

**City of Cupertino  
Fiscal Year 2021  
Community Funding Grant Application**

Attachment B

Have you ever received a City of Cupertino Community Funding Grant in the past?

☐ Yes ☒ No If, Yes, when?

**SECTION 1: CONTACT INFORMATION**

Legal Name of Organization:	Valkyrie Robotics		
Web Address:	<a href="http://www.valkyrierobotics.org">www.valkyrierobotics.org</a>		
Mailing Address:	[REDACTED]		
City:	Cupertino	Zip: 95014	Phone: [REDACTED]
President/Executive Director:	Marcus Plutowski	Title:	Executive Director
Email:	<a href="mailto:marcus@valkyrierobotics.com">marcus@valkyrierobotics.com</a>	Telephone Number:	[REDACTED]
Contact Person:	Ashwin Rajesh	Title:	President of Business Operations
Email Address:	<a href="mailto:ashwin.rajesh@valkyrierobotics.com">ashwin.rajesh@valkyrierobotics.com</a>	Telephone Number:	[REDACTED]

**SECTION 2: NON-PROFIT INFORMATION**

501(c)(3)? <input checked="" type="radio"/> Yes <input type="radio"/> No	Year Established 2016	Federal Tax ID:	[REDACTED]
Fiscal Sponsor Name:	Valkyrie Robotics		
Fiscal Sponsor Address:	[REDACTED]		
City:	San Jose	Zip: 95125	Phone: [REDACTED]

**SECTION 3: ORGANIZATION INFORMATION**

Total Organization Budget:	\$60,000	Total # of Board Members:	3
Total # of staff:	7	Total # of Volunteers:	20

**Mission Statement:**

Through a variety of educational programs in science, technology, engineering, and mathematics ("STEM") targeted at 6th-12th grade students in California's southern Bay Area, Valkyrie Robotics seeks to strengthen the students of today with the skills and experience necessary for the industries of tomorrow.

**Brief Description of Organization:**

Valkyrie Robotics is based in the heart of Silicon Valley, the cradle for modern technology. Yet even here, the demand for STEM programs far outpaces the supply; most local robotics teams are based out of a single school, where hundreds of students may compete for too few a number of slots, and many others offer no such team at all. In contrast, Valkyrie accepts students from any school, race, gender, or financial background, and seeks to serve those students of which no other organization serves. Through our competitive and educational programs, we give students hands-on experience in all aspects of robotics and engineering. We also hold a variety of educational events at faires, parks, museums throughout the Bay Area to give back to the community that has helped us become the team we are today. Each year we seek to expand our operations to serve more students, whether through holding new outreach events, expanding our existing programs, or founding new ones wholesale.

**Brief Description of Services Provided:**

Valkyrie Robotics revolves around the titularly-named team 299 which consists of 30 to 40 high school students competing in the FIRST Robotics Competition (FRC). Each year, all FRC teams are challenged to build robots at the industrial-level within a one-to-two month time frame designed to complete specific objectives at regional competitions. Students part of Valkyrie's FRC team have the opportunity to explore all facets of the engineering process including, design, manufacturing, electrical and software. The team only by creating an environment for students to acquire hard skills, but also by emphasizing the importance of soft skills such as teamwork and collaboration which are vital in a professional workplace setting.

In addition, Valkyrie offers a summer program called Valkyrie Advance for middle school students who are not yet of age to join the FRC team. Students learn the fundamentals of robotics through VEX IQ robotics, which focuses on the basics of hardware and software.

**SECTION 4: GRANT REQUESTS**

1. Program/Project/Event Name: Mini-Robot Competition  
 2. Date(s) and/or duration of program/project/event (if applicable): July 2021 - August 2021  
 3. Total program/project/event budget: \$5,000  
 4. Requested Amount: \$3,000 Percent of total program/project/event budget: 60%  
 5. Program/Project projected income: \$0 Percentage of your organization's projected income: 0%  
 6. Type of Request:

- ☐ Capital Improvement  
☐ Program Support  
☒ Event  
☒ One-time project  
☐ Other:

7. This grant will fund a(n):

- ☐ Existing program/project/event; established in (year)  
☒ New program/project/event

8. Describe the purpose of requested funds and the services that will be provided:

The Mini-Robot Competition aims to replicate engineering-related experience as much as possible while still staying safe during the current pandemic. The project will involve teams of three to four Cupertino students tasked with designing, manufacturing, wiring, and coding a robot that completes tasks as part of a central challenge presented to them during the project kickoff.

Funds from this grant will go directly towards project supplies and safety measures. Supplies include Arduino microcontrollers and electrical components for a programmable robot control system, as well as 3D printers and plastic for the fabrication of mechanical parts in a manner that does not require any power tools or machinery in a dedicated workshop.

Funds for safety measures include masks and sanitization for students to work and transport tools and supplies to one another safely. Safety glasses will also be provided to ensure that students working with tools and components are adequately protected.

9. Please provide a line item breakdown of how the funds will be used in the categories below. If a category is not applicable, put \$0:

a) Admin Staff	\$0
b) Materials/Equipment	\$3,000
c) Entertainment	\$0
d) Room/Venue Rental	\$0
e) Other Professional Services	\$0
f) Other	\$0
<b>Total</b>	<b>\$3,000</b>

10. Explain how the request aligns to City mission and values:

As an organization, Valkyrie Robotics aims to create an environment which fosters education, innovation, and collaboration within its members.

During the COVID-19 pandemic, Valkyrie hopes to continue inspiring students to pursue their interests in the field of STEM. These students have had little opportunity to socialize with friends and peers in meaningful and educational ways, especially due to the fact that most extracurricular activities have been cancelled or moved to, unfortunately, a less-effective virtual setting.

Valkyrie, however, believes that learning and safety are not necessarily mutually exclusive. The most important goal of the Mini-Robot Competition is to provide opportunities for students to learn and grow as individuals as much as possible and as safely as possible.

11. Describe how the program/project/event fills a community need. Who identified this need? What other similar project/program/event exists to serve Cupertino residents? How is your proposed project/program/event unique from similar projects/programs/events or how do you collaborate to avoid duplication?

Due to the current pandemic, many local FIRST robotics teams have been unable to participate in this year's competition and provide adequate learning opportunities to students as a result. Valkyrie, as one of these teams, aims to fill this lack of robotics involvement by hosting a program that parallels the FIRST robotics experience in a safe and responsible manner.

The Mini-Robot Competition is similar to the Tech Challenge hosted annually by the Tech Interactive, where teams of Bay Area students are challenged to build devices that fulfill specific challenges.

The Mini-Robot Competition is unique because it, as well as the resources it provides, will be free-of-charge to participants. In addition, the event aims to create a more diverse learning experience. While the Tech Challenge focuses more on mechanical and electrical engineering, the Mini-Robot Competition will also allow teams to explore how software can be used to control hardware components in uniquely complex ways.

Attachment B

12. Who will be served by this grant?

This grant, which will directly fund the Mini-Robot Competition project, will serve 30-40 middle and high school students from across Cupertino.

a) Number of individuals total: 40

b) Number of Cupertino residents: 40

c) Particular community groups:

The event is dedicated towards middle-school and high-school students situated in Cupertino.

d) Will the program/project/event be available to the entire community/public or are there any eligibility criteria?

The event will be open to middle school and high school students from across Cupertino who wish to participate and will be capped to 40 participants on a first-come, first-serve sign-up basis.

e) Will there be a charge or fee for the program/project/event (if applicable)

There is no charge or fee for participants.

f) What outreach methods does your organization use to promote the program/project/event (if applicable)?

Valkyrie Robotics will not use outreach methods to promote this event.

13. Describe how the funds will be used to benefit or impact the Cupertino community:

As mentioned above, the goal of the Mini-Robot Competition is to safely and effectively provide an meaningfully educational robotics experience to students across Cupertino in the effort to inspire them to pursue their interests in the field of STEM. Using the funds from this grant, the project can teach a variety of skill sets across mechanical, electrical and software engineering, hopefully allowing students to realize their passions and possibly even set themselves on a path for college and the world beyond.

The project also emphasizes the importance of soft skills such as teamwork and organization. Working in teams of three or four, students are solely responsible for assigning, scheduling, and managing their work in order to meet the deadlines set by the competition. Not only does the Mini-Robot Competition aim to help develop students' passions for STEM, but to equip them with the experience, skills, and knowledge they need to be successful in any career.

14. Demonstrate that the member implementing and managing the program/project/event have adequate experience:

Valkyrie Robotics has adequate experience managing events similar to the Mini-Robot Competition due to its history of sponsoring a FIRST Robotics Competition (FRC) team through several years of robot builds.

FRC involves industrial-level engineering in the fields of design, manufacturing, electrical and software; as a result, Valkyrie has experience implementing standard workshop and tool safety procedures. In contrast, the Mini-Robot Competition requires only the use of small repair tools for assembly purposes; all manufacturing of robots will involve 3D printers rather than metal or wood machinery. Additionally, the Arduino electrical system eliminates the necessity for potentially dangerous electrical procedures such as crimping and soldering.

Valkyrie Robotics also has several adult mentors with more than 40 combined years of robotics experience. These mentors will supervise teams during the competition, offering guidance virtually and in-person only if absolutely necessary.

15. How will success of the program/project/event be measured?:

The success of the Mini-Robot Competition event will depend upon the experience and educational value that students will have gained, which will be measured in three ways. First, at the end of competition, teams will test their robots against the obstacles and challenges provided to them during the project kickoff. If teams can successfully build robots that complete these challenges, it will be clear that team members will have put in the effort to acquire and apply new skills in an effective and collaborative manner. The second method of measurement will be the supplies and techniques that teams will have used to develop their robots. This will allow us to know how students have explored the resources available to them and applied their newfound knowledge towards implementing and utilizing these resources. Finally, the project will have a closing survey where students will be asked a variety of questions that will gauge how much they gained from this experience.

16. Will more than 75% of the requested funds go towards direct service costs versus administrative costs?

☒ Yes ☐ No

17. Will you collaborate with other organizations to deliver the program/project/event funded by this grant? If so, which organizations?

Valkyrie Robotics does not plan to collaborate with other organizations when hosting the Mini-Robot Competition. Attachment B

18. If your organization has ever received financial or in-kind support from the City of Cupertino outside of Community Funding Grants, please describe this support:

19. Does your organization anticipate receiving additional financial or in-kind support from the City of Cupertino outside of Community Funding Grants for this type of program/project/event (e.g. fee waivers)? If so, please describe this anticipated support:

Valkyrie Robotics does not anticipate receiving additional support from the City of Cupertino.

20. If you are a multi-jurisdictional organization, describe any funding requested from other agencies/organizations in regards to this program/project/event request. Indicate whether the funding was granted, denied, or is still pending:

21. How would you fund the program/project/event if you do not receive the requested funding?:

Valkyrie would seek alternative methods of funding for this event, such as through grant requests from local companies or through fundraising campaigns in partnership with local establishments, although funding from these sources is obviously not guaranteed.

#### SECTION 5: PRIOR FUNDING

1. If you received a Community Funding Grant in prior years, indicate the amounts for each year and describe how those funds were used:

2. If you received a Community Funding Grant last year:

a. Please provide a line item breakdown of how the Community Funding Grant was used last year in the categories below. If a category is not applicable, put \$0:

i. Admin Staff	
ii. Materials/Equipment	
iii. Entertainment	
iv. Room/Venue Rental	
v. Other Professional Services	
vi. Other	
<b>Total</b>	<b>\$0</b>

b. Who was served by the grant last year?

i. Number of individuals total:

ii. Number of Cupertino residents:

iii. Particular community groups

iv. Was the program/project/event available to the entire community/public or are there any eligibility criteria?

v. Was there a charge or fee for the program/project/event (if applicable)?

vi. What outreach methods did your organization use to promote the program/project/event (if applicable)?

c. Was the program/project/event successful? Please indicate how success was measured:

3. Please indicate any additional funding received last year from other sources and provide your financial statement if available:

**Attachments:** Attach your financial statement, and any other helpful information about your project.

Program Manager Signature

Date Signed

President of Business Operations

02/01/2021

**Valkyrie Robotics (NEW) Eligibility Checklist (staff use only)**

<u>Eligibility</u>	YES	NO	<u>Notes:</u>
Be made or sponsored by a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event	X		
Identify how the funds will be used to benefit the Cupertino community	X		
Be awarded only once per project	X		
For specific needs, not on going, operational costs	X		
Have more than 75% of the requested funds allocated for direct service costs versus administrative costs	X		
Be complete and submitted by the application deadline	X		

<u>Restrictions/Guidelines</u>	YES	NO	<u>Notes:</u>
An organization that is applying for multiple grants shall only submit one application			NA
Proceeds generated from the funded activity may only be used for the conducted activity			NA
admission to or participation in the event must be "free of charge" to Cupertino residents unless stated in the application and approved by Parks and Recreation Commission			NA

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Have you ever received a City of Cupertino Community Funding Grant in the past?

☐ Yes ☒ No If, Yes, when?

**SECTION 1: CONTACT INFORMATION**

Legal Name of Organization: Tian Hong Foundation

Web Address: [www.tianhongfoundation.org](http://www.tianhongfoundation.org)

Mailing Address: [REDACTED]

City: Cupertino

Zip: 95014

Phone: [REDACTED]

President/Executive Director: Zuxin Li

Title:

CEO

Email:

Telephone Number:

Contact Person: Susan Shi

Title:

CFO & COO

Email Address:

Telephone Number:

**SECTION 2: NON-PROFIT INFORMATION**

501(c)(3)? ☒ Yes ☐ No Year Established 2011

Federal Tax ID: [REDACTED]

Fiscal Sponsor Name: Susan Shi

Fiscal Sponsor Address:

City: Cupertino

Zip: 95014

Phone: [REDACTED]

**SECTION 3: ORGANIZATION INFORMATION**

Total Organization Budget: \$20,000

Total # of Board Members: 2

Total # of staff: 2

Total # of Volunteers: 0

Mission Statement:

Our mission is to facilitate cross cultural communication, education, and arts & cultural exchange. Our programs aim to improve public health, happiness, and appreciation of arts from various cultural backgrounds.

Brief Description of Organization:

Tian Hong Foundation is a non-profit private operating foundation established in California in 2011. Our mission is to facilitate cross cultural communication, education, and arts & cultural exchange. Our programs aim to improve public health, happiness, and appreciation of arts from various cultural backgrounds.

Brief Description of Services Provided:

Host free public seminars on cross cultural art appreciation;

Sponsor and co-manage cultural dance performance shows and provide free tickets to multi-cultural audience;

Host annual cross cultural youth art contest;

Produce free content promoting positive thinking and poetic approach to life, with highlights on happiness, cultural heritage and arts appreciation.

**SECTION 4: GRANT REQUESTS**

1. Program/Project/Event Name: 2021 Youth Art Contest (Nature and Me)

2. Date(s) and/or duration of program/project/event (if applicable): April - Sep

3. Total program/project/event budget: \$6,000

4. Requested Amount: \$3,000 Percent of total program/project/event budget: 50%

5. Program/Project projected income: \$0 Percentage of your organization's projected income:

6. Type of Request:

☐ Capital Improvement

☒ Program Support

☐ Event

☐ One-time project

☐ Other:

7. This grant will fund a(n):

☒ Existing program/project/event; established in 2018(year)

☐ New program/project/event

Attachment B

8. Describe the purpose of requested funds and the services that will be provided:

Tian Hong foundation has been hosting cross cultural art contest for young artists since 2018. With the success in 2020 with unprecedented number of contestants and winners in the contest with main theme of 'Love, Hope and Collective Humanity', we hope to expand the program even further to deepen influence in the community. 2021's main theme will be 'Nature and Me'. Contestants will be asked to submit original art creations (including all media) to depict beautiful nature and the relationship between nature and the artist. If we get support from City of Cupertino, more emphasis will be put into encouraging young artists in Cupertino to participate and depict the beautiful environment of the City, hence build higher awareness around environmental protection and preservation.

9. Please provide a line item breakdown of how the funds will be used in the categories below. If a category is not applicable, put \$0:

a) Admin Staff	\$0
b) Materials/Equipment	\$500
c) Entertainment	\$0
d) Room/Venue Rental	\$0
e) Other Professional Services	\$0
f) Other cash awards for contest winners	\$2,500
<b>Total</b>	<b>\$3,000</b>

10. Explain how the request aligns to City mission and values:

To support City of Cupertino Green Earth initiatives and raise awareness among young generations for a beautiful City environment.

11. Describe how the program/project/event fills a community need. Who identified this need? What other similar project/program/event exists to serve Cupertino residents? How is your proposed project/program/event unique from similar projects/programs/events or how do you collaborate to avoid duplication?

Tian Hong foundation initiated this program. We have hosted cross cultural youth art contest for three years now, and in 2021, our main theme will be 'Nature and Me', which triggered this move to apply for community grant funding, in order to potentially join forces to further promote Green Earth initiative.

12. Who will be served by this grant?

young artists (at or under age of 21) who submit their original artworks to reflect the theme of the contest; as well as general community, with whom the content of the artworks will be shared.

a) Number of individuals total: 200

b) Number of Cupertino residents: 100

c) Particular community groups:

young artists (at or under age of 21)

d) Will the program/project/event be available to the entire community/public or are there any eligibility criteria?

young artists (at or under age of 21)

e) Will there be a charge or fee for the program/project/event (if applicable)

no charge, free participation

f) What outreach methods does your organization use to promote the program/project/event (if applicable)?

Facebook ads, Tian Hong website broadcast, Emails to Tian Hong art community, Linked In post, etc.

13. Describe how the funds will be used to benefit or impact the Cupertino community:

This funding will be specifically allocated to award young contestants from Cupertino, including cash awards, art materials award, annual artwork calendar, etc.

Tian Hong will have separate budget to award contestants from other areas.

14. Demonstrate that the member implementing and managing the program/project/event have adequate experience:

Refer to our website [www.tianhongfoundation.org](http://www.tianhongfoundation.org) for our track record in hosting the annual youth art contest. We also attached the 2020 contest process doc and summary slide deck in this application.

Below please also review Tian Hong 2020 Cross Cultural Youth Art Contest Winners Announcement Video on Youtube:

15. How will success of the program/project/event be measured?:

number of participants, quality of the artworks submitted, feedback from the community

16. Will more than 75% of the requested funds go towards direct service costs versus administrative costs?

☒ Yes ☐ No

17. Will you collaborate with other organizations to deliver the program/project/event funded by this grant? If so, which organizations?

not yet

18. If your organization has ever received financial or in-kind support from the City of Cupertino outside of Community Funding Grants, please describe this support:

n/a, this is the first time we apply for funding

19. Does your organization anticipate receiving additional financial or in-kind support from the City of Cupertino outside of Community Funding Grants for this type of program/project/event (e.g. fee waivers)? If so, please describe this anticipated support:

no

20. If you are a multi-jurisdictional organization, describe any funding requested from other agencies/organizations in regards to this program/project/event request. Indicate whether the funding was granted, denied, or is still pending:

n/a

21. How would you fund the program/project/event if you do not receive the requested funding?:

Tian Hong foundation will still fund the program to a smaller scale if we do not receive the requested funding from City of Cupertino. However, with additional funding, we will be able to put more emphasis on the young artist community in Cupertino, which we love dearly as our hometown. With more funding, we will also be able to expand influence by more advertising and offer more creative awards to contestants.

