

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

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

| | | |
|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization Huckleberry Youth Programs, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3450 Geary Boulevard 107 City or town, state or province, country, and ZIP or foreign postal code San Francisco, CA 94118 F Name and address of principal officer: Douglas Styles same as C above | D Employer identification number 94-1687559 E Telephone number (415) 669-2622 G Gross receipts \$ 8,273,383. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ www.huckleberryyouth.org | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | |
| L Year of formation: 1968 | | M State of legal domicile: CA |

Part I Summary

| | | |
|------------------------------------|--|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: Huckleberry Youth Program's (HYP) mission is to educate, inspire, and support underserved youth 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 105 6 Total number of volunteers (estimate if necessary) 6 22 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 39 7b 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) 6,035,740. Prior Year 8,031,572. Current Year 9 Program service revenue (Part VIII, line 2g) 1,150. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10. 376. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 149,174. 143,385. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,186,074. 8,175,333. | |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 153,574. 498,494. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,610,861. 5,018,405. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 744,810. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,549,810. 1,789,452. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,314,245. 7,306,351. 19 Revenue less expenses. Subtract line 18 from line 12 -128,171. 868,982. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) 2,310,851. Beginning of Current Year 4,269,123. End of Year 21 Total liabilities (Part X, line 26) 514,756. 1,604,046. 22 Net assets or fund balances. Subtract line 21 from line 20 1,796,095. 2,665,077. | |

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 Douglas Styles, Executive Director Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name Sean E. Cain, CPA | Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01612986 |
| | Firm's name ▶ Harrington Group, CPAs, LLP Firm's address ▶ 234 East Colorado Blvd., Suite M150 Pasadena, CA 91101 | Firm's EIN ▶ 95-4557617 Phone no. (626) 403-6801 |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
Founded on the belief that adolescence is a dynamic and challenging time of life, HYP's mission is to educate, inspire, and support underserved youth to develop healthy life choices, to maximize their potential, and to realize their dreams. Since 1968, we have

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program 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 \$ 1,439,080. including grants of \$ 24,026.) (Revenue \$)
Huckleberry House, the first adolescent crisis shelter in the country, is a six-bed shelter in San Francisco's Haight-Ashbury district. The program provides 24/7/365 services to homeless, runaway, and other at-risk youth ages 11-17.

4b (Code:) (Expenses \$ 1,181,604. including grants of \$ 260,703.) (Revenue \$)
Huckleberry Youth Health Center is the first full-time, community-based health center dedicated exclusively to teens and young adults in San Francisco. It is also the primary provider of health education workshops in San Francisco schools and after-school sites. Medical services, including primary and reproductive health care, are provided by caring peers and adults to over 4,900 youth annually.

4c (Code:) (Expenses \$ 970,469. including grants of \$ 146,532.) (Revenue \$)
Huckleberry's Community Assessment and Resource Center is an alternative to Juvenile Hall in the juvenile justice system, providing services to 33% of the youth arrested in San Francisco. Arrested youth receive an assessment and a wide range of services, including reintegration in school, guidance in completing community service requirements, and referrals to counseling and after-school programs.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 1,941,599. including grants of \$ 67,233.) (Revenue \$)

4e Total program service expenses 5,532,752.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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 |
|---|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

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

| | | Yes | No |
|--|--|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| | 2a 105 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | X | |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | N/A | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | N/A | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| | N/A | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| | N/A | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| | N/A | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| | N/A | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | | |
| | N/A | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| | N/A | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | | |
| | N/A | | |
| 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 | | |
| | 13b | | |
| c | Enter the amount of reserves on hand | | |
| | 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | | X |
| | If "Yes," complete Form 4720, Schedule O. | | |

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| | 1a 17 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 17 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 10b | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 12c | | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |
| 16b | | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **Douglas Styles - (415)669-2622**
299 Kansas St., San Francisco, CA 91403

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below 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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (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) Jackie Murphy President | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) Rose Bentley Vice President | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) Leon Metz Treasurer | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (4) Sabina Shaikh Secretary | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (5) Tony Baca Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) Marianne Bamonte Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) Danielle Cagan Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) Margaret Gomez Board Member (Start 2/20) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) Shelley Gottlieb Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) Betsy Hausman Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) Lily Ho Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) Thao Nguyen Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) Jerry Peters Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) Jared Polsky Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) Jeff Sosnaud Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) Pat Stanton Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) Richard Stransky Board Member | 1.00 | 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 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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (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 | | | |
| (18) Susheela Vasan Board Member | 1.00 | X | | | | | 0. | 0. | 0. | |
| (19) Douglas Styles Executive Director | 40.00 | | | X | | | 174,175. | 0. | 24,697. | |
| (20) Norma Elaine Moya Finance Director (Beg. 2/20) | 40.00 | | | X | | | 0. | 0. | 0. | |
| (21) Scott Nielsen Finance Director (End 2/20) | 40.00 | | | X | | | 90,557. | 0. | 0. | |
| (22) Amy McConnell Director of Development | 40.00 | | | | X | | 100,599. | 0. | 6,730. | |
| (23) Denise Coleman Director of Youth Justice | 40.00 | | | | X | | 100,684. | 0. | 11,323. | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | 466,015. | 0. | 42,750. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 466,015. | 0. | 42,750. | |

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**

| | Yes | No |
|---|-----|----|
| 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 | | X |
| 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 | X | |
| 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 | | 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 |
|---|--------------------------------|---------------------|
| Robert Half Management, 50 California St., 10th Floor, San Francisco, CA 94111 | Accounting Services | 267,583. |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) |
|--|---|---|--|--|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | |
| | b | Membership dues | 1b | | | |
| | c | Fundraising events | 1c | 166,597. | | |
| | d | Related organizations | 1d | | | |
| | e | Government grants (contributions) | 1e | 5,168,385. | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,696,590. | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 40,368. | | |
| | h Total. Add lines 1a-1f | | | 8,031,572. | | |
| | Program Service Revenue | 2 a | | Business Code | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f | | All other program service revenue | | | | |
| g Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 | | Investment income (including dividends, interest, and other similar amounts) | 376. | | 376. |
| | 4 | | Income from investment of tax-exempt bond proceeds | | | |
| | 5 | | Royalties | | | |
| | 6 a | Gross rents | (i) Real | 32,677. | | |
| | | | (ii) Personal | | | |
| | | | 6b | Less: rental expenses | 0. | |
| | 6c | Rental income or (loss) | 32,677. | | | |
| | d | | | Net rental income or (loss) | 32,677. | 32,677. |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | | | |
| | | | (ii) Other | | | |
| | | | 7b | Less: cost or other basis and sales expenses | | |
| | 7c | Gain or (loss) | | | | |
| | d | | | Net gain or (loss) | | |
| | 8 a | Gross income from fundraising events (not including \$ 166,597. of contributions reported on line 1c). See Part IV, line 18 | 8a | 98,050. | | |
| 8b | | | Less: direct expenses | 98,050. | | |
| c | | | Net income or (loss) from fundraising events | 0. | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | |
| | | 9b | Less: direct expenses | | | |
| | | c | | | Net income or (loss) from gaming activities | |
| 10 a | Gross sales of inventory, less returns and allowances | 10a | | | | |
| | | 10b | Less: cost of goods sold | | | |
| | | c | | | Net income or (loss) from sales of inventory | |
| Miscellaneous Revenue | 11 a | | Insurance claim | 524298 | 79,150. | 79,150. |
| | b | | Miscellaneous income | 900099 | 31,558. | 31,558. |
| | c | | | | | |
| | d | | All other revenue | | | |
| | e | | | Total. Add lines 11a-11d | 110,708. | |
| 12 | | | Total revenue. See instructions | 8,175,333. | 0. | 0. |
| | | | | | | 143,761. |

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 |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 498,494. | 498,494. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 317,028. | 63,406. | 158,514. | 95,108. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 3,898,795. | 3,201,694. | 229,774. | 467,327. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 504,156. | 379,475. | 70,287. | 54,394. |
| 10 Payroll taxes | 298,426. | 237,312. | 27,893. | 33,221. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 425. | | 425. | |
| c Accounting | 361,552. | 26,078. | 332,482. | 2,992. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 162,023. | 152,095. | 1,843. | 8,085. |
| 12 Advertising and promotion | 11,272. | 5,911. | 4,950. | 411. |
| 13 Office expenses | 295,442. | 223,020. | 36,039. | 36,383. |
| 14 Information technology | 59,025. | 44,335. | 14,690. | |
| 15 Royalties | | | | |
| 16 Occupancy | 607,686. | 505,221. | 82,080. | 20,385. |
| 17 Travel | 60,891. | 59,349. | 995. | 547. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 28,005. | 15,851. | 11,206. | 948. |
| 20 Interest | 2,069. | | 2,069. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 37,594. | 35,606. | 1,699. | 289. |
| 23 Insurance | 45,887. | | 45,887. | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Repair & maintenance | 43,831. | 34,623. | 9,196. | 12. |
| b AmeriCorps fee | 28,000. | 28,000. | | |
| c License & fees | 22,261. | 14,663. | 4,016. | 3,582. |
| d Equipment | 10,216. | 5,812. | 4,404. | |
| e All other expenses | 13,273. | 1,807. | -9,660. | 21,126. |
| 25 Total functional expenses. Add lines 1 through 24e | 7,306,351. | 5,532,752. | 1,028,789. | 744,810. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 |
|---|--|--------------------------|------------|---------------------|
| Assets | 1 Cash - non-interest-bearing | 371,803. | 1 | 434,770. |
| | 2 Savings and temporary cash investments | 23,379. | 2 | 411,467. |
| | 3 Pledges and grants receivable, net | 222,500. | 3 | 515,000. |
| | 4 Accounts receivable, net | 1,248,945. | 4 | 2,592,135. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 178,405. | 9 | 34,978. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,271,727. | | |
| | b Less: accumulated depreciation | 10b 1,046,053. | 240,106. | 10c 225,674. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 25,713. | 15 | 55,099. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 2,310,851. | 16 | 4,269,123. | |
| Liabilities | 17 Accounts payable and accrued expenses | 487,256. | 17 | 645,656. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 27,500. | 19 | 19,584. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 912,200. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 0. | 25 | 26,606. |
| | 26 Total liabilities. Add lines 17 through 25 | 514,756. | 26 | 1,604,046. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 1,261,703. | 27 | 1,490,685. |
| | 28 Net assets with donor restrictions | 534,392. | 28 | 1,174,392. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 1,796,095. | 32 | 2,665,077. |
| 33 Total liabilities and net assets/fund balances | 2,310,851. | 33 | 4,269,123. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 8,175,333. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 7,306,351. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 868,982. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,796,095. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 2,665,077. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <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 in Schedule O. | | |
| 2a | 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 | | X |
| 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 | X | |
| c | 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. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | X | |
| 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 _____ | X | |

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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 6,227,904. | 5,902,824. | 6,717,554. | 6,035,740. | 8,031,572. | 32,915,594. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 4 Total. Add lines 1 through 3 | 6,227,904. | 5,902,824. | 6,717,554. | 6,035,740. | 8,031,572. | 32,915,594. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 32,915,594. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4 | 6,227,904. | 5,902,824. | 6,717,554. | 6,035,740. | 8,031,572. | 32,915,594. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | 7,238. | 17. | 12,280. | 39,819. | 33,043. | 92,397. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 8,304. | 26,512. | 12,814. | 109,365. | 110,708. | 267,703. |
| 11 Total support. Add lines 7 through 10 | | | | | | 33,275,694. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 21,602. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-------------------------------------|---------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 98.92 % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | 99.16 % |
| 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 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> | | |
| 2 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> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 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> | | |
| c 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> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| 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> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| 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 |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI . | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | |

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

- 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 | Adjusted Net Income (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 | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% 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 .035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (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 85% of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990 or 990-EZ) 2019

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

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

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

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

Huckleberry Youth Programs, Inc.

Employer identification number

94-1687559

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 foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part 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, II, and III.

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

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

| | |
|---|---|
| Name of organization Huckleberry Youth Programs, Inc. | Employer identification number 94-1687559 |
|---|---|

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 | Board State & Community Corrections 2590 Venture Oaks Way Sacramento, CA 95833 | \$ 183,944. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | California Governor's Office of Emergency Services 3650 Schriever Ave. Mather, CA 95655 | \$ 480,916. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | City & County of SF - Department of Public Health 1380 Howard St., 5th Floor San Francisco, CA 94103 | \$ 612,076. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | City & County of SF - HSA 1650 Mission St. San Francisco, CA 94103 | \$ 414,822. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | County of Marin - DPH 20 N. San Pedro Rd., Suite 2027 San Rafael, CA 94903 | \$ 172,109. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | Department of Children Youth and Their Families 1390 Market St., Suite 900 San Francisco, CA 94102 | \$ 2,552,252. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization Huckleberry Youth Programs, Inc. | Employer identification number 94-1687559 |
|---|---|

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 |
|------------|--|----------------------------|---|
| 7 | The Carolyn & Peter Friedman Foundation 76 Main St., Suite A Tiburon, CA 94920 | \$ 285,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | U.S Department of Health & Human Services, San Francisco P.O. Box 7988 San Francisco, CA 94120 | \$ 322,267. | 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.) |

| | |
|---|---|
| Name of organization Huckleberry Youth Programs, Inc. | Employer identification number 94-1687559 |
|---|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

| | |
|---|---|
| Name of organization Huckleberry Youth Programs, Inc. | Employer identification number 94-1687559 |
|---|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

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 for instructions and the latest information.**

Open to Public Inspection

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 Huckleberry Youth Programs, Inc. | Employer identification number 94-1687559 |
|---|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 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-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|--|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | 0. | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | 0. | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | 0. | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | 7,269,923. | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | 7,269,923. | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 513,496. | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align: left;">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. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | 128,374. | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| j If there is an amount other than 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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | 462,118. | 474,108. | 465,712. | 513,496. | 1,915,434. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 2,873,151. |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | 115,530. | 118,527. | 116,428. | 128,374. | 478,859. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 718,289. |
| f Grassroots lobbying expenditures | | | | | |

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 |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d 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 |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

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."

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

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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Huckleberry Youth Programs, Inc.** Employer identification number **94-1687559**

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).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| 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 in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 113,419. | | 113,419. |
| b Buildings | | 508,073. | 460,056. | 48,017. |
| c Leasehold improvements | | 301,348. | 273,996. | 27,352. |
| d Equipment | | 252,981. | 231,956. | 21,025. |
| e Other | | 95,906. | 80,045. | 15,861. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 225,674. |

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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" 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, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) Govt Owned Asset | 26,606. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 26,606. |

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

| | | | | |
|----------|--|-----------|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 8,175,333. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 8,175,333. |
| 4 | Amounts included on Form 990, Part VIII, line 12, 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 | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 8,175,333. |

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

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

| | | | | |
|----------|---|-----------|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 7,306,351. |
| 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 | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 7,306,351. |
| 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 | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 7,306,351. |

Part XIII Supplemental Information.

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

Part X, Line 2:

HYP is exempt from taxation under Internal Revenue Code Section 501(c)(3) and California Revenue and Taxation Code Section 23701d.

Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by HYP in their federal and state exempt organization tax returns are more likely than not to be sustained upon examination. HYP's returns are subject to examination by federal and state taxing authorities, generally for three and four years, respectively, after they are filed.

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|--|-----------------------------|--------------|------------------|--|
| | | Cirque du Soleil | | None | |
| Revenue | | (event type) | (event type) | (total number) | |
| 1 | Gross receipts | 264,647. | | | 264,647. |
| 2 | Less: Contributions | 166,597. | | | 166,597. |
| 3 | Gross income (line 1 minus line 2) | 98,050. | | | 98,050. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 98,050. | | |
| 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 98,050. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 0. |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|-----------------------------|---|---|---|
| | | | | | |
| Revenue | 1 | Gross revenue | | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**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 for the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **Huckleberry Youth Programs, Inc.** Employer identification number **94-1687559**

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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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 non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|------------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| Direct client assistance | 0 | 756. | 113,129. | Cost | Food is provided to program participants, Books, fees to cover SAT tests, childcare costs and school supplies. |
| Subcontracted services for clients | 0 | 32. | 384,577. | Cost | Fees |
| | | | | | |
| | | | | | |
| | | | | | |

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

Part I, Line 2:

The organization maintains records to substantiate the amount of assistance given and the selection criteria used to award such assistance.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **Huckleberry Youth Programs, Inc.**
 Employer identification number: **94-1687559**

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|----------|
| 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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 | 1b | |
| 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? | 2 | |
| 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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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? | 4a | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | X |
| 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? | 5a | X |
| b Any related organization? | 5b | X |
| 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? | 6a | X |
| b Any related organization? | 6b | X |
| 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 | 7 | X |
| 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 | 8 | X |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Schedule J (Form 990) 2019

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 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 | | | | |
| (1) Douglas Styles Executive Director | (i) | 174,175. | 0. | 0. | 0. | 24,697. | 198,872. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **Huckleberry Youth Programs, Inc.** Employer identification number: **94-1687559**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 2 | 10,525. | FMV |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (Gift cards) | X | 28 | 12,634. | FMV |
| 26 Other ▶ (Tickets) | X | 12 | 6,545. | FMV |
| 27 Other ▶ (Wine) | X | 16 | 5,594. | FMV |
| 28 Other ▶ (Miscellaneous) | X | 3 | 5,070. | FMV |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) 2019

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

Huckleberry Youth Programs, Inc.

Employer identification number

94-1687559

Form 990, Part I, Line 1, Description of Organization Mission:

to develop healthy life choices, to maximize their potential, and to realize their dreams.

Form 990, Part III, Line 1, Description of Organization Mission:

accomplished this by providing San Francisco and Marin youth and their families with a network of services and opportunities offered by caring peers and adults.

Form 990, Part III, Line 4d, Other Program Services:

The Huckleberry Wellness Academies in San Francisco and Marin counties are college access programs, with a focus on health careers, for under-performing, high potential students. The programs provide career training, academic counseling, and college access to youth who will be the first in their families to attend college. During the year covered, the program served 145 young people.

Expenses \$ 477,225. including grants of \$ 31,776. Revenue \$ 0.

Huckleberry Teen Health Program ("HTHP") is the primary provider of health access, youth development and other support services for underserved youth in Marin County. Services include weekly teen clinics in San Rafael and Novato, health workshops offered in schools and community sites, individual and family counseling, and case management. The agency was recently selected by the County to provide prevention counseling to youth referred by the Marin County Juvenile Drug Court.

2,500 clients served annually are from the Canal District of San

Name of the organization

Huckleberry Youth Programs, Inc.

Employer identification number

94-1687559

Rafael. During the year covered, 275 clients were served in our health clinic, and 1,499 young people participated in health education workshops. 475 clients received substance abuse or other mental health services.

Expenses \$ 512,090. including grants of \$ 2,655. Revenue \$ 0.

Huckleberry Advocacy and Response Team provides services for youth ages 11-24 who are experiencing commercial sexual exploitation or who are at risk. Youth are referred by County Child Welfare, Juvenile Probation, School Staff, Medical Providers, By Peers & Self-referred.

Expenses \$ 592,981. including grants of \$ 25,317. Revenue \$ 0.

Project READY, (Reconnecting, Educating, and Achieving Dreams for Youth), ensures middle schoolers with behavioral or truancy issue, a successful transition to high school and avoid contact with the juvenile system. Academic support and intensive one-on-one case management, combined with parental support and education, can reduce rates of school failure and arrest among youth with multiple risk factors. To achieve the goal of transitioning youth to high school while avoiding contact with the juvenile justice system, the program works with youth from the summer before 8th grade through the first semester of 9th grade, with the most intensive services offered during the 8th grade.

Expenses \$ 359,303. including grants of \$ 7,485. Revenue \$ 0.

Form 990, Part VI, Section B, line 11b:

Preliminary review of the Form 990 is carried out by the Fiscal Director. Prior to filing, it is distributed to the Board of Directors and reviewed

Name of the organization

Huckleberry Youth Programs, Inc.

Employer identification number

94-1687559

by the Executive Director and the Finance Committee of the Board of Directors.

Form 990, Part VI, Section B, Line 12c:

The organization's conflict of interest policy is reviewed with candidates for election or re-election to the Board. The elections occur bi-annually and Board candidates with significant conflicts of interest are not considered. All Board members are required to disclose any conflicts.

Form 990, Part VI, Section B, Line 15:

Executive Director compensation is determined in negotiation with the Board of Directors and includes a compensation study. The negotiated salary is recorded in a formal contract.

The compensation of the Fiscal Director is reviewed by the Board of Directors' Finance Committee with reference to regional salary surveys for comparable positions at comparable agencies.

Form 990, Part VI, Section C, Line 19:

Requests for governing documents, conflict of interest policy, and/or financial statements are referred to the Executive Director and the Fiscal Director. Documents are sent within three work days to requestors who agree to pay a nominal fee for copying. Requestors who decline to pay a copying fee are offered the opportunity to review the documents in our administrative office.

California Exempt Organization Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) **07/01/2019**, and ending (mm/dd/yyyy) **06/30/2020**

| | | |
|--|--------------------------------|---|
| Corporation/Organization name HUCKLEBERRY YOUTH PROGRAMS, INC. | | California corporation number 0562456 |
| Additional information. See instructions. | | FEIN 94-1687559 |
| Street address (suite or room) 3450 GEARY BOULEVARD, NO. 107 | | PMB no. |
| City SAN FRANCISCO | State CA | ZIP code 94118 |
| Foreign country name | Foreign province/state/country | Foreign postal code |

| | |
|--|---|
| <p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy)</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p> |
|--|---|

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

| | | | | | |
|------------------------------|----|--|----|-----------|----|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 241,811 | 00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | | 00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received STMT 1 | 3 | 8,031,572 | 00 |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B STMT 2 | 4 | 8,273,383 | 00 |
| | 5 | Cost of goods sold | 5 | | 00 |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | | 00 |
| | 7 | Total costs. Add line 5 and line 6 | 7 | | 00 |
| | 8 | Total gross income. Subtract line 7 from line 4 | 8 | 8,273,383 | 00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 7,404,401 | 00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 868,982 | 00 |
| Filing Fee | 11 | Total payments | 11 | | 00 |
| | 12 | Use tax. See General Information K | 12 | | 00 |
| | 13 | Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 | 13 | | 00 |
| | 14 | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 | 14 | | 00 |
| | 15 | Filing fee \$10 or \$25. See General Information F | 15 | N/A | 00 |
| | 16 | Penalties and Interest. See General Information J | 16 | | 00 |
| | 17 | Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result | 17 | | 00 |

| | | | | |
|---|---|--------------------------------|---|--------------------------------------|
| Sign Here | Signature of officer | Title EXECUTIVE DIRE | Date | • Telephone |
| | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | • PTIN P01612986 |
| Paid Preparer's Use Only | Firm's name (or yours, if self-employed) and address HARRINGTON GROUP, CPAS, LLP 234 EAST COLORADO BLVD., SUITE M150 PASADENA, CA 91101 | | | • Firm's FEIN 95-4557617 |
| | | | | • Telephone (626) 403-6801 |
| May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

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.

928951 12-04-19

| | | | | | | |
|------------------------------------|----|--|---|----|-----------|----|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | 98,050 | 00 |
| | 2 | Interest | • | 2 | 376 | 00 |
| | 3 | Dividends | • | 3 | | 00 |
| | 4 | Gross rents | • | 4 | 32,677 | 00 |
| | 5 | Gross royalties | • | 5 | | 00 |
| | 6 | Gross amount received from sale of assets (See Instructions) | • | 6 | | 00 |
| | 7 | Other income SEE STATEMENT 3 | • | 7 | 110,708 | 00 |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | • | 8 | 241,811 | 00 |
| | 9 | Contributions, gifts, grants, and similar amounts paid | • | 9 | 498,494 | 00 |
| | 10 | Disbursements to or for members | • | 10 | | 00 |
| | 11 | Compensation of officers, directors, and trustees SEE STATEMENT 4 | • | 11 | 317,028 | 00 |
| | 12 | Other salaries and wages | • | 12 | 3,898,795 | 00 |
| | 13 | Interest | • | 13 | 2,069 | 00 |
| | 14 | Taxes | • | 14 | 298,426 | 00 |
| | 15 | Rents | • | 15 | 607,686 | 00 |
| | 16 | Depreciation and depletion (See instructions) | • | 16 | 37,594 | 00 |
| | 17 | Other Expenses and Disbursements SEE STATEMENT 5 | • | 17 | 1,744,309 | 00 |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | • | 18 | 7,404,401 | 00 |

| Schedule L Balance Sheet | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|---------------------------|-----------|---------------------|-----------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 395,182 | • | 846,237 |
| 2 | Net accounts receivable | | 1,248,945 | • | 2,592,135 |
| 3 | Net notes receivable | | | • | |
| 4 | Inventories | | | • | |
| 5 | Federal and state government obligations | | | • | |
| 6 | Investments in other bonds | | | • | |
| 7 | Investments in stock | | | • | |
| 8 | Mortgage loans | | | • | |
| 9 | Other investments | | | • | |
| 10 | a Depreciable assets | 1,135,147 | | 1,158,308 | |
| | b Less accumulated depreciation | (1,008,460 | 126,687 | (1,046,053) | 112,255 |
| 11 | Land | | 113,419 | • | 113,419 |
| 12 | Other assets STMT 6 | | 426,618 | • | 605,077 |
| 13 | Total assets | | 2,310,851 | | 4,269,123 |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | 487,256 | • | 645,656 |
| 15 | Contributions, gifts, or grants payable | | | • | |
| 16 | Bonds and notes payable | | | • | |
| 17 | Mortgages payable | | | • | |
| 18 | Other liabilities STMT 7 | | 27,500 | | 958,390 |
| 19 | Capital stock or principal fund | | | • | |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | • | |
| 21 | Retained earnings or income fund | | 1,796,095 | • | 2,665,077 |
| 22 | Total liabilities and net worth | | 2,310,851 | | 4,269,123 |

| 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. | | | |
| 1 | Net income per books | • | 868,982 |
| 2 | Federal income tax | • | |
| 3 | Excess of capital losses over capital gains | • | |
| 4 | Income not recorded on books this year | • | |
| 5 | Expenses recorded on books this year not deducted in this return | • | |
| 6 | Total. Add line 1 through line 5 | | 868,982 |
| 7 | Income recorded on books this year not included in this return | • | |
| 8 | Deductions in this return not charged against book income this year | • | |
| 9 | Total. Add line 7 and line 8 | | |
| 10 | Net income per return. Subtract line 9 from line 6 | | 868,982 |

CA 199 Cash Contributions Statement 1
Included on Part I, Line 3

| Contributor's Name | Contributor's Address | Date of Gift | Amount |
|--|--|--------------|----------|
| Adobe Foundation/Systems Inc. | 345 Park Ave. San Jose, CA 95110 | 12/26/19 | 10,000. |
| Alex Sloan | 101 Parkshore Dr., Suite 100 Folsom, CA 95630 | 12/10/19 | 10,000. |
| Alexander M. & June L. Maisin Foundation | 121 Steuart St. San Francisco, CA 94105 | 10/02/19 | 10,000. |
| Alice Shaver Charitable Trust | P.O. Box 147 Williamstown, MA 01267 | 08/15/19 | 10,000. |
| Art and Janet Wong | 2757 Divisadero Street San Francisco, CA 94123 | 04/23/20 | 5,000. |
| Board State & Community Corrections | 2590 Venture Oaks Way Sacramento, CA 95833 | 06/30/20 | 183,944. |
| Bob and Christine Feibusch | P.O. Box 6 Ross, CA 94905 | 12/12/19 | 5,000. |
| Bob and Dana Emery | 3450 Sacramento St., #330 San Francisco, CA 94118 | 09/12/19 | 15,000. |
| Brian & Leslie Baker | 1738 Diamond St. San Francisco, CA 94131 | 06/10/20 | 10,000. |
| Bruce Bodaken | 4639 Paradise Dr. Tiburon, CA 94920 | 06/05/20 | 10,000. |
| California Family Health Council | 3600 Wilshire Blvd., Suite 600 Los Angeles, CA 90010 | 06/30/20 | 46,495. |
| California Governor's Office of Emergency Services | 3650 Schriever Ave. Mather, CA 95655 | 06/30/20 | 480,916. |
| Center for Domestic Peace | 734 A St. San Rafael, CA 94901 | 06/30/20 | 19,727. |
| Chris and Jaclyn Gallo | 2737 Steiner Street San Francisco, CA 94123 | 05/21/20 | 5,000. |
| City & County of SF - Department of Public Health | 1380 Howard St., 5th Floor San Francisco, CA 94103 | 06/30/20 | 612,076. |

| <u>Huckleberry Youth Programs, Inc.</u> | | | <u>94-1687559</u> |
|--|---|----------|-------------------|
| City & County of SF - HSA | 1650 Mission St. San Francisco, CA 94103 | 06/30/20 | 414,822. |
| Cohen Family Fund | P.O. Box 1311 Ross, CA 94957 | 12/16/19 | 75,000. |
| Community Works | 110 Broadway Oakland, CA 94607 | 06/30/20 | 49,993. |
| Corey Limbach and Paula Smith | 2625 Ridge Road Berkeley, CA 94709 | 07/08/19 | 20,000. |
| County of Marin - DPH | 20 N. San Pedro Rd., Suite 2027 San Rafael, CA 94903 | 06/30/20 | 172,109. |
| Curran Foundation | 411 Walnut Street, #11123 Green Cove Springs, FL 32043 | 08/12/19 | 10,000. |
| Department of Children Youth and Their Families | 1390 Market St., Suite 900 San Francisco, CA 94102 | 06/30/20 | 2,552,252. |
| Department of Justice - Office of Violence Against Women | 145 N Street, NE, Suite 10W.121 Washington, DC 20530 | 06/30/20 | 30,000. |
| Dodge & Cox | 555 California St., 40th Floor San Francisco, CA 94104 | 11/06/19 | 10,000. |
| Doug Robson | 4326 24th Street San Francisco, CA 94114 | 05/21/20 | 5,000. |
| Dyann Tresenfeld | 235 Beverly Place Pacifica, CA 94044 | 02/18/20 | 10,000. |
| Ernie Chow & Gwen Hinze | 3580 21st St. San Francisco, CA 94114 | 12/09/19 | 10,000. |
| Essential Access Health | 3600 Wilshire Blvd., Suite 600 Los Angeles, CA 90010 | 06/30/20 | 46,495. |
| Eucalyptus Foundation | PO Box 29550 San Francisco, CA 94129 | 01/13/20 | 30,000. |
| Evelyn and Walter Haas | 114 Sansome St., Suite 600 San Francisco, CA 94104 | 09/30/19 | 15,000. |
| Five Bridges Foundation | 1156 Clement St. San Francisco, CA 94118 | 08/23/19 | 85,000. |
| Frances & Charles D. Field Foundation | 1680 Juanita Lane, Suite D Tiburon, CA 94920 | 07/31/19 | 50,000. |
| Fred Gellert Family Foundation | 1038 Redwood Highway, Bldg. B, Ste. 2 Mill Valley, CA 94941 | 10/22/19 | 10,000. |

| | | | |
|-------------------------------------|--|----------|----------|
| Fthree Foundation | 1714 Stockton Street, Suite 400 San Francisco, CA 94133 | 12/26/19 | 5,000. |
| Fullerton Family Foundation | 5 Hamilton Landing, Suite 200 Novato, CA 94949 | 12/05/19 | 110,000. |
| George H. Sandy Foundation | P.O. Box 45174 San Francisco, CA 94145 | 12/03/19 | 75,000. |
| GGG Foundation | 1660 Bush Street, Ste. 300 San Francisco, CA 94109 | 12/05/19 | 30,000. |
| Gilead Sciences, Inc. | 333 Lakeside Dr. Foster City, CA 94404 | 01/21/20 | 75,000. |
| Ginnie & Peter Haas | 491 Wilson Avenue Novato, CA 94947 | 12/11/19 | 25,000. |
| Gomez Family Trust | P.O. Box 310 San Geronimo, CA 94963 | 06/18/20 | 5,000. |
| Gruber Family Foundation | P.O. Box 214 Ross, CA 94957 | 04/09/20 | 25,000. |
| Harry and Karen Rosenbluth | 28 Midhill Drive Mill Valley, CA 94941 | 12/12/19 | 5,000. |
| Henry Mayo Newhall Foundation | 57 Post St., Suite 510 San Francisco, CA 94104 | 11/27/19 | 25,000. |
| Herbert R. and Jeanne C. Mayer | 30101 Agoura Court No.112 Agoura Hills, CA 91301 | 03/03/20 | 70,000. |
| Isabel Allende Foundation | 116 Caledonia Street Sausalito, CA 94965 | 08/01/19 | 20,000. |
| Jamel & Tom Perkins | 3565 Washington St. San Francisco, CA 94118 | 11/20/19 | 10,000. |
| Jay and Judy Hearst | 23960 Long Valley Road Hidden Hills, CA 93102 | 12/24/19 | 10,000. |
| Joe and Kathleen Jolson | P.O. Box 816 Nicasio, CA 94946 | 12/26/19 | 5,000. |
| John & Junie Sullivan | 106 Alder Ave. San Anselmo, CA 94960 | 07/26/19 | 22,500. |
| JP Morgan Charitable Giving Fund | 165 Township Line Road, Suite 1200 Jenkintown, PA 19046 | 11/18/19 | 20,000. |
| Kaiser Trauma-CARC | 200 Muir Rd., Hacienda Building Martinez, CA 94553 | 09/26/19 | 98,000. |
| Kathy & Gary Grady | 239 Poplar Dr. Kentfield, CA 94904 | 08/13/19 | 10,000. |

Huckleberry Youth Programs, Inc.94-1687559

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| Ken and Lori Styles | 1007 Harvard Road Oakland, CA 94610 | 12/19/19 | 5,000. |
| Ken and Vera Meislin | 2 Walsh Drive Mill Valley, CA 94941 | 01/02/20 | 5,000. |
| KP Financial SVCS OPS | 200 Muir Rd., Hacienda Building Martinez, CA 94553 | 07/02/19 | 30,000. |
| Larkin Street Youth Services | 134 Golden Gate Ave. San Francisco, CA 94102 | 06/30/20 | 20,000. |
| Lee and Perry Smith | 699 Deer Valley Road San Rafael, CA 94903 | 12/26/19 | 7,500. |
| Leestma Family Foundation | 333 N. Canal St., Apt. 1903 Chicago, IL 60606 | 12/06/19 | 10,000. |
| Linda Gruber | P.O. Box 214 Ross, CA 94957 | 03/30/20 | 25,000. |
| Marin Community Foundation | 5 Hamilton Landing, Suite 200 Novato, CA 94949 | 06/30/20 | 125,000. |
| MarinHealth Medical Center | 100B Drakes Landing Road, Suite 255 Greenbrae, CA 94904 | 12/11/19 | 10,000. |
| Mary Margaret Isham Rev. Trust (Jewish Family and Children's Svcs.) | 2150 Post Street, PO Box 159004 San Francisco, CA 94115 | 12/23/19 | 10,000. |
| Mary Powell and Adam Messinger | 525 Jersey St. San Francisco, CA 94114 | 11/07/19 | 5,000. |
| Mitch and Susan Cohen | P.O. Box 1311 Ross, CA 94957 | 06/30/20 | 100,000. |
| MUFG Union Bank, N.A. | 400 California St. San Francisco, CA 94104 | 08/14/19 | 25,000. |
| Nancy H. and James Kelso Fund | 5 Hamilton Landing, Suite 200 Novato, CA 94949 | 08/14/19 | 100,000. |
| The Nick Traina Foundation | P.O. Box 470427 San Francisco, CA 94147 | 12/12/19 | 15,000. |
| Patricia and James Stanton | 308 Laurel Street San Francisco, CA 94118 | 10/29/19 | 10,000. |
| Quest Foundation | P.O. Box 339 Danville, CA 94526 | 06/05/20 | 50,000. |
| Redwood Credit Union | 3033 Cleveland Ave. Santa Rosa, CA 95403 | 03/25/20 | 35,000. |

| Huckleberry Youth Programs, Inc. | | | 94-1687559 |
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| Robert and Dana Emery Family Foundation | 3450 Sacramento St., #330 San Francisco, CA 94118 | 09/01/19 | 15,000. |
| Ron Conway (via Schwab Charitable) | P.O. Box 628298 Orlando, FL 32862 | 11/21/19 | 5,000. |
| Sallie Griffith | 79 Bellevue Ave. Belvedere, CA 94920 | 02/20/20 | 10,000. |
| Samantha Campbell | 471 Hoffman Ave. San Francisco, CA 94114 | 12/26/19 | 6,500. |
| San Francisco Department Status of Women | 25 Van Ness Avenue, Suite 240 San Francisco, CA 94102 | 06/30/20 | 47,740. |
| San Francisco District Attorney | 350 Rhode Island St #400n San Francisco, CA 94103 | 06/30/20 | 79,386. |
| San Francisco SOL | 25 Van Ness Avenue, Suite 240 San Francisco, CA 94102 | 06/30/20 | 39,357. |
| Slave 2 Nothing Foundation | 13502 Hamburger Lane Baldwin Park, CA 91706 | 04/23/20 | 50,000. |
| The Carolyn & Peter Friedman Foundation | 76 Main St., Suite A Tiburon, CA 94920 | 07/29/19 | 285,000. |
| The Futures Project | 15645 Coleman Valley Road Occidental, CA 95465 | 06/01/20 | 10,000. |
| The Jane and William Curran Foundation | 411 Walnut Street, #11123 Green Cove Springs, FL 32043 | 06/30/20 | 15,000. |
| The Morris Stulsaft Foundation | 1660 Bush St., Suite 300 San Francisco, CA 94109 | 10/07/19 | 25,000. |
| The Raymond & Joanne Lin Foundation | 25 Brandon Court Hillsborough, CA 94010 | 04/16/20 | 20,000. |
| U.S Department of Health & Human Services, San Francisco | P.O. Box 7988 San Francisco, CA 94120 | 06/30/20 | 322,267. |
| Village Fund | 165 Township Line Road, Suite 1200 Jenkintown, PA 19046 | 11/28/19 | 20,000. |
| Wizard487 | 5 Hamilton Landing, Suite 200 Novato, CA 94949 | 11/18/19 | 5,000. |
| Total included on line 3 | | | <u><u>7,217,079.</u></u> |

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| CA 199 | NonCash Contributions Included on Part I, Line 3 | Statement | 2 |
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| <u>Contributor's Name</u> | <u>Contributor's Address</u> | | |
| Gregg and Judy Gibson | 47 South Oak Avenue San Anselmo, CA 94960 | | |
| <u>Property Description</u> | <u>Date of Gift</u> | <u>Total Amount</u> | <u>FMV of Gift</u> |
| Stock | 11/18/19 | 5,428. | 5,428. |

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| <u>Contributor's Name</u> | <u>Contributor's Address</u> | | |
| The Nick Traina Foundation | P.O. Box 470427 San Francisco, CA 94147 | | |
| <u>Property Description</u> | <u>Date of Gift</u> | <u>Total Amount</u> | <u>FMV of Gift</u> |
| Target Gift cards | 12/12/19 | 21,250. | 6,250. |

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| <u>Contributor's Name</u> | <u>Contributor's Address</u> | | |
| Shelley Gottlieb | 33 Balceta Avenue San Francisco, CA 94127 | | |
| <u>Property Description</u> | <u>Date of Gift</u> | <u>Total Amount</u> | <u>FMV of Gift</u> |
| Stock | 04/21/20 | 5,097. | 5,097. |

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| Total included on line 3 | 16,775. |
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| CA 199 | Other Income | Statement | 3 |
|--------|--------------|-----------|---|

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|------------------------------------|---------------|
| <u>Description</u> | <u>Amount</u> |
| Miscellaneous income | 31,558. |
| Insurance claim | 79,150. |
| Total to Form 199, Part II, line 7 | 110,708. |

| CA 199 | Compensation of Officers, Directors and Trustees | Statement | 4 |
|--|--|--------------|---|
| Name and Address | Title and Average Hrs Worked/Wk | Compensation | |
| Jackie Murphy 3450 Geary Boulevard, No. 107 San Francisco, CA 94118 | President 1.00 | 0. | |
| Rose Bentley 3450 Geary Boulevard, No. 107 San Francisco, CA 94118 | Vice President 1.00 | 0. | |
| Leon Metz 3450 Geary Boulevard, No. 107 San Francisco, CA 94118 | Treasurer 1.00 | 0. | |
| Sabina Shaikh 3450 Geary Boulevard, No. 107 San Francisco, CA 94118 | Secretary 1.00 | 0. | |
| Tony Baca 3450 Geary Boulevard, No. 107 San Francisco, CA 94118 | Board Member 1.00 | 0. | |
| Marianne Bamonte 3450 Geary Boulevard, No. 107 San Francisco, CA 94118 | Board Member 1.00 | 0. | |
| Danielle Cagan 3450 Geary Boulevard, No. 107 San Francisco, CA 94118 | Board Member 1.00 | 0. | |
| Margaret Gomez 3450 Geary Boulevard, No. 107 San Francisco, CA 94118 | Board Member (Start 2/20) 1.00 | 0. | |
| Shelley Gottlieb 3450 Geary Boulevard, No. 107 San Francisco, CA 94118 | Board Member 1.00 | 0. | |
| Betsy Hausman 3450 Geary Boulevard, No. 107 San Francisco, CA 94118 | Board Member 1.00 | 0. | |
| Lily Ho 3450 Geary Boulevard, No. 107 San Francisco, CA 94118 | Board Member 1.00 | 0. | |

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| Thao Nguyen 3450 Geary Boulevard, No. 107 San Francisco, CA 94118 | Board Member 1.00 | 0. |
| Jerry Peters 3450 Geary Boulevard, No. 107 San Francisco, CA 94118 | Board Member 1.00 | 0. |
| Jared Polsky 3450 Geary Boulevard, No. 107 San Francisco, CA 94118 | Board Member 1.00 | 0. |
| Jeff Sosnaud 3450 Geary Boulevard, No. 107 San Francisco, CA 94118 | Board Member 1.00 | 0. |
| Pat Stanton 3450 Geary Boulevard, No. 107 San Francisco, CA 94118 | Board Member 1.00 | 0. |
| Richard Stransky 3450 Geary Boulevard, No. 107 San Francisco, CA 94118 | Board Member 1.00 | 0. |
| Susheela Vasan 3450 Geary Boulevard, No. 107 San Francisco, CA 94118 | Board Member 1.00 | 0. |
| Douglas Styles 3450 Geary Boulevard, No. 107 San Francisco, CA 94118 | Executive Director 40.00 | 215,743. |
| Norma Elaine Moya 3450 Geary Boulevard, No. 107 San Francisco, CA 94118 | Finance Director (Beg. 2/2 40.00 | 51,015. |
| Scott Nielsen 3450 Geary Boulevard, No. 107 San Francisco, CA 94118 | Finance Director (End 2/20 40.00 | 50,270. |

Total to Form 199, Part II, line 11

317,028.

| CA 199 | Other Expenses | Statement | 5 |
|---------------------------------------|----------------|-------------------|---|
| <u>Description</u> | | <u>Amount</u> | |
| Repair & maintenance | | 43,831. | |
| AmeriCorps fee | | 28,000. | |
| License & fees | | 22,261. | |
| Equipment | | 10,216. | |
| Direct expenses of fundraising events | | 98,050. | |
| Other employee benefits | | 504,156. | |
| Legal fees | | 425. | |
| Accounting fees | | 361,552. | |
| Other professional fees | | 162,023. | |
| Advertising and promotion | | 11,272. | |
| Office expenses | | 295,442. | |
| Information technology | | 59,025. | |
| Travel | | 60,891. | |
| Conferences and conventions | | 28,005. | |
| Insurance | | 45,887. | |
| All other expenses | | 13,273. | |
| Total to Form 199, Part II, line 17 | | <u>1,744,309.</u> | |

| CA 199 | Other Assets | Statement | 6 |
|--|--------------|---------------------|--------------------|
| <u>Description</u> | | <u>Beg. of Year</u> | <u>End of Year</u> |
| Pledges and Grants Receivable | | 222,500. | 515,000. |
| Prepaid Expenses and Deferred Charges | | 178,405. | 34,978. |
| Deposits | | 25,713. | 28,493. |
| Govt Owned Asset | | 0. | 26,606. |
| Total to Form 199, Schedule L, line 12 | | <u>426,618.</u> | <u>605,077.</u> |

| CA 199 | Other Liabilities | Statement | 7 |
|--|-------------------|---------------------|--------------------|
| <u>Description</u> | | <u>Beg. of Year</u> | <u>End of Year</u> |
| Govt Owned Asset | | 0. | 26,606. |
| Deferred Revenue | | 27,500. | 19,584. |
| Unsecured Notes and Loans Payable | | 0. | 912,200. |
| Total to Form 199, Schedule L, line 18 | | <u>27,500.</u> | <u>958,390.</u> |

| CA 199 | Fund Balances | Statement | 8 |
|--|---------------|-------------|---|
| Description | Beg. of Year | End of Year | |
| Net assets without donor restrictions | 1,261,703. | 1,490,685. | |
| Net assets with donor restrictions | 534,392. | 1,174,392. | |
| Total to Form 199, Schedule L, line 21 | 1,796,095. | 2,665,077. | |

2019 Political or Legislative Activities by Section 23701d Organizations

3509

For calendar year 2019 or fiscal year beginning (mm/dd/yyyy) 07/01/2019, and ending (mm/dd/yyyy) 06/30/2020.

Attach to Form 199. FTB 199N filers see instructions.

Table with 4 columns: Corporation/Organization name, California corporation number, Street address, FEIN, City, State, ZIP code.

Part I - Political Activities

Complete if the organization supported or opposed a candidate for public office. See instructions.

1 Has the organization participated or intervened in any political campaign on behalf of any elective public office candidate? 1 [] Yes [X] No

2 Has the organization contributed funds to support or oppose any individual public office candidate, or any organizations formed to support or oppose a public office candidate? 2 [] Yes [X] No

Part II - Legislative Activities

Complete if the organization attempted to influence legislation.

3 Has the organization attempted to influence any national, state or local legislation, or ballot measure and not filed a federal Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation? 3 [] Yes [X] No

4a Has the organization, during the 2019 taxable year, filed a federal Form 5768? 4a [] Yes [X] No

4b Has the organization filed a federal Form 5768 in a prior year that has not been revoked? 4b [] Yes [] No

Furnish the following financial information for the taxable year:

Table with 2 columns: Description of expenditure, Amount. Rows include Exempt Purpose Expenditures, Lobbying Expenditures, and Grass Roots Expenditures.