

ax year beginning JUL 1 . 2020 and ending JUN 30 . and ending JUN 30

Open to Public

$\underline{\sim}$	ו טו נוופ	e 2020 Calendar year, or tax year beginning 000 1, 2020 and	ending 0	ON 50, 2021	
В	Check if applicabl	C Name of organization CALIFORNIA PARTNERSHIP		D Employer identific	cation number
	Addre				
F	Name chang			77-03474	20
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	1107 0mg cmprrm	910		4-7163
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,441,304.
	Ameno	BACKAMENIO, CA 93014	H(a) Is this a group re		
	Application pendir		for subordinates		
		SAME AS C ABOVE	H(b) Are all subordinates in		
		empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)(1)	-1	list. See instructions	
		te: WWW.CPEDV.ORG	1	H(c) Group exemption	
		organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 2004 N	State of legal domicile: CA
	art I	Briefly describe the organization's mission or most significant activities: CA C	<u> </u>	ON LEADING	DOT.TOV
Activities & Governance	1	COMMUNICATIONS & STRENGTHENING CAPACITY	TO ENL	DOMESTIC V	TOLENCE.
nan		Check this box if the organization discontinued its operations or dispo			
Ver		·		3	21
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)		·····	21
ي م		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			
itie		Total number of volunteers (estimate if necessary)			19
ŧ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		3,060,245.	7,306,171.
ň	9	Program service revenue (Part VIII, line 2g)		92,779.	118,316.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,078.	1,375.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,225.	15,442.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,183,327.	7,441,304.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,229,753.	1,485,760.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 16, 9		0.	0.
Ϋ́	b			1 (10 000	F 7F7 074
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,618,200.	5,757,974.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,847,953. 335,374.	7,243,734. 197,570.
	19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Find Balances		T	Be	eginning of Current Year 4,120,982.	End of Year 1,881,495.
Asse Rais	20	Total assets (Part X, line 16)		2,987,050.	549,993.
Vet /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		1,133,932.	1,331,502.
P	art II	Signature Block		1,133,3324	1,331,3024
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of my	/ knowledge and belief, it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of w			, momoago ana bonon, n io
	,	\		1	
Sig	ın	Signature of officer		Date	
He		▲ ALEESE MOORE-ORBIH, EXECUTIVE DIRECTO	R		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	П	Date Check	PTIN
Pai	d	PAMELA WHITE, CPA		if self-employe	d №00599056
Pre	parer	Firm's name ► RICHARDSON & COMPANY LLP		Firm's EIN	46-5577902
Use	Only	Firm's address 550 HOWE AVENUE, SUITE 210			
		SACRAMENTO, CA 95825		Phone no. (9	
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form 990 (2020) TO END DOMESTIC VIOLENCE
Part III | Statement of Program Service Accomplishments

Га	Time Statement of Program Service Accomplishments	77
		X
1	Briefly describe the organization's mission:	
	THE PARTNERSHIP'S MISSION IS TO PROMOTE THE COLLECTIVE VOICE OF A	
	DIVERSE COALITION OF ORGANIZATIONS AND INDIVIDUALS WORKING TO	
	ELIMINATE ALL FORMS OF DOMESTIC VIOLENCE. AS AN ADVOCATE FOR SOCIAL	
	CHANGE, WE ADVANCE OUR MISSION BY SHAPING PUBLIC POLICY, INCREASING	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	νo
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	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 \$ 6,450,639 • including grants of \$) (Revenue \$ 118,316	•)
··u	ADVANCE PUBLIC POLICY SOLUTIONS: PASS STRONG LEGISLATION ADDRESSING TH	
	NEEDS OF SURVIVORS, FAMILIES AND COMMUNITIES. WORK WITH STATE OFFICES	_
	AND OTHER MULTI-DISCIPLINARY BODIES TO ENSURE POLICIES ARE IMPLEMENTED	
	AND INSTITUTIONAL RESPONSES ARE EFFECTIVE IN PROMOTING VICTIM SAFETY	
	AND ACCOUNTABILITY BY THOSE WHO COMMIT HARM.	
	- ADVOCATED FOR STATE BUDGET RESULTING IN A \$5 MILLION INCREASE IN	
	ALLOCATIONS	
	- ADVOCATED FOR FEDERAL BUDGET RESULTING IN SUSTAINED FUNDING FOR	
	VICTIM SERVICES	
	- CO-SPONSORED 2 SUCCESSFUL PIECES OF LEGISLATION	
	- TRACKED AND ADVOCATED FOR 70 ADDITIONAL BILLS	
	- PARTICIPATED IN STATEWIDE COMMITTEES ADDRESSING IMMIGRATION, HUMAN	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		_
4c	(Code:) (Expenses \$	_)
		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 6,450,639.	
	- 000 to	

SEE SCHEDULE O FOR CONTINUATION(S)

Form **990** (2020)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			<u> </u>
·	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			<u> </u>
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	•		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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 "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$\Gamma_{\mathbf{V}}$

Page 4

CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	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	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			۱
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
Da	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms wize included in line 1a. Enter of infocuspilicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	_1c	X	(0000