#### SECTION 5: PRIOR FUNDING

1. If you received a Community Funding Grant in prior years, indicate the amounts for each year and describe how those funds were used:

n/a

2. If you received a Community Funding Grant last year:

a. Please provide a line item breakdown of how the Community Funding Grant was used last year in the categories below. If a category is not applicable, put \$0:

i. Admin Staff	
ii. Materials/Equipment	
iii. Entertainment	
iv. Room/Venue Rental	
v. Other Professional Services	
vi. Other	
<b>Total</b>	<b>\$0</b>

b. Who was served by the grant last year?

i. Number of individuals total:

ii. Number of Cupertino residents:

iii. Particular community groups

iv. Was the program/project/event available to the entire community/public or are there any eligibility criteria?

v. Was there a charge or fee for the program/project/event (if applicable)?

vi. What outreach methods did your organization use to promote the program/project/event (if applicable)?

c. Was the program/project/event successful? Please indicate how success was measured:

3. Please indicate any additional funding received last year from other sources and provide your financial statement



# Tian Hong 2020 Cross Cultural Youth Art Contest

*Love, Hope and Collective Humanity*

Aug 28th, 2020



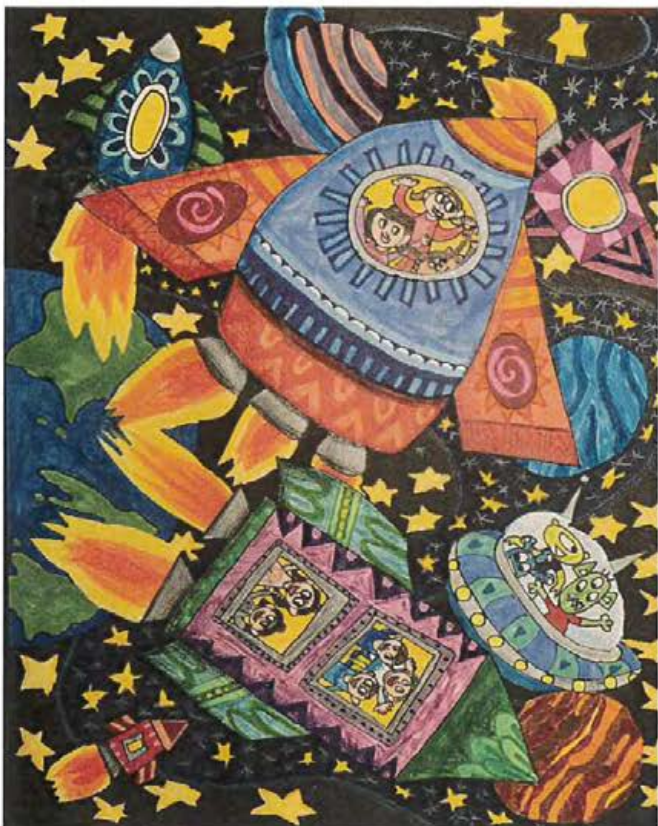
## Summary

- We have received submissions from 97 contestants with a total of 131 artworks (31 of them from age group 4-12, 100 of them from age group 13-21).
- Young artists have demonstrated great passion and talent in their artworks reflecting this year's main theme - Love, Hope and Collective Humanity. Many have also included real life stories, observations and wishes in their artist statements as they go through this very difficult year of 2020.
- Congratulations to all who have won awards and all who have participated with passion and creativity! We are so proud of you!



## Age Group 4-12 - 1st Place Award

Name	Age	Artwork Name
Lingfei Coco Truong	10	Space X, One World, One Dream (color pencil, marker)



*Artist statement: "Space X brings people to the space. I hope one day I can travel to other planet with my loved family and friends."*



## Age Group 4-12 - 1st Place Award

Name	Age	Artwork Name
Sameeha Soora	12	Miles apart but within reach through the Heart



Artist statement: "Even if we are miles apart, separated by borders, race, color, or gender – all of us are connected with a thread of humanity and can be within reach anytime."



# Age Group 4-12 - 2nd Place Award

Name	Age	Artwork Name
Simran Dandiwal	10	Integration not Segregation (color pencil)

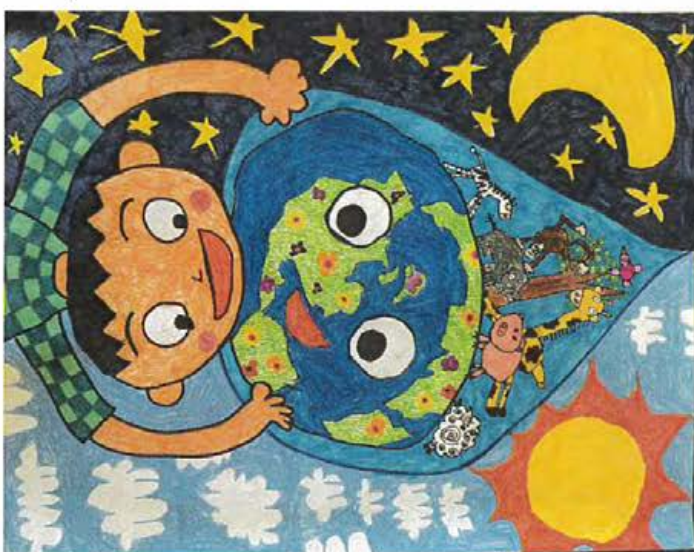


*Artist statement: "My picture is about compassion and equality. All human beings are equal and should not be discriminated."*



## Age Group 4-12 - 2nd Place Award

Name	Age	Artwork Name
Jiahao Jasper Truong	6	One Drop of Water (color pencil, marker)

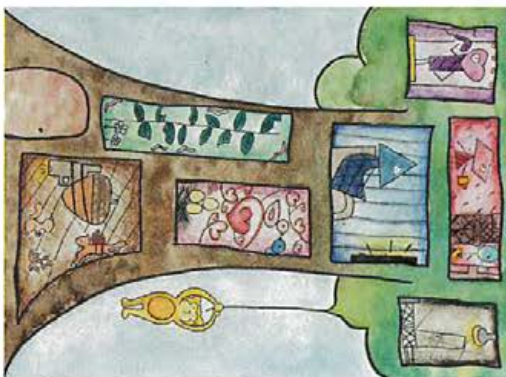


*Artist statement: "I hope people around the world can save lives of tree and animal, also save water as these are important for our beautiful planet."*



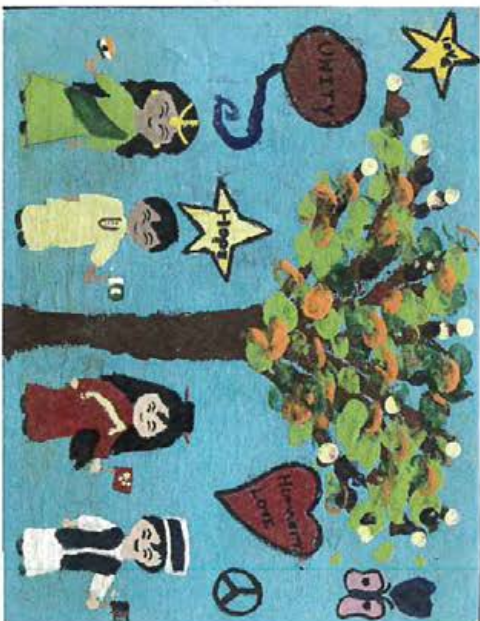
# Age Group 4-12 - 3rd Place Awards

Name	Age	Artwork Name
Simran Dandiwal	10	United States of America
Hoa Ryoo	12	Safe Place
Boa Ryoo	10	All of Our Tree House



# Age Group 4-12 - 3rd Place Awards

Name	Age	Artwork Name
Suhaansie Watada	8	United We Stand
Ruby Martinez	10	Tree of Peacefulness and Eternity
Ahaanya Karthikeyan	6	Collective Humanity Tree



## Age Group 4-12 - Encouragement Awards

Name	Age	Artwork Name
Scarlett Yu	8	Love Nature
Srinidhi Annepu	11	Peacock
Ved Navaneet	9	Portrait of Martin Luther King
Lingfei Coco Truong	10	Making Face Shield for Heroes
Sameeha Soora	12	Super Heroes around Us
Jordyn Wong	7	Love, Hope and Collective Humanity
Koen Helmuth	7	Make Our World a Better Place
Sravya Nittala	8	Trees of Happiness
Alisa Ilic	10	Rose of Love
Kloe Helmuth	10	Flower Dream



# Age Group 4-12 - Thank you for your participation!

Name	Age	Artwork Name
Aiendri Guha	7	Love, Hope and Collective Humanity (Warli Art)
Alisa Ilic	10	Basket of Hope
Dhruv Vyas	7	Waiting for the Dawn
Dhruv Vyas	7	Charmed Devotees of Lord Krishna
Elisa Solis-Herrera	4	Flowers
Elisa Solis-Herrera	4	Red
Jiahao Jasper Truong	6	My Play date
Kristine Le	7	Two Cultures Unite
Riley Wong	10	Love, Hope and Collective Humanity
Sahab Dandiwal	9	Equality for All
Srinidhi Annepu	11	Radha Krishna



## Age Group 13-21 - 1st Place Award

Name	Age	Artwork Name
Dior Chen	17	Perpetuity (graphite)



*Artist statement: "Regardless of the struggles humans encounter, they relentlessly battle against all odds in hopes of ultimately attaining harmony and prosperity"*



# Age Group 3-21 - 1st Place Award

Name	Age	Artwork Name
Jessica Lin	20	I Have a Dream (collage, acrylic paint on cardboard)



Artist statement: "inspired by the Black Lives Matter movement ... it reflects contemporary social issues. The main subject is a young African-American girl who wants to dismiss the stereotypes of African-American women."



## Age Group 13-21 - 2nd Place Award

Name	Age	Artwork Name
Helen Ngo		16 A Touch in Time (acrylic paint)



## Age Group 13-21 - 2nd Place Award

Name	Age	Artwork Name
Carolyn Nguyen	17	To Mend



*Artist Statement: "Being able to 'mend' these masks and distribute them with love and care 'mends' the community even during these tough times."*



## Age Group 13-21 - 3rd Place Awards

Name	Age	Artwork Name
Hannah Cha	17	Find the Light
Chloe Wang	16	The Angel Around Us
Sunny Zhou	17	Let's All Dine Together



## Age Group 13-21 - 3rd Place Awards

Name	Age	Artwork Name
Treina Le	18	Love of Humanity
Czarina Glindro	18	A World of Beauty and Unity
Emily Orozco	16	Love is the Seed of Hope



## Age Group 13-21 - Encouragement Awards

Name	Age	Artwork Name
Helen Ngo	16	Masked Together
Ava Li	13	Better Together
Catherine Tran	15	Waves of Humanity
Melissa Lin	17	A Glimmer of Hope
Jenny Lu	18	The Love Between Our Hands
Emily Ninh	17	Family Tree
Chloe Wang	16	The Garden of Harmony
Emily Chan-Diaz	17	The Sacrifices for Happiness
Emily Orozco	16	Birth in Destruction
Ella Geronimo	17	Connected Protected



# Age Group 13-21 - Thank you for your Participation!



Name	Age	Artwork Name	Name	Age	Artwork Name	Name	Age	Artwork Name	Name	Age	Artwork Name
Alan Jian	15	Loving Bond Eradicates Hatred	Christina Chang	14	Beauty of Humanity	Kawai Marvis Wu	20	Reminiscence	Rubina Tabassum Sheeraj	15	Love Across the Globe
Amanda Lee	19	Re-wrapping My History	Christina Chang	14	Wonders of Our World	Khushi Kotte	13	World Full of Love & Happiness	Sarah Yao	17	Communion
Amy Yao	19	Childhood	Cindy Zhou	16	Soaring Vision	Khuyen Nguyen	17	A New America	Sarah Yao	17	Religious Synchrony
Amy Yao	19	A New Life	Dana Hu	18	Humanity in Paradise	Larissa Vasquez	15	A Mother's Love	Serena Chan	17	A Sprout of Love
Ana Preciado	18	Indigenous Woman	Daphne Cheng	18	Boy buying candy	Lesley Moon	17	Growing Up	Serena Chan	17	Innocent Love
Ananya Karthikeyan	13	Protecting Humanity	Daphne Cheng	18	Boy under tree	Lesley Moon	17	Hanok Bathed in Light	Serena Liu	17	Wuhou Temple
Aneela Mocheria	17	Human	Darren Nguyen	17	Unmasked Humanity	Lina Lee	16	Our Strength	Sofia Rios	17	Connected
Angela Vazquez	14	All Around Us	Ella Geronimo	17	The Pearl of the Orient	Lina Lee	16	Princess Jasmine	Sofia Rios	17	Before and After
Angela Vazquez	14	Blood Sisters	Ella Kim	16	The World in My Eyes	Luisa Fernanda Paredes	16	Love Under X-ray Vision	Sophia Marie Manansala	13	Diversity in Culture
Anika Agarwal	15	Acceptance	Emily B	16	Moments of Love	Luisa Fernanda Paredes	16	United	Spencer Owen	16	You are the Moon, the Earth, the Stars
Aoife Hernon	17	Crab Fishing	Emily Hernandez	16	Puzzle Piece	Madeleine Irawan	14	Peace from Different Places	Tiffany Huynh	17	Before the Fall
Aoife Hernon	17	Aran Woman	Emily Ninh	17	Tet	Megan Kawada	14	Wonders All Around	Tiffany Zhu	21	Red String of Fate
Ben Wu	19	Destruction	Irina Ivanova	18	Euphoria	Megan Kawada	14	Love Goes A Long Way	Tina Vuong	17	Unique But United
Ben Wu	19	Winter Flower	Irina Ivanova	18	The Night	Melvin Beloney	16	Wall Flower	Tina Vuong	17	Together
Biba Duffy-Boscagli	19	We Danced Freely	Jake Chang	16	We Belong Together	Melvin Beloney	16	The Rainbow Connection	Tooru Buchwald	20	The Fox's Light
Britney Sun	16	Golden Scars	Jennifer Long	17	Promises	Nadine Macapagal	16	Swimming in Circles	Tooru Buchwald	20	Leslie Cheung's Life
Britney Sun	16	A Way with Words	Jenny Lu	18	Hope for a Better Tomorrow	Nicole Lee	17	Asian Supermarket Fish	Trish Le	16	Together We Are One
Caeley Cabello	16	Till Death Do Us Apart	Jingling Lee	16	Flying Down	Rachel Ly	17	Congee	Xochitl Lara	20	For Everyone
Cece Yu	15	Treat	Jingling Lee	16	A Journey Back	Rubina Tabassum Sheeraj	15	Coming Together for the Greater Good	Zhicheng (Anna) Zhu	14	Scraps of Acceptance
Chloe Wong	18	Tigress, She	Jiyoon Han	16	Together We Bring				Zoei Lesyk	13	The Future is Bright

# Tian Hong 2020 Youth Art Contest Judge Panel



Danuta Hutchins - Artist & Linguist



Farzi R. - Artist



Susan Shi - Art Lover, Tian  
Hong Foundation CFO & COO



**Thank you and congratulations,  
young artists!**



*Tian Hong Foundation  
Better Society via Arts and Cultural Exchange*

## **Tian Hong Foundation 2020 Cross Cultural Youth Art Contest - Love, Hope and Collective Humanity**

### **General process steps:**

- Decide on a main theme for the art contest
- Arrange overall contest timeline - submission due date, award announcement date, etc.
- Invite / confirm judge panel
- Prepare contest posters and Advertisements on Facebook & Tian Hong website, Wechat, Linked In, etc.
- Prepare contest score sheets and share with judge panel
- Review & score all submissions
- Conduct judge panel discussion and review meeting
- Decide on final award winners' list
- Award winners' announcement (Email to contestants, Tian Hong website, Facebook / Linked In / WeChat)
- Award distribution (via Paypal in 2020, or by check mail) & certificate distribution (via email in 2020)
- Compile complete list of award winner Paypal transactions (including judge's gift \$200 each), print out transaction list from PayPal, for future tax record keeping purposes

### **Key 2020 dates:**

**Apr 10th, 2020** - Public announcement on Tian Hong website, Message to Tian Hong art community email distribution list, Facebook Post and Wechat launch;

**May 31st, 2020** - Launch last-month marketing campaign on Facebook, Email reminder sent to Tian Hong Art community

**Jul 31st, 2020 - all artworks submission due**

**Aug 28th, 2020 - awards announcement**

**Sep 7th, 2020** - All awards / certificates electronically sent to recipients

(Reception & Award location: Cupertino Quinlan Community Center, Social Room, 10185 N Stelling Rd, Cupertino, CA 95014  
Capacity: 80)

**Main theme:** Love, Hope and Collective Humanity. Awards will be presented to outstanding original artworks that capture or manifest moments, thoughts or visions of the subject theme. Unique artworks that reflect different cultural influences and promote love, kindness and beauty are encouraged.

**Eligibility:** artists with age of 21 or under; originally designed and self completed artwork(s) in all media, including drawings, paintings, photographs, graphic design, sculpture, etc. maximum 2 entries per artist.

This year, we will be dividing our artists into two age groups to encourage broader participation:

<b>Age group: 4 - 12</b>	# of contestants	Award per contestant
1st place	1	\$300
2nd place	2	\$150
3rd place	5	\$50
encouragement	10	\$20
<b>Age group: 13 - 21</b>		
1st place	1	\$500
2nd place	2	\$250
3rd place	5	\$100
encouragement	10	\$20

**Registration and submission of entries:** Print, complete and sign the entry form [here](#) and email to [tianhongfoundation@gmail.com](mailto:tianhongfoundation@gmail.com) together with all digital images of artworks by **Jul 31st, 2020**. We accept high quality digital images (digital art files that are 300 DPI or better. We can work with .jpg, .tif, .gif, or .psd file, or high quality PDFs.)

**Award announcement:** All awards will be announced by **Aug 31st, 2020**. Awards will be electronically sent via PayPal to the recipients; certificates will be sent to email addresses as provided.

**Insurance and photographs:** Tian Hong Foundation assumes the privilege of sharing digital images of works entered into the contest for the purpose of education, documentation or public sharing.

=====

**Detailed to-do list:**

1. Initial scheme of program outline - 4/6/2020
2. Finish competition entry form - week of 4/6/2020
3. Design a one-page marketing poster - week of 4/6/2020
4. Public launch of program via Facebook & WeChat, TianHong website and TianHong art community email distribution list - 4/10/2020 done!
5. Form judge panel
  - a. Susan Shi - confirmed
  - b. Danuta H. - confirmed
  - c. Farzi R. - confirmed
6. Marketing of the program
  - a. Tian Hong website - done
  - b. Referrals from existing attendees
  - c. Facebook
    - i. May 15th - Jul 15th Last 60 day Post Boost on Facebook
  - d. Foundation email distribution list - sent 4/10
  - e. Eventbrite past attendees
  - f. WeChat - for Chinese community

Tian Hong Foundation

	2018	2017	Diff
<b>REVENUE PER BOOKS</b>			
Dividends & interest from securities	15,981	10,516	5,465
Net gain (loss) - noninv. assets/disp	4,761	4,526	235
Other income	105	117	-11
Total revenue	20,843	15,159	5,689
<b>EXPENSES PER BOOKS</b>			
Accounting fees	1,140	0	1,140
Taxes	304	345	-41
Depreciation	474	619	-175
Other expenses	12,710	13,770	-1,060
Total operating/administrative exp	14,628	14,754	-126
Contributions, gifts, grants paid	1,240	422	818
Total expenses	15,868	15,186	682
Excess of revenue over expenses	4,980	-27	5,007
<b>NET INVESTMENT REVENUE</b>			
Dividends & interest from securities	15,981	10,516	5,465
Capital gain net income	4,761	4,526	235
Total revenue	20,742	15,042	5,700
<b>NET INVESTMENT EXPENSES</b>			
Taxes	304	345	-41
Total operating/administrative exp	304	345	-41
Total expenses	304	345	-41
Net investment income	20,438	14,697	5,741
<b>TAX COMPUTATION</b>			
Tax on net investment income	409	0	409
Tax on investment income	409	0	409
<b>PAYMENTS AND CREDITS</b>			
Total payments and credits	0	0	0
<b>REFUND OR AMOUNT DUE</b>			
Tax due	409	0	409
Overpayment	0	0	0
<b>TAX RATES</b>			
Marginal tax rate	2.0%	0.0%	2.0%
Effective tax rate	2.0%	0.0%	2.0%
<b>ADJUSTED NET INCOME REVENUE</b>			
Dividends & interest from securities	15,981	10,516	5,465
Total revenue	15,981	0	15,981
<b>ADJUSTED NET INCOME EXPENSES</b>			
Taxes	304	345	-41
Total operating/administrative exp	304	345	-41
Total expenses	304	345	-41

Tian Hong Foundation

	2018	2017	Diff
<b>ADJUSTED NET INCOME EXPENSES</b>			
Adjusted net income	15,677	10,171	5,506
<b>CHARITABLE PURPOSES DISBURSEMENTS</b>			
Accounting fees	1,140	0	1,140
Other expenses	12,710	13,770	-1,060
Total operating/administrative exp	13,850	13,770	80
Contributions, gifts, grants paid	1,240	422	818
Total expenses and disbursements	15,090	14,192	898
<b>NET ASSETS OR FUND BALANCES</b>			
Net assets/fund bal. at beg. of year	310,014	310,041	-27
Excess of revenue over expenses	4,980	-27	5,007
Net assets/fund bal. at end of year	314,994	310,014	4,980

Tian Hong Foundation (NEW) Eligibility Checklist (staff use only)			
Eligibility	YES	NO	Notes:
Be made or sponsored by a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event	X		
Identify how the funds will be used to benefit the Cupertino community	X		
Be awarded only once per project	X		
For specific needs, not on going, operational costs	X		
Have more than 75% of the requested funds allocated for direct service costs versus administrative costs	X		
Be complete and submitted by the application deadline	X		

Restrictions/Guidelines	YES	NO	Notes:
An organization that is applying for multiple grants shall only submit one application			NA
Proceeds generated from the funded activity may only be used for the conducted activity			NA
admission to or participation in the event must be "free of charge" to Cupertino residents unless stated in the application and approved by Parks and Recreation Commission			NA

**City of Cupertino  
Fiscal Year 2021  
Community Funding Grant Application**

Have you ever received a City of Cupertino Community Funding Grant in the past?

