

**Fechter & Company, CPA's**  
**3445 American River Dr Ste A**  
**Sacramento, CA 95864**  
**916-333-5360**

May 12, 2025

**CONFIDENTIAL**

California Partnership to End  
Domestic Violence  
1215 K STREET, SUITE 1850  
Sacramento, CA 95814

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)  
Annual Registration Renewal Fee Report (Form RRF-1)  
California Exempt Organization Annual Information Return (Form 199)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Fechter & Company, CPA's

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For professional services rendered in connection with the preparation of the following tax forms  
for year ending 6/30/24.

Tax Return .....	\$ 3,100.00
TAX PROCESSING .....	<u>110.00</u>
Amount due	<u><u>\$ 3,210.00</u></u>

## **Filing Instructions**

### **California Partnership to End Domestic Violence**

### **Exempt Organization Tax Return**

### **Taxable Year Ended June 30, 2024**

**Date Due:** May 15, 2025

**Remittance:** None is required. Your Form 990 for the tax year ended 6/30/24 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Fechter & Company, CPA's  
3445 American River Dr Ste A  
Sacramento, CA 95864

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form **8879-TE**For calendar year 2023, or fiscal year beginning **7/01**, 2023, and ending **6/30**, 20**24**Department of the Treasury  
Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**2023****CALIFORNIA PARTNERSHIP TO END  
DOMESTIC VIOLENCE**

EIN or SSN

**77-0347420**Name and title of officer or person subject to tax **KRISTA COLON  
SENIOR DIRECTOR****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, **7a**, **8a**, **9a**, or **10a** 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**, **7b**, **8b**, **9b**, or **10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) <b>1b</b>	<b>7,223,128</b>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) <b>2b</b>	
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) <b>3b</b>	
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) <b>4b</b>	
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) <b>5b</b>	
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) <b>6b</b>	
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) <b>7b</b>	
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) <b>8b</b>	
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) <b>9b</b>	
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) <b>10b</b>	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize **FECHTER & COMPANY, CPA'S** to enter my PIN **95825** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 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.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 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

Date

**05/12/25****Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**68736653065**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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's signature **BRETT V. HUSTON**

Date

**05/12/25****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2023)

Form **990**  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**  
**Open to Public Inspection**

**A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24**

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization

**CALIFORNIA PARTNERSHIP TO END  
DOMESTIC VIOLENCE**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**1215 K STREET, SUITE 1850**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**SACRAMENTO**

**CA 95814**

**F** Name and address of principal officer:

**KRISTA COLON**

**1215 K STREET, SUITE 1850**

**SACRAMENTO**

**CA 95814**

**D** Employer identification number

**77-0347420**

**E** Telephone number

**916-444-7163**

**G** Gross receipts \$

**7,223,128**

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

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

**J** Website: **WWW.CPEDV.ORG**

**H(c)** Group exemption number

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation: **2004**

**M** State of legal domicile: **CA**

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
	SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	14	
	4	13	
	5	27	
	6	13	
Revenue	7a	0	
	7b	0	
	8	Prior Year	Current Year
	9	4,903,489	6,069,508
	10	286,416	1,153,091
	11	679	529
	12	5,190,584	7,223,128
	13	1,382,830	3,627,676
	14	0	0
	Expenses	15	2,449,748
16a		0	0
b		35,014	
17		1,342,009	1,038,086
18		5,174,587	7,356,680
19		15,997	-133,552
20		2,834,665	2,255,582
Net Assets or Fund Balances	21	1,063,121	617,591
	22	1,771,544	1,637,991

**Part II Signature Block**

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

Sign Here	Signature of officer		Date	
	KRISTA COLON		SENIOR DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	BRETT V. HUSTON		BRETT V. HUSTON	05/12/25
	Firm's name		Firm's EIN	
	FECHTER & COMPANY, CPA'S		20-8710580	
Firm's address		Phone no.		
3445 AMERICAN RIVER DR STE A		916-333-5360		
SACRAMENTO, CA 95864				

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

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

4a (Code: ) (Expenses \$ 6,143,569 including grants of \$ 3,627,676 ) (Revenue \$ 1,153,091 )

SEE SCHEDULE O

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

N/A

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

N/A

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

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

4e Total program service expenses 6,143,569

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<b>X</b>	
<b>3</b> 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		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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	<b>X</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>6</b> 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		<b>X</b>
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> 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		<b>X</b>
<b>10</b> 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		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</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		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>d</b> 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		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>f</b> 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		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>X</b>	
<b>b</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		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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		<b>X</b>
<b>15</b> 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		<b>X</b>
<b>16</b> 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		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		<b>X</b>
<b>18</b> 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		<b>X</b>
<b>19</b> 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		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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	<b>X</b>	

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>22</b>	<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<b>23</b>	<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	<b>24a</b>	<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<b>25a</b>	<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>	<b>25b</b>	<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	<b>26</b>	<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	<b>27</b>	<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28a</b>	<b>X</b>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28b</b>	<b>X</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28c</b>	<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b>	<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>30</b>	<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>	<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<b>32</b>	<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<b>33</b>	<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<b>34</b>	<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	<b>X</b>
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>36</b>	<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>	<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>38</b>	<b>X</b>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	<b>16</b>
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	<b>X</b>



Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
<b>2a</b>	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	<b>2a</b>	<b>27</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>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>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	<b>X</b>
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

	1a	14	1b	13	Yes	No
<b>1a</b> 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.						
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent						
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					<b>2</b>	<b>X</b>
<b>3</b> 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?					<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?					<b>5</b>	<b>X</b>
<b>6</b> Did the organization have members or stockholders?					<b>6</b>	<b>X</b>
<b>7a</b> 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?					<b>7a</b>	<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					<b>7b</b>	<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
<b>a</b> The governing body?					<b>8a</b>	<b>X</b>
<b>b</b> Each committee with authority to act on behalf of the governing body?					<b>8b</b>	<b>X</b>
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O					<b>9</b>	<b>X</b>

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	<b>X</b>
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	<b>X</b>
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	<b>X</b>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<b>X</b>
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>	<b>X</b>
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	<b>X</b>
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	<b>X</b>
<b>b</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?	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
**KRISTA COLON** **1215 K STREET, SUITE 1850**  
**SACRAMENTO** **CA 95814** **916-444-7163**

**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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DINA POLKINGHORN	4.00									
PRESIENT	0.00	X		X				0	0	0
(2) KAREN KAUR	4.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(3) MELISA LUKE	4.00									
TREASURER	0.00	X		X				0	0	0
(4) JOBI WOOD	3.00									
SECRETARY/SOUTH REP	0.00	X		X				0	0	0
(5) SAARA AHMED	3.00									
BAY AREA REG REP.	0.00	X						0	0	0
(6) ALEJANDRINA CARRASCO	3.00									
CENTRAL COAST REP.	0.00	X						0	0	0
(7) MAKAYLA CHACON	3.00									
FAR NORTH REG REP	0.00	X						0	0	0
(8) CHELCEE THOMAS	3.00									
NORTH REGIONAL REP	0.00	X						0	0	0
(9) GIOVANNA MARTINEZ	3.00									
LA REGIONAL REP	0.00	X						0	0	0
(10) LISA MONTARRO-MOORE	3.00									
CENTRAL VALLEY REP	0.00	X						0	0	0
(11) ABI RESENDIZ-ZUNIGA	2.00									
DIRECTOR	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>DACHELLE KENDRICK</b>										
(12) <b>DIRECTOR</b>	2.00 0.00	X						0	0	0
(13) <b>KEN OPLINGER</b>										
(13) <b>DIRECTOR</b>	2.00 0.00	X						0	0	0
(14) <b>WENDY BLANCO</b>										
(14) <b>DIRECTOR</b>	2.00 0.00	X						0	0	0
(15) <b>DIANE GOUT</b>										
(15) <b>SENIOR DIRECTOR</b>	40.00 0.00					X		175,316	0	9,441
(16) <b>LISA SICA</b>										
(16) <b>SENIOR DIRECTOR</b>	40.00 0.00					X		157,500	0	31,439
(17) <b>KRISTA COLON</b>										
(17) <b>SENIOR DIRECTOR</b>	40.00 0.00					X		150,633	0	5,945
(18) <b>JENNIFER KHALIFA</b>										
(18) <b>SENIOR DIRECTOR</b>	40.00 0.00					X		145,000	0	15,539
(19) <b>ROUCHANN JACKSON</b>										
(19) <b>PROJECT MANAGER</b>	40.00 0.00					X		114,335	0	0
<b>1b Subtotal</b>								742,784		62,364
<b>c Total from continuation sheets to Part VII, Section A</b>								214,377		8,308
<b>d Total (add lines 1b and 1c)</b>								957,161		70,672