032004 12-23-20

Form **990** (2020)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 19 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a is grafer from 250, you may be required 16 e-file gene instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes,* has if fed a Form 900 of the this year? If YeV 10 line 3b, provide an explanation on Schedule 0 4c All 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 in a foreign country because a submit account, securities account, or other financial account in a foreign country because a submit account, securities account, or other financial accountry? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization in a proteign country because the financial accountry or the financial accountry of the second of the organization file from 86817 5c Was the organization face of proteign country because the financial accountry or the financial accountry of the organization from 86817 5c Was the organization for proteins accountry of proteins accountry or a proteins accountry or accountry or proteins accountry or proteins accountry or accountry or accountry or proteins accountry or				Yes	No						
b If all least one is reported on line 2a, did the organization file all required teeffed employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business goes income of \$1,000 or more during the year? 3 Did the organization have unrelated business goes income of \$1,000 or more during the year? 3 Did the organization have unrelated business goes income of \$1,000 or more during the year? 3 A tax yrithe during the calendary year, of 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 innancial accounts?) 5 Did in it is fire the name of the foreign country. 5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction and any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction solicit any contributions that were not tax deductibles? 5 Did If was, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or charitable contributions? 6 Did the organization shall not access to \$75 made party is a contribution and party for goods and services provided to the payor? 7 Did the organization receive a payment in excess of \$75 made party is a contribution and party for goods and services provided to the payor? 7 Did the organization receive and payor that does not \$75 made party is a contribution and party for goods and service	2a										
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 I "I"ves," has it filed a Form 990-T for this year? I"No" to fine 8b, provide an explanation on Schedule 0 3b I "I"ves," has it filed a Form 990-T for this year? I"No" to fine 8b, provide an explanation or Schedule 0 3b I "Ves," enter the name of the foreign country [such as a bank account; securities account, or other financial account? 4a X X b If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibitod fine the was or is a party to a prohibitod atx shelter transaction? 5b I "Yes," did the organization file Form 8888-17 6c Does the organization annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible? 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization shall any receive deductible contributions under section 170(c). 6c Did the organization shall namy receive deductible contributions under section 170(c). 6c Did the organization shall namy receive deductible contribution of the section 170(c). 6c Did the organization shall namy receive deductible contribution of the value of the goods or services provided? 6c Did the organization shall namy received eductible contribution and party for goods and services provided to the payor? 7a X 7b Did the Organization shall namy received eductible contributions under section 170(c). 6c Did the organization shall namy received provided personal property for which it was required to the pa		filed for the calendar year ending with or within the year covered by this return									
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 11'ves, "indicate the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (auch as a bark account, so rother financial account) a foreign country (auch as a bark account, so other financial account) a foreign country (auch as a bark account, so other financial accounts (FBAR). 5a Was the organization in foreign country (auch as a bark account, so other financial accounts (FBAR). 5a Was the organization the foreign country (auch as a bark account, so other financial accounts (FBAR). 5a Was the organization the foreign country (auch as a bark account, so other financial accounts (FBAR). 5b Us any texable party notify the organization the foreign country (auch as a bark account, so other and any time during the tax year? 5a Was the organization the organization the foreign account of the organization the organization the foreign 8887. 5c Us of 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? 6a Was the organization where annual gross centralise contributions? 6b Us organization and the organization include with every solicitation an express statement that such contributions or grits were not itax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 8b Uf V'es, "Indicate the number of Forms 8282 filed during the year 1c Us the organization and party the departy of the value of the goods or services provided? 7c V X 7d Us the organization received an ontribution of qualified intellectual property, did the organization file a Form 1984 or the value of the goods or services provided? 7c V X 7d Us the organization received an contribution of accompanies of the form 8989 as required? 7d If the organization received an contribution of accompanies of the form 899 as	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
b if "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4s At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4s At any time during the calendar year, did the organization have an interest in, or a signature or other financial account? 4s		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
4a A lary time during the calendary 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)? 5a Was the organization aparty to a prohibite dat was or is a party to a prohibited tax was or in the foreign country. 5b Was the organization aparty to a prohibited tax whether transaction? 5c If ''we's to line 5a or 5b, did the organization the Ferm 88867? 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 contributions? 6b We were not tax deductible or tax deductibles charitable contributions? 6c If ''we's to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or tax deductibles charitable contributions? 6c If ''we's i'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that many receive deductible contributions under section 170(c). a bid the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to the Ferm 88867. 6c If ''exe, 'inclicate the number of Forms 8822 filed during the year 6d If 'Yee, 'inclicate the number of Forms 8822 filed during the year 6d Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1984 C? 7d Jid the organization received a contribution of qualified intellectual property, did the organization file a Form 1984 C? 7d Jid the organization make any tax-bid casety in ordinacity, to pay premiums on a personal benefit contract? 7e Did the organization received a contribution of a contribution o	За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if 1'Yes, "retret the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c I'Yes' to line Sa or 5b, did the organization file Form 8986-17? 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? 6b If 'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization start many receive deductible contributions under section 170(c). a lid the organization receive a agment in excess of \$75 made party as a contribution of program to the contributions on the property of the contributions or services provided? 7 Did the organization received a agment in excess of \$75 made party as a contribution of the value of the goods or services provided? 7 Did the organization received any agment in excess of \$75 made party as a contribution of the value of the goods or services provided? 7 Did the organization received any agment in excess of \$75 made party as a contribution of our services provided? 7 Did the organization received a contribution of qualified intellectual property, did the organization file of \$75 mass \$282 filed during the year. 9 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 the file organization file a Form 1098-07 the special property, did the organization file a Form 1098-07 the special property did the organization file a Form 1098-07 the special pro	b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
b If Yes,* enter the name of the foreign country. ▶ See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c If Yes* 10 in 6a for 5b, did the organization fille Form 88867? 5c a 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? 6c a X if Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a bill the organization state may receive deductible contributions under section 170(c). a bill the organization state may receive deductible contributions under section 170(c). b If Yes,* (idt the organization notify the donor of the value of the goods or services provided? 7b If Yes,* (idt the organization notify the donor of the value of the goods or services provided? 7c X If If Yes,* (include the number of Forms 8282 filed during the year 9b If Yes,* (include the number of Forms 8282 filed during the year 9c If the organization received a contribution of qualified intellectual property, clid the organization file a Form 1098 C? 7d If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 7d If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 7d If If Yes,* (include the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised, or related person? 9c Sponsoring	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X						
If "Yes," complete Form 4720, Schedule O.											
	16		16		X						
		If "Yes," complete Form 4720, Schedule O.		000	1005						