☐ Yes ☒ No If, Yes, when?

**SECTION 1: CONTACT INFORMATION**

Legal Name of Organization: Discovery Counseling Center - Cupertino (DCCC)

Web Address: [www.mydiscoverycc.com](http://www.mydiscoverycc.com)

Mailing Address: [REDACTED]

City: Cupertino

Zip: 95014

Phone: [REDACTED]

President/Executive Director: Stanley Kuo

Title:

Board Director

Email: [REDACTED]

Telephone Number: [REDACTED]

Contact Person: Bill Leung

Title:

Program Sponsor

Email Address: [REDACTED]

Telephone Number: [REDACTED]

**SECTION 2: NON-PROFIT INFORMATION**

501(c)(3)? ☒ Yes ☐ No

Year Established 2002

Federal Tax ID: [REDACTED]

Fiscal Sponsor Name:

The Home of Christ Church in Cupertino

Fiscal Sponsor Address: [REDACTED]

City:

Cupertino

Zip: 95014

Phone: [REDACTED]

**SECTION 3: ORGANIZATION INFORMATION**

Total Organization Budget: \$600,000

Total # of Board Members: 8

Total # of staff: 50

Total # of Volunteers: 5

**Mission Statement:**

Our mission is to live life well while exemplifying the love of Christ by being the hands and feet of Jesus. We aim to serve the community with love, gentleness, and compassion. To extend grace, teach, develop long-lasting healthy relationships with the community and each other. To lead by example while remaining humble and teachable. Expand future programs and services through telehealth, provide classes and workshops. To equip and train extraordinary health professionals to give hope, insight, and direction to the families we serve.

**Brief Description of Organization:**

Discovery Counseling Center is a 501 © (3) nonprofit faith-based organization. Although DCC is of Christian faith, staff provides service to those in the community with dignity and respect regardless of religious background or affiliation.

**Brief Description of Services Provided:**

For DCC, it is counseling services. For DCC Cupertino (DCCC), it is affordable counseling services for those in need. DCCC is sponsored by The Home of Christ Church in Cupertino's Community Fund. The goal is to make counseling services affordable to the public by subsidizing counselor's pay so they are willing to accept insurance payment.

**SECTION 4: GRANT REQUESTS**

1. Program/Project/Event Name: Affordable Counseling Services

2. Date(s) and/or duration of program/project/event (if applicable): On going. Fiscal year is calendar year.

3. Total program/project/event budget: \$70,200

4. Requested Amount: \$7,200 Percent of total program/project/event budget: 10%

5. Program/Project projected income: Percentage of your organization's projected income: 0%

6. Type of Request:

- ☐ Capital Improvement  
☐ Program Support  
☐ Event  
☐ One-time project  
☒ Other: Subsidy for 0.5 professional counselor so they can accept insurance payment

7. This grant will fund a(n):

- ☐ Existing program/project/event; established in (year)  
☒ New program/project/event

8. Describe the purpose of requested funds and the services that will be provided:

The Affordable Counseling Service (ACS) allows professional counselors who are willing to work for less can have a guaranteed based income. In the counseling field very few counselors accept private insurance because they pay very low. The ACS program guarantees a minimum pay for the counselor who are willing to accept insurance and with the program making up to their minimum pay. The grant would allow us to hire one additional counselor

9. Please provide a line item breakdown of how the funds will be used in the categories below. If a category is not applicable, put \$0:

a) Admin Staff	\$0
b) Materials/Equipment	
c) Entertainment	
d) Room/Venue Rental	\$0
e) Other Professional Services 0.5 counselor	\$7,200
f) Other	\$0
<b>Total</b>	<b>\$7,200</b>

10. Explain how the request aligns to City mission and values:

Mental health needs are great. Health insurance coverage is not enough. Most professional counselor would not accept private insurance. DCCC partnered with The Home of Christ Church in Cupertino (HOC5) to offer affordable counseling services to the community since 2016. The Community Fund from HOC5 supports DCCC's annual budget. This year DCCC launches a guaranteed pay program for its counselors in order to attract professionals to join their counseling service. The grant will allow DCCC to hire 0.5 more counselor. Counselor will accept private insurance. Subsidy will guaranteed their hourly pay even insurance pay much less. This is strictly a community service.

11. Describe how the program/project/event fills a community need. Who identified this need? What other similar project/program/event exists to serve Cupertino residents? How is your proposed project/program/event unique from similar projects/programs/events or how do you collaborate to avoid duplication?

10% of the population has mental health issues. Many who have a need for counseling services are deterred by the high hourly rate charged by licensed counselors (\$130-\$150 per hour). Even if a person has health insurance coverage but professional counselors would not accept insurance billing. DCCC guaranteed counselor's pay at \$110 per hour. On average insurance pays about \$60-\$70/hr. For someone who has no insurance, the subsidy to the counselor is much higher

12. Who will be served by this grant?

Any adults, irregardless of faith, race or gender. Services are advertised on sponsor's website ([www.hoc5.net](http://www.hoc5.net)).

- a) Number of individuals total: 5  
 b) Number of Cupertino residents: 2

c) Particular community groups:  
 Anyone who has mental health issues

d) Will the program/project/event be available to the entire community/public or are there any eligibility criteria?  
 No eligibility criteria. Anyone who seeks mental health help are welcomed. Anyone who has experienced depression, grief, trauma, emotional disorder, are welcomed.

e) Will there be a charge or fee for the program/project/event (if applicable)  
 Services are usually covered by health insurance, though they do not pay enough. DCCC guarantees counselor's pay depending on their qualification (Licensed, Intern, Trainee, etc). If counsellor does not have insurance, they will

be charged on a sliding scale based on their income. For someone who has no income, they will be charged the minimum - \$15 per hour.

f) What outreach methods does your organization use to promote the program/project/event (if applicable)?

We advertise the services with in the HOC5 faith community and on its website under Community Services. About half of HOC5's members live in Cupertino.

13. Describe how the funds will be used to benefit or impact the Cupertino community:

The fund will allow us to hire a half time professional counselor. DCCC has been offering its services since 2016. People are often referred by word of mouth. The counseling office is located in Cupertino, so is its sponsor HOC5.

14. Demonstrate that the member implementing and managing the program/project/event have adequate experience:

Stanley Kuo-Board director of Discovery Counseling Center in Morgan Hill, has years of professional counseling experience. He recruits and train counselors. He is also a licensed counselor.

Bill Leung-elder at HOC5, was Corporate Controller for a medium sized distributor. He has many years of administrative experience.

15. How will success of the program/project/event be measured?:

It will be measured by the hour of service we provide to the community.

16. Will more than 75% of the requested funds go towards direct service costs versus administrative costs?

☒ Yes ☐ No

17. Will you collaborate with other organizations to deliver the program/project/event funded by this grant? If so, which organizations?

The Home of Christ Church in Cupertino, who has been in Cupertino for over 25 years. We plan to introduce this collaboration model to other churches so they can serve their communities.

18. If your organization has ever received financial or in-kind support from the City of Cupertino outside of Community Funding Grants, please describe this support:

Not applicable

19. Does your organization anticipate receiving additional financial or in-kind support from the City of Cupertino outside of Community Funding Grants for this type of program/project/event (e.g. fee waivers)? If so, please describe this anticipated support:

No

20. If you are a multi-jurisdictional organization, describe any funding requested from other agencies/organizations in regards to this program/project/event request. Indicate whether the funding was granted, denied, or is still pending:

Not applicable

21. How would you fund the program/project/event if you do not receive the requested funding?:

If we do not receive requested funding, we would have to curtail our services to 2 counselors instead of 3.

#### SECTION 5: PRIOR FUNDING

1. If you received a Community Funding Grant in prior years, indicate the amounts for each year and describe how those funds were used:

Not applicable

2. If you received a Community Funding Grant last year:

a. Please provide a line item breakdown of how the Community Funding Grant was used last year in the categories below. If a category is not applicable, put \$0:

i. Admin Staff	
ii. Materials/Equipment	
iii. Entertainment	
iv. Room/Venue Rental	
v. Other Professional Services	
vi. Other	
<b>Total</b>	<b>\$0</b>

b. Who was served by the grant last year?

i. Number of individuals total:

ii. Number of Cupertino residents:

iii. Particular community groups

iv. Was the program/project/event available to the entire community/public or are there any eligibility criteria?

v. Was there a charge or fee for the program/project/event (if applicable)?

vi. What outreach methods did your organization use to promote the program/project/event (if applicable)?

c. Was the program/project/event successful? Please indicate how success was measured:

3. Please indicate any additional funding received last year from other sources and provide your financial statement if available:

**Attachments:** Attach your financial statement, and any other helpful information about your project.

[DCC Form 990 2018.pdf](#)

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Program Manager Signature

Date Signed

Program Sponsor

01/31/2021

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Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047 Attachment B

**2018****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

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

**C** Name of organization  
DISCOVERY COUNSELING CENTER**%** LARRY MCELVAIN  
Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code  
MORGAN HILL, CA 95037**F** Name and address of principal officer  
LARRY MCELVAIN  
MORGAN HILL, CA 95037**D** Employer identification number**E** Telephone number**G** Gross receipts \$ 673,198**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.MYDISCOVERYCC.COM**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 2001**M** State of legal domicile CA**Part I Summary**

Activities &amp; Governance

**1** Briefly describe the organization's mission or most significant activities  
PROVIDE MENTAL HEALTH SERVICES TO THE COMMUNITY AND SOUTH COUNTY SCHOOLS**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>5</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>4</b>
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>76</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>12</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>

Revenue

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	33,210	25,009
<b>9</b> Program service revenue (Part VIII, line 2g)	467,245	647,338
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	1
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	850
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	500,455	673,198

Expenses

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	368,777	518,045
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	111,035	129,422
<b>18</b> Total expenses—add lines 13-17 (must equal Part IX, column (A), line 25)	479,812	647,467
<b>19</b> Revenue less expenses—subtract line 18 from line 12	20,643	25,731

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	44,978	48,850
<b>21</b> Total liabilities (Part X, line 26)	29,584	13,710
<b>22</b> Net assets or fund balances—subtract line 21 from line 20	15,394	35,140

**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

2019-05-13  
DateLARRY MCELVAIN EXECUTIVE DIRECTOR  
Type or print name and title**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Part III	Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

## PROVIDE MENTAL HEALTH SERVICES TO THE COMMUNITY AND SOUTH COUNTY SCHOOLS

- |   |   |   |
|---|---|---|
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?<br>If "Yes," describe these new services on Schedule O   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services?<br>If "Yes," describe these changes on Schedule O  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 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 |   |

<b>4a</b>	(Code) See Additional Data	(Expenses \$	521,063	including grants of \$	0 ) (Revenue \$	648,189 )
<b>4b</b>	(Code)	(Expenses \$		including grants of \$	) (Revenue \$	)
<b>4c</b>	(Code)	(Expenses \$		including grants of \$	) (Revenue \$	)
<b>4d</b>	Other program services (Describe in Schedule O )					
	(Expenses \$			including grants of \$	) (Revenue \$	)
<b>4e</b>	Total program service expenses ▶		521,063			

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b>	No
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b>	No
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3; more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b>	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	<b>22</b>	No

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

	Yes	No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		No
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>	Yes	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		No
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	Yes	

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

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

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p> <p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p> <p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p> <p><b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .</p> <p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p> <p><b>b</b> If "Yes," enter the name of the foreign country ▶ _____  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p> <p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p> <p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .</p> <p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p> <p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p> <p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p> <p><b>7 Organizations that may receive deductible contributions under section 170(c).</b></p> <p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p> <p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p> <p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p> <p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p> <p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .</p> <p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p> <p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p> <p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p> <p><b>8 Sponsoring organizations maintaining donor advised funds.</b>  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p> <p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p> <p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p> <p><b>10 Section 501(c)(7) organizations.</b> Enter</p> <p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p> <p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .</p> <p><b>11 Section 501(c)(12) organizations.</b> Enter</p> <p><b>a</b> Gross income from members or shareholders . . . . .</p> <p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .</p> <p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p> <p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .</p> <p><b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b></p> <p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state?  <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p> <p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p> <p><b>c</b> Enter the amount of reserves on hand . . . . .</p> <p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p> <p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .</p> <p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p> <p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>	<p><b>2a</b> 76</p> <p><b>2b</b> Yes</p> <p><b>3a</b> No</p> <p><b>3b</b></p> <p><b>4a</b> No</p> <p><b>4b</b></p> <p><b>5a</b> No</p> <p><b>5b</b> No</p> <p><b>5c</b></p> <p><b>6a</b> No</p> <p><b>6b</b></p> <p><b>7a</b> No</p> <p><b>7b</b></p> <p><b>7c</b> No</p> <p><b>7d</b> 0</p> <p><b>7e</b> No</p> <p><b>7f</b> No</p> <p><b>7g</b> No</p> <p><b>7h</b> No</p> <p><b>8</b></p> <p><b>9a</b></p> <p><b>9b</b></p> <p><b>10a</b></p> <p><b>10b</b></p> <p><b>11a</b></p> <p><b>11b</b></p> <p><b>12a</b></p> <p><b>12b</b></p> <p><b>13a</b></p> <p><b>13b</b> 0</p> <p><b>13c</b> 0</p> <p><b>14a</b> No</p> <p><b>14b</b></p> <p><b>15</b></p> <p><b>16</b></p>
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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b> Did the organization have members or stockholders?		No
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

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

**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 Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)

**19** Describe in 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:  
 ▶ LARRY MCELVAIN MORGAN HILL, CA 95037 (408) 778-5120

## 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, or 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

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

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 ▶ 0

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	No
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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## 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.

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 ▶

**Part VIII Statement of Revenue**

Attachment B

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns . . . . .	1a 0			
	b Membership dues . . . . .	1b 0			
	c Fundraising events . . . . .	1c 0			
	d Related organizations . . . . .	1d 0			
	e Government grants (contributions) . . . . .	1e 0			
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f 25,009			
	g Noncash contributions included in lines 1a - 1f \$ . . . . .	0			
<b>h Total. Add lines 1a-1f . . . . .</b>	<b>25,009</b>				
<b>Program Service Revenue</b>	2a Counseling and Community services	Business Code 521420	647,338	647,338	0
	b . . . . .				
	c . . . . .				
	d . . . . .				
	e . . . . .				
	f All other program service revenue . . . . .				
	<b>g Total. Add lines 2a-2f . . . . .</b>	<b>647,338</b>			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts) . . . . .	1	1	0	0
	4 Income from investment of tax-exempt bond proceeds . . . . .	0	0	0	0
	5 Royalties . . . . .	0	0	0	0
	6a Gross rents	(i) Real 850	(ii) Personal 0		
	b Less rental expenses . . . . .	0	0		
	c Rental income or (loss) . . . . .	850	0		
	d Net rental income or (loss) . . . . .	850	850	0	0
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b Less cost or other basis and sales expenses . . . . .				
	c Gain or (loss) . . . . .				
	d Net gain or (loss) . . . . .				
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a 0			
	b Less direct expenses . . . . .	b 0			
	c Net income or (loss) from fundraising events . . . . .	0	0	0	0
	9a Gross income from gaming activities See Part IV, line 19 . . . . .	a 0			
b Less direct expenses . . . . .	b 0				
c Net income or (loss) from gaming activities . . . . .	0	0	0	0	
10a Gross sales of inventory, less returns and allowances . . . . .	a				
b Less cost of goods sold . . . . .	b				
c Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
11a . . . . .					
b . . . . .					
c . . . . .					
d All other revenue . . . . .					
<b>e Total. Add lines 11a-11d . . . . .</b>	<b>0</b>				
<b>12 Total revenue. See Instructions . . . . .</b>	<b>673,198</b>	<b>648,189</b>	<b>0</b>	<b>0</b>	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	34,699	34,699	0	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
<b>7</b> Other salaries and wages.	441,893	381,214	60,679	0
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0	0	0	0
<b>9</b> Other employee benefits.	0	0	0	0
<b>10</b> Payroll taxes.	41,453	36,291	5,162	0
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0	0	0	0
<b>b</b> Legal.	0	0	0	0
<b>c</b> Accounting.	1,844	922	922	0
<b>d</b> Lobbying.	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			0
<b>f</b> Investment management fees.	0	0	0	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	8,445	5,373	3,072	0
<b>12</b> Advertising and promotion.	2,571	1,286	1,285	0
<b>13</b> Office expenses.	9,605	4,803	4,802	0
<b>14</b> Information technology.	5,506	2,753	2,753	0
<b>15</b> Royalties.	0	0	0	0
<b>16</b> Occupancy.	58,126	29,063	29,063	0
<b>17</b> Travel.	0	0	0	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
<b>19</b> Conferences, conventions, and meetings.	0	0	0	0
<b>20</b> Interest.	757	379	378	0
<b>21</b> Payments to affiliates.	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization.	0	0	0	0
<b>23</b> Insurance.	10,404	5,202	5,202	0
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> Telecommunications.	6,927	3,464	3,463	0
<b>b</b> Bank charges.	6,237	3,119	3,118	0
<b>c</b> Community program events, training, and materials.	5,987	5,987	0	0
<b>d</b> Utilities.	5,213	2,607	2,606	0
<b>e</b> All other expenses.	7,800	3,901	3,899	0
<b>25</b> Total functional expenses. Add lines 1 through 24e.	647,467	521,063	126,404	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	36,177	<b>1</b>	36,004
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	6,568
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,940	<b>9</b>	1,835
	<b>10a</b> Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 0		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 0	<b>10c</b>	0
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	4,861	<b>15</b>	4,443
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	44,978	<b>16</b>	48,850	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	0	<b>17</b>	0
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	11,400	<b>22</b>	10,093
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	17,631	<b>23</b>	1,120
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	553	<b>24</b>	2,497
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .	0	<b>25</b>	0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	29,584	<b>26</b>	13,710
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	15,394	<b>32</b>	35,140
<b>33</b> <b>Total net assets or fund balances</b> . . . . .	15,394	<b>33</b>	35,140	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	44,978	<b>34</b>	48,850	

Form 990 (2018)

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**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)	673,198
2	Total expenses (must equal Part IX, column (A), line 25)	647,467
3	Revenue less expenses Subtract line 2 from line 1	25,731
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	15,394
5	Net unrealized gains (losses) on investments	0
6	Donated services and use of facilities	0
7	Investment expenses	0
8	Prior period adjustments	-5,985
9	Other changes in net assets or fund balances (explain in Schedule O)	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	35,140

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

1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		Yes	No
	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?			No
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both			
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?			No
	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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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 in Schedule O			
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?			No
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 in Schedule O and describe any steps taken to undergo such audits			
3b				

**Additional Data**

**Software ID:** [REDACTED]

**Software Version:** V1.0

**EIN:** [REDACTED]

**Name:** DISCOVERY COUNSELING CENTER

Form 990 (2018)

**Form 990, Part III, Line 4a:**

PROVIDING LOW COST COUNSELING TO THE SOUTH SANTA CLARA COUNTY COMMUNITY

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN:

OMB No 1545-0047

**SCHEDULE A**  
(Form 990 or 990-EZ)**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**2018****Open to Public Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
DISCOVERY COUNSELING CENTEREmployer identification number  
[REDACTED]**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)						
<b>11</b> <b>Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	

**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** . . . . . ☐ ►

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

- 14** Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) **14**
- 15** Public support percentage for 2017 Schedule A, Part II, line 14 **15**
- 16a** **33 1/3% support test—2018.** 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. ☐ ►
- b** **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐ ►
- 17a** **10%-facts-and-circumstances test—2018.** 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. ☐ ►
- b** **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ☐ ►
- 18** **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐ ►

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	15,939	18,173	27,973	33,210	25,009	120,304
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	149,810	229,417	365,472	467,245	673,198	1,885,142
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	165,749	247,590	393,445	500,455	698,207	2,005,446
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						2,005,446

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6	165,749	247,590	393,445	500,455	698,207	2,005,446
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	1	1
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	0	0	0	0	1	1
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	165,749	247,590	393,445	500,455	698,208	2,005,447
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <span style="float: right;">▶ <input type="checkbox"/></span>						

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

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	100.000 %
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	100 %

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0 %
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17	<b>18</b>	0 %

**19a 33 1/3% support tests—2018.** 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—2017.** 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 on line 12 of 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> 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>11a</b>		
b A family member of a person described in (a) above?		
<b>11b</b>		
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		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
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 <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
<b>2a</b>		
b 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (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 <b>Part VI</b> .		
<b>3a</b>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard		
<b>3b</b>		

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

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

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 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)	1	
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 0.35	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 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year	
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	<b>Total annual distributions.</b> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** [REDACTED]  
**Name:** DISCOVERY COUNSELING CENTER

Schedule A (Form 990 or 990-EZ) 2018

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**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions)

Facts And Circumstances Test	
Return Reference	Explanation

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No 1545-0047

**2018****Open to Public  
Inspection**Name of the organization  
DISCOVERY COUNSELING CENTER

Employer identification number

**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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 (e.g., recreation or education) ☐ Preservation of an 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 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? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a 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 programs
- 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
- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
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 in 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 Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%

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

- (i) unrelated organizations . . . . .
- (ii) related organizations . . . . .