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>ENFUSE ACTION COLLECTIVE</b> <b>PORTLAND</b> OR <b>97266</b>	<b>8816 SOUTHEASE KNAPP STREET</b> <b>CONSULTING</b>	<b>548,242</b>
<b>LUMINA ALLIANCE</b> <b>SAN LUIS OBISPO</b> CA <b>93401</b>	<b>PO BOX 125</b> <b>SUPPORT/CONSULT</b>	<b>233,629</b>
<b>SHELTER PARTNERSHIP INC</b> <b>LOS ANGELES</b> CA <b>90071</b>	<b>520 SOUTH GRAND AVE SUITE 695</b> <b>CONSULT</b>	<b>138,938</b>
<b>HOUSING JUSTICE COLLECTIVE</b> <b>MINNEAPOLIS</b> MN <b>55423</b>	<b>6417 PENN AVE SOUTH SUITE 7</b> <b>CONSULTING</b>	<b>112,750</b>

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

4

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	5,241,442					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	828,066					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$					
	<b>h</b> Total. Add lines 1a-1f							6,069,508
<b>Program Service Revenue</b>			Business Code					
	<b>2a</b> FEE FOR SERVICE REVENUE		611600	1,003,639	1,003,639			
	<b>b</b> MEMBERSHIP DUES		611600	84,995	84,995			
	<b>c</b> WORKSHOPS		611600	64,457	64,457			
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g</b> Total. Add lines 2a-2f				1,153,091			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			529			529	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6a</b> Gross rents		(i) Real	(ii) Personal				
		<b>6a</b>						
		<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss)							
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		<b>7a</b>						
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>						
	<b>d</b> Net gain or (loss)							
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
		<b>8a</b>						
	<b>b</b> Less: direct expenses	<b>8b</b>						
	<b>c</b> Net income or (loss) from fundraising events							
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19							
<b>9a</b>								
<b>b</b> Less: direct expenses	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities								
<b>10a</b> Gross sales of inventory, less returns and allowances								
	<b>10a</b>							
<b>b</b> Less: cost of goods sold	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory								
<b>Miscellaneous Revenue</b>			Business Code					
	<b>11a</b>							
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e</b> Total. Add lines 11a-11d							
<b>12</b> Total revenue. See instructions				7,223,128	1,153,091	0	529	

**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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>3,627,676</b>	<b>3,627,676</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>214,377</b>	<b>141,682</b>	<b>69,994</b>	<b>2,701</b>
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>1,913,080</b>	<b>1,264,361</b>	<b>624,742</b>	<b>23,977</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>396,874</b>	<b>264,289</b>	<b>126,736</b>	<b>5,849</b>
<b>10</b> Payroll taxes	<b>166,587</b>	<b>110,935</b>	<b>53,197</b>	<b>2,455</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	<b>30,143</b>		<b>30,143</b>	
<b>c</b> Accounting	<b>105,715</b>		<b>105,715</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>50,402</b>	<b>22,001</b>	<b>28,401</b>	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	<b>8,599</b>	<b>904</b>	<b>7,663</b>	<b>32</b>
<b>14</b> Information technology	<b>116,197</b>	<b>19,112</b>	<b>97,085</b>	
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>6,306</b>	<b>179</b>	<b>6,127</b>	
<b>17</b> Travel	<b>80,043</b>	<b>61,213</b>	<b>18,830</b>	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>98,174</b>	<b>98,174</b>		
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	<b>11,617</b>	<b>26</b>	<b>11,591</b>	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROGRAM EXPENSES	<b>520,232</b>	<b>529,633</b>	<b>-9,401</b>	
<b>b</b> BANK CHARGES	<b>4,253</b>	<b>581</b>	<b>3,672</b>	
<b>c</b> MEMBERSHIP DUES	<b>4,067</b>	<b>2,803</b>	<b>1,264</b>	
<b>d</b> COMMUNICATIONS	<b>2,283</b>		<b>2,283</b>	
<b>e</b> All other expenses	<b>55</b>		<b>55</b>	
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>7,356,680</b>	<b>6,143,569</b>	<b>1,178,097</b>	<b>35,014</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing .....	<b>252,004</b>	<b>1</b>	<b>228,734</b>
	<b>2</b> Savings and temporary cash investments .....	<b>940,245</b>	<b>2</b>	<b>949,493</b>
	<b>3</b> Pledges and grants receivable, net .....	<b>1,600,735</b>	<b>3</b>	<b>717,628</b>
	<b>4</b> Accounts receivable, net .....	<b>887</b>	<b>4</b>	<b>290,618</b>
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	<b>40,794</b>	<b>9</b>	<b>69,109</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a 68,290</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b 68,290</b>	<b>10c</b>	
	<b>11</b> Investments—publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	<b>2,834,665</b>	<b>16</b>	<b>2,255,582</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>1,035,910</b>	<b>17</b>	<b>616,066</b>
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	<b>27,211</b>	<b>19</b>	<b>1,525</b>
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>1,063,121</b>	<b>26</b>	<b>617,591</b>
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		
<b>27</b> Net assets without donor restrictions .....		<b>705,908</b>	<b>27</b>	<b>676,244</b>
<b>28</b> Net assets with donor restrictions .....		<b>1,065,636</b>	<b>28</b>	<b>961,747</b>
<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>29</b> Capital stock or trust principal, or current funds .....			<b>29</b>	
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>30</b>	
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>31</b>	
<b>32 Total net assets or fund balances</b> .....		<b>1,771,544</b>	<b>32</b>	<b>1,637,991</b>
<b>33 Total liabilities and net assets/fund balances</b> .....	<b>2,834,665</b>	<b>33</b>	<b>2,255,582</b>	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>7,223,128</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>7,356,680</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-133,552</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>1,771,544</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>-1</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>1,637,991</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<b>X</b>	
<b>b</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	<b>X</b>	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) PAUL CASTRO										
(12) EXECUTIVE DIRECTOR	40.00 0.00			X				0	0	0
(21) ALEESE MOORE-ORBIH										
(13) EXECUTIVE DIRECTOR	40.00 0.00			X				214,377	0	8,308
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Subtotal</b>								214,377		8,308
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

**Section B. Independent Contractors**

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

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

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

SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

CALIFORNIA PARTNERSHIP TO END  
DOMESTIC VIOLENCE

Employer identification number

77-0347420

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

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

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

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

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

Schedule A (Form 990) 2023

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,153,024	7,424,487	3,313,092	4,903,489	6,069,508	24,863,600
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	3,153,024	7,424,487	3,313,092	4,903,489	6,069,508	24,863,600
<b>5</b> 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)						2,126,754
<b>6</b> Public support. Subtract line 5 from line 4						22,736,846

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4	3,153,024	7,424,487	3,313,092	4,903,489	6,069,508	24,863,600
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,078	1,375	362	679	529	6,023
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	27,225	15,442				42,667
<b>11 Total support.</b> Add lines 7 through 10						24,912,290
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	1,153,091

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

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

<b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	91.27 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14	<b>15</b>	99.70 %
<b>16a 33 1/3% support test — 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test — 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test — 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test — 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17	<b>18</b>	%
<b>19a 33 1/3% support tests — 2023.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 33 1/3% support tests — 2022.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

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

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

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

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D – Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 .....			
<b>b</b> From 2019 .....			
<b>c</b> From 2020 .....			
<b>d</b> From 2021 .....			
<b>e</b> From 2022 .....			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 .....			
<b>b</b> Excess from 2020 .....			
<b>c</b> Excess from 2021 .....			
<b>d</b> Excess from 2022 .....			
<b>e</b> Excess from 2023 .....			



**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.)

## OTHER INCOME

\$

**42,667**

**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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

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

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

**Special Rules**

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

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

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

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

Name of organization

CALIFORNIA PARTNERSHIP TO END

Employer identification number

77-0347420

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALIFORNIA OFFICE OF EMERGENCY SERVICES 3650 SCHIEVER AVE MATHER CA 95655	\$ 900,231	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	US CENTER FOR DISEASE CONTROL 4770 BUFFOR HWY MS 76 ATLANTA GA 30241	\$ 488,931	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	US DEPARTMENT OF JUSTICE 810 7TH STREET, NW WASHINGTON DC 20531	\$ 108,034	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	US DEPARTMENT OF HEALTH AND HUMAN SERVICES 1250 MARYLAND AVE SW SUITE 800 WASHINGTON DC 20530	\$ 363,657	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BELLWETHER FOUNDATION ROCKEFELLER PHILANTHROPY ADVISORS 44 MONTGOMERY STREET SUITE 850 SAN FRANCISCO CA 94104	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BLUE SHIELD OF CALIFORNIA 315 MONTGOMERY STREET SUITE 1200 SAN FRANCISCO CA 94104	\$ 540,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CALIFORNIA PARTNERSHIP TO END	77-0347420

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PINPOINT FOUNDATION 855 EL CAMINO REAL BUILDING 4 ST 250 PALO ALTO CA 94301	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	WOMEN'S FOUNDATION OF CALIFORNIA 1301 CLAY STREET OAKLAND CA 94612	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE C**  
**(Form 990)****Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**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](http://www.irs.gov/Form990) for instructions and the latest information.****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 <b>CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE</b>	Employer identification number <b>77-0347420</b>
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**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. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$
- 3 Volunteer hours for political campaign activities. See instructions

**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? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C 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 \$
- 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? ☐ Yes ☐ No
- 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.