TO END DOMESTIC VIOLENCE Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 21 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 21 **b** Enter the number of voting members included on line 1a, above, who are independent _____ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 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? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes $\overline{\mathbf{x}}$ 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** 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? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 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? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA 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. X Another's website X Upon request X Own website Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2020) 032006 12-23-20

LISA SICA - (916) 444-7163

1107 9TH STREET, SUITE 910, SACRAMENTO,

95814

Form 990 (2020) TO END DOMESTIC VIOLENCE Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box, unless person is both an						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PAUL S. CASTRO	40.00	1						F4 F07	0	0
INTERIM EXECUTIVE DIRECTOR	4 00			Х				54,587.	0.	0.
(2) COLSARIA HENDERSON	4.00	١,,							•	0
PRESIDENT	2 00	Х						0.	0.	0.
(3) ANNA CONTI	3.00	١,,							•	0
VICE PRESIDENT/LA REGIONAL REP	2 50	Х						0.	0.	0.
(4) GAYLE GUEST-BROWN	3.50	١,,							•	0
TREASURER	2 00	Х		Х				0.	0.	0.
(5) AIKO PANDORF	2.00	Į.,							0	0
SECRETARY	2 00	Х						0.	0.	0.
(6) JEANNE SPURR	3.00	Į.,							0.	0
FAR NORTH REGIONAL REP	3 00	Х						0.	0.	0.
(7) CRISTAL GLEASON	3.00	Į.,							0.	0
CENTRAL VALLEY REGIONAL RE	3 00	Х						0.	0.	0.
(8) REBECCA NUSSBAUM	3.00	x							0.	0.
SOUTHERN REGIONAL REP	2.00	^						0.	0.	0.
(9) AMANDA JANCU	2.00	x						0.	0.	0.
DIRECTOR (10) GIVE PORTEGON	3.00	^						0.	0.	0.
(10) GINA ROBERSON	3.00	x						0.	0.	0.
NORTH REGIONAL REP (11) S. SURESH	2.00	^						0.	0.	<u> </u>
DIRECTOR	2.00	X						0.	0.	0.
(12) DINA POLKINGHOME	2.00	^						0.	· ·	<u> </u>
DIRECTOR	2.00	X						0.	0.	0.
(13) HISHAM ALIBOB	2.00	122						0.	0.	•
DIRECTOR	2.00	x						0.	0.	0.
(14) JENNIFER PONCE	2.00	123						0.	•	
DIRECTOR	2.00	x						0.	0.	0.
(15) PAMELA MEJIA	2.00									
DIRECTOR		x						0.	0.	0.
(16) MELISA LUKE	2.00						\vdash			
DIRECTOR		x						0.	0.	0.
(17) ALEJANDRINA CARRASCO	3.00	T								
CENTRAL COAST REGIONAL REP		X						0.	0.	0.
020007 10 02 00	•	•	_			•	•			Form 990 (2020)

032007 12-23-20 Form **990** (2020)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week (list any	box offi	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	from the	(E) Reportable compensatior from related organizations		Est am	(F) imated ount o other pensat	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	orga and	om the anization relate nizatio	on ed
(18) SAARA AHMED BAY AREA REGIONAL REP	3.00	x						0.		0.			0.
(19) ELIZABETH EASTLAND DIRECTOR	2.00	х						0.		0.			0.
(20) MATHEW WHITE DIRECTOR	2.00	x						0.		0.			0.
(21) ALEESE MOORE-ORBIH	40.00			v				0.					
EXECUTIVE DIRECTOR				Х				0.		0.			0.
1b Subtotal							▶	54,587.		0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							0. 54,587.		0.			0.
2 Total number of individuals (including but n							no r		0,000 of reportable	-			0
compensation from the organization									_			Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								ghest compensated emp			3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	rom	any	y uni					5		х
Section B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,								
 Complete this table for your five highest co the organization. Report compensation for 	•	-								pens	ation fr	om	
(A) Name and business	address	NO	INC	3				(B) Description of s	services	С	(C) Compen		1
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se li:	stec	d above) who received n	nore than				
Troo, oco or componential nom the organi						•						000 (0	

CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE

Pa	rt VII	II Statement of Revenue				
		Check if Schedule O contains a response or note to a	ny line in this Part VIII	·····		<u></u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f	MEMBERSHIP DUES & ASSE 90009 CONFERENCES 61160	37. 00. ► 7,306,171. ode 09 78,703.	78,703.		Sections 512 - 514
_	t	All other program service revenue	▶ 118,316.			
	3	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds	1,375.	1,375.		
	5	Royalties	nal e			
		Gross rents 6a 6b 6c 6c				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	r			
Other Revenue	c	and sales expenses 7b Gain or (loss) 7c Net gain or (loss) Cross income from fundraising events (not	>			
0		including \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b Net income or (loss) from fundraising events	•			
	9 a	Part IV, line 19 Less: direct expenses 9a 9b				
	10 a	Ret income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold 10b				
=	С	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		OTHER REVENUE Business C 90009		15,442.		
ellar	b					
lisc. Re	c d	I All other revenue				
2		• Total. Add lines 11a-11d	▶ 15,442.			
	12	Total revenue. See instructions	7,441,304.	135,133.	0.	0.

CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE

Form 990 (2020)

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 (D) (C) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 129,792. 87,765. 40,629. 1,398. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7<u>62,674.</u> 12,148. 1,127,881. 353,059. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,205. 126,268. 78,651. 46,412. Other employee benefits 9 101,819. 65,096. 35,673. 1,050. Payroll taxes 10 Fees for services (nonemployees): a Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 465,072 364,464. 100,608 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 25,094. 4,295. 20,718. 81. Office expenses 13 84,191. 13,634. 69,783. 774. 14 Information technology Royalties 15 80,459. 80,459. 16 Occupancy 697. 247. 450. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 219,193. 217,653. 1,540. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 1,728. 1,728. Depreciation, depletion, and amortization 22 7,654. 7,654. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 4,848,496. 4,848,496. SUB-CONTRACTOR PAYMENTS $\overline{295}$. DUES AND MEMBERSHIPS 15,819 3,557. 11,967. 5,464. COMMUNICATIONS 9,571. 4,107. C All other expenses е 7,243,734. 6,450,639. 776,144. 16,951. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2020)

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

Check here

Form 990 (2020)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,745,149.	1	1,440,749		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			256,218.	3	392,362
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantia	contributor, or 35%			
		controlled entity or family member of any of t	hese per	sons		5	
	6	Loans and other receivables from other disqu	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ection 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			52,425.	9	47,951
	10a	Land, buildings, and equipment: cost or othe		1			
		basis. Complete Part VI of Schedule D	. 10a	68,290.			
	b	Less: accumulated depreciation			2,161.	10c	433
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lir			12		
	13	Investments - program-related. See Part IV, lii		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		65,029.	15	0	
	16	Total assets. Add lines 1 through 15 (must e			4,120,982.	16	1,881,495
	17	Accounts payable and accrued expenses		531,482.	17	492,818	
	18	Grants payable				18	
	19	Deferred revenue	2,455,568.	19	57,175		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or fo	ormer of	icer, director,			
≝		trustee, key employee, creator or founder, su	bstantia	contributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese per	sons		22	
_	23	Secured mortgages and notes payable to un	related t	nird parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	l parties		24	
	25	Other liabilities (including federal income tax,	payable	s to related third			
		parties, and other liabilities not included on lin	nes 17-2	4). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			2,987,050.	26	549,993
m		Organizations that follow FASB ASC 958, or	heck he	re 🕨 🗓			
Ö		and complete lines 27, 28, 32, and 33.					
la l	27	Net assets without donor restrictions			733,820.	27	657,737
B	28	Net assets with donor restrictions			400,112.	28	673,765
n		Organizations that do not follow FASB ASG	958, cl	neck here 🕨 🗌			
Ē		and complete lines 29 through 33.					
S S	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Ne-	32	Total net assets or fund balances			1,133,932.	32	1,331,502
_	33	Total liabilities and net assets/fund balances			4,120,982.	33	1,881,495

Form **990** (2020)

Form	1990 (2020) TO END DOMESTIC VIOLENCE	77-0	347420	Pag	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,441					
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,243 197					
3								
4								
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B)) 10 1							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si							
	Act and OMB Circular A-133?	_	32	х				

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

CALIFORNIA PARTNERSHIP Name of the organization

TO END DOMESTIC VIOLENCE

Employer identification number 77-0347420

Pa	rt I	Reason for Public	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.					
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12. o	heck only	one box.)						
1		A church, convention of ch										
2	\Box						• //• • //•					
_	\Box	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
3	\blacksquare											
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	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (C										
8		A community trust describe	•	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org				ed in coni	inction with a land-grant	college				
•		or university or a non-land-	-			-	-	-				
		•	grant college or agric	ulture (see iristructions).	Linter the	name, on	y, and state of the colleg	le oi				
40		university:										
10		An organization that norma										
		activities related to its exen										
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Co	mplete Part III.)									
11	Ш	An organization organized a	and operated exclus	ively to test for public sa	ıfety.See s	section 50)9(a)(4).					
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section (509(a)(2).	See section 509(a)(3). 0	Check the box in				
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.					
а		Type I. A supporting orga				-	· · · · · ·	v aivina				
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•							
		organization. You must o			a majority (or the dire		apporting				
h		7 ~			tion with it	o cupport	od organization(s) by ba	wing				
b		☐ Type II. A supporting org						-				
		control or management o			ame perso	ons that co	ontrol or manage the sup	рогтеа				
		organization(s). You mus	- · · · · · · · · · · · · · · · · · · ·									
С			egrated. A supporting	g organization operated	in connec	tion with,	and functionally integrate	ed with,				
		_ its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.					
d			y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)				
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness				
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III					
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.						
f	Ente	er the number of supported o										
		vide the following information	-					•				
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10	Yes	ng document?	support (see instructions)	support (see instructions)				
				above (see instructions))	1.00	- 110						
Tota												

Schedule A (Form 990 or 990-EZ) 2020 TO END DOMESTIC VIOLENCE

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

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

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	3,108,917.	2,162,596.	2,311,234.	3,153,024.	7,424,487.	18,160,258.				
2	Tax revenues levied for the organ-	, ,				, ,	·				
_	ization's benefit and either paid to										
	or expended on its behalf										
2	The value of services or facilities										
3	furnished by a governmental unit to										
	, ,										
	the organization without charge	3,108,917.	2,162,596.	2 211 224	2 152 024	7 424 497	10 160 250				
4 5	Total. Add lines 1 through 3 The portion of total contributions	3,100,917.	2,162,596.	2,311,234.	3,153,024.	7,424,487.	18,160,258.				
3	·										
	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,						262 024				
	column (f)						363,934.				
	Public support. Subtract line 5 from line 4.						17,796,324.				
	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
7	Amounts from line 4	3,108,917.	2,162,596.	2,311,234.	3,153,024.	7,424,487.	18,160,258.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	45.	401.	2,332.	3,078.	1,375.	7,231.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)	53,816.	32,137.	13,272.	27,225.	15,442.	141,892.				
11	Total support. Add lines 7 through 10						18,309,381.				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	_				
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	501(c)(3)					
	organization, check this box and stop	here									
Sec	ction C. Computation of Publ	ic Support Pe	centage								
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	97.20 %				
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	94.67 %				
16a	33 1/3% support test - 2020. If the o	rganization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	x and				
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X				
b	33 1/3% support test - 2019. If the o										
	and stop here. The organization quali										
17a	10% -facts-and-circumstances test										
	and if the organization meets the fact										
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported o	rganization		ightharpoons				
b	10% -facts-and-circumstances test	· ·	•		•						
-	more, and if the organization meets the	_									
	organization meets the facts-and-circu				-						
18			-		•		,				
	II I I I I I I I I I I I I I I I I I I			,,,	,						

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.)