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

	Yes	No
3a(i)		
3a(ii)		
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 . . . . .				
b Buildings . . . . .				
c Leasehold improvements				
d Equipment . . . . .				
e Other . . . . .				

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

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. Attachment B  
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) _____		
<b>Total.</b> (Column (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) _____		
<b>Total.</b> (Column (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) Deposit	4,443
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	4,443

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (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.

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

**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.

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

**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.

Return Reference	Explanation
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Schedule D (Form 990) 2018

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**Part XIII** **Supplemental Information (continued)**

Return Reference	Explanation
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Schedule D (Form 990) 2018

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As Filed Data -

DLN: [REDACTED]

**Schedule L**  
(Form 990 or 990-EZ)**Transactions with Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
 ▶ Attach to Form 990 or Form 990-EZ.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018****Open to Public Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
DISCOVERY COUNSELING CENTEREmployer identification number  
[REDACTED]**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Larry McElvain	Executive Director	Operating expenses	X		20,000	10,093		No	Yes			No
Total						\$ 10,093						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

[illegible]

## Part V Supplemental Information

**Provide additional information for responses to questions on Schedule L (see instructions)**

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**2018**  
Open to Public InspectionDepartment of the Treasury  
Internal Revenue Service  
DISCOVERY COUNSELING CENTER

Employer identification number

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Part VI, Section B, Line 11b	Executive Director will review with Board of Directors

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Part VI, Section C, Line 19	DOCUMENTS AVAILABLE UPON REQUEST

Discovery Counseling Center (NEW) Eligibility Checklist (staff use only)			
Eligibility	YES	NO	Notes:
Be made or sponsored by a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event	X		
Identify how the funds will be used to benefit the Cupertino community	X		
Be awarded only once per project	X		
For specific needs, not on going, operational costs		X	Information provided did not identify specific funding allocations and/or funding was designated for ongoing operational costs.
Have more than 75% of the requested funds allocated for direct service costs versus administrative costs		X	26% or more of the requested funds were allocated toward expenses not directly tied to the proposed program/event/project (i.e.: organizational staffing costs)
Be complete and submitted by the application deadline	X		

Restrictions/Guidelines	YES	NO	Notes:
An organization that is applying for multiple grants shall only submit one application			NA
Proceeds generated from the funded activity may only be used for the conducted activity			NA
admission to or participation in the event must be "free of charge" to Cupertino residents unless stated in the application and approved by Parks and Recreation Commission		X	Fees will be charged for the requested program/event/project. Approval required from Parks and Recreation Commission.

**City of Cupertino  
Fiscal Year 2021  
Community Funding Grant Application**

Have you ever received a City of Cupertino Community Funding Grant in the past?

☐ Yes ☒ No If, Yes, when?

**SECTION 1: CONTACT INFORMATION**

Legal Name of Organization: Buddhist Tzu Chi Medical Foundation  
 Web Address: [www.tzuchimedical.us](http://www.tzuchimedical.us)  
 Mailing Address: [REDACTED]  
 City: Alhambra Zip: 91801 Phone: [REDACTED]  
 President/Executive Director: Steven Voon Title: Executive Vice President  
 Email: steven.voon@tzuchimedical.us Telephone Number: [REDACTED]  
 Contact Person: Yuaner Wu RN, PhD, MPH, CNSTitle: Milpitas Dental Mobile Clinic Coordinator  
 Email Address: [REDACTED] Telephone Number: [REDACTED]

**SECTION 2: NON-PROFIT INFORMATION**

501(c)(3)? ☒ Yes ☐ No Year Established 1993 Federal Tax ID: [REDACTED]  
 Fiscal Sponsor Name: Buddhist Tzu Chi Medical Foundation  
 Fiscal Sponsor Address: [REDACTED]  
 City: Alhambra Zip: CA Phone: 91801

**SECTION 3: ORGANIZATION INFORMATION**

Total Organization Budget:	\$7,000,000	Total # of Board Members:	13
Total # of staff:	65	Total # of Volunteers:	250

**Mission Statement:**

We provide patient-centered medical care with compassion to underprivileged individuals regardless of religion, age, gender, ethnicity or ability to pay.

Our founder, Dharma Master Cheng Yen, once said: 'Among the eight sufferings of life, illness is the most painful. With the aim of patient-centered medical care that respects patients as teachers, Tzu Chi's medical team will shoulder the responsibility of caring for people's lives and must ensure proper care of the body, mind, and soul of the patients'.

We will go forward in our commitment to heal as many underserved communities around the world as we can- with as much heartfelt diligence and compassion as possible.

('Tzu Chi' means 'Compassion Relief')

**Brief Description of Organization:**

Tzu Chi Foundation is a global non-profit organization whose compassion-in-action principle impacts over 100 countries worldwide. Now into its 55th year, the organization remains steadfast in serving through four core missions: Charity, Medicine, Education, and Humanistic Culture. Tzu Chi Milpitas Mobile Clinic belongs to an outreach program known as Tzu Chi International Medical Association (TIMA) which is supervised by Tzu Chi Medical Foundation USA. The Milpitas Mobile clinic is operated by four San Francisco Bay Area TIMA Chapters in the Northwest Regional Office. Each TIMA Chapter collaborates with local non-profit organizations to provide free medical, dental, vision care and oriental medicine consultation for underserved communities. In San Francisco, we have been providing dental care for the residents of Delancey Street Foundation and Alice Griffith community since 2014. In Milpitas, we provide free dental care and oriental medicine consultation on the second and fourth Monday.

**Brief Description of Services Provided:**

Tzu Chi Milpitas Mobile Clinic collaborates with community partners to host a health fair. Based on population needs, we provide the following services free at no charge: western medicine consultation, oral exams, oral health education, diagnostic imaging, dental cleanings, fillings and extractions, vision exam, oriental medicine consultation, and chiropractic service. In addition to health fairs, each TIMA Chapter also hosts health seminars, workshops and support groups to promote health awareness and community health.

In 2020, though all medical outreach events had come to a halt due to the COVID-19 pandemic, Tzu Chi medical quickly mobilized a team of volunteers in March 2020 to help deliver and distribute PPE (personal protective

equipment) and sanitization care packages to health-care facilities, migrant farmers, and homeless shelters. To date, we have distributed 310K surgical masks, 32K N95 masks, 2.8K protective coveralls, 8.3K goggles, 3K isolation gowns and 1K face shields

#### SECTION 4: GRANT REQUESTS

1. Program/Project/Event Name: Healthy Cupertino Health Fair
2. Date(s) and/or duration of program/project/event (if applicable): December 11, 2021 from 9 am to 3 pm (date subjected to change per COVID-19 infection rate)
3. Total program/project/event budget: \$7,400
4. Requested Amount: \$7,400 Percent of total program/project/event budget: 100%
5. Program/Project projected income: \$7,400 Percentage of your organization's projected income: 100%
6. Type of Request:

- ☐ Capital Improvement
- ☒ Program Support
- ☒ Event
- ☐ One-time project
- ☐ Other:

7. This grant will fund a(n):

- ☐ Existing program/project/event; established in (year)
- ☒ New program/project/event

8. Describe the purpose of requested funds and the services that will be provided:

We propose to use the grant to host a day of community health fair with free medical services to the financially challenged Cupertino residents. In this health fair, we plan to offer free blood pressure check, oral exam, oral diagnostic imaging, oral health education, dental filling, and extraction and, oriental medicine consultation and treatment. The requested fund will be used to cover the facility rental in Cupertino, general and malpractice insurance coverage, medical and dental supplies, administrative expenses, and vegetarian meals and drinks for general volunteers and health care volunteer providers. Tzu Chi volunteers and doctors work diligently to ensure members of the community receives the love and care that they need. Together with this grant, Cupertino community will continue to become happier and healthier.

9. Please provide a line item breakdown of how the funds will be used in the categories below. If a category is not applicable, put \$0:

a) Admin Staff	\$800
b) Materials/Equipment	\$3,200
c) Entertainment	\$0
d) Room/Venue Rental	\$2,000
e) Other Professional Services Malpractice insurance \$1400	\$700
f) Other	\$0
<b>Total</b>	<b>\$7,400</b>

10. Explain how the request aligns to City mission and values:

The Mission of the City of Cupertino is to provide exceptional service, encourage all members of the community to take responsibility for one another, and support the values of education, innovation and collaboration. To support City mission and values, Tzu Chi Milpitas Mobile Clinic will be collaborating with West Valley Community Center (WVCS) to host a community health fair. Dental procedures will be provided in an innovative way on the mobile dental van. One-on-one health education will be provided by licensed health professionals.

11. Describe how the program/project/event fills a community need. Who identified this need? What other similar project/program/event exists to serve Cupertino residents? How is your proposed project/program/event unique from similar projects/programs/events or how do you collaborate to avoid duplication?

In order to carry out Tzu Chi's Medical Missions, the Milpitas Mobile Clinic brings the needed health care to the underserved populations. Free, good quality dental care services are especially very hard to come by in the San Francisco Bay Area.

Since 2010, Milpitas Mobile Clinic has hosted medical outreaches at many cities including Magalia, Oroville, Ukiah, Santa Rosa, San Francisco, Oakland, Milpitas, Fremont, and Central Valley.

Since 2018, Tzu Chi has offered three free dental outreaches to East Palo Alto (EPA) residents. Our partners Ravenswood City School District, Boys and Girls Club of the Peninsula, and the Children's Health Council have

witnessed Tzu Chi working to provide our services to the residents on multiple occasions. They invited Attachment B the EPA community to provide dental care for low-income Mexican families. They helped find the best location for the Mobile Dental Clinic, and reached out calling the low-income families to come for a free dental checkup.

12. Who will be served by this grant?

The grant will be used to serve Cupertino low-income residents referred by West Valley Community Services (WVCS).

a) Number of individuals total: 40

b) Number of Cupertino residents: 40

c) Particular community groups:

Cupertino low-income residents referred by West Valley Community Services (WVCS).

d) Will the program/project/event be available to the entire community/public or are there any eligibility criteria?

Our program goal is to serve underserved communities within Cupertino with referral by West Valley Community Services (WVCS). Our criteria includes recipients of Medi-Cal, CalFresh or Supplemental Security Income (SSI).

e) Will there be a charge or fee for the program/project/event (if applicable)

This event is free at no charge to the participants of the Healthy Cupertino Health Fair.

f) What outreach methods does your organization use to promote the program/project/event (if applicable)?

Milpitas Mobile Clinic will be collaborating with West Valley Community Services (WVCS) in promoting this event among the recipients of food pantry and low-income housing residents.

13. Describe how the funds will be used to benefit or impact the Cupertino community:

The funds will be used to provide free medical, dental and oriental services to financially challenged Cupertino residents. Our unique program will have a significant impact on the health of low-income Cupertino residents. Tzu Chi volunteers and doctors work diligently to ensure members of the community receive the love and care that they need. Together with this grant, Cupertino community will continue to become happier and healthier.

14. Demonstrate that the member implementing and managing the program/project/event have adequate experience:

Milpitas Mobile Clinic has been blessed to have a group of very dedicated health care providers and medical volunteers. Now into the eleventh year, CH Wong DDS, S. Wang DMD, and L Peng RDH have been leading our dental program.

In addition, Y Wu, RN, MPH, PhD has been the Event Coordinator for more than twenty years since 1999. In 2019 alone, we conducted 19 medical outreaches and 23 fixed location free dental clinic services at Milpitas, with a total 42 events, 1511 patients served with 4328 service encounters.

15. How will success of the program/project/event be measured?:

Our outreach success will be measured quantitatively and qualitatively. Quantitative measures are event outcomes including numbers of clients being served, vital signs checks, western medicine consultation, oral exam, oral health education, oral x-rays, oral hygiene procedures, tooth fillings, tooth extractions, oriental medicine consultations, acupuncture treatments, and therapeutic massages. Qualitative measures include satisfaction of the professional volunteers, general volunteers and recipients of our care. From professional volunteers, they enjoy the most when their clients thank them for answering their health related question, appropriately addressing their health issue, relieving their toothache, alleviating their bodily soreness or muscular pains. Typically, our general volunteers will ask each client about his/her experience with us and noted in his/her medical records. Ultimately, our event goal is to let everyone have an enjoyable and meaningful experience.

16. Will more than 75% of the requested funds go towards direct service costs versus administrative costs?

☒ Yes ☐ No

17. Will you collaborate with other organizations to deliver the program/project/event funded by this grant? If so, which organizations?

We will be collaborating with the City of Cupertino and West Valley Community Center to host the 'Healthy Cupertino Health Fair' in Cupertino, CA.

18. If your organization has ever received financial or in-kind support from the City of Cupertino outside of Community Funding Grants, please describe this support:

No, the Milpitas Mobile Clinic has never received any financial or in-kind support from the City of Cupertino.

19. Does your organization anticipate receiving additional financial or in-kind support from the City of Cupertino outside of Community Funding Grants for this type of program/project/event (e.g. fee waivers)? If so, please describe this anticipated support:

No, the Milpitas Mobile Clinic will not be expecting to receive any additional financial or in-kind support from the City of Cupertino.

20. If you are a multi-jurisdictional organization, describe any funding requested from other agencies/organizations in regards to this program/project/event request. Indicate whether the funding was granted, denied, or is still pending:

No, the Milpitas Mobile Clinic has not requested any other funds from other agencies or organization for this event.

21. How would you fund the program/project/event if you do not receive the requested funding?:

All the events hosted by the Milpitas Mobile Clinic have been financially supported by donors, friends, families of Tzu Chi Medical Foundation. If we do not receive the requested funding, we will continue to seek donations to support the proposed event.

#### SECTION 5: PRIOR FUNDING

1. If you received a Community Funding Grant in prior years, indicate the amounts for each year and describe how those funds were used:

We have not applied the Community Funding Grant in the past years.

This is our first application.

2. If you received a Community Funding Grant last year:

a. Please provide a line item breakdown of how the Community Funding Grant was used last year in the categories below. If a category is not applicable, put \$0:

i. Admin Staff	\$0
ii. Materials/Equipment	\$0
iii. Entertainment	\$0
iv. Room/Venue Rental	\$0
v. Other Professional Services	\$0
vi. Other	\$0
<b>Total</b>	<b>\$0</b>

b. Who was served by the grant last year?

N/A

i. Number of individuals total: 0

ii. Number of Cupertino residents: 0

iii. Particular community groups

N/A

iv. Was the program/project/event available to the entire community/public or are there any eligibility criteria?

N/A

v. Was there a charge or fee for the program/project/event (if applicable)?

N/A

vi. What outreach methods did your organization use to promote the program/project/event (if applicable)?

N/A

c. Was the program/project/event successful? Please indicate how success was measured:

N/A

3. Please indicate any additional funding received last year from other sources and provide your financial statement if available:

N/A

**Attachments:** Attach your financial statement, and any other helpful information about your project.

[2019-TCMF-AnnualReport.pdf](#)

[Supplementary\\_of\\_Cupertino\\_Grant\\_2021.docx](#)

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Program Manager Signature

Milpitas Dental Mobile Clinic Coordinator

Date Signed

01/30/2021

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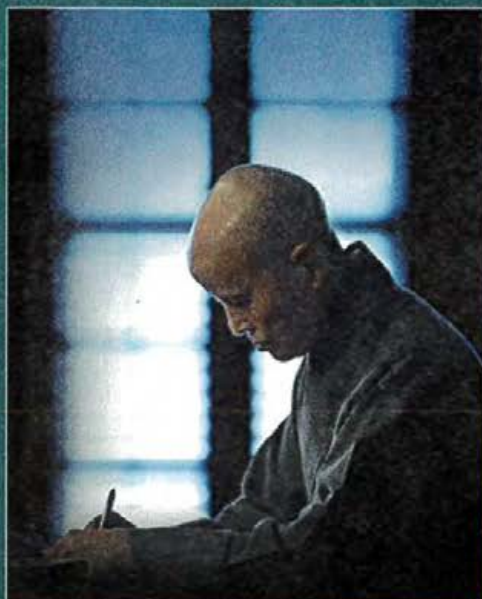


**Buddhist Tzu Chi  
Medical Foundation**  
*Serving with Compassion*

# 2019

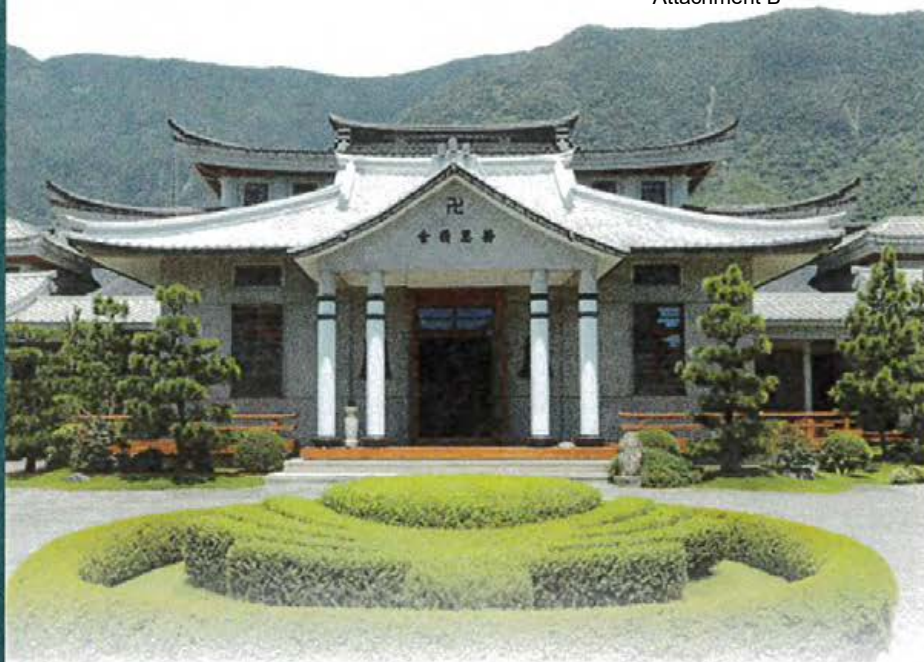
## Annual Report

Buddhist Tzu Chi Medical Foundation



Among the eight sufferings of life, illness is the most painful. With the aim of patient-centered medical care that respects patients as teachers, Tzu Chi's medical staff will shoulder the responsibility of caring for people's lives, and ensure proper care of patients' body, mind and spirit.

**Dharma Master Cheng Yen**  
*Founder of Buddhist Tzu Chi Foundation*



## About Tzu Chi

Established in Taiwan in 1966, the Buddhist Tzu Chi Foundation is an international humanitarian aid organization that has provided compassionate emergency and long-term aid to 102 countries across five continents. Tzu Chi endeavors to relieve the suffering of those in need, and create a brighter world for all through innovations and charity work in the fields of medicine, education, disaster relief, environmental protection, and humanistic culture. Tzu Chi's global reach is strengthened through collaborative efforts with partner organizations, such as the American Red Cross (ARC), United Nations Economic and Social Council (UN ECOSOC), the National Voluntary Organizations Active in Disaster (NVOAD), and InterAction.

# About Tzu Chi Medical Foundation USA

**E**stablished in 1993, the Tzu Chi Medical Foundation provides holistic and integrated healthcare services across the United States, to financially disadvantaged residents regardless of age, race, sex, or religious affiliation. With permanent clinics in Alhambra, South El Monte, and Wilmington, California, we offer exceptional care to underserved populations in those regions.

We also host free, periodic large-scale local and international medical outreach events in the U.S., Latin America, and the Caribbean, in addition to providing mobile dental and vision care programs, support groups, and preventive health education. Our volunteer doctors, nurses, and other healthcare professionals and general volunteers serve vulnerable communities with compassion and care.