(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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2023

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		15,913													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		111,720													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		127,633													
<b>d</b> Other exempt purpose expenditures		6,015,936													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		6,143,569													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		457,178													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the 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.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.			
If the 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.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		114,295													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	472,522	298,877	340,480	457,178	1,569,057
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					2,353,586
<b>c</b> Total lobbying expenditures	100,714	133,759	152,223	127,633	514,329
<b>d</b> Grassroots nontaxable amount	118,131	74,719	85,120	114,295	392,265
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					588,398
<b>f</b> Grassroots lobbying expenditures	52,929	62,258	58,742	15,913	189,842

**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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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Part IV	Supplemental Information (continued)
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DAA



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

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

CALIFORNIA PARTNERSHIP TO END  
DOMESTIC VIOLENCE

Employer identification number

77-0347420

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

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

	(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 funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange program

e☐ Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- |  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %

b Permanent endowment %

c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) Unrelated organizations?

(ii) Related organizations?
- |   | Yes | No |
|---|-----|----|
| 3a(i)   |     |    |
| 3a(ii)  |     |    |
| 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		68,290	68,290	
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				

Part VII Investments – Other Securities

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

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

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-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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 ☐

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

<b>1</b> Total revenue, gains, and other support per audited financial statements .....		<b>1</b>	<b>7,223,128</b>
<b>2</b> Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b> Net unrealized gains (losses) on investments .....	<b>2a</b>		
<b>b</b> Donated services and use of facilities .....	<b>2b</b>		
<b>c</b> Recoveries of prior year grants .....	<b>2c</b>		
<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	<b>7,223,128</b>
<b>4</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....		<b>5</b>	<b>7,223,128</b>

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

1		Total expenses and losses per audited financial statements	1	7,356,680	
2		Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e		Add lines 2a through 2d	2e		
3		Subtract line 2e from line 1	3	7,356,680	
4		Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c		Add lines 4a and 4b	4c		
5		Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,356,680	

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

## Part XIII Supplemental Information (continued)

**SCHEDULE I  
(Form 990)****Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2023****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

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

Name of the organization

**CALIFORNIA PARTNERSHIP TO END  
DOMESTIC VIOLENCE**

Employer identification number

**77-0347420****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>A SAFE PLACE</b> PO BOX 23006 OAKLAND CA 94623	94-2491881	501C3	78,447				DOMESTIC VIOL ASSIST
(2)	<b>ALAMEDA COUNTY DISTRICT ATTORNEY</b> 1225 FALLON ST OAKLAND CA 94612	94-6000501	GOV	96,250				DOMESTIC VIOL ASSIST
(3)	<b>ALLIANCE FOR COMMUNITY</b> PO BOX 2705 MARIPOSA CA 95338	77-0272319	501C3	75,000				DOMESTIC VIOL ASSIST
(4)	<b>BELOVED SURVIVORS</b> 5588 N PALM AVE 115 FRESNO CA 93704	85-1077857	501C3	31,593				DOMESTIC VIOL ASSIST
(5)	<b>CENTER FOR THE PACIFIC</b> 3424 WILSHIRE BLVD SUITE 1000 LOS ANGELES CA 90010	95-3532351	501C3	7,088				DOMESTIC VIOL ASSIST
(6)	<b>COALITION FOR FAMILY HARMONY</b> 1030 NORTH VENTURA RD OXNARD CA 93030	95-3433822	501C3	75,000				DOMESTIC VIOL ASSIST
(7)	<b>COMMUNITY BEYOND VIOLENCE</b> PO BOX 484 GRASS VALLEY CA 95945	94-2688893	501C3	75,000				DOMESTIC VIOL ASSIST
(8)	<b>CORA</b> 2211 PALM AVENUE SAN MATEO CA 94403	94-2481188	501C3	52,780				DOMESTIC VIOL ASSIST
(9)	<b>CORONA-NORCO UNITED WAY</b> 815 W SIXTH STREET STE 200 CORONA CA 92882	95-1754467	501C3	58,127				DOMESTIC VIOL ASSIST

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....
- 3 Enter total number of other organizations listed in the line 1 table .....

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

Schedule I (Form 990) 2023

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization	CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE	Employer identification number	77-0347420
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Part I General Information on Grants and Assistance

1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	DESERT SANCTUARY INC 703 E. MAIN STREET BARSTOW CA 92311	95-3837425	501C3	41,584				DOMESTIC VIOL ASSIST
(2)	DOVES OF BIG BEAR VALLEY INC PO BOX 3646 BIG BEAR LAKE CA 92315	33-0109115	501C3	76,992				DOMESTIC VIOL ASSIST
(3)	EMPOWER YOLO INC 175 WALNUT ST WOODLAND CA 95695	94-3027535	501C3	69,883				DOMESTIC VIOL ASSIST
(4)	ENFUSE ACTION COLLECTIVE 8816 SOUTHEAST KNAPP STREET PORTLAND OR 97266	92-1064837	501C3	548,243				DOMESTIC VIOL ASSIST
(5)	FAMILY SERVICES OF TULARE COUNTY PO BOX 429 VISALIA CA 93292	94-2897970	501C3	42,955				DOMESTIC VIOL ASSIST
(6)	FAMILY VIOLENCE LAW CENTER 470 27TH STREET OAKLAND CA 94512	94-2527939	501C3	56,065				DOMESTIC VIOL ASSIST
(7)	GLOBAL TRANSGENDER SAFETY 2370 MARKET STREET 451 SAN FRANCISCO CA 94114	36-4910216	501C3	58,319				DOMESTIC VIOL ASSIST
(8)	HOUSE OF RUTH PO BOX 459 CLAREMONT CA 91711	95-3276033	501C3	51,735				DOMESTIC VIOL ASSIST
(9)	HOUSING JUSTICE COLLECTIVE LLC 6417 PENN AVE SOUTH SUITE 7 MINNEAPOLIS MN 55423	87-2123061	501C3	112,750				DOMESTIC VIOL ASSIST

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	
3	Enter total number of other organizations listed in the line 1 table	

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2023****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Attach to Form 990.**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**CALIFORNIA PARTNERSHIP TO END  
DOMESTIC VIOLENCE**

Employer identification number

**77-0347420****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>HUMAN OPTIONS</b> 5540 TRABUCO ROAD SUITE 100 IRVINE CA 92619	95-3667817	501C3	67,849				DOMESTIC VIOL ASSIST
(2)	<b>HUMBOLDT DOMESTIC VIOLENCE SERVICES</b> 1404 H STREET EUREKA CA 95501	94-2429700	501C3	54,647				DOMESTIC VIOL ASSIST
(3)	<b>INTERFACE CHILDREN &amp; FAMILY SERVICE</b> 4001 MISSION OAKS BLVD CAMARILLO CA 93012	95-2944459	501C3	76,782				DOMESTIC VIOL ASSIST
(4)	<b>INTERVAL HOUSE</b> PO BOX 3356 SEAL BEACH CA 90740	95-3389113	501C3	45,689				DOMESTIC VIOL ASSIST
(5)	<b>KINGS COMMUNITY ACTION ORGANIZATION</b> 1130 NORTH 11TH AVENUE HANFORD CA 93232	94-1604455	501C3	78,766				DOMESTIC VIOL ASSIST
(6)	<b>LAO FAMILY COMMUNITY DEVELOPMENT IN</b> 2325 E 12 STREET SUITE 226 OAKLAND CA 94601	94-3115164	501C3	50,685				DOMESTIC VIOL ASSIST
(7)	<b>LAURA'S HOUSE</b> 33 JOURNEY SUITE 150 ALISO VIEJO CA 92656	33-0621826	501C3	71,569				DOMESTIC VIOL ASSIST
(8)	<b>LUMINA ALLIANCE</b> PO BOX 125 SAN LUIS OBISPO CA 93401	95-3370729	501C3	233,629				DOMESTIC VIOL ASSIST
(9)	<b>MARJAREE MASON CENTER INC</b> 1600 M STREET FRESNO CA 93721	94-1156639	501C3	68,420				DOMESTIC VIOL ASSIST

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....
- 3 Enter total number of other organizations listed in the line 1 table .....