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2017	(6) 2018	(u) 2019	(e) 2020	(i) iotai
'	membership fees received. (Do not						
	include any "unusual grants.")						
2							
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	: Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			formale on fifth ton		[F01(a)(0) averaginat	<u> </u>
14	First 5 years. If the Form 990 is for the	•		•	•	. , . ,	ion,
800	check this box and stop here ction C. Computation of Publi						
	•			(f)\		145	
	Public support percentage for 2020 (li					15	<u>%</u>
	Public support percentage from 2019					16	<u>%</u>
	ection D. Computation of Investment Income Percentage						
17							
18						18	<u>%</u>
19a	33 1/3% support tests - 2020. If the						i / is not
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 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							
b							
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Voc No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
10		
4c		
5a		
Ja		
5b		
5c		
6		
7		
_		
8		
9a		
9b		
9с		
10a		
10b n 990 or 99)0.EZ	2020
11 220 01 28	JU-EZ	

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described in line 11a above?	11b		
С	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	In how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		<u> </u>
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	•	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described in line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
200		orted organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		Щ_
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(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.	otruotio	201	
C		The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see in</i> ties Test. Answer lines 2a and 2b below.	Struction		No
2		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а		apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organization(s) to which the organization was responsive? If Fes, therein Fait vindentity supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
h		e activities described in line 2a, above, constitute activities that, but for the organization's involvement,	<u> Lu</u>		
.,		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.	_~		
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e 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.*032025 01-25-21

Sch

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 TO END DOMESTIC VIOLENCE

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	_	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting org	anization (see	

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020 TO END DOMESTIC VIOLENCE

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

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

CALIFORNIA PARTNERSHIP

Schedule A (Form 990 or 990-EZ) 2020 TO END DOMESTIC VIOLENCE 77-0347420 Page 8 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 A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE Employer identification number

77-0347420

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					
	lly a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
	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 one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special F	Rules						
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; 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.						
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year					
Caution:	An organization that	at 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

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

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

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

Name of organization
CALIFORNIA PARTNERSHIP
TO END DOMESTIC VIOLENCE

Employer identification number

77-0347420

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALIFORNIA OFFICE OF EMERGENCY SERVICES		Person X
	3650 SCHIEVER AVE.	\$870,000.	Payroll Noncash
	MATHER, CA 95655		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	US CENTER FOR DISEASE CONTROL		Person X Payroll
	4770 BUFFORD HIGHWAY MS 76	\$ 455,555.	Noncash
	ATLANTA, GA 30241-3717		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	US DEPARTMENT OF HEALTH AND HUMAN SERVICES		Person X
	1250 MARYLAND AVE. SW SUITE 800	\$582,143.	Payroll Noncash
	WASHINGTON, DC 20530		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BLUE SHIELD OF CALIFORNIA FOUNDATION		Person X
	315 MONTGOMERY STREET, SUITE 1200	\$ 475,000.	Payroll Noncash
	SAN FRANCISCO, CA 94104		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
CALIFORNIA PARTNERSHIP
TO END DOMESTIC VIOLENCE

Employer identification number

77-0347420

art II	Noncash Property (see instructions). Use duplicate copies of P	rart II II additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization CALIFORNIA PARTNERSHIP Employer identification number

	D DOMESTIC VIOLENCE			77-0347420
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a)	ions to organizations described in s	section 501(c)(7), (8), or	(10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious, of	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this int	fo. once.)
/ \ N	Use duplicate copies of Part III if additional	space is needed.	ı	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) E	Description of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of	f transferor to transferee
(a) No. from	(h) Durnoss of sift	(a) Use of sift	(d) [Description of how gift is hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) L	Description of how gift is held
			_	
		(e) Transfer of gif	l t	
	Transferse's name address are	7ID . 4	Dalatianahin at	f transferor to transfero
	Transferee's name, address, ar	Id ZIP + 4	Relationship of	f transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) D	Description of how gift is held
Part I				
			— ——	
		(e) Transfer of gif	t	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of	f transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	Description of how gift is held
			— ——	
-		(e) Transfer of gif	-	
		(e) Italisiei ol gii	•	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of	f transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization CALIFOR	NIA PARTNERSHIP		Empl	oyer identification number
		DOMESTIC VIOLENCE			77-0347420
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organize Political campaign activity expendition Volunteer hours for political campa	tures		▶\$	
Pa	art I-B Complete if the org	ganization is exempt und	der section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manag	gers under section 4955	▶ \$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720) for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt un	der section 501(c),	•	· · · ·
	Enter the amount directly expende	, ,	•		
2	Enter the amount of the filing organ		•		
	exempt function activities				
3	Total exempt function expenditures			*	
	line 17b	4400 DOL 6			Yes No
4	Did the filing organization file Form Enter the names, addresses and en				
5	made payments. For each organiza contributions received that were propolitical action committee (PAC). If	ation listed, enter the amount paromptly and directly delivered to	id from the filing organize a separate political org	zation's funds. Also enter th anization, such as a separa	ne amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 TO END DOMESTIC VIOLENCE

P	art II-	A Complete if the organization	n is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection under
		section 501(h)).			
A	Check	if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,
		expenses, and share of exces	s lobbying expenditures).		
В	Check	if the filing organization check	ed box A and "limited control" provisions apply.		
			oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1	a Tota	Il lobbying expenditures to influence publ	52,929.		
b Total lobbying expenditures to influence a legislative body (direct lobbying)				47,785.	
	c Tota	al lobbying expenditures (add lines 1a and	d 1b)	100,714.	
d Other exempt purpose expenditures				6,349,725.	
	e Tota		s 1c and 1d)	6,450,439.	
	f_Lob	bying nontaxable amount. Enter the amo	unt from the following table in both columns.	472,522.	
	If the	e amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not	over \$500,000	20% of the amount on line 1e.		
	Ove	r \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Ove	r \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Ove	r \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Ove	r \$17,000,000	\$1,000,000.		
				440 404	
	g Gras	ssroots nontaxable amount (enter 25% of	f line 1f)	118,131.	
		tract line 1g from line 1a. If zero or less, e		0.	
			nter -0-	0.	<u> </u>
	j If th	ere is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720	_	
	repo	orting section 4911 tax for this year?		L	Yes No
			4-Year Averaging Period Under Section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total			
2a Lobbying nontaxable amount	227,725.	246,531.	251,828.	472,522.	1,198,606.			
b Lobbying ceiling amount (150% of line 2a, column(e))					1,797,909.			
c Total lobbying expenditures	39,100.	46,588.	39,312.	100,714.	225,714.			
d Grassroots nontaxable amount	56,931.	61,633.	62,957.	118,131.	299,652.			
e Grassroots ceiling amount (150% of line 2d, column (e))					449,478.			
f Grassroots lobbying expenditures	4,172.	6,259.	1,414.	52,929.	64,774.			

Schedule C (Form 990 or 990-EZ) 2020

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

f the l	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)			(b)	
	lobbying activity.	Yes	No		Amo	ount
1 [During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
c	or referendum, through the use of:					
a ∖	Volunteers?					
b F	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c N	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			ŀ		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or	r se	ction	
art	501(c)(6).		(-), -:			
art	33.(3)(3).				Yes	N
art	00.(0)(0).				162	
	Were substantially all (90% or more) dues received nondeductible by members?		[1	162	
1 \				1 2	165	
1 \ 2 [Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ne prior year on 501(c)	/? (5), or	2 3 r se	ction	
1 \ 2 [3 [Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), secti	ne prior year on 501(c)("No" OR	/? (5), or (b) P	2 3 r se	ction	
1 \ 2 [3 [art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ne prior year on 501(c)("No" OR	/? (5), or (b) P	2 3 r se Part	ction	
1 \2 [3 [2] 2 art 1 [2 [3]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	ne prior year on 501(c)("No" OR	/? (5), or (b) P	2 3 r se Part	ction	
1 \2 [3 [2 art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ne prior year on 501(c)("No" OR	(5), or	2 3 r se Part	ction	
11 \ 22 [art] 11 [22 (a (Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	ne prior year on 501(c)("No" OR	(5), or	2 3 r se Part	ction	
11 \ 22 [art]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lili-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	ne prior year on 501(c)("No" OR	(5), or R (b) P	2 3 r se Part	ction	
11 \\22 [33 [Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	ne prior year on 501(c)("No" OR	(5), or (b) P	2 3 r se Part 1	ction	
11 \\22 [33 [23] 11 [22 34 46 47 47 47 47 47 47 47 47	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lili-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	ne prior year on 501(c)("No" OR	(5), or (b) P	2 3 r se Part 1 2a 2b 2c	ction	
11 \\22 [i] 33 [i] Part 11 [i] b (i) c i] 33 #44	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ne prior year on 501(c)("No" OR	(5), or (b) P	2 3 r se Part 1 2a 2b 2c	ction	
1 \ \2 [3 [7 art] 1 1 1 1 1 1 1 1 1	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues after the organization and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ne prior year on 501(c)("No" OR	(5), or	2 3 r se Part 1 2a 2b 2c	ction	
11 \\ 22 [33 [7] 2art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues and the amount on line 2c exceeds the amount on line 3, what portion of the exception of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and particular agrees to carryover to the reasonable estimate of nondeductible lobbying and particular agrees agree to carryover to the reasonable estimate of nondeductible lobbying and particular agrees agree to carryover to the reasonable estimate of nondeductible lobbying and particular agrees agree to carryover to the reasonable estimate of nondeductible lobbying and particular agrees agree	ne prior year on 501(c)("No" OR cal	(5), or	2 3 r se Part 1 22a 22b 22c 3	ction	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE

Employer identification number 77-0347420

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		
		(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	~		
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose co	
Da	impermissible private benefit?			
Par		-		rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	7	
	Preservation of land for public use (for example, recrea	ation or education)	7	historically important land area
	Protection of natural habitat		□ Preservation of a	certified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	oution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			****
	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the c	organization during the tax
	year •			
4	Number of states where property subject to conservation ea	_		
5	Does the organization have a written policy regarding the per			□ vaa □ Na
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, a	na enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	aforcina conconvatio	on agraments during the year
′	\$\\$\$ \$\$	alling of violations, and el	norchig conservation	or easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requiremen	nts of section 170(h	\(4\(\R\(i\)
Ū	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
Ŭ	balance sheet, and include, if applicable, the text of the footi			
	organization's accounting for conservation easements.	note to the organization		its that describes the
Par	t III Organizations Maintaining Collections o	f Art, Historical Tr	easures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	•	•	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, educatior	n, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that de	scribes these items	
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				L 4
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			- · · · ·
а	Revenue included on Form 990, Part VIII, line 1			• \$
b	Assets included in Form 990, Part X			

Schedule D (Form 990) 2020

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

Sche		NIA PARTNE DOMESTIC V					77-0	34742	0 р	age 2
	t III Organizations Maintaining C				easures,	or Other				<u> </u>
3	Using the organization's acquisition, accession								,	
	collection items (check all that apply):	,	,	,	· ·	· ·				
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other	0.0					
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	nev further t	he organizati	ion's exem	ot purpose in F	Part XIII.		
5	During the year, did the organization solicit or	•		,	J			art 7tiii.		
Ū	to be sold to raise funds rather than to be ma				•			Yes		□No
Pai	t IV Escrow and Custodial Arrang								<u> </u>	
	reported an amount on Form 990, Par)	organizatio	on anowored	100 0111	omirodo, i dit	14, 1110 0, 0	•	
	Is the organization an agent, trustee, custodia		liary for	contribution	ns or other as	ssets not in	ıcluded			
	on Form 990, Part X?		-					Yes		□No
h	If "Yes," explain the arrangement in Part XIII a						'			
	11 103, explain the arrangement in arrange	and complete the lo	nowing i	abic.				Amoun	+	
С	Beginning balance						1c	Amoun		
	Additions during the year						 			
							1e			
e	Distributions during the year						 			
f	Ending balance							Yes		No
	Did the organization include an amount on Fo					-				
Pai	If "Yes," explain the arrangement in Part XIII. T V Endowment Funds. Complete if									
ı aı	Endownient i dida: Complete ii) Three years ba	ck (e) Fou	rvooro	book
4.	Pariming of year halance	(a) Current year	(b) P	rior year	(C) TWO yea	15 Dack (U) Tillee years ba	ck (e) i ou	i years	Dack
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С		6								
	The percentages on lines 2a, 2b, and 2c shou	-								
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	and administe	ered for the	organization			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on S	chedule R?) 			3b		
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990), Part I\	/, line 11a.	See Form 990	D, Part X, lir	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) Acc	umulated	(d) Boo	k valu	ie
		basis (investr	nent)	basis	(other)	depre	eciation			
1a	Land									
b	Buildings									
_	Lancahalalimanus vamanda									

Schedule D (Form 990) 2020

433.

433.

67,857.

e Other

c Leasehold improvements

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

d Equipment

68,290.

E0 TID DOLE	STIC VIOLENCE	77	-0347420 Page 3
Part VII Investments - Other Securities.	DIIC VIOLINCE	, ,	OST/TEDO Page O
Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1) Financial derivatives	(,	(-,	,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(le) De els velve
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)		
Part X Other Liabilities.	<i> </i>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability	, ,	, ,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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.. Schedule D (Form 990) 2020

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

Pa	Reconciliation of Revenue per Audited Financial S		ue per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV,		1.1	7 //1 20/
1	Total revenue, gains, and other support per audited financial statements		1	7,441,304.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	11		
a				
b				
С.	1 , 0			
d	, , , , , , , , , , , , , , , , , , , ,			0
e	• • • • • • • • • • • • • • • • • • • •			7,441,304 .
3	Subtract line 2e from line 1		3	7,441,304.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4-1		
a	, , , , , , , , , , , , , , , , , , , ,			
b	, , , , , , , , , , , , , , , , , , , ,	<u>'</u>	4-	0.
c				7,441,304.
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial 5			
Га			ises per netu	111.
_	Complete if the organization answered "Yes" on Form 990, Part IV,		11	7,243,734.
1	Total expenses and losses per audited financial statements			1,243,134.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما		
a				
b	, , , , , , , , , , , , , , , , , , , ,			
C				
d	, , , , , , , , , , , , , , , , , , , ,			0.
e	• • • • • • • • • • • • • • • • • • • •			7,243,734.
3	Subtract line 2e from line 1		3	1,245,154.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ا مه ا		
a	, , , , , , , , , , , , , , , , , , , ,			
	Other (Describe in Part XIII.)		4.0	0.
_	Add lines 4a and 4b			7,243,734.
D _a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	16.)	5	7,245,754.
		d 4: Dort IV lines 1h and 2h: I	Port V. line 4: Port	V line 2: Dort VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		-art v, iiile 4, Fart	A, III le 2, Part Ai,
111163	20 and 4b, and Fart All, lines 20 and 4b. Also complete this part to provide	arry additional information.		

Schedule D (Form 990) 2020

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE

Employer identification number 77-0347420

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMUNITY AWARENESS, AND STRENGTHENING STATEWIDE CAPACITY TO ADVANCE SAFETY AND HEALING OF VICTIMS, SURVIVORS AND THEIR FAMILIES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: TRAFFICKING, VICTIM SERVICES PLANNING, AND TRAINING FOR COURT **PROFESSIONALS** COMMUNICATE PRIORITIES: ENSURE ACCURATE AND RESPONSIBLE REPORTING WITH NEWS ANALYSES AND MEDIA ADVOCACY. PROMOTE HEALTHY RELATIONSHIPS AND SHIFT SOCIAL NORMS ABOUT ROOT CAUSES OF DOMESTIC VIOLENCE. ISSUED MULTIPLE PRESS RELEASES, ADVISORIES AND MEDIA STATEMENTS LED STATEWIDE CAMPAIGNS PROMOTING DOMESTIC VIOLENCE AWARENESS MONTH AND TEEN DATING VIOLENCE AWARENESS AND PREVENTION MONTH CONDUCTED PUBLIC EDUCATION ABOUT STRATEGIC POLICY AREAS VIA TRADITIONAL AND SOCIAL MEDIA PROVIDED COMMUNICATIONS TECHNICAL ASSISTANCE STRENGTHEN CAPACITY: LEAD NETWORK OF ADVOCATES ORGANIZING FOR COMMON SOLUTIONS WITH RELATED SOCIAL JUSTICE MOVEMENTS. PROVIDE TOOLS, TRAINING AND RESOURCES TO ENSURE STATEWIDE SYSTEM EFFECTIVELY ATTENDS THE EVOLVING NEEDS OF SURVIVORS AND FAMILIES. MOBILIZE COMMUNITIES PREVENT AND RESPOND TO DOMESTIC VIOLENCE WITH INNOVATIVE APPROACHES.

HOSTED 124 ATTENDEES AT ANNUAL MEMBERSHIP MEETING AND FACILITATED

REGIONAL CONVENINGS

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Employer identification number TO END DOMESTIC VIOLENCE 77-0347420 TRAINED 523 PROFESSIONALS ATTENDING STATE DOMESTIC VIOLENCE CONFERENCE CONDUCTED REGIONAL TRAININGS AND WEBINARS ON DOMESTIC VIOLENCE-RELATED TOPICS - COORDINATED REGIONAL TRAININGS ON VARIOUS RELEVANT SERVICE DELIVERY TOPICS REPORTING FOR 172 ADVOCATES PROVIDED TECHNICAL ASSISTANCE TO 89 INDIVIDUALS CONTACTING HELP DESK REVISED 3 TRAINING CURRICULA AND MATERIALS SUPPORTED PROFESSIONAL DEVELOPMENT VIA THREE LISTSERVS AND TWO PEER LEARNING CIRCLES FORM 990, PART VI, SECTION A, LINE 6: EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDERS: LEVEL I - PRIMARY PURPOSE DOMESTIC VIOLENCE ORGANIZATIONS, PROGRAMS & PROJECTS LEVEL II - ALLIED COALITIONS, MULTI-DISCIPLINARY GROUPS & GOVERNMENT AGENCIES LEVEL III - INDIVIDUAL MEMBERS FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT REGIONAL REPRESENTATIVES AND AT-LARGE DIRECTORS TO SERVE ON THE BOARD. FORM 990, PART VI, SECTION A, LINE 7B: BYLAWS AMENDED JUNE 25, 2018 STIPULATE: MEMBERS SHALL HAVE THE RIGHT TO VOTE ON THE ELECTION OF DIRECTORS, ON THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS, ON ANY

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Employer identification number 77-0347420

MERGER AS TO WHICH THE CORPORATION IS A PARTY AND THE PRINCIPAL TERMS OF

SUCH MERGER, ON ANY ELECTION TO DISSOLVE THE CORPORATION AND ON ANY OTHER

MATTER PROPERLY SUBMITTED TO A VOTE OF THE MEMBERS. IN ADDITION, MEMBERS

SHALL HAVE ALL RIGHTS AFFORDED MEMBERS UNDER THE CODE.

APPROVAL BY THE MEMBERS OF ANY OF THE FOLLOWING PROPOSALS, OTHER THAN BY
UNANIMOUS APPROVAL BY THOSE ENTITLED TO VOTE, IS VALID ONLY IF THE NOTICE
OR WRITTEN WAIVER OF NOTICE STATES THE GENERAL NATURE OF THE PROPOSAL OR
PROPOSALS: (A) REMOVING A DIRECTOR WITHOUT CAUSE; (B) FILLING
MEMBER-ELECTED DIRECTOR VACANCIES ON THE BOARD; (C) AMENDING THE ARTICLES
OF INCORPORATION; OR

(D) ELECTING TO WIND UP AND DISSOLVE THE CORPORATION.

MEMBERS WANTING TO SUBMIT ITEMS FOR DISCUSSION AT MEETINGS OF THE MEMBERS,

INCLUDING ITEMS REQUIRING A VOTE, MUST FOLLOW THE BOARD-APPROVED PROCEDURES

FOR ADDING ITEMS TO THE AGENDA.

ANY MEMBER OR DIRECTOR MAY PROPOSE AMENDMENTS TO THE BYLAWS. SUCH

AMENDMENTS SHALL BE SUBMITTED TO AN AD HOC BYLAWS COMMITTEE IN ACCORDANCE

WITH BOARD APPROVED PROCEDURES FOR CONSIDERATION AND PRESENTATION TO THE

BOARD.

BYLAWS MAY BE ADOPTED, AMENDED OR REPEALED (I) BY THE BOARD IN ACCORDANCE WITH SECTION 5150(A) OF THE CODE AND (II) BY THE MEMBERS IN ACCORDANCE WITH SECTION 5150(B) OF THE CODE.

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

DRAFT WAS REVIEWED BY AUDIT COMMITTEE, WHICH THEN SUBMITTED TO FULL BOARD FOR REVIEW AND APPROVAL.

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Employer identification number 77-0347420

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

BOARD DEVELOPMENT COMMITTEE ENSURES NEW BOARD MEMBERS RECEIVE THIS POLICY

STATEMENT DURING INITIAL BOARD ORIENTATION. THERE IT IS REVIEWED AND

SIGNED. FULL BOARD REVIEWS AND RE-SIGNS POLICY ON ANNUAL BASIS. ANY SUCH

ISSUES, OR PERCEIVED ISSUES, THAT ARISE IN THE COURSE OF BUSINESS ARE

DISCLOSED TO FULL BOARD AND DOCUMENTED AS SUCH.

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

BYLAWS STIPULATE DIRECTORS SHALL NOT RECEIVE ANY COMPENSATION FROM THE

CORPORATION FOR THEIR SERVICES. (A) BY RESOLUTION OF THE BOARD, HOWEVER,

EXPENSES OF ATTENDANCE, IF ANY, MAY BE ALLOWED FOR ATTENDANCE AT EACH

REGULAR OR SPECIAL MEETING OF THE BOARD AND OTHER CORPORATION FUNCTIONS.

- (B) FOR FUNCTIONS WHERE ATTENDEES RECEIVE BENEFITS, SUCH AS A CONFERENCE,

 DIRECTORS MAY BE REIMBURSED FOR ADDITIONAL EXPENSES SPECIFIC TO THEIR

 FUNCTION AS A DIRECTOR.
- (C) NOTHING HEREIN CONTAINED SHALL BE CONSTRUED TO PRECLUDE ANY DIRECTOR

 FROM REPRESENTING THE CORPORATION IN ANY OTHER CAPACITY AND RECEIVING

 COMPENSATION THEREFORE TO THE EXTENT ALLOWED BY LAW, UPON DISCLOSURE OF ANY

 ACTUAL OR PERCEIVED CONFLICT OF INTEREST AND SUBSEQUENT APPROVAL OF THE

 BOARD.

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

SUCH ITEMS ARE POSTED ON OUR PUBLIC WEBSITE AND ALSO AVAILABLE UPON REQUEST.