## **Our Mission**

*We provide affordable and charitable patient-centered health care for the wellness of the underserved.*

## **Our Vision**

*To provide medical aid while inspiring love and compassion in both those giving care and those receiving it.*



## A Message From Our CEO

Dear Friends,

The year 2019 was a busy one for the Tzu Chi Medical Foundation, on many fronts.

The 5th TIMA Global Forum, held from March 29 to 31 in San Dimas, California, was the first international event held in the United States at Tzu Chi USA's national headquarters. More than 500 members, speakers and VIP guests from 17 countries attended the conference, which was titled "Enlightened Wellness: Body, Mind, Spirit." The entire staff at the headquarters' campus and many volunteers across the U.S. pitched in to make this event possible. It was a great success that unified our staff and volunteers and attracted new friends to join us.

In March 2019, we handed over the eighth and ninth Tzu Chi Vision Mobile Clinic vans to Tzu Chi USA's New York chapter. These specially outfitted vehicles have officially started providing services for New York City elementary school students. With a grant from the Kaiser Permanente Foundation, we placed an order for a Dental Mobile Clinic van as well, which we scheduled to start providing services for migrant workers in 2020.

Tzu Chi Medical Foundation (TCMF) and the UCLA Center for East-West Medicine (CEWM) followed through on a mutual desire to form an alliance, whereby: CEWM shall create an integrative educational program, to train TCMF healthcare professionals as seed trainers, who will then disseminate the program at our clinics to benefit patients. Panda Charitable Foundation agreed to provide a matching grant to support our participation in this alliance, which just completed its first half-year of existence. All staff is in place, and things have gone smoothly regarding the completion of the first part of all courses. We hope to incorporate the program into our clinics in 2020. Thank you, Panda Charitable Foundation, for your generosity.

We expanded our international medical missions in Ecuador and Mexico in 2019. TIMA (Tzu Chi International Medical Association) provided medical services during over 15,877 patient visits throughout 20 medical outreach events. We not only took care of people's physical needs but also offered moral support, resulting in smiles that express a sense of hope.

We are set to apply for the status of Federally Qualified Health Center (FQHC) by March 2020 and expect to receive approval by October of that year. This new status will help TCMF reach the goal of sustainable development.

I want to express my deepest gratitude for all our donors, sponsors, partners, medical professionals, and logistics volunteers whose support and dedication have made us strong today. We've accomplished a great deal together in this busy year. With the steadfast efforts of our staff and volunteers, we are sure to continue on this path of success in the coming year.

Gratefully,

A handwritten signature in blue ink that reads "William Keh". The signature is fluid and cursive, with a large initial "W" and "K".

William Keh, M.D.

Chief Executive Officer

Tzu Chi Medical Foundation

# Delivery of Care

## Permanent Clinics

Tzu Chi's first clinic was established in Alhambra, California in 1993.

Today, we have three permanent clinics in California - in Alhambra, South El Monte, and Wilmington.

Services provided include medical, dental, and vision care; traditional Chinese medicine (TCM); acupuncture; psychotherapy; and Healthy Community Programs.

## Mobile Clinics

Tzu Chi's mobile clinics have delivered high-quality healthcare services to communities around the country at no cost for 19 years.

A fleet of nine mobile clinics serves underprivileged communities in California, its services recently expanding to New York and Las Vegas.

Services provided include medical, dental, and vision care, as well as cancer screenings.

## Healthy Community Programs

Tzu Chi's Healthy Community Programs provide preventive health services to thousands of individuals in need.

These holistic programs are designed to cultivate healthier lifestyle choices within communities.

Services include healthy living programs, health workshops, educational outreach, cancer awareness programs, patient support groups, and Integrative East-West Medicine.

## Domestic and International Medical Outreach (TIMA)

Tzu Chi International Medical Association (TIMA) is an organized global service network that consists of licensed medical professional and logistics volunteers.

Volunteer expertise is utilized to facilitate patient-centered medical services to vulnerable populations affected by disasters and poverty locally and worldwide.

Services provided include medical, dental, and vision care; traditional Chinese medicine like acupuncture; and health education.

# Areas of Service



## Medical

Provide low- to no-cost comprehensive primary care services to safeguard patients' overall health. Deliver quality medical care including internal and family medicine, pediatrics, immunizations, women's health, minor surgery, and GI endoscopy.



## Dental

Administer access to affordable dental care for local residents, low-income individuals, and underserved populations. Services include general dentistry, dentures, and oral hygiene education.



## Traditional Chinese Medicine

Provide low-cost, high-quality traditional Chinese medicine treatments (TCM) to help patients recover from ailments and promote overall well-being. Services include acupuncture, acupressure, cupping, Tui-Na, herbal remedies, therapeutic exercises, and dietary regimens.



## Vision

Offer low-cost optometry and ophthalmology care to promote eye health and vision function.

Services include vision testing, and comprehensive eye examinations consisting of diagnosis and treatment programs.

Prescription lenses are also offered.

# Summary of Operations

**2**019 was a significant year for the Tzu Chi Medical Foundation. To start, our three permanent clinics – in Alhambra, South El Monte, and Wilmington – offered 21,476 consultations and treatments. To provide better quality and sustainable health care, the clinics also raised their operational standards to comply with the requirements for becoming a Federally Qualified Health Center.

Throughout 2019, we held 122 health education workshops nationwide and participated in 40 health fairs that provided 6,331 consultations and treatments to underprivileged communities. We received recognition from partners, such as the City of Hope and UCLA Center for East-West Medicine, the latter resulting in a grant award and flourishing cooperation regarding Integrative East-West Medicine programs.

Our mobile clinics and domestic medical outreach have continued to bring healthcare services to the doorstep of underinsured and uninsured people across

California, with recent expansion to New York and Las Vegas. With the support of 2,028 healthcare professionals and 5,044 general volunteers, we offered 313 medical outreach events and mobile clinic setups nationwide, providing 11,869 consultations and treatments, together with free medication.

Over 500 participants from 17 countries joined the 2019 TIMA (Tzu Chi International Medical Association) Global Forum, the first international conference organized by the Tzu Chi Medical Foundation held in the United States. Not only were current and emerging medical trends amply discussed, but the achievements accomplished by TIMA during domestic and international medical missions were equally shared.

Seeds of collaboration and service continued to be planted and to grow in Mexico and Ecuador, fostering local medical talent while providing healthcare services to 15,877 patients in need of care. Overall, our operations in 2019 proved to be sustainable, establishing a solid building block for our activities in 2020.



- our three permanent clinics – in Alhambra, South El Monte, and Wilmington – offered **21,476** consultations and treatments.



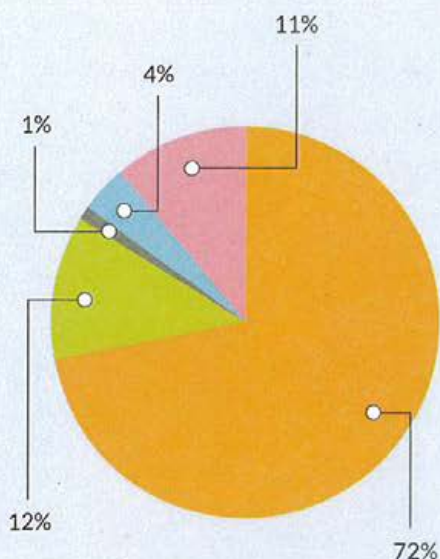
- we offered **313** medical outreach events and mobile clinic setups nationwide, providing **11,869** consultations and treatments.



- we provided healthcare services to **15,877** patients in need of care in Mexico and Ecuador.

# 2019 Summary of Operation & Patient Demography

## Permanent Clinics



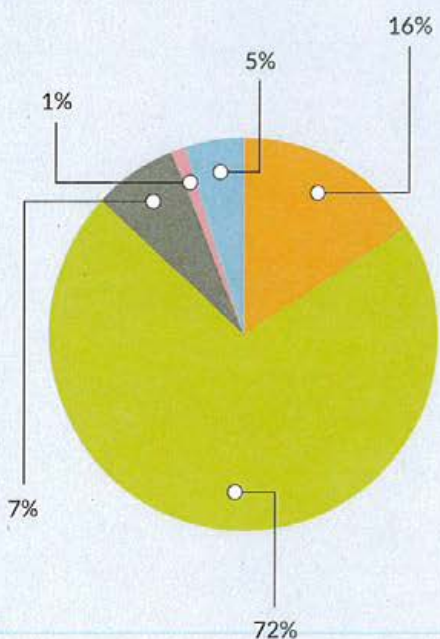
Patient Service Counts: 21,476



Patient Head Counts: 7,833

- Asian: 72%
- White (including Hispanic): 12%
- Black / African American: 1%
- Unreported / Refused to report: 4%
- Other (including more than one race): 11%

## Mobile Clinics/ Medical Outreach



Patient Service Counts: 26,032



Patient Head Counts: 11,869

- Asian: 16%
- White (including Hispanic): 72%
- Black / African American: 7%
- Other (including more than one race): 1%
- Unknown: 5%

# PERMANENT CLINICS



Tzu Chi Medical Foundation's clinic in Alhambra, CA, seeks to provide quality, affordable care to the uninsured and underinsured.

**2**019 was a year of riding on Tzu Chi Medical Foundation's sustainable building blocks in the provision of healthcare services for underinsured and uninsured communities, primarily through its permanent clinics in Alhambra, South El Monte, and Wilmington, California.

The three clinics – offering medical, vision, dental, and mental health care, along with acupuncture and pediatrics – provided 21,476 consultations in 2019. The healthcare professionals at the clinics didn't stop at

treating patients' symptoms, but went above and beyond to provide preventive health education combined with healthy community wellness programs, all part of a holistic approach that addresses not only the body but the heart and mind as well.

Furthermore, in pursuit of the utmost quality in facilities, care, and safety, the clinics also decided to rise to the challenge of meeting federal standards and requirements for becoming a Federally Qualified Health Center (FQHC) Look-Alike.

Preparations have gone forward, including the complete review of all policies and procedures, ensuring that we are providing the services that suit our patient demographics, and additional training and development for our clinic staff.

All these efforts and initiatives wouldn't have been possible were it not for our devoted providers, and experienced support staff, who continue to raise the bar higher to provide patient centered care.

Another important factor behind the foundation's application for FQHC Look-Alike designation is that this aligns perfectly with Tzu Chi Medical Foundation's mission: To relieve suffering by providing medical care to those who lack the means to pay. Becoming a Federally Qualified Health Center Look-Alike will enable our clinics to address health care access disparities

and empower underserved areas through high-quality patient care services and community initiatives.

Looking ahead, Tzu Chi Medical Foundation also hopes to maintain higher levels of sustainability and patient-centered care as a result of enhanced financial support provided by the Health Resources and Services Administration (HRSA). Traditionally, our clinics relied on donations to keep out of pocket fees low for our underinsured and uninsured patients. In the future, the donations will be able to support the expansion of our reach and capacity to offer even more medical services, health programs, and education within the communities we already serve and beyond.

**In 2019 our permanent clinics provided 21,476 treatments to those in need**



▲ Acupuncture treatment to help safeguard patients' health.

	<b>8,540</b> Patient Visits (Medical)
	<b>67</b> Patient Visits (Vision)
	<b>5,064</b> Patient Visits (Dental)
	<b>7,705</b> Patient Visits (Acupuncture)
	<b>100</b> Patient Visits (BCEDP)*

\* Breast Cancer Early Detection Program

➤ Dr. Stephen Denq listens to a patient's heart during a routine checkup.

▼ Chinese Medicine doctor, Alex Yi Hsien Lai, treating a patient with care.



Y The vibrant team at Tzu Chi Medical Foundation is ready to serve.



# MOBILE CLINICS



The Tzu Chi Medical Foundation inaugurates new vehicles into its fleet of mobile clinics.

**T**zu Chi Medical Foundation's mobile clinics have been bringing health care to the doorstep of people in need for more than 19 years. Our fleet of nine mobile clinics offers comprehensive medical, dental, and vision care, as well as cancer screening services. The mobile clinics also participate in large-scale multi-day community medical outreach events and health fairs across the country, reaching underserved communities that face barriers to health care access.

The complementary services of mobile clinics and domestic medical outreach, in conjunction with health education and community volunteerism, have built a solid platform for attracting volunteers,

community partners, and donors to join the force. The See 2 Succeed project, a school-based vision care initiative formed in 2015 on behalf of children from underserved communities in California's Central Valley, is one example of resulting collaborations.

As part of this nonprofit partnership, Tzu Chi Medical Foundation's Vision Mobile Clinics go to schools in 18 school districts and provide students with free full eye exams and prescription glasses as needed during the visit. Children who benefited from the project are doing much better in school due to their improved vision and confidence. The success of See 2 Succeed in Fresno also led to full funding support and the project's extension to local community schools in New York and Las Vegas in 2019.



## Our Mobile Vision Care Garners Support Near and Far

**M**s. M., a patient at a Tzu Chi Vision Mobile Clinic, heard the story of how Dharma Master Cheng Yen built the first Tzu Chi Hospital in Taiwan and was touched. Learning about Tzu Chi's bamboo banks, in which people save to help those in need, and discovering that donations support the services offered by our mobile clinics, she was inspired to contribute.

And so, Ms. M. asked to re-use her old eyeglass frames with her new prescription, rather than accepting new ones provided by the clinic, to help Tzu Chi preserve some of its precious resources for those who require more assistance than she did. Although she was concerned that she didn't have much to offer monetarily, Ms. M. was still able to help through her thoughtfulness, benefiting someone in need.



▲ A patient proudly holds her new glasses as she poses for a picture with Dr. Lina Lin.

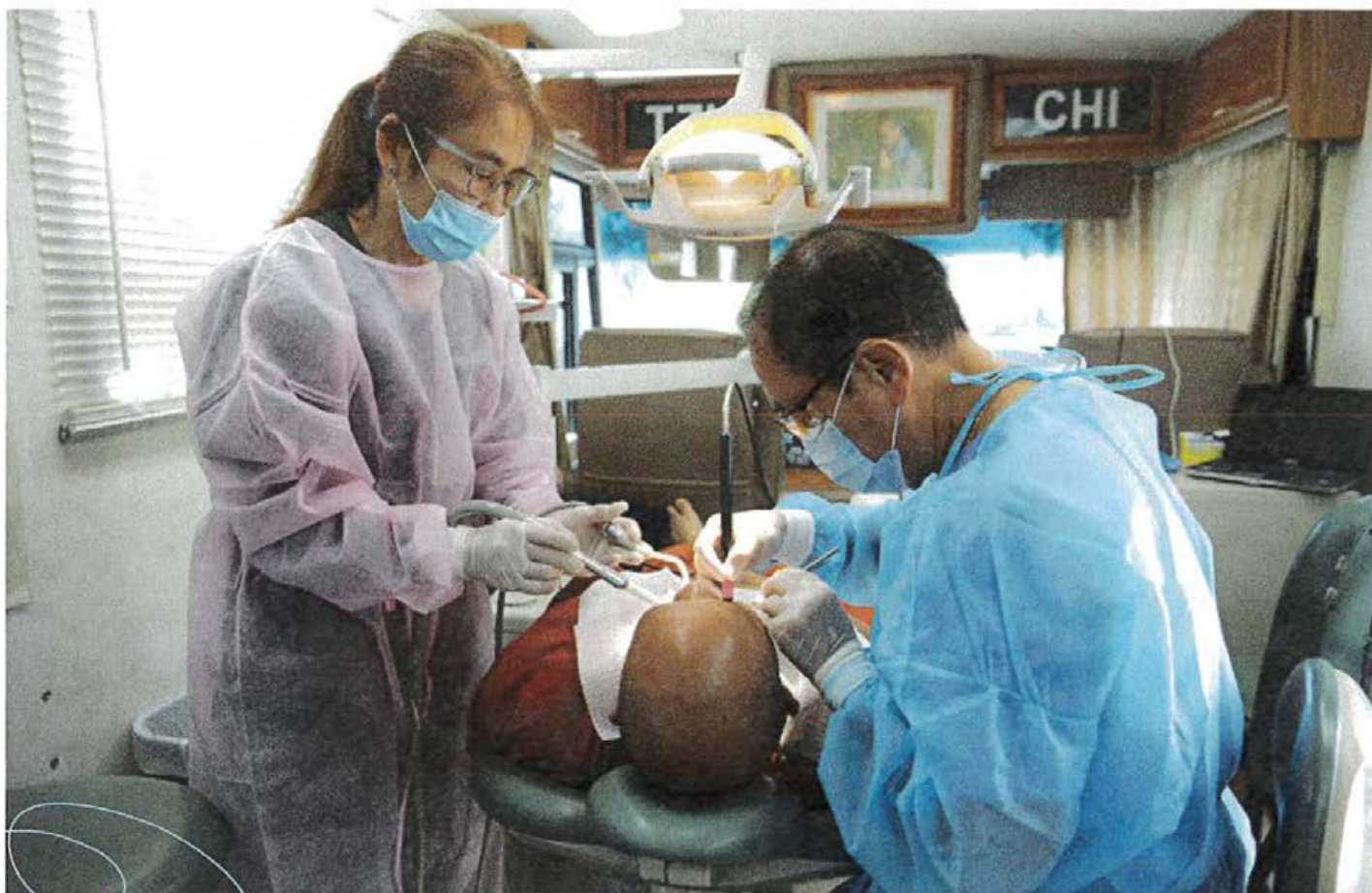
## SEE 2 SUCCEED



▲ The See 2 Succeed vision program is a local nonprofit partnership that works with Fresno County schools to offer free eye exams and glasses to local children.



▲ Thanks to the See 2 Succeed program, a young patient shines a smile after seeing his new glasses for the first time.



▲ Dr. Harry Shaw, a veteran volunteer, brought his associate to provide treatment at Azusa Myanmar Monastery through Dental Mobile Clinic.

➤ Tzu Chi's Vision Mobile Clinics also serve seniors.





## Dentists on Wheels Bring Smiles Back and Improve Lives

Life can be hard without good health. Imagine having a toothache, but being unable to visit the dentist and having to endure constant, searing pain. Tzu Chi Medical Foundation's Dental Mobile Clinics provide services to those living on the streets in Lincoln Heights, an impoverished suburb in Los Angeles County.

One care recipient, Isabel Arenas, shared that "If I hadn't found this truck [Tzu Chi Dental Mobile Clinic], I could've lost my tooth because I don't have the means to go [to the dentist]. The truth is, this is marvelous work, sent from the heavens. It's incredible. And the doctor who treated me has the hand of an angel. Seriously, thank you. It's something I can't explain. They've helped us immensely."

Javier Alvarez is another care recipient, who had dental issues since his front teeth had lots of gaps in between and cavities. He said, "I had a lot of problems eating. The food got stuck in my teeth because I didn't have fillings. Now that I have [the fillings], it fixed the problem, and I can smile better."



▲ Tzu Chi's mobile medical services, including those of the dental clinic, bring smiles to the faces of even the youngest patients.

# TZU CHI INTERNATIONAL MEDICAL ASSOCIATION



Participants gather for the 2019 TIMA Global Forum in San Dimas, CA.

Inspired by Dharma Master Cheng Yen's mission to safeguard and protect life and health with love, Tzu Chi International Medical Association (TIMA) was established in 1996 as the embodiment of altruistic care and recognition of the person behind the patient. Since then, over 10,000 licensed medical professionals – including doctors, dentists, acupuncturists, nurses, pharmacists, and medical technicians – have offered their services as volunteers. To date, they have provided free medical care in over 50 countries,

with over three million healthcare services given to underprivileged populations worldwide.

2019 was a significant year for TIMA USA, whose members provided free health care straight to the heart of communities most in need via mobile clinics, domestic outreach, and international medical missions. Furthermore, the year marked not only the first time that the TIMA Global Forum took place in the U.S., but it was also the 26th Anniversary of the Tzu Chi Medical Foundation.

Over 500 healthcare professionals from 17 countries gathered at the TIMA Global Forum, entitled "Enlightened Wellness: Body, Mind, Spirit," and held in San Dimas, California, from March 29 to 31. The focus, discussion, and sharing of integrated and synergized medical ethics efforts, the balance between academia and practice, the combination of eastern and western therapeutic approaches, and the actions and footprints of TIMA and Tzu Chi Medical Foundation, were the highlights of this remarkable forum.

During the conference, Los Angeles County Supervisor Kathryn

Barger presented a Proclamation of Congratulations to Tzu Chi USA and Tzu Chi Medical Foundation volunteers. Supervisor Barger has observed Tzu Chi volunteers providing affordable medical care for everyone, including new immigrants in Alhambra for 26 years, beginning in 1993 when Tzu Chi established its first free clinic. As she presented the proclamation, she stated that "Government alone can't help. It takes the work of groups across the world to really help (people) in their time of need." TIMA is grateful to be among those groups, providing vital healthcare services internationally, with dedication and love.



➤ Los Angeles County Supervisor Kathryn Barger presents a Proclamation of Congratulations to Tzu Chi USA and Tzu Chi Medical Foundation for its accomplishments.

➤ TIMA representatives from Latin America, including Tzu Chi Mexico and Ecuador volunteers, attend the TIMA Global Forum.





# DOMESTIC MEDICAL OUTREACH



With the complimentary services of mobile clinics, domestic medical outreach provides monthly or quarterly healthcare services, including medical consultations, dental and vision care, acupuncture, nutrition consultation, and health education. In 2019, a total of 313 domestic medical outreach events were organized nationwide for local residents to obtain much-needed treatments and free medication for those who can't afford them. This outreach was successful due to the support of local partners, 2,028 medical professionals, and 5,044 general volunteers.

To meet the growing needs of uninsured and underinsured residents, weekly or biweekly small-scale outreach events offering one service type, or mobile clinic visits, were also arranged to provide further follow-up care. Setting up outreach isn't an easy task and requires a great deal of team effort and organization. The domestic medical outreach program's Standard Operating Procedure (SOP), introduced at the 2015 TIMA USA Convention held in San Dimas, California, was instrumental in creating seamless workflow and assuring hygienic treatment of the environment. We salute



Tzu Chi Medical Foundation hosts a medical outreach event in Orange County, CA.

our healthcare practitioner volunteers, general volunteers, and colleagues for their tremendous effort. They planned, packed, and moved all the necessary equipment to outreach sites the day before, and they got up at dawn to drive two or three hours to outreach sites and set up the start of a day of care for the homeless or underprivileged communities. It is thanks to them that this healthcare outreach for those in need, offered regardless of race, religion, gender, or age, was possible.



▲ With volunteers' support, health workshops are also held at medical outreaches.



▲ Tzu Chi Medical Foundation volunteer Dr. David Chuang sees a patient at a Milpitas, CA, medical outreach.

▼ The medical team at a San Bernardino, CA, outreach pose for a group photo.

➤ At a medical outreach in San Bernardino, CA. Physician's Assistant Tung Ping Cheung examines a patient.



## Love and Compassion Are a Universal Language

At a medical outreach event in Milpitas, California, one patient spoke only Minnan, a dialect native to parts of southern and eastern China, including most of Taiwan. Dr. David Chuang, who was volunteering his services that day and has limited proficiency in Minnan, took this patient under his wing and provided the medical care she needed. Despite not being fluent in the dialect she spoke, the doctor was still able to communicate with this aid recipient, creating a sense of universal love and understanding between them, which was comforting to her.





## Our Dental Outreach Makes Toothaches Go Away

**F**reddy was very grateful to be at a medical outreach event at the Salvation Army in Las Vegas, where Tzu Chi Medical Foundation was providing services. He told us that he'd been coming to receive health care at such events for four years out of sheer necessity. "No insurance, and couldn't afford it," he explained.

He had an unbearable toothache when he came to the outreach event this time, seeking treatment. After taking an X-ray, Dr. Phan Nguyen extracted a tooth, and as a result of this dental care, thankfully, he was able to relieve Freddy's tooth pain that very day.



**1,755** Patient Visits (Medical)



**3,725** Patient Visits (Vision)



**4,187** Patient Visits (Dental)



**2,202** Patient Visits (Acupuncture)



**2,028** Medical Professionals



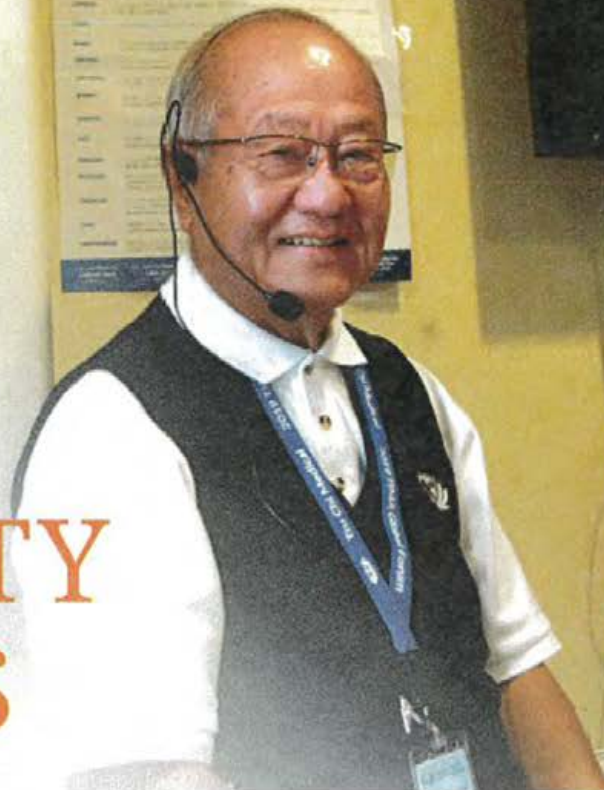
**5,044** Volunteers

➤ In Las Vegas, Dr. Phan Nguyen examines a homeless patient in need of denture repair.





# HEALTHY COMMUNITY PROGRAMS



**T**he Healthy Community Programs focus on preventive health care and wellness, and aim to improve the overall health of local residents through health education; the promotion of plant-based diets, physical exercise, and a healthy lifestyle; and patient support groups. The programs place primary emphasis on serving the underprivileged, as well as people with language or cultural barriers: For instance, new immigrants or members of communities in which many can't fully understand English, and the disadvantaged in general.

The design of the programs is holistic, to guard the body, mind, and spirit. The Healthy Community Programs also integrate the power of communities and peers through the continuous support and partnership of City of Hope, UCLA Center for East-West Medicine, and the American Cancer Society. These collaborations enhanced the expansion of Health Education workshops, the Healthy Living Program, and Cancer Awareness Program. They also gave birth to a partnership with UCLA, formalized in 2019, regarding Integrative East-West Medicine.



## Health Education Workshops

The Health Education Program covers subjects such as Chronic Diseases, Osteoporosis, Myocardial Infarction, Mental Health, Respiratory Diseases, Menopausal Syndrome, Eye Diseases, Arthritis, Medication, Dental Care, and more, aiming to support communities through the promotion of wellness and prevention. The variety of topics and reputable and renowned speakers have led to many participants becoming regulars. These workshops have equally provided an alternative social gathering point for participants, where they can expand their networks and learn about healthy living together. With some community residents unable to attend onsite lectures, online sessions were launched in April 2019, broadcasting on the radio, social media, and YouTube.



Tzu Chi Medical Foundation volunteers kick off a health education workshop with cheer.



- ◀ Participants ask questions at a health education workshop.
- ✓ Tzu Chi Medical Foundation's workshops provide valuable information relevant to the communities they serve.

## Cancer Awareness Program

**2**019 was a year of recognition for the Cancer Awareness Program. Given the demonstrated results of pre- and post-test surveys of participants in cancer awareness workshops, the program won a grant from the City of Hope's "Healthy Living Grant Program." Awareness-building, prevention, and early detection through cancer awareness workshops, free colon cancer screenings, and prostate cancer screening via prostate-specific antigen (PSA) tests have benefited not only 694 local residents but also their families by reducing their stress. Among the participants, 87% showed that they learned useful cancer prevention information through a cancer awareness workshop. And 76% of attendees also demonstrated positive changes, including healthier behavior and new motivation.



## Integrative East-West Medicine

**P**roviding holistic and integrated healthcare services is in the Tzu Chi Medical Foundation's DNA. This quality resulted in the start of a partnership in 2017 with the UCLA Center for East-West Medicine (CEWM), which has over 25 years of experience in the field and has built a thriving health model, benefiting tens of thousands of patients. The partnership flourished and was formalized in 2019, and with staunch support from the Panda Charitable Foundation, aims to build a Teaching Resource Center bringing together the best principles of Western and Chinese Medicine in the San Gabriel Valley.

The center will train healthcare professionals and volunteers to distribute self-care knowledge and tools to local communities. Furthermore, riding on the UCLA CEWM's experience and model, the services will include East-West Oral Health, Eye Health, Mental Health, and Nutrition Programs. Ultimately, the partnership hopes to improve a person's health, well-being, and quality of life in a safe, effective, affordable, and accessible manner.

The support of the Panda Charitable Foundation was instrumental in the plan to establish the Teaching Resource Center. Looking ahead, we hope more supporters will join hands to create and sustain this center, and together, accelerate a positive transformation of the healthcare system.



**122** Total Health Education Program Workshops



**40** Health Fairs/First Aid Stations/Booth Exhibitions



**162** Total Activities



**6,331** Total Service Counts

# INTERNATIONAL MEDICAL MISSIONS



TIMA volunteer doctors and nurses together with logistics volunteers pose a joyful photo after a heartfelt medical outreach accomplished in Portoviejo, Ecuador.

- A patient reads up on Tzu Chi's humanitarian and medical aid around the world.



Working closely with Tzu Chi International Medical Association (TIMA), Tzu Chi Medical Foundation has been providing much-needed medical care to people affected by natural disasters in Central and South America.

All together, we undertook five international medical missions in 2019; two to Ecuador and three to Mexico. Through them, Tzu Chi Medical Foundation kept its promise to assist communities in need by providing medical care, and helping foster local medical talent. The torch passes on: From medical professionals in the United States, Canada, Taiwan, and other nations to those in Mexico and Ecuador; from one generation to the next; and most importantly, from patient to patient.

Besides providing direct relief during international medical missions, Tzu Chi Medical Foundation has also helped build TIMA chapters by providing guidance and support to local leadership and medical professionals. To carry out the work of planting seeds of collaboration and care, Tzu Chi Medical Foundation deployed a separate team to focus on training local volunteers and healthcare practitioners. The team taught Health Education, Logistics, Pain Treatment, and Team-Building Skills, subjects that will help ensure the safety and effectiveness of care.

Through Tzu Chi Medical Foundation's international missions, a total of 15,877 patients were consulted and treated in 2019.



▲ Sign language performance is always held at TIMA events to lift the spirits of both patients and volunteers.

## Blue Angels Safeguarding Health

**O**n account of Tzu Chi volunteers' blue and white uniforms, during disaster relief and medical outreach missions, aid recipients often call them "blue angels" out of gratitude for the desperately needed help that they're getting. If we look behind the scenes, the volunteers certainly strive to answer the call of the suffering, bringing relief through heartfelt service.

On a typical day at the vision care clinic during one of the most recent medical outreach missions to Mexico in August 2019, the healthcare volunteers would attend to more than 40 patients. Dr. Willie Chen was one of the doctors volunteering his services, and while there were many patients to see, he still performed detailed examinations. Also, he gave careful instructions on how to use medications, knowing how rare this treatment opportunity was for the people who came seeking care. He once performed seven surgeries on a single day. His dedication and attentiveness reflect the care all Tzu Chi volunteers strive to provide.

As for Dr. Chen, the selfless and loving spirit of his Tzu Chi colleagues was what he remembered the most, moved by it. He shared those feelings by saying that their heart stood out as the most beautiful thing about the experience, and continued, "If I would use a Christian word to describe it, it's like the Holy Spirit had touched [it]."

➤ A patient receives an acupuncture treatment from Dr. Jeng Shiang Chen.

✓ Dr. Willie Chen performs a treatment on a patient who has suffered from an eye disease for a long time.





▶ TIMA volunteer doctors and nurses successfully bring a big smile to a little boy's face.

▶ TIMA volunteer Mary Keh explains Tzu Chi's medical mission to a patient awaiting treatment.

▶ Acupuncturist, Jorden, pays the love and care of his patients from Seattle forward to patients in Mexico.



## Patients Helping Other Patients

Jorden, an acupuncturist from Seattle, has a female patient who is Native American. When she learned that Jorden was going to Mexico for a week, to volunteer her services during Tzu Chi Medical Foundation's medical outreach, she donated money to support the mission. Also, she gave Jorden a bright, semi-translucent black volcanic rock, explaining, "Our people named it Apache Tears, which have always been sacred. They can be used to clean lakes and rivers, bring peace, and improve the effectiveness of treatment. Please take it to Mexico to those in need."



During the mission, a mother brought her four-year-old daughter to the medical outreach venue, hoping that an acupuncturist might treat the girl's asthma. Upon seeing the needles, the little girl started to cry. Jorden remembered the Apache Tears volcanic rock he had received as a gift and used the holy Native American stone to massage the child's chest area. Somehow, it brought a smile to the little girl's face. After the session was over, Jorden gave the mother the stone, explaining its source, and taught her how to soothe her daughter's wheezing.

# Financial Report - Assets

Assets	2019	2018
<b>Current assets:</b>		
Cash and cash equivalents	\$1,688,647	\$1,258,260
Investments	600,000	-
Grants receivable	305,938	414,896
Prepaid expenses	208,456	294,326
<b>Total current assets</b>	<b>2,803,041</b>	<b>1,967,482</b>
<b>Property and equipment:</b>		
Transportation equipment	1,637,394	1,455,904
Computers and printers	47,525	194,688
Furniture and fixtures	5,673	33,742
Office equipment	89,029	143,310
Leasehold improvements	4,199,595	4,181,495
Medical equipment	570,855	814,408
	6,550,071	6,823,547
Less: accumulated depreciation	(2,174,022)	(2,783,368)
<b>Property and equipment, net</b>	<b>4,376,049</b>	<b>4,040,179</b>
<b>Other assets:</b>		
Security deposits	2,600	2,600
<b>TOTAL ASSETS</b>	<b>\$7,181,690</b>	<b>\$6,010,261</b>

# Financial Report - Liabilities & Net Assets

Liabilities & Net Assets	2019	2018
<b>Current liabilities:</b>		
Accounts payable	\$83,881	\$104,705
Accrued liabilities and other payables	48,661	48,918
Current obligations under capital leases	3,455	8,074
<b>Total current liabilities</b>	<b>135,997</b>	<b>161,697</b>
<b>Obligations under capital leases:</b>	<b>-</b>	<b>5,057</b>
<b>Total liabilities</b>	<b>135,997</b>	<b>166,754</b>
<b>Commitments and contingencies:</b>	<b>-</b>	<b>-</b>
<b>Net assets:</b>		
Net assets without donor restrictions	5,709,129	5,843,507
Net assets with donor restrictions	1,336,564	-
<b>Total net assets</b>	<b>7,045,693</b>	<b>5,843,507</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$7,181,690</b>	<b>\$6,010,261</b>

# Financial Report - Statement of Activities

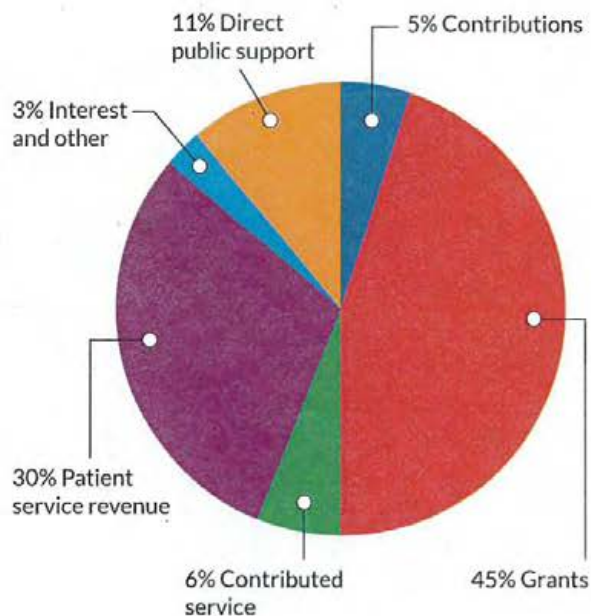
Support and Revenue	Restrictions	Restrictions	2019	2018
Contributions	\$315,372	\$ -	\$315,372	\$373,392
Grants	942,347	1,892,170	2,834,517	1,558,034
Contributed service	375,806	-	375,805	192,224
Patient service revenue	1,889,779	-	1,889,779	1,787,728
Interest and other	176,264	-	176,264	37,268
Direct public support	682,576	-	682,576	255,422
Net assets released from restrictions	555,606	(555,606)	-	-
<b>Total support and revenue</b>	<b>4,937,750</b>	<b>1,336,564</b>	<b>6,274,313</b>	<b>4,204,068</b>
<b>Expenses:</b>				
Program services	4,124,848	-	4,124,848	3,435,963
Support services	947,279	-	947,279	639,116
<b>Total expenses</b>	<b>5,072,127</b>	<b>-</b>	<b>5,072,127</b>	<b>4,075,079</b>
Change in net assets	(134,377)	1,336,564	1,202,186	128,989
Net assets, beginning of year	5,843,507	-	5,843,507	5,714,518
<b>NET ASSETS, END OF YEAR</b>	<b>\$5,709,130</b>	<b>\$1,336,564</b>	<b>\$7,045,693</b>	<b>\$5,843,507</b>

## Sources / Use of Funds

### Source of Funding

■ Contributions:	\$315,372
■ Grants:	\$2,834,517
■ Contributed service:	\$375,805
■ Patient service revenue:	\$1,889,779
■ Interest and other:	\$176,264
■ Direct public support:	\$682,576

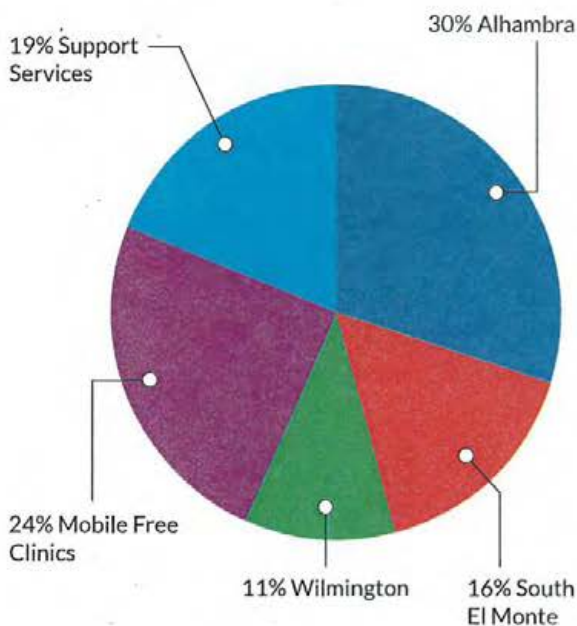
**TOTAL: \$6,274,313**



### Use of Funding

■ Alhambra:	\$1,529,091
■ South El Monte:	\$809,005
■ Wilmington:	\$545,193
■ Mobile Free Clinics:	\$1,241,559
■ Support Services:	\$947,279

**TOTAL: \$5,072,127**





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 Pong Fei Chen & Kuei-Yun Yang  
 S & L Huang Charitable Foundation  
 The California Wellness Foundation

**>500,000**

Kaiser Permanente Fresno

# Thank You to Our Partner Agencies

## Health & Social Service Organizations:

AARP  
 ABBA Optical, Inc.  
 Alzheimer's Association  
 Alzheimer's Los Angeles  
 American Cancer Society  
 Arroyo Vista Family Health Center  
 Asian American Drug Abuse Program  
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 Burmese Progressive Buddhist Association  
 Cal Wellness Foundation  
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 Central City Community Health Center  
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 Happy 50 Plus  
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 The Men's Cancer Network, Inc.

UCLA Center for East-West Medicine  
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#### **Government Agencies:**

Census 2020  
 City of Los Angeles Emergency Management  
 Department  
 City of Monrovia  
 City of Rosemead  
 City of San Gabriel  
 Department of Mental Health-LA County  
 Fresno County Health Department Services  
 LAPD Harbor Division  
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#### **Educational Institutions:**

ABC Unified School District  
 Alhambra Civic Center Library  
 Alvina Elementary Charter School District  
 Aspen Charter School  
 Burrell Union Elementary School District  
 California State University, Fresno  
 California State University, Fullerton  
 Central Unified School District

Clovis Unified School District  
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 San Joaquin Valley College, Fresno  
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 Monrovia  
 Tzu Chi Great Love Preschool, Walnut  
 University of Southern California School of  
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 West Park School District  
 Western University



**Buddhist Tzu Chi  
Medical Foundation**

Alhambra, CA 91801

Tel: 626-427-9598

Fax: 626-788-2321

[tzuchimedical.us](http://tzuchimedical.us)



Buddhist Tzu Chi Medical Foundation is a  
GuideStar Platinum Participant

## Tzu Chi Supplementary Information For Cupertino Community Grant Application 2021

Tzu Chi has been a community partner with West Valley Community Services (WVCS) since 2007. Every Friday, regardless of shine or rain, Tzu Chi volunteers collected donated produce at the Cupertino Farmers Market for WVCS's food pantry program benefiting low-income families in the community.

WVCS has nominated Tzu Chi for various awards in the last 13 years.

In 2010, Tzu Chi was awarded the Asian American Hero Award in Santa Clara County

In 2015, Tzu Chi was awarded with the Crest Award by City of Cupertino

Attached with a short video produced by the Cupertino Crest award team in 2015:

### **CREST 2015: Tzu Chi**

[www.youtube.com/watch?v=I6e0t2kSc4s&t=2s](http://www.youtube.com/watch?v=I6e0t2kSc4s&t=2s)

*Tzu Chi is an international humanitarian organization and a non-governmental organization with an international network of volunteers. In Cupertino, the Tzu Chi members meet the West Valley Community Services van at the local Farmer's Market and immediately begin dropping off crates to all the Farmers that have saved produce for WVCS. In 2014, they collected 40,000 pounds of produce. Not only they formed relationships with WVCS, but they also formed relationships with the local growers and businesses in the area.*

Tzu Chi has many initiatives, including dental medical services. Tzu Chi Mobile Clinic Milpitas provides free dental care to low-income families and has reached out to many Bay Area families. For example, we were awarded the Facebook Community Fund and SMILE Grant in 2019, and collaborated with Ravenswood School District in East Palo Alto, Children Health Council and the Boys and Girls Club of the peninsula to provide two free dental outreach events to serve over 120 residents in East Palo Alto. Here are some information about our 2019 East Palo Alto dental outreach events.

Attached are two videos produced by Tzu Chi.

These are related to Tzu Chi free medical outreach events:

**[English] A Fulfilling Mission: Tzu Chi Volunteers Provide Low-Income Immigrant Communities With Free Dental Care:**

<https://tzuchimedical.us/blog/tzu-chi-volunteers-provide-low-income-immigrant-communities-with-free-dental-care>

**[Chinese] 義診擴大愛 移民社區見冬陽:**

<https://tzuchi.us/zh/blog/nca-east-palo-alto-dental-outreach-201912>

While working with WVCS, we also noticed that some local low-income families may benefit from our free dental services. We hope to be awarded with the Cupertino Community Grant to offer Cupertino low-income residents more with free dental care and medical services.

**Bhuddhist Tzu Chi Medical Foundation (New) Eligibility Checklist (staff use only)**

<u>Eligibility</u>	YES	NO	Notes:
Be made or sponsored by a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event	X		
Identify how the funds will be used to benefit the Cupertino community	X		
Be awarded only once per project	X		
For specific needs, not on going, operational costs	X		
Have more than 75% of the requested funds allocated for direct service costs versus administrative costs	X		
Be complete and submitted by the application deadline	X		

<u>Restrictions/Guidelines</u>	YES	NO	Notes:
An organization that is applying for multiple grants shall only submit one application			NA
12e. Proceeds generated from the funded activity may only be used for the conducted activity			NA
admission to or participation in the event must be "free of charge" to Cupertino residents unless stated in the application and approved by Parks and Recreation Commission			NA

**City of Cupertino  
Fiscal Year 2021  
Community Funding Grant Application**

Have you ever received a City of Cupertino Community Funding Grant in the past?

☐ Yes ☒ No If, Yes, when?

**SECTION 1: CONTACT INFORMATION**

Legal Name of Organization: Dhvani Academy of Percussion Music in the United States  
 Web Address: <https://dhwaniacademy.us>  
 Mailing Address: [REDACTED]  
 City: Corona Zip: 92882 Phone: [REDACTED]  
 President/Executive Director: Apratim Banerjee Title: Executive Director  
 Email: dhwaniacademy@yahoo.com Telephone Number: [REDACTED]  
 Contact Person: Kiran Kulkarni Title: Volunteer  
 Email Address: dhwaniacademy@yahoo.com Telephone Number: [REDACTED]

**SECTION 2: NON-PROFIT INFORMATION**

501(c)(3)? ☒ Yes ☐ No Year Established 2004 Federal Tax ID: [REDACTED]  
 Fiscal Sponsor Name: Dhvani Academy of Percussion Music in the United States  
 Fiscal Sponsor Address: [REDACTED]  
 City: Corona Zip: 92882 Phone: [REDACTED]

**SECTION 3: ORGANIZATION INFORMATION**

Total Organization Budget:	\$152,000	Total # of Board Members:	5
Total # of staff:	3	Total # of Volunteers:	18

**Mission Statement:**

Promote Indian classical & traditional music among Indian Diaspora & expand awareness in other communities. Create center where different traditional music along with Indian musical traditions will be nurtured & experimented via learning opportunities provided to students through traditional GURUKUL system, performances with stalwart musicians, residencies, seminars, workshops & festivals. Researches on old scriptures, recordings, traditional styles are to be taken into consideration & will be documented. Making experiments with other traditional music without losing purity and make them available online/physical for interested music lovers and also for public awareness.

**Brief Description of Organization:**

Dhwani Academy was founded in Southern California in 2004 by Abhijit Banerjee, a leading Indian musician and his music loving friends with the aim of researching and promoting traditional music of India with special emphasis on Indian classical and folk percussion and to experiment and collaborate them with other kinds of traditional music of the world. It has been doing promotional activities of traditional Indian percussion and music by teaching many students, exposing them to the community and making collaborative works with other traditional music such as Japanese Taiko, music from South America and Indonesian traditional music. Since its inception the academy has taught numerous students, some of whom are already performing in local and international events. The academy holds regular events like residencies, workshops and music festivals to promote and collaborate culture and give the music students a platform to expose themselves in front of music loving audience

**Brief Description of Services Provided:**

The Academy teaches Tabla, folk Percussion and South Indian Rhythm in Southern and Northern California. The academy has organized many outreach programs with Whittier College, La Jolla Country Day School. Conducted community events like Musical Institute Museum, Phoenix Library, World Drum Festival, Earth Day, Pasadena Music Conservatory, Ektaa Fest, Music Circle of Los Angeles, Soka University Community day. The academy organizes regular workshops in Irvine and Cupertino with established professional artists from India and the US, opened its satellite classes in New York and Phoenix, hosts concerts with artists like Grammy Winner Vishwa Mohan Bhatt and many others and also crossed community barriers by collaborating with artists from other genres like Kenny Endo (Taiko), Dewa Barata (Indonesian Drummer, Shekar Jaya of San Francisco), Paul

Livingstone (Sitar and Guitar player). Each event is represented by talented students to promote them & share stage with established ar

Attachment B

#### SECTION 4: GRANT REQUESTS

1. Program/Project/Event Name: RAGA AND RHYTHM
2. Date(s) and/or duration of program/project/event (if applicable): starting 06/01/2021 duration 7 months
3. Total program/project/event budget: \$18,150
4. Requested Amount: \$9,100 Percent of total program/project/event budget: 50%
5. Program/Project projected income: \$3,750 Percentage of your organization's projected income: 21%

6. Type of Request:

- ☐ Capital Improvement
- ☒ Program Support
- ☐ Event
- ☐ One-time project
- ☒ Other: Support workshops, Evaluation of students and music concert for community.

7. This grant will fund a(n):

- ☒ Existing program/project/event; established in 2016(year)
- ☐ New program/project/event

8. Describe the purpose of requested funds and the services that will be provided:

The academy courteously appeals financial support to conduct leaning of music & percussion art forms of India, Series of Workshops, Evaluation Concerts ending with a Music Festival in Cupertino.

The academy will do around two workshops (1-2 days/each) & interactive sessions for the benefit of the students & wishes to invite Traditional Musicians & Percussionists to instruct the art form which are seldom practiced outside India.

Classes will be done in Gurukul system. There will be long practice sessions & the students on the workshops days spend time on listening music, practicing - kind of intensive with a more personal touch.

Evaluation based Concert will be conducted at the end of workshops by inviting visiting artists featuring good students to perform. This will give experience, exposure & encouragement to the students & will also encourage the community to be involved in good music. This year we will take help of online presentations of talented students and invited a

9. Please provide a line item breakdown of how the funds will be used in the categories below. If a category is not applicable, put \$0:

a) Admin Staff	\$750
b) Materials/Equipment	\$200
c) Entertainment	\$250
d) Room/Venue Rental	\$1,900
e) Other Professional Services Artist fees for recital concert \$2000( 2 artists @ \$1000), Evaluation concert \$1500 ( two artists @750 each)) , two artists workshops \$2000 (two artists 2 workshops @ 500 each for 4 days)	\$2,750
f) Other Car rent (@75 Including Gas x 20 days, Artist lodging @100/dayx20 days, Per diem @50/dayx20, Documentation and online facility \$2000	\$3,250
<b>Total</b>	<b>\$9,100</b>

10. Explain how the request aligns to City mission and values:

The city of Cupertino has quite a sizable amount of Indian community and some are residing with 2nd and 3rd generations. Regular influx of professionals from different countries including India for different reasons creates the need of nurturing of good cultural activities that helps to build a healthy community.. Our activities with Indian music and teaching of traditional art form will make the community culturally strong and healthy. The kids from Indian background will get to know their origin. The community people will get involved in healthy cultural activities involving their root. The cross over activities and collaborations with other traditional music and culture will get different communities under one roof and inter mingling of cultures gives each community a broader out look and horizon.

11. Describe how the program/project/event fills a community need. Who identified this need? What other similar

Attachment B  
project/program/event exists to serve Cupertino residents? How is your proposed project/program/event unique from similar projects/programs/events or how do you collaborate to avoid duplication?

Cupertino Indian community is in need of apt artistic society to build up a cultured mental development and to know their roots. The volunteers based in Cupertino and their families identified the need of activities to keep them and their kids rooted to their culture and mingling with other cultures actively. Dhvani Academy serves the community with such diverse and cross cultural activities so far as the artistes involved. The uniqueness of Dhvani is to involve really established artistes to participate, perform and doing workshop with Kids to make them educated with their expertise. Collaborative works emphasizing Rhythmical part of music and how to interact and accompany different kind of music is the essence of our work.

**12. Who will be served by this grant?**

Persons residing in Cupertino and nearby area fascinated in traditional Music will be benefited. This project is directed to cater all the music lovers especially with South Asian and Indian background. Our target participants are the interested kids and youth. we try to expose them towards traditional music of India. Our target audience to be served is the Indian community people and communities beyond that with cross cultural interest.

- a) Number of individuals total: 22  
b) Number of Cupertino residents: 16

**c) Particular community groups:**

Indian, South Asian communities ( Bangladesh , Pakistan, Singapore, Malaysia ) , Ethnic groups are to be benefited.

**d) Will the program/project/event be available to the entire community/public or are there any eligibility criteria?**

The project will be available to anybody interested in the community for participation. However it will be organized into groups. Active participation with instruments will have beginners and advanced level. Advanced level workshops need a basic knowledge. Our workshops and evaluation concerts are open for all the community to join and watch.

**e) Will there be a charge or fee for the program/project/event (if applicable)**

It will be free for the Cupertino residents to attend the workshops. It might have some charges for active participation with instruments. The evaluation concert will be free of charge mainly for the Cupertino residents. The culminating music festival will have donation tickets to attend which is mainly for non-cupertino residents. The Cupertino residents will pay only 25% of the ticket value.

**f) What outreach methods does your organization use to promote the program/project/event (if applicable)?**

We will use social media such as Facebook, You tube, Instagram to promote our events. For major festivals and evaluation concerts we will use paper and e-advertisements through established publications and leaflets to be kept in different public places for promotion.

**13. Describe how the funds will be used to benefit or impact the Cupertino community:**

Students & musicians are the beneficiaries of these Workshops and music concerts.

Level of learning & upbeat communication among maestros & students are deemed to be the expected benefit.

With a vow for artistic uniqueness, most of 1st and 2nd generation Indian offspring are introduced to Indian music as a preamble to their culture. Non-Indian & western students developed an interest in Indian music through association of other activities. In either case, the academy's role is to develop the student's education in Indian traditional music & its relation to world music.

Music lovers fascinated in Indian heritage, 3rd generation Indian origin kids of Cupertino, musicians nurturing Indian traditional art form & crossover music are benefited from concerts. Existing Indian musicians learn from workshops provided by invited Maestros from India. Non Indian & western musicians spend time to gain a better understanding of music/to utilize musical base for fusion experiments & performances

**14. Demonstrate that the member implementing and managing the program/project/event have adequate experience:**

Dhwani Academy has been doing activities like workshops, music festivals involving communities for last 14 years in southern California and for last four years in Cupertino. We have experienced volunteer from Cupertino who has been handling such events for last four years very successfully. Our Volunteer Kiran Kulkarni, Ibhanan, Samit, Satyen are quite equipped to handle all the needs such as arranging instruments, inviting guests, handling stage and needs of the artistes. In the workshops we have volunteers to make arrangements for participants for their instruments, refreshments. Our media team will handle the documentation for archive. more over the artistic director of Dhvani Abhijit Banerjee is a vastly experienced person to make curate and make our projects most productive to the participants.

15. How will success of the program/project/event be measured?:

A core team of 4 involving Artistic Director, Cultural Activist & Community Representative with extended members will evaluate the plan & will measure the outcome of the project. Students' note on workshops & their performances in concerts, audience review after concerts, explanatory sessions will be the yardstick of measurement.

1. A favorable outcome will be if a majority of residency participants say YES for their involvement next time
2. A favorable outcome will be if a majority of audience says YES whether they learn something new while trying a traditional art or skill that they experienced & will they want more or will they like to learn any of these or recommend anybody.
3. Whether enough materials are collected (Audio, Video & photographs) during residency that can be published.
4. Audience demographics to assess our reach that reflects the local & regional demographics in terms of age, gender, race & income.

16. Will more than 75% of the requested funds go towards direct service costs versus administrative costs?

☒ Yes ☐ No

17. Will you collaborate with other organizations to deliver the program/project/event funded by this grant? If so, which organizations?

NO.

18. If your organization has ever received financial or in-kind support from the City of Cupertino outside of Community Funding Grants, please describe this support:

NO.

19. Does your organization anticipate receiving additional financial or in-kind support from the City of Cupertino outside of Community Funding Grants for this type of program/project/event (e.g. fee waivers)? If so, please describe this anticipated support:

NO.

20. If you are a multi-jurisdictional organization, describe any funding requested from other agencies/organizations in regards to this program/project/event request. Indicate whether the funding was granted, denied, or is still pending:

We got funding for similar projects for last four years from National Endowment for Arts. We used a portion of that in Cupertino for making our project successful. This year we have applied for funding from the same agency which is still pending.

21. How would you fund the program/project/event if you do not receive the requested funding?:

We will fund it from our existing resources and the magnitude will have to be cut down. We will however continue our workshops and evaluation concert along with the culminating musical event from collecting private donations and sponsorships from the interested people wants to help to continue and from the funding from NEA if we get it as we did in the past. The festival will be conducted on the basis of tickets, private donations and sponsorships and funding from NEA if we get it.

#### SECTION 5: PRIOR FUNDING

1. If you received a Community Funding Grant in prior years, indicate the amounts for each year and describe how those funds were used:

No

2. If you received a Community Funding Grant last year:

a. Please provide a line item breakdown of how the Community Funding Grant was used last year in the categories below. If a category is not applicable, put \$0:

i. Admin Staff	\$0
ii. Materials/Equipment	\$0
iii. Entertainment	\$0
iv. Room/Venue Rental	\$0
v. Other Professional Services	\$0
vi. Other	\$0
<b>Total</b>	<b>\$0</b>

b. Who was served by the grant last year?

N/A

i. Number of individuals total: 0

ii. Number of Cupertino residents: N/A

Attachment B

iii. Particular community groups  
N/A

iv. Was the program/project/event available to the entire community/public or are there any eligibility criteria?  
N/A

v. Was there a charge or fee for the program/project/event (if applicable)?  
N/A

vi. What outreach methods did your organization use to promote the program/project/event (if applicable)?  
N/A

c. Was the program/project/event successful? Please indicate how success was measured:  
N/A

3. Please indicate any additional funding received last year from other sources and provide your financial statement if available:  
N/A

**Attachments:** Attach your financial statement, and any other helpful information about your project.

[workshop\\_2019.JPG](#)

[DHWANIACADEMYOFPERCUSSIONMUSIC\\_2019\\_tax.pdf](#)

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Program Manager Signature

Executive Director

Date Signed

02/01/2021

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Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2019, or fiscal year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20\_\_\_\_\_

▶ **Do not send to the IRS. Keep for your records.**▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.****2019**

Name of exempt organization

DHWANI ACADEMY OF PERCUSSION MUSIC

Employer identification number

Name and title of officer

ABHIJIT BANERJEE

11/14/2018

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	152,316
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22). . . . .	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c) . . . . .	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☐ I authorize S & A ASSOCIATES CPA'S to enter my PIN [REDACTED] as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

7/20/2020

**Part III Certification and Authentication**

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

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ SUBHRA K BANERJEE

Date ▶

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

HTA

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2019, or fiscal year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20\_\_\_\_

Department of the Treasury  
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.****2019**

Name of exempt organization

DHWANI ACADEMY OF PERCUSSION MUSIC

Employer identification number

Name and title of officer

ABHIJIT BANERJEE

11/14/2018

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	_____
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b	_____
5a Form 8868 check here ▶ <input checked="" type="checkbox"/>	b Balance Due (Form 8868, line 3c) . . . . .	5b	0

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☐ I authorize S & A ASSOCIATES CPA'S to enter my PIN \_\_\_\_\_ as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

**Part III Certification and Authentication**

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

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ SUBHRA K BANERJEE

Date ▶

7/20/2020

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

HTA

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

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

# California e-file Return Authorization for Exempt Organizations

FORM

2019

8453-EO

Exempt Organization name

DHWANI ACADEMY OF PERCUSSION MUSIC

Identifying number

**Part I Electronic Return Information (whole dollars only)**

1	Total gross receipts (Form 199, line 4)	1	152,316
2	Total gross income (Form 199, line 8)	2	152,316
3	Total expenses and disbursements (Form 199, Line 9)	3	139,862

**Part II Settle Your Account Electronically for Taxable Year 2019**

4	<input checked="" type="checkbox"/> Electronic funds withdrawal	4a Amount	10	4b Withdrawal date (mm/dd/yyyy)	07/25/2020
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**Part III Banking Information (Have you verified the exempt organization's banking information?)**

5	Routing number		7	Type of account:	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings
6	Account number					

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign  
Here**

Signature of officer

Date

11/14/2018

Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO  
Must  
Sign**

ERO's  
signature

SUBHRA K BANERJEE

Date

Check if  
also paid  
preparer ☒

Check  
if self-  
employed ☒

ERO's PTIN

Firm's name (or yours  
if self-employed)  
and address

SUBHRA K BANERJEE  
LOS ANGELES CA

Firm's FEIN

ZIP code  
90071

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

**Paid  
Preparer  
Must  
Sign**

Paid  
preparer's  
signature

SUBHRA K BANERJEE

Date

Check  
if self-  
employed ☒

Paid preparer's PTIN

Firm's name (or yours  
if self-employed)  
and address

SUBHRA K BANERJEE  
LOS ANGELES CA

Firm's FEIN

ZIP code  
90071

Form **990-EZ****Short Form**  
**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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**2019****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the <b>2019</b> calendar year, or tax year beginning , and ending	
<b>B</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	<b>C</b> Name of organization <b>DHWANI ACADEMY OF PERCUSSION MUSIC</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite City or town State ZIP code <b>Corona CA 92882-4741</b> Foreign country name Foreign province/state/county Foreign postal code
<b>D</b> Employer identification number	
<b>E</b> Telephone number	
<b>F</b> Group Exemption Number ▶	
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
<b>I</b> Website: ▶ <b>N/A</b>	
<b>J</b> Tax-exempt status (check only one) — <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	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ <b>152,316</b>	

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>73,950</b>
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	<b>78,366</b>
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . . <b>5a</b>		
	<b>b</b> Less: cost or other basis and sales expenses . . . . . <b>5b</b>		
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . . <b>5c</b>		<b>0</b>
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . <b>6a</b>		
<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . <b>6b</b>			
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . . <b>6c</b>			
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . <b>6d</b>		<b>0</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . . <b>7a</b>			
<b>b</b> Less: cost of goods sold . . . . . <b>7b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . . <b>7c</b>		<b>0</b>	
<b>8</b> Other revenue (describe in Schedule O) . . . . . <b>8</b>			
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶ <b>9</b>		<b>152,316</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . . <b>10</b>		
	<b>11</b> Benefits paid to or for members . . . . . <b>11</b>		
	<b>12</b> Salaries, other compensation, and employee benefits . . . . . <b>12</b>		<b>52,869</b>
	<b>13</b> Professional fees and other payments to independent contractors . . . . . <b>13</b>		<b>34,144</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . . <b>14</b>		<b>15,948</b>
	<b>15</b> Printing, publications, postage, and shipping . . . . . <b>15</b>		<b>232</b>
	<b>16</b> Other expenses (describe in Schedule O) . . . . . <b>16</b>		<b>36,669</b>
	<b>17</b> Total expenses. Add lines 10 through 16. ▶ <b>17</b>		<b>139,862</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9) . . . . . <b>18</b>		<b>12,454</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . <b>19</b>		<b>19,663</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . . <b>20</b>		
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20. ▶ <b>21</b>		<b>32,117</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)

HTA

Check if the organization used Schedule O to respond to any question in this Part II.

Check if the organization used Schedule O to respond to any question in this Part III.

Check if the organization used Schedule O to respond to any question in this Part IV

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. . . . .	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. . . . .	34	X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	35a	X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. . . . .	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. . . . .	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. . . . .	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year? . . . . .	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. . . . .	38b	
39 Section 501(c)(7) organizations. Enter: . . . . .		
a Initiation fees and capital contributions included on line 9. . . . .	39a	
b Gross receipts, included on line 9, for public use of club facilities. . . . .	39b	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ . . . . .		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. . . . .	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. . . . . ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .	40e	X
41 List the states with which a copy of this return is filed. ▶		
42 a The organization's books are in care of ▶ JYOTIPRAKASH MISTRI Telephone no. ▶		
Located at ▶ City CORONA ST CA ZIP + 4 ▶ 92882		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶	42b	X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? . . . . . If "Yes," enter the name of the foreign country ▶	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. . . . . and enter the amount of tax-exempt interest received or accrued during the tax year. . . . . ▶ 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. . . . .	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. . . . .	44b	X
c Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. . . . .	44d	X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions. . . . .	45b	X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . .

	Yes	No
46		X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . .
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .
- 49 a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .
- b If "Yes," was the related organization a section 527 organization? . . . . .
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		X
48		X
49a		X
49b		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			

f Total number of other employees paid over \$100,000 . . . . .

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000 . . . . .

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. . . . .

☒ Yes ☐ No

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.

<b>Sign Here</b>	Signature of officer		Date	
	ABHIJIT BANERJEE		11/14/2018	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date
	SUBHRA K BANERJEE		SUBHRA K BANERJEE	7/20/2020
	Firm's name ▶ S & A ASSOCIATES CPA'S		Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Firm's address ▶ LOS ANGELES, CA 90071		Firm's EIN	Phone no.

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

☐ Yes ☐ No

**SCHEDULE A**  
**(Form 990 or 990-EZ)****Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2019****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Name of the organization

DHWANI ACADEMY OF PERCUSSION MUSIC

Employer identification number

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: \_\_\_\_\_ **0**
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					<b>0</b>	<b>0</b>

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

Schedule A (Form 990 or 990-EZ) 2019

HTA

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 Total.</b> Add lines 1 through 3	0	0	0	0	0	0
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4	0	0	0	0	0	0
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
<b>11 Total support.</b> Add lines 7 through 10						0
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	0.00%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14	<b>15</b>	0.00%
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,400	10,000	10,000	10,000	73,950	116,350
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	95,344	101,911	112,177	99,740	78,366	487,538
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>6 Total.</b> Add lines 1 through 5	107,744	111,911	122,177	109,740	152,316	603,888
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.)						603,888

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 8	107,744	111,911	122,177	109,740	152,316	603,888
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	107,744	111,911	122,177	109,740	152,316	603,888
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)).	<b>15</b>	100.00%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15.	<b>16</b>	100.00%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17.	<b>18</b>	0.00%

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
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	0	0

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	0	0
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	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2 Enter 85% of line 1	2	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4 Enter greater of line 2 or line 3.	4	0
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	0

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

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

Section D - Distributions		Current Year	
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	<b>Total annual distributions.</b> Add lines 1 through 6.		0
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		0
10	Line 8 amount divided by line 9 amount		0.000

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			0
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 . . . . . 0			
b	From 2015 . . . . . 0			
c	From 2016 . . . . . 0			
d	From 2017 . . . . . 0			
e	From 2018 . . . . . 0			
f	<b>Total of lines 3a through e</b>	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2019 distributable amount			0
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2019 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2019 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from 4.	0		
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.		0	
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2015 . . . . . 0			
b	Excess from 2016 . . . . . 0			
c	Excess from 2017 . . . . . 0			
d	Excess from 2018 . . . . . 0			
e	Excess from 2019 . . . . . 0			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B**  
 (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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

DHWANI ACADEMY OF PERCUSSION MUSIC

Employer identification number

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

DHWANI ACADEMY OF PERCUSSION MUSIC

Employer identification number

**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
	<div>Foreign State or Province: _____</div> <div>Foreign Country: _____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div>Foreign State or Province: _____</div> <div>Foreign Country: _____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div>Foreign State or Province: _____</div> <div>Foreign Country: _____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div>Foreign State or Province: _____</div> <div>Foreign Country: _____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div>Foreign State or Province: _____</div> <div>Foreign Country: _____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div>Foreign State or Province: _____</div> <div>Foreign Country: _____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div>Foreign State or Province: _____</div> <div>Foreign Country: _____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

DHWANI ACADEMY OF PERCUSSION MUSIC

Employer identification number

**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

Employer identification number

DHWANI ACADEMY OF PERCUSSION MUSIC

### Part III

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

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

(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
	----- ----- ----- For. Prov.                      Country	----- ----- -----	
-----	(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
-----	----- ----- ----- For. Prov.                      Country	----- ----- -----	
	(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
	----- ----- ----- For. Prov.                      Country	----- ----- -----	
	(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
	----- ----- ----- For. Prov.                      Country	----- ----- -----	
	(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
	----- ----- ----- For. Prov.                      Country	----- ----- -----	

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for the latest information.**2019****Open to Public  
Inspection**

Employer identification number

DHWANI ACADEMY OF PERCUSSION MUSIC

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 8,383

Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment: 252

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 225

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 23

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 648

Form 990-EZ, Part I, Line 16, Other Expenses: Parking: 600

Form 990-EZ, Part I, Line 16, Other Expenses: Office Expense: 5,040

Form 990-EZ, Part I, Line 16, Other Expenses: License Permits &amp; Fees: 1,388

Form 990-EZ, Part I, Line 16, Other Expenses: Lease Expense: 4,500

Form 990-EZ, Part I, Line 16, Other Expenses: Internet Expense: 934

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 5,430

Form 990-EZ, Part I, Line 16, Other Expenses: Dues &amp; Subscription: 554

Form 990-EZ, Part I, Line 16, Other Expenses: Auto Expense: 5,182

Form 990-EZ, Part I, Line 16, Other Expenses: Bank Charges: 502

Form 990-EZ, Part I, Line 16, Other Expenses: Accounting Fees: 2,100

Form 990-EZ, Part I, Line 16, Other Expenses: Program Expenses: 41

Form 990-EZ, Part I, Line 16, Other Expenses: Utilities: 717

Form 990-EZ, Part I, Line 16, Other Expenses: Security: 150

Form 990-EZ, Part II, Line 24, Other Assets: OTHER ASSETS: Beginning of year: 1,000, End of

year: 100

Form 990-EZ, Part II, Line 26, Liabilities: PAYROLL LIABILITIES: Beginning of year: 4,363, End

of year: 5,680

Schedule O (Form 990 or 990-EZ) (2019)

Page **2**

Name of the organization

Employer identification number

DHWANI ACADEMY OF PERCUSSION MUSIC

TAXABLE YEAR

# California Exempt Organization

## 2019 Annual Information Return

FORM

199

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name

DHWANI ACADEMY OF PERCUSSION MUSIC

California corporation number

Additional Information. See instructions.

FEIN

Street address (suite or room)

PMB no.

City

CORONA

State

CA

Zip code

92882-4741

Foreign country name

Foreign province/state/county

Foreign postal code

**A** First Return ..... ☐ Yes ☒ No

**B** Amended Return ..... ☐ Yes ☒ No

**C** IRC Section 4947(a)(1) trust ..... ☐ Yes ☒ No

**D** Final Information Return?  
☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other

**F** Federal return filed? (1) ☐ 990T (2) ☐ 990PF (3) ☐ Sch H (990)  
 (4) ☒ Other 990 series

**G** Is this a group filing? See instructions ..... ☐ Yes ☒ No

**H** Is this organization in a group exemption ..... ☐ Yes ☒ No  
 If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions. .... ☐ Yes ☒ No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. .... ☐ Yes ☒ No

**K** Is the organization exempt under R&TC Section 23701g? ..... ☐ Yes ☒ No  
 If "Yes," enter the gross receipts from nonmember sources .... \$ \_\_\_\_\_

**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. .... ☐

**M** Is the organization a Limited Liability Company? .... ☐ Yes ☒ No

**N** Did the organization file Form 100 or Form 109 to report taxable income? ..... ☐ Yes ☒ No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year? ..... ☐ Yes ☒ No

**P** Is federal Form 1023/1024 pending? ..... ☐ Yes ☐ No  
 Date filed with IRS \_\_\_\_\_

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	78,366	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received.	3	73,950	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	4	152,316	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	152,316	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	139,862	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	12,454	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	10	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	10	00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Title	Date	Telephone	
Paid Preparer's Use Only	Preparer's signature	SUBHRA K BANERJEE	Date	07/20/2020	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours, if self-employed) and address	S & A ASSOCIATES CPA'S			PTIN
	LOS ANGELES, CA 90071			Firm's FEIN	
				Telephone	
May the FTB discuss this return with the preparer shown above? See instructions ..... <input type="checkbox"/> Yes <input type="checkbox"/> No					

## DHWANI ACADEMY OF PERCUSSION MUSIC

**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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	78,366	00
	2	Interest	2		00
	3	Dividends	3		00
	4	Gross rents	4		00
	5	Gross royalties	5		00
	6	Gross amount received from sale of assets (See instructions)	6		00
	7	Other income. Attach schedule	7		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	78,366	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9		00
	10	Disbursements to or for members	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	11		00
	12	Other salaries and wages	12	52,869	00
	13	Interest	13		00
	14	Taxes	14		00
	15	Rents	15	15,948	00
	16	Depreciation and depletion (See instructions)	16		00
	17	Other Expenses and Disbursements. Attach schedule	17	71,045	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	139,862	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		23,026		37,697
2	Net accounts receivable				
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. Attach schedule				
10	a Depreciable assets				
	b Less accumulated depreciation	( )	( )		
11	Land				
12	Other assets. Attach schedule		1,000		100
13	Total assets		24,026		37,797
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule		4,363		5,680
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		19,663		32,117
22	Total liabilities and net worth		24,026		37,797

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

STATE OF CALIFORNIA  
RRF-1  
(Rev. 09/2017)

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

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-8400

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

DEPARTMENT OF JUSTICE  
PAGE 1 of 5

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code

11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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

(For Registry Use Only)

DHWANI ACADEMY OF PERCUSSION MUSIC

Name of Organization

List all DBAs and names the organization uses or has used

Address (Number and Street)

Corona, CA 92882-4741

City or Town, State, and ZIP Code

Telephone Number

E-mail Address

Check if:

☐ Change of address

☐ Amended report

State Charity Registration Number

Corporation or Organization No.

Federal Employer I.D. No.

### ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)

Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

#### PART A - ACTIVITIES

For your most recent full accounting period (beginning 1/1/2019 ending 12/31/2019) list:

Gross Annual Revenue \$ 152,316 Noncash Contributions \$ 0 Total Assets \$ 37,797

Program Expenses \$                      Total Expenses \$ 0

#### PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		
5. During this reporting period, did the organization receive any governmental funding?		
6. During this reporting period, did the organization hold a raffle for charitable purposes?		
7. Does the organization conduct a vehicle donation program?		
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		

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

Signature of Authorized Agent

Printed Name

11/14/2018

Title

Date

**Line 11, Part II (CA 199) - Compensation of Officers, Directors, and Trustees**

								0
	Name	Street Address	City	State	Zip Code	Title	Time Devoted	Compensation
1	ABHIJIT BANERJEE					PRESIDENT	4	
2	BALDEV JHITA					TREASURER	2	
3	JYOTIPRAKAS MISTRI					SECRETARY	32	

**Line 17, Part II (CA 199) - Other Deductions**

1	Pension plans, employee benefits . . . . .	1	0
2	Legal fees . . . . .	2	0
3	Accounting fees . . . . .	3	0
4	Other professional fees . . . . .	4	34,144
5	Travel, conferences, and meetings . . . . .	5	0
6	Printing and publications . . . . .	6	232
7	Special events direct expenses . . . . .	7	0
8	Office expenses . . . . .	8	0
9	Other expenses . . . . .	9	36,669
10		10	
11		11	
12	Total . . . . .	12	71,045

**Line 12, Sch L (CA 199) - Other Assets**

		Beginning	End
1	Assets	1,000	100
2			
3			
4			
5			
6			
7			
8			
9			
10	Total . . . . .	1,000	100

**Line 18, Sch L (CA 199) - Other Liabilities**

		Beginning of Year	End of Year
1	Liabilities	4,363	5,680
2			
3			
4			
5			
6			
7			
8			
9			
10	Total . . . . .	4,363	5,680

Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2019****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

<b>A</b> For the 2019 calendar year, or tax year beginning , and ending	
<b>B</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	<b>C</b> Name of organization <b>DHWANI ACADEMY OF PERCUSSION MUSIC</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite City or town State ZIP code <b>Corona CA 92882-4741</b> Foreign country name Foreign province/state/county Foreign postal code
<b>D</b> Employer identification number	
<b>E</b> Telephone number	
<b>F</b> Group Exemption Number ▶ 0000	
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
<b>H</b> Check <input type="checkbox"/> If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
<b>I</b> Website: ▶ N/A	
<b>J</b> Tax-exempt status (check only one) — <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	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 152,316

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I ☒

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	73,950
	2	Program service revenue including government fees and contracts . . . . .	2	78,366
	3	Membership dues and assessments . . . . .	3	
	4	Investment income . . . . .	4	
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	
	b	Less: cost or other basis and sales expenses . . . . .	5b	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	5c	0
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	
c	Less: direct expenses from gaming and fundraising events . . . . .	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	0	
7a	Gross sales of inventory, less returns and allowances . . . . .	7a		
b	Less: cost of goods sold . . . . .	7b		
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	7c	0	
8	Other revenue (describe in Schedule O) . . . . .	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶	9	152,316	
<b>Expenses</b>	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	52,869
	13	Professional fees and other payments to independent contractors . . . . .	13	34,144
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	15,948
	15	Printing, publications, postage, and shipping . . . . .	15	232
	16	Other expenses (describe in Schedule O) . . . . .	16	36,669
	17	<b>Total expenses.</b> Add lines 10 through 16. ▶	17	139,862
<b>Net Assets</b>	18	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	18	12,454
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	19,663
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20. ▶	21	32,117

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form **990-EZ** (2019)

☒

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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. . . . .	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. . . . .	34	X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	35a	X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. . . . .	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. . . . .	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. . . . .	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year? . . . . .	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. . . . .	38b	
39 Section 501(c)(7) organizations. Enter: . . . . .		
a Initiation fees and capital contributions included on line 9. . . . .	39a	
b Gross receipts, included on line 9, for public use of club facilities. . . . .	39b	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ . . . . .		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. . . . .	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. . . . . ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .	40e	X
41 List the states with which a copy of this return is filed. ▶		
42 a The organization's books are in care of ▶ JYOTIPRAKASH MISTRI Telephone no. ▶		
Located at ▶ City CORONA ST CA ZIP + 4 ▶ 92882		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶	42b	X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. . . . . ▶		
and enter the amount of tax-exempt interest received or accrued during the tax year. . . . . ▶ 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. . . . .	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. . . . .	44b	X
c Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. . . . .	44d	X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions. . . . .	45b	X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . .

	Yes	No
46		X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . .
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .
- 49 a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .
- b If "Yes," was the related organization a section 527 organization? . . . . .
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		X
48		X
49a		X
49b		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			

f Total number of other employees paid over \$100,000 . . . . . ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. . . . .

▶ ☒ Yes ☐ No

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.

<b>Sign Here</b>	Signature of officer	Date
	ABHIJIT BANERJEE	11/14/2018
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	SUBHRA K BANERJEE	SUBHRA K BANERJEE	7/20/2020		
	Firm's name ▶ S & A ASSOCIATES CPA'S	Firm's EIN			
	Firm's address ▶	LOS ANGELES, CA 90071	Phone no.		

May the IRS discuss this return with the preparer shown above? See instructions. . . . . ▶ ☐ Yes ☐ No

**SCHEDULE A**  
**(Form 990 or 990-EZ)****Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2019****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Name of the organization

DHWANI ACADEMY OF PERCUSSION MUSIC

Employer identification number

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

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

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

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

0

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					0	0

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						0
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	0	0	0	0	0	0
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 . . . . .	0	0	0	0	0	0
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						0
<b>12</b> Gross receipts from related activities, etc. (see Instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	0.00%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	0.00%
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,400	10,000	10,000	10,000	73,950	116,350
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	95,344	101,911	112,177	99,740	78,366	487,538
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	107,744	111,911	122,177	109,740	152,316	603,888
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						603,888

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 . . . . .	107,744	111,911	122,177	109,740	152,316	603,888
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	107,744	111,911	122,177	109,740	152,316	603,888
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	100.00%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	100.00%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

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

**Part IV Supporting Organizations (continued)**

	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?		
11a		
b A family member of a person described in (a) above?		
11b		
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.		
11c		

**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.		
1		
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.		
2		

**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).		
1		

**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?		
1		
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).		
2		
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.		
3		

**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.	Yes	No	
2a			
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.			
2b			
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.			
3a			
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.			
3b			

**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	0	0
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	0	0
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	0	0
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	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
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).			

**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	<b>Total annual distributions.</b> Add lines 1 through 6.		0
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		0
10	Line 8 amount divided by line 9 amount		0.000

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			0
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 . . . . .	0		
b	From 2015 . . . . .	0		
c	From 2016 . . . . .	0		
d	From 2017 . . . . .	0		
e	From 2018 . . . . .	0		
f	<b>Total of lines 3a through e</b>	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2019 distributable amount			0
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2019 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2019 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from 4.	0		
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.		0	
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2015 . . . . .	0		
b	Excess from 2016 . . . . .	0		
c	Excess from 2017 . . . . .	0		
d	Excess from 2018 . . . . .	0		
e	Excess from 2019 . . . . .	0		

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B**  
 (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](http://www.irs.gov/Form990) for the latest information.

**2019**

Name of the organization

DHWANI ACADEMY OF PERCUSSION MUSIC

Employer identification number

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 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

DHWANI ACADEMY OF PERCUSSION MUSIC

Employer identification number

**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
	<div>Foreign State or Province: _____</div> <div>Foreign Country: _____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div>Foreign State or Province: _____</div> <div>Foreign Country: _____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div>Foreign State or Province: _____</div> <div>Foreign Country: _____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div>Foreign State or Province: _____</div> <div>Foreign Country: _____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div>Foreign State or Province: _____</div> <div>Foreign Country: _____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div>Foreign State or Province: _____</div> <div>Foreign Country: _____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div>Foreign State or Province: _____</div> <div>Foreign Country: _____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

DHWANI ACADEMY OF PERCUSSION MUSIC

Employer identification number

**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 DHWANI ACADEMY OF PERCUSSION MUSIC	Employer identification number [REDACTED]
--	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ 0

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
	For. Prov. Country		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	For. Prov. Country		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	For. Prov. Country		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	For. Prov. Country		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	For. Prov. Country		

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

DHWANI ACADEMY OF PERCUSSION MUSIC

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

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

Employer identification number

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 8,383

Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment: 252

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 225

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 23

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 648

Form 990-EZ, Part I, Line 16, Other Expenses: Parking: 600

Form 990-EZ, Part I, Line 16, Other Expenses: Office Expense: 5,040

Form 990-EZ, Part I, Line 16, Other Expenses: License Permits &amp; Fees: 1,388

Form 990-EZ, Part I, Line 16, Other Expenses: Lease Expense: 4,500

Form 990-EZ, Part I, Line 16, Other Expenses: Internet Expense: 934

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 5,430

Form 990-EZ, Part I, Line 16, Other Expenses: Dues &amp; Subscription: 554

Form 990-EZ, Part I, Line 16, Other Expenses: Auto Expense: 5,182

Form 990-EZ, Part I, Line 16, Other Expenses: Bank Charges: 502

Form 990-EZ, Part I, Line 16, Other Expenses: Accounting Fees: 2,100

Form 990-EZ, Part I, Line 16, Other Expenses: Program Expenses: 41

Form 990-EZ, Part I, Line 16, Other Expenses: Utilities: 717

Form 990