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

Schedule I (Form 990) 2023



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Name of the organization

**CALIFORNIA PARTNERSHIP TO END  
DOMESTIC VIOLENCE**

Employer identification number

**77-0347420****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>MONARCH SERVICES</b> 233 EAST LAKE AVENUE WATSONVILLE CA 95076	94-2462783	501C3	38,326				DOMESTIC VIOL ASSIST
(2)	<b>NEW STAR FAMILY CENTER</b> 12929 HAWTHORNE BLVD HAWTHORNE CA 90250	73-1729090	501C3	27,486				DOMESTIC VIOL ASSIST
(3)	<b>OPTION HOUSE</b> 813 NORTH D STREET SAN BERNARDINO CA 92401	95-3760212	501C3	55,453				DOMESTIC VIOL ASSIST
(4)	<b>PEACE OVER VIOLENCE</b> 1541 WILSHIRE BLVD 3RD FLOOR LOS ANGELES CA 90017	51-0179305	501C3	56,881				DOMESTIC VIOL ASSIST
(5)	<b>POSITIVE RESULTS CENTER</b> 1128 W. GARDENA BLVD GARDENA CA 90247	95-4455668	501C3	75,500				DOMESTIC VIOL ASSIST
(6)	<b>RAINBOW SERVICES</b> 453 WEST 7TH STREET SAN PEDRO CA 90731	95-3855705	501C3	50,000				DOMESTIC VIOL ASSIST
(7)	<b>RUBY'S PLACE</b> 20880 BAKER RD CASTRO VALLEY CA 94546	94-2212241	501C3	81,895				DOMESTIC VIOL ASSIST
(8)	<b>SAC CONNECT</b> 225 30TH STREET SUITE 312 SACRAMENTO CA 95816	83-2513051	501C3	59,148				DOMESTIC VIOL ASSIST
(9)	<b>SAFE FAMILY JUSTICE CENTERS</b> 28910 PUJOL STREET TEMECULA CA 92590	91-1962947	501C3	58,650				DOMESTIC VIOL ASSIST

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....
- 3 Enter total number of other organizations listed in the line 1 table .....

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)****Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2023****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

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

Name of the organization

**CALIFORNIA PARTNERSHIP TO END  
DOMESTIC VIOLENCE**

Employer identification number

**77-0347420****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SAFEQUEST SOLANO INC 1261 TRAVIS BLVD SUITE 230 FAIRFIELD CA 94553	94-2853669	501C3	80,259				DOMESTIC VIOL ASSIST
(2)	SHELTER PARTNERSHIP INC 520 S GRAND AVE SUITE 695 LOS ANGELES CA 90071	95-3976214	501C3	138,938				DOMESTIC VIOL ASSIST
(3)	THE BLACK NEIGHBORHOOD 1503 MACDONALD AVE SUITE A RICHMOND CA 94804	83-2927647	501C3	57,922				DOMESTIC VIOL ASSIS
(4)	THE CONTRA COSTA FAMILY 254 26TH STREET RICHMOND CA 94804	47-4082871	501C3	56,400				DOMESTIC VIOL ASSIST
(5)	THE REGENTS OF THE UNIVERSITY 120 THEORY SUITE 200 IRVINE CA 92617	95-2226406	501C3	99,694				DOMESTIC VIOL ASSIST
(6)	TOLOWA DEE-NI NATION 12801 MOUTH OF SMITH RIVER RD SMITH RIVER CA 95531	68-0087275	501C3	60,310				DOMESTIC VIOL ASSIST
(7)	VALORUS 1215 K STREET SUITE 1850 SACRAMENTO CA 95814	94-2800985	501C3	6,300				DOMESTIC VIOL ASSIST
(8)	WEAVE INC 1900 K STREET SACRAMENTO CA 95811	94-2493158	501C3	76,017				DOMESTIC VIOL ASSIST
(9)	WOMENS CENTER-YOUTH & 620 NORTH SAN JOAQUIN STREET STOCKTON CA 95202	94-2341360	501C3	72,751				DOMESTIC VIOL ASSIST

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....
- 3 Enter total number of other organizations listed in the line 1 table .....

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

Schedule I (Form 990) 2023

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization	CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE	Employer identification number	77-0347420
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Part I General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WOMEN'S RESOURCE CENTER INC 1963 APPLE ST OCEANSIDE CA 92054	95-2932237	501C3	60,413				DOMESTIC VIOL ASSIST
(2)	WOMEN'S TRANSITIONAL LIVING 201 EAST AMERIGE AVENUE FULLERTON CA 92832	51-0201813	501C3	49,861				DOMESTIC VIOL ASSIST
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3

Enter total number of other organizations listed in the line 1 table

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV

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

**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service  
Name of the organization**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees****Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.****Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2023****Open to Public  
Inspection****CALIFORNIA PARTNERSHIP TO END  
DOMESTIC VIOLENCE**Employer identification number  
**77-0347420****Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.****5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

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

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

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DIANE GOUT	(i)	175,316	0	0	9,441	0	184,757	0
1 SENIOR DIRECTOR	(ii)	0	0	0	0	0	0	0
LISA SICA	(i)	157,500	0	0	31,439	0	188,939	0
2 SENIOR DIRECTOR	(ii)	0	0	0	0	0	0	0
KRISTA COLON	(i)	150,633	0	0	5,945	0	156,578	0
3 SENIOR DIRECTOR	(ii)	0	0	0	0	0	0	0
JENNIFER KHALIFA	(i)	145,000	0	0	15,539	0	160,539	0
4 SENIOR DIRECTOR	(ii)	0	0	0	0	0	0	0
ALEESE MOORE-ORBIH	(i)	214,377	0	0	8,308	8,308	230,993	0
5 EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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

<b>SCHEDULE O</b> <b>(Form 990)</b>  Department of the Treasury Internal Revenue Service	<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or Form 990-EZ. Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047  <b>2023</b>  Open to Public Inspection
	Name of the organization <b>CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE</b>	Employer identification number <b>77-0347420</b>

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

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 PRIORITIZING PREVENTION STRATEGIES, INFLUENCING PUBLIC POLICY, STRENGTHENING LOCAL SERVICE PROVIDER'S CAPACITY, AND INCREASING COMMUNITY AWARENESS TO ADVANCE SAFETY AND HEALING OF SURVIVORS, THEIR FAMILIES AND THEIR COMMUNITIES.

FORM 990 - ORGANIZATION'S MISSION

THE ORGANIZATION'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 SOCIATE CHANGE, WE ADVANCE OUR MISSION BY PRIORITIZING PREVENTION STRATEGIES.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

- ADVANCE PUBLIC POLICY SOLUTIONS: PASS STRONG LEGISLATION ADDRESSING THE 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 APPROPRIATE RESPONSES TO THOSE WHO COMMIT ABUSE.
- ADVOCATED FOR STAGE PREVENTION FUNDING AND LEGISLATION TO ADDRESS SURVIVORS' NEEDS.
  - WORK WITH STATE AGENCIES TO IMPLEMENT FUNDING FOR PREVENTION PROGRAMMING.
  - TRACKED AND ADVOCATED FOR OVER 40 PIECES OF LEGISLATION.



Name of the organization

Employer identification number

CALIFORNIA PARTNERSHIP TO END

77-0347420

-CONVENED MONTHLY WEBINARS WITH MEMBER ORGANIZATIONS, HOSTED TOPIC-SPECIFIC LISTENING SESSIONS, AND HOSTED WEBINARS TO EDUCATE.

COMMUNICATE PRIORITIES: ENSURE ACCURAGE 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.

-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 ATTEND TO THE EVOLVING NEEDS OF SURVIVORS AND FAMILIES, MOBILIZED COMMUNITIES TO PREVENT AND RESPOND TO DOMESTIC VIOLENCE WITH INNOVATIVE APPROACHES.

-HOSTED ANNUAL MEMBERSHIP MEETING AND FACILITATED REGIONAL CONVENINGS.

-TRAINED 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 ADVOCATES.

-PROVIDED TECHNICAL ASSISTANCE TO INDIVIDUALS CONTACTING HELP DESK.

-SUPPORTED MEMBER PROFESSIONAL DEVELOPMENT AND LISTSERVS AND PEER LEARNING CIRLES.

Name of the organization

Employer identification number

CALIFORNIA PARTNERSHIP TO END

77-0347420

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

LEVEL I - PRIMARY PURPOSE DOMESTIC VIOLENCE ORGANIZATIONS, PROGRAMS AND PROJECTS.

LEVEL II - ALLIED COALITIONS, MULTI-DISCIPLINARY GROUPS AND GOVERNMENT ALLIANCES.

LEVEL III - INDIVIDUAL MEMBERS.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

MEMBERS ELECT REGIONAL REPRESENTATIVES AND AT-LARGE DIRECTORS TO SERVE ON THE BOARD.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

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 MERGER AS TO WHICH THE CORPORATION IS 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 PROPOSAL: (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.

Name of the organization

Employer identification number

CALIFORNIA PARTNERSHIP TO END

77-0347420

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, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 DRAFT WAS REVIEWED BY THE AUDIT COMMITTEE, WHICH THEN IS SUBMITTED TO FULL BOARD FOR REVIEW AND APPROVAL.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY BOARD DEVELOPMENT COMMITTEE ENSURES NEW BOARD MEMBERS RECEIVE THIS POLICY STATEMENT DURING BOARD ORIENTATION. THERE IT IS REVIEWED AND SIGNED. FULLY BOARD REVIEWS AND RE-SIGNS POLICY ON AN ANNUAL BASIS. ANY SUCH ISSUES, OR PERCEIVED ISSUES THAT ARISE IN THE COURSE OF BUSINESS ARE DISCLOSED DO FULL BOARD AND DOCUMENTED AS SUCH.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BYLAWS STIPULATE DIRECTORS SHALL NOT RECEIVE ANY COMPENSATION FROM THE

Name of the organization

Employer identification number

CALIFORNIA PARTNERSHIP TO END

77-0347420

CORPORATION FOR THEIR SERVICES. 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 CORPORATE FUNCTIONS. 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.

WITH REGARD TO EXECUTIVE DIRECTOR - THE BOARD REVIEWS AND APPROVES THE SALARY RANGE AND SPECIFIC COMPENSATION FOR THE EXECUTIVE DIRECTOR. IT IS THE BOARD'S INTENT TO PROVIDE FAIR YET REASONABLE AND NOT EXCESSIVE COMPENSATION FOR THIS POSITION AND ANY OTHER HIGHLY COMPENSATED EMPLOYEES AND CONTRACTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
SEE EXECUTIVE DIRECTOR EXPLANATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
SUCH ITEMS ARE POSTED ON OUR PUBLIC WEBSITE AND ALSO AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION  
ROUNDING \$ -1

Form <b>990</b>	<b>Two Year Comparison Report</b>			<b>2022 &amp; 2023</b>	
Name <b>CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE</b>					
For calendar year 2023, or tax year beginning <b>07/01/23</b> , ending <b>06/30/24</b>			Taxpayer Identification Number <b>77-0347420</b>		
<b>Revenue</b>	1. Contributions, gifts, grants	1.	2022 <b>659,179</b>	2023 <b>828,066</b>	Differences <b>168,887</b>
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	<b>4,244,310</b>	<b>5,241,442</b>	<b>997,132</b>
	4. Program service revenue	4.	<b>286,416</b>	<b>1,153,091</b>	<b>866,675</b>
	5. Investment income	5.	<b>679</b>	<b>529</b>	<b>-150</b>
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. <b>Total revenue.</b> Add lines 1 through 11	12.	<b>5,190,584</b>	<b>7,223,128</b>	<b>2,032,544</b>
<b>Expenses</b>	13. Grants and similar amounts paid	13.	<b>1,382,830</b>	<b>3,627,676</b>	<b>2,244,846</b>
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	<b>179,000</b>	<b>214,377</b>	<b>35,377</b>
	16. Salaries, other compensation, and employee benefits	16.	<b>2,270,748</b>	<b>2,476,541</b>	<b>205,793</b>
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	<b>875,156</b>	<b>186,260</b>	<b>-688,896</b>
	19. Occupancy, rent, utilities, and maintenance	19.	<b>58,082</b>	<b>6,306</b>	<b>-51,776</b>
	20. Depreciation and Depletion	20.			
	21. Other expenses	21.	<b>408,771</b>	<b>845,520</b>	<b>436,749</b>
	22. <b>Total expenses.</b> Add lines 13 through 21	22.	<b>5,174,587</b>	<b>7,356,680</b>	<b>2,182,093</b>
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23.	<b>15,997</b>	<b>-133,552</b>	<b>-149,549</b>
<b>Other Information</b>	24. Total exempt revenue	24.	<b>5,190,584</b>	<b>7,223,128</b>	<b>2,032,544</b>
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	<b>287,095</b>	<b>1,153,620</b>	<b>866,525</b>
	27. Total assets	27.	<b>2,834,665</b>	<b>2,255,582</b>	<b>-579,083</b>
	28. Total liabilities	28.	<b>1,063,121</b>	<b>617,591</b>	<b>-445,530</b>
	29. Retained earnings	29.	<b>1,771,544</b>	<b>1,637,991</b>	<b>-133,553</b>
	30. Number of voting members of governing body	30.	<b>13</b>	<b>14</b>	
	31. Number of independent voting members of governing body	31.	<b>12</b>	<b>13</b>	
	32. Number of employees	32.	<b>27</b>	<b>27</b>	
33. Number of volunteers	33.	<b>19</b>	<b>13</b>		

Federal Statements

Taxable Interest on Investments

Description			Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	Amount						
INTEREST INCOME	\$ 529			14			
TOTAL	\$ 529						

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONSULTANT	\$ 50,402	\$ 22,001	\$ 28,401	\$
TOTAL	\$ 50,402	\$ 22,001	\$ 28,401	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
EQUIPMENT	\$ 55	\$	\$ 55	\$
TOTAL	\$ 55	\$ 0	\$ 55	\$ 0

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
GOVERNMENT GRANTS	\$ 5,241,442
PRIVATE FOUNDATION GRANTS	650,000
CONTRIBUTIONS	178,066
TOTAL	\$ 6,069,508



Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
BLUE SHIELD OF CALIFORNIA	\$ 2,625,000	\$ 2,126,754
TOTAL	\$ 2,625,000	\$ 2,126,754

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	\$ 529
TOTAL	\$ 529

Schedule A, Part II, Line 12 - Current year

Description	Amount
FEE FOR SERVICE REVENUE	\$ 1,003,639
MEMBERSHIP DUES	84,995
WORKSHOPS	64,457
TOTAL	\$ 1,153,091

## **Filing Instructions**

### **California Partnership to End Domestic Violence**

#### **Annual Registration Renewal Fee Report to Attorney General of California**

**Taxable Year Ended June 30, 2024**

**Date Due:** May 15, 2025

**Remittance:** Your Form RRF-1 for the tax year ended 6/30/24 shows a balance due of \$400. Include a check payable to the Department of Justice in the amount of \$400. Write "E.I.N. 77-0347420, RRF-1 Balance Due for the year ended 6/30/24" on the check.

**Mail To:** Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

**Signature:** The return should be signed and dated by an officer representing the organization.

**Other:** A copy of the federal return should be attached and sent with the registration renewal.

MAIL TO:  
Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://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 301-307, and 310

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)

<b>CALIFORNIA PARTNERSHIP TO END</b>		Check if:	
Name of Organization		<input type="checkbox"/> Change of address	
List all DBAs and names the organization uses or has used		<input type="checkbox"/> Amended report	
<b>1215 K STREET, SUITE 1850</b>		<input type="checkbox"/> Organization requests email notifications	
Address (Number and Street)		State Charity Registration Number	
<b>SACRAMENTO CA 95814</b>		Corporation or Organization No. <b>1854193</b>	
City or Town, State, and ZIP Code		Federal Employer ID No. <b>77-0347420</b>	
<b>916-444-7163</b>			
Telephone Number			
<b>LISA@CPEDV.ORG</b>			
E-mail Address			
<b>ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)</b>			
Make Check Payable to Department of Justice			
<b>Total Revenue</b>	<b>Fee</b>	<b>Total Revenue</b>	<b>Fee</b>
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400
		Between \$20,000,001 and \$100 million	\$800
		Between \$100,000,001 and \$500 million	\$1,000
		Greater than \$500 million	\$1,200
<b>PART A - ACTIVITIES</b>			
For your most recent full accounting period (beginning <u>07/01/23</u> ending <u>06/30/24</u> ) list:			
<b>Total Revenue \$</b> <u>7,223,128</u> <b>Noncash Contributions \$</b> <u>0</u> <b>Total Assets \$</b> <u>2,255,582</u>			
<b>Program Expenses \$</b> <u>6,143,569</u> <b>Total Expenses \$</b> <u>7,356,680</u>			
<b>PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT</b>			
Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.			
	Yes	No	
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X	
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X	
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X	
5. During this reporting period, did the organization receive any governmental funding?	X		<b>STMT 1</b>
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X	
7. Does the organization conduct a vehicle donation program?		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?	X		
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X	
<b>I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.</b>			
<u>KRISTA COLON</u>		<u>SENIOR DIRECTOR</u>	
Signature of Authorized Agent	Printed Name	Title	Date

**Statement 1 - Form RRF-1, Part B, Line 5 - Governmental Funding****Description**

CALIFORNIA OFFICE OF EMERGENCY SERVICES  
3650 SCHIEVER AVE  
MATHER, CA 95655  
\$900,231

US CENTER OF DISEASE CONTROL  
4770 BUFFORD HWY MS76  
ATLANTA, GA 30241  
\$488,931

US DEPARTMENT OF JUSTICE  
810 7TH STREET NW  
WASHINGTON DC 20531  
\$108,034

US DEPARTMENT OF HEALTH AND HUMAN SERVICES  
1250 MARYLAND AVE SW SUITE 800  
WASHINGTON DC 20530  
\$363,657

## **Filing Instructions**

### **California Partnership to End Domestic Violence**

#### **Form 8453-EO - California e-file Return Authorization for Exempt Organizations**

**Taxable Year Ended June 30, 2024**

**Date Due:** May 15, 2025

**Remittance:** None is required. Your Form 199 for the tax year ended 6/30/24 shows no balance due.

**Signature:** Form 8453-EO should be signed and dated by an authorized officer of the organization and returned to:

Fechter & Company, CPA's  
3445 American River Dr Ste A  
Sacramento, CA 95864

**Other:** Your return is being filed electronically with the California Franchise Tax Board and is not required to be mailed. If you mail a paper copy of your return to the California Franchise Tax Board, it will delay processing of your return.

034

Date Accepted \_\_\_\_\_

**DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR

**2023****California e-file Return Authorization for  
Exempt Organizations**

FORM

**8453-EO**Exempt Organization name **CALIFORNIA PARTNERSHIP TO END  
DOMESTIC VIOLENCE**Identifying number  
**77-0347420****Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	<b>7,223,128</b>
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	<b>7,223,128</b>
3	Total expenses and disbursements (Form 199, line 9)	3	<b>7,356,680</b>
4	Tax due (Form 109, line 23)	4	
5	Overpayment (Form 109, line 24)	5	

**Part II Settle Your Account Electronically for Taxable Year 2023**

6	<input type="checkbox"/> Direct Deposit of refund (Form 109 only.)		
7	<input type="checkbox"/> Electronic funds withdrawal	7a Amount _____	7b Withdrawal date (mm/dd/yyyy) _____

**Part III Schedule of Estimated Tax Payments for Taxable Year 2024** (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

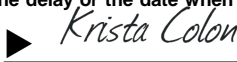
**Part IV Banking Information** (Have you verified the exempt organization's banking information?)

10 Routing number _____	12 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
11 Account number _____	

**Part V Declaration of Officer**



I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**



**Sign Here**  **05/13/2025** **SENIOR DIRECTOR**  
Signature of officer Date Title

**Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.** See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature  <b>BRETT V. HUSTON</b>	Date <b>05/12/25</b>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P00846006</b>
	Firm's name (or yours if self-employed) and address  <b>FECHTER &amp; COMPANY, CPA'S 3445 AMERICAN RIVER DR STE A SACRAMENTO CA</b>				Firm's FEIN <b>20-8710580</b> ZIP code <b>95864</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature 	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN _____
	Firm's name (or yours if self-employed) and address 			Firm's FEIN _____ ZIP code _____

TAXABLE YEAR

**California Exempt Organization  
Annual Information Return**

FORM

**2023****199**Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) **07/01/2023**, and ending (mm/dd/yyyy) **06/30/2024**Corporation/Organization name **CALIFORNIA PARTNERSHIP TO END  
DOMESTIC VIOLENCE**California corporation number  
**1854193**

Additional information. See instructions.

FEIN  
**77-0347420**

Street address (suite or room)

**1215 K STREET, SUITE 1850**

PMB no.

City

**SACRAMENTO**

State

**CA**

ZIP code

**95814**

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First return ☐ Yes ☒ No  
**B** Amended return ☒ Yes ☐ No  
**C** IRC Section 4947(a)(1) trust ☐ Yes ☒ No  
**D** Final information return?  
• ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized  
Enter date: (mm/dd/yyyy) • \_\_\_\_\_  
**E** Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other  
**F** Federal return filed? (1) • ☐ 990T (2) • ☐ 990PF (3) • ☐ Sch H (990)  
(4) ☐ Other 990 series  
**G** Is this a group filing? See instructions ☐ Yes ☒ No  
**H** Is this organization in a group exemption ☐ Yes ☒ No  
If "Yes," what is the parent's name? \_\_\_\_\_

- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ☐ Yes ☒ No  
**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. **N/A** ☐ Yes ☐ No  
**K** Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_  
**L** Is the organization a limited liability company? ☐ Yes ☒ No  
**M** Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No  
**N** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No  
**O** Is federal Form 1023/1024 pending? ☐ Yes ☒ No  
Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8	<b>1</b>	<b>1,153,620</b>	<b>00</b>
	<b>2</b> Gross dues and assessments from members and affiliates	<b>2</b>		<b>00</b>
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received	<b>3</b>	<b>6,069,508</b>	<b>00</b>
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B.	<b>4</b>	<b>7,223,128</b>	<b>00</b>
	<b>5</b> Cost of goods sold	<b>5</b>		<b>00</b>
	<b>6</b> Cost or other basis, and sales expenses of assets sold	<b>6</b>		<b>00</b>
	<b>7</b> Total costs. Add line 5 and line 6	<b>7</b>		<b>00</b>
	<b>8</b> Total gross income. Subtract line 7 from line 4	<b>8</b>	<b>7,223,128</b>	<b>00</b>
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18	<b>9</b>	<b>7,356,680</b>	<b>00</b>
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<b>10</b>	<b>-133,552</b>	<b>00</b>
<b>Payments</b>	<b>11</b> Total payments	<b>11</b>		<b>00</b>
	<b>12</b> Use tax. See General Information K	<b>12</b>		<b>00</b>
	<b>13</b> Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	<b>13</b>		<b>00</b>
	<b>14</b> Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	<b>14</b>		<b>00</b>
	<b>15</b> Penalties and interest. See General Information J	<b>15</b>		<b>00</b>
	<b>16</b> Balance due. Add line 12 and line 15. Then subtract line 11 from the result	<b>16</b>		<b>00</b>
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
<b>Paid Preparer's Use Only</b>	Signature of officer	Title <b>SENIOR DIRECTOR</b>	Date	• Telephone <b>916-444-7163</b>
	Preparer's signature	<b>BRETT V. HUSTON</b>	Date <b>05/12/2025</b>	• PTIN <b>P00846006</b>
	Firm's name (or yours, if self-employed) and address	<b>FECHTER &amp; COMPANY, CPA'S 3445 AMERICAN RIVER DR STE A SACRAMENTO, CA 95864</b>		• Firm's FEIN <b>20-8710580</b>
				• Telephone <b>916-333-5360</b>
May the FTB discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No				



**CALIFORNIA PARTNERSHIP TO END**  
**77-0347420**

**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.

<b>Receipts from Other Sources</b>	<b>1</b> Gross sales or receipts from all business activities. See instructions	•	<b>1</b>	<b>1,153,091</b>	<b>00</b>
	<b>2</b> Interest	•	<b>2</b>	<b>529</b>	<b>00</b>
	<b>3</b> Dividends	•	<b>3</b>		<b>00</b>
	<b>4</b> Gross rents	•	<b>4</b>		<b>00</b>
	<b>5</b> Gross royalties	•	<b>5</b>		<b>00</b>
	<b>6</b> Gross amount received from sale of assets (See instructions)	•	<b>6</b>		<b>00</b>
	<b>7</b> Other income. Attach schedule	•	<b>7</b>		<b>00</b>
	<b>8</b> Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	<b>8</b>	<b>1,153,620</b>	<b>00</b>
<b>Expenses and Disbursements</b>	<b>9</b> Contributions, gifts, grants, and similar amounts paid. Attach schedule <b>SEE STATEMENT 1</b>	•	<b>9</b>	<b>3,627,676</b>	<b>00</b>
	<b>10</b> Disbursements to or for members	•	<b>10</b>		<b>00</b>
	<b>11</b> Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 2</b>	•	<b>11</b>	<b>214,377</b>	<b>00</b>
	<b>12</b> Other salaries and wages	•	<b>12</b>	<b>1,913,080</b>	<b>00</b>
	<b>13</b> Interest	•	<b>13</b>		<b>00</b>
	<b>14</b> Taxes	•	<b>14</b>		<b>00</b>
	<b>15</b> Rents	•	<b>15</b>	<b>6,306</b>	<b>00</b>
	<b>16</b> Depreciation and depletion (See instructions)	•	<b>16</b>		<b>00</b>
	<b>17</b> Other expenses and disbursements. Attach schedule <b>SEE STATEMENT 3</b>	•	<b>17</b>	<b>1,595,241</b>	<b>00</b>
	<b>18</b> Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	<b>18</b>	<b>7,356,680</b>	<b>00</b>

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
<b>1</b> Cash			<b>1,192,249</b>	•	<b>1,178,227</b>
<b>2</b> Net accounts receivable			<b>1,601,622</b>	•	<b>1,008,246</b>
<b>3</b> Net notes receivable				•	
<b>4</b> Inventories				•	
<b>5</b> Federal and state government obligations				•	
<b>6</b> Investments in other bonds				•	
<b>7</b> Investments in stock				•	
<b>8</b> Mortgage loans				•	
<b>9</b> Other investments. Attach schedule				•	
<b>10 a</b> Depreciable assets		<b>68,290</b>		<b>68,290</b>	
<b>b</b> Less accumulated depreciation		<b>68,290</b>		<b>68,290</b>	
<b>11</b> Land				•	
<b>12</b> Other assets. Attach schedule <b>STMT 4</b>			<b>40,794</b>	•	<b>69,109</b>
<b>13</b> Total assets			<b>2,834,665</b>		<b>2,255,582</b>
<b>Liabilities and net worth</b>					
<b>14</b> Accounts payable			<b>1,035,910</b>	•	<b>616,066</b>
<b>15</b> Contributions, gifts, or grants payable				•	
<b>16</b> Bonds and notes payable				•	
<b>17</b> Mortgages payable				•	
<b>18</b> Other liabilities. Attach schedule <b>STMT 5</b>			<b>27,211</b>		<b>1,525</b>
<b>19</b> Capital stock or principal fund				•	
<b>20</b> Paid-in or capital surplus. Attach reconciliation				•	
<b>21</b> Retained earnings or income fund			<b>1,771,544</b>	•	<b>1,637,991</b>
<b>22</b> Total liabilities and net worth			<b>2,834,665</b>		<b>2,255,582</b>

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

<b>1</b> Net income per books	•	<b>-133,552</b>	<b>7</b> Income recorded on books this year not included in this return. Attach schedule	•	
<b>2</b> Federal income tax	•		<b>8</b> Deductions in this return not charged against book income this year. Attach schedule	•	
<b>3</b> Excess of capital losses over capital gains	•		<b>9</b> Total. Add line 7 and line 8		
<b>4</b> Income not recorded on books this year. Attach schedule	•		<b>10</b> Net income per return. Subtract line 9 from line 6		<b>-133,552</b>
<b>5</b> Expenses recorded on books this year not deducted in this return. Attach schedule	•				
<b>6</b> Total. Add line 1 through line 5		<b>-133,552</b>			

# California Statements

## Statement 1 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts

PSA	Class	Name	Address	City	State	Zip		
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
	A SAFE PLACE		PO BOX 23006		OAKLAND		CA	94623
		DOMESTIC VIOL ASSIST	78,447					
	ALAMEDA COUNTY DISTRICT ATTORNEY		1225 FALLON ST		OAKLAND		CA	94612
		DOMESTIC VIOL ASSIST	96,250					
	ALLIANCE FOR COMMUNITY		PO BOX 2705		MARIPOSA		CA	95338
		DOMESTIC VIOL ASSIST	75,000					
	BELOVED SURVIVORS		5588 N PALM AVE 115		FRESNO		CA	93704
		DOMESTIC VIOL ASSIST	31,593					
	CENTER FOR THE PACIFIC		3424 WILSHIRE BLVD SUITE 1000		LOS ANGELES		CA	90010
		DOMESTIC VIOL ASSIST	7,088					
	COALITION FOR FAMILY HARMONY		1030 NORTH VENTURA RD		OXNARD		CA	93030
		DOMESTIC VIOL ASSIST	75,000					
	COALITION TO ABOLISH SLAVERY		3580 WILSHIRE BLVD SUITE 900		LOS ANGELES		CA	90010
		DOMESTIC VIOL ASSIST	1,925					
	COMMUNITY BEYOND VIOLENCE		PO BOX 484		GRASS VALLEY		CA	95945
		DOMESTIC VIOL ASSIST	75,000					
	CORA		2211 PALM AVENUE		SAN MATEO		CA	94403
		DOMESTIC VIOL ASSIST	52,780					
	CORONA-NORCO UNITED WAY		815 W SIXTH STREET STE 200		CORONA		CA	92882
		DOMESTIC VIOL ASSIST	58,127					
	COVENANT HOUSE		1325 N WESTERN AVENUE		LOS ANGELES		CA	90027
		DOMESTIC VIOL ASSIST	2,800					
	DESERT SANCTUARY INC		703 E. MAIN STREET		BARSTOW		CA	92311
		DOMESTIC VIOL ASSIST	41,584					
	DOVES OF BIG BEAR VALLEY INC		PO BOX 3646		BIG BEAR LAKE		CA	92315
		DOMESTIC VIOL ASSIST	76,992					
	EMPOWER YOLO INC		175 WALNUT ST		WOODLAND		CA	95695
		DOMESTIC VIOL ASSIST	69,883					
	FAMILY SERVICES OF TULARE COUNTY		PO BOX 429		VISALIA		CA	93292
		DOMESTIC VIOL ASSIST	42,955					
	FAMILY VIOLENCE LAW CENTER		470 27TH STREET		OAKLAND		CA	94512
		DOMESTIC VIOL ASSIST	56,065					
	GLOBAL TRANSGENDER SAFETY		2370 MARKET STREET 451		SAN FRANCISCO		CA	94114
		DOMESTIC VIOL ASSIST	58,319					
	HOUSE OF RUTH		PO BOX 459		CLAREMONT		CA	91711
		DOMESTIC VIOL ASSIST	51,735					
	HOUSING JUSTICE COLLECTIVE LLC		6417 PENN AVE SOUTH SUITE 7		MINNEAPOLIS		MN	55423
		DOMESTIC VIOL ASSIST	112,750					
	HUMAN OPTIONS		5540 TRABUCO ROAD SUITE 100		IRVINE		CA	92619
		DOMESTIC VIOL ASSIST	67,849					
	HUMBOLDT DOMESTIC VIOLENCE SERVICES		1404 H STREET		EUREKA		CA	95501
		DOMESTIC VIOL ASSIST	54,647					
	INTERFACE CHILDREN & FAMILY SERVICE		4001 MISSION OAKS BLVD		CAMARILLO		CA	93012
		DOMESTIC VIOL ASSIST	76,782					
	INTERVAL HOUSE		PO BOX 3356		SEAL BEACH		CA	90740
		DOMESTIC VIOL ASSIST	45,689					
	KINGS COMMUNITY ACTION ORGANIZATION		1130 NORTH 11TH AVENUE		HANFORD		CA	93232
		DOMESTIC VIOL ASSIST	78,766					

# California Statements

**Statement 1 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar  
Amounts (continued)**

PSA	Class	Name	Address	City	State	Zip		
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
		LAO FAMILY COMMUNITY DEVELOPMENT IN DOMESTIC VIOL ASSIST	2325 E 12 STREET SUITE 226 50,685		OAKLAND		CA 94601	
		LAURA'S HOUSE DOMESTIC VIOL ASSIST	33 JOURNEY SUITE 150 71,569		ALISO VIEJO		CA 92656	
		LUMINA ALLIANCE DOMESTIC VIOL ASSIST	PO BOX 125 233,629		SAN LUIS OBISPO		CA 93401	
		MARJAREE MASON CENTER INC DOMESTIC VIOL ASSIST	1600 M STREET 68,420		FRESNO		CA 93721	
		MONARCH SERVICES DOMESTIC VIOL ASSIST	233 EAST LAKE AVENUE 38,326		WATSONVILLE		CA 95076	
		NEW STAR FAMILY CENTER DOMESTIC VIOL ASSIST	12929 HAWTHORNE BLVD 27,486		HAWTHORNE		CA 90250	
		OPTION HOUSE DOMESTIC VIOL ASSIST	813 NORTH D STREET 55,453		SAN BERNARDINO		CA 92401	
		PALA BAND OF MISSION INDIANS DOMESTIC VIOL ASSIST	35955 PALA TEMECULA RD 4,900		PALA		CA 92059	
		PEACE OVER VIOLENCE DOMESTIC VIOL ASSIST	1541 WILSHIRE BLVD 3RD FLOOR 56,881		LOS ANGELES		CA 90017	
		POSITIVE RESULTS CENTER DOMESTIC VIOL ASSIST	1128 W. GARDENA BLVD 75,500		GARDENA		CA 90247	
		RAINBOW SERVICES DOMESTIC VIOL ASSIST	453 WEST 7TH STREET 50,000		SAN PEDRO		CA 90731	
		RUBY'S PLACE DOMESTIC VIOL ASSIST	20880 BAKER RD 81,895		CASTRO VALLEY		CA 94546	
		SAC CONNECT DOMESTIC VIOL ASSIST	225 30TH STREET SUITE 312 59,148		SACRAMENTO		CA 95816	
		SAFE FAMILY JUSTICE CENTERS DOMESTIC VIOL ASSIST	28910 PUJOL STREET 58,650		TEMECULA		CA 92590	
		SAFEQUEST SOLANO INC DOMESTIC VIOL ASSIST	1261 TRAVIS BLVD SUITE 230 80,259		FAIRFIELD		CA 94553	
		SHELTER PARTNERSHIP INC DOMESTIC VIOL ASSIST	520 S GRAND AVE SUITE 695 138,938		LOS ANGELES		CA 90071	
		THE BLACK NEIGHBORHOOD DOMESTIC VIOL ASSIST	1503 MACDONALD AVE SUITE A 57,922		RICHMOND		CA 94804	
		THE CONTRA COSTA FAMILY DOMESTIC VIOL ASSIST	254 26TH STREET 56,400		RICHMOND		CA 94804	
		THE REGENTS OF THE UNIVERSITY DOMESTIC VIOL ASSIST	120 THEORY SUITE 200 99,694		IRVINE		CA 92617	
		TOLOWA DEE-NI NATION DOMESTIC VIOL ASSIST	12801 MOUTH OF SMITH RIVER RD 60,310		SMITH RIVER		CA 95531	
		VALORUS DOMESTIC VIOL ASSIST	1215 K STREET SUITE 1850 6,300		SACRAMENTO		CA 95814	
		WEAVE INC DOMESTIC VIOL ASSIST	1900 K STREET 76,017		SACRAMENTO		CA 95811	
		WOMENS CENTER-YOUTH & DOMESTIC VIOL ASSIST	620 NORTH SAN JOAQUIN STREET 72,751		STOCKTON		CA 95202	
		WOMEN'S RESOURCE CENTER INC DOMESTIC VIOL ASSIST	1963 APPLE ST 60,413		OCEANSIDE		CA 92054	

## California Statements

### Statement 1 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts (continued)

PSA	Class	Name	Address	City	State	Zip	Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
		WOMEN'S TRANSITIONAL LIVING	201 EAST AMERIGE AVENUE	FULLERTON	CA	92832									
		DOMESTIC VIOL ASSIST	49,861												
		ENFUSE ACTION COLLECTIVE	8816 SOUTHEAST KNAPP STREET	PORTLAND	OR	97266									
		DOMESTIC VIOL ASSIST	548,243												
		SUBTOTAL													
			\$ 3,627,676												
		TOTAL													
			\$ 3,627,676												

### Statement 2 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address	City	State	Zip	Title	Avg Hrs	Compensation Amount
DINA POLKINGHORN	PRESIENT					4.00	
KAREN KAUR	VICE PRESIDENT					4.00	
MELISA LUKE	TREASURER					4.00	
JOBI WOOD	SECRETARY/SOUTH REP					3.00	
SAARA AHMED	BAY AREA REG REP.					3.00	
ALEJANDRINA CARRASCO	CENTRAL COAST REP.					3.00	
MAKAYLA CHACON	FAR NORTH REG REP					3.00	
CHELCEE THOMAS	1215 K STREET SUITE 1850					3.00	
SACRAMENTO	CA 95814					3.00	
GIOVANNA MARTINEZ	NORTH REGIONAL REP					3.00	
	LA REGIONAL REP					3.00	
LISA MONTARRO-MOORE	CENTRAL VALLEY REP					3.00	

## California Statements

### Statement 2 - Form 199, Part II, Line 11 - Officer Compensation (continued)

Name	Address	Avg Hrs	Compensation Amount
City	State Zip		
ABI RESENDIZ-ZUNIGA	DIRECTOR	2.00	
DACHELLE KENDRICK	DIRECTOR	2.00	
KEN OPLINGER	DIRECTOR	2.00	
WENDY BLANCO	DIRECTOR	2.00	
PAUL CASTRO	EXECUTIVE DIRECTOR	40.00	
ALEESE MOORE-ORBIH	1215 K STREET SUITE 1850		
SACRAMENTO	CA 95814	40.00	214,377
TOTAL			214,377

**California Statements****Statement 3 - Form 199, Part II, Line 17 - Other Expenses**

Description	Amount
EMPLOYEE BENEFITS	\$ 396,874
PAYROLL TAX	166,587
ACCOUNTING	105,715
LEGAL	30,143
CONSULTANT	50,402
PRINTING	639
POSTAGE	900
TRAVEL	80,043
CONFERENCES AND MEETINGS	98,174
PROGRAM EXPENSES	520,232
MEMBERSHIP DUES	4,067
COMMUNICATIONS	2,283
BANK CHARGES	4,253
EQUIPMENT	55
OFFICE SUPPLIES	7,060
INFORMATION TECHNOLOGY	116,197
INSURANC	11,617
TOTAL	\$ 1,595,241

**Statement 4 - Form 199, Schedule L, Line 12 - Other Assets**

Description	Beginning of Year	End of Year
PREPAID EXPENSES	\$ 40,794	\$ 69,109
TOTAL	\$ 40,794	\$ 69,109

**Statement 5 - Form 199, Schedule L, Line 18 - Other Liabilities**

Description	Beginning of Year	End of Year
DEFERRED REVENUE	\$ 27,211	\$ 1,525
TOTAL	\$ 27,211	\$ 1,525

034

Date Accepted \_\_\_\_\_

**DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR

**2023****California e-file Return Authorization for  
Exempt Organizations**

FORM

**8453-EO**Exempt Organization name **CALIFORNIA PARTNERSHIP TO END  
DOMESTIC VIOLENCE**Identifying number  
**77-0347420****Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	_____
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	_____
3 Total expenses and disbursements (Form 199, line 9)	3	_____
4 Tax due (Form 109, line 23)	4	_____
5 Overpayment (Form 109, line 24)	5	_____

**Part II Settle Your Account Electronically for Taxable Year 2023**

6 <input type="checkbox"/> Direct Deposit of refund (Form 109 only.)		
7 <input type="checkbox"/> Electronic funds withdrawal	7a Amount _____	7b Withdrawal date (mm/dd/yyyy) _____

**Part III Schedule of Estimated Tax Payments for Taxable Year 2024** (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

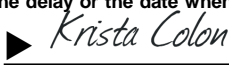

**Part IV Banking Information** (Have you verified the exempt organization's banking information?)

10 Routing number _____	12 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
11 Account number _____	

**Part V Declaration of Officer**


I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**


Sign Here		05/13/2025		<b>SENIOR DIRECTOR</b>
	Signature of officer	Date		Title

**Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.** See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature 	BRETT V. HUSTON	Date _____	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P00846006</b>
	Firm's name (or yours if self-employed) and address	<b>FECHTER &amp; COMPANY, CPA'S 3445 AMERICAN RIVER DR STE A SACRAMENTO CA</b>	Firm's FEIN <b>20-8710580</b>	ZIP code <b>95864</b>		

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature 	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN _____
	Firm's name (or yours if self-employed) and address	Firm's FEIN _____		
		ZIP code _____		

## California Partnership to End Domestic Violence - 2023 Tax Return

Final Audit Report

May 13, 2025

Created:	May 13, 2025
By:	Fechter & Company, Certified Public Accountants(l.bellini@fechtercpa.com)
Status:	ESigned
Transaction ID:	NKYMG5GC9XTM51JVKNM27Z51VW
Documents:	California Partnership to End Domestoc Violence 2023 Tax Return- - Final.pdf

## "California Partnership to End Domestic Violence - 2023 Tax Return" History

-  Document emailed to Krista Colon(Krista@cpedv.org) for signature  
5/13/2025 11:14:54 AM Pacific Daylight Time
-  Document viewed by Krista Colon(Krista@cpedv.org)  
5/13/2025 11:52:24 AM Pacific Daylight Time - IP address: 107.190.246.229
-  Document e-signed by Krista Colon(Krista@cpedv.org)  
Signature Date: 5/13/2025 11:52:53 AM Pacific Daylight Time - IP address: 107.190.246.229
-  Document Signed  
5/13/2025 11:52:53 AM Pacific Daylight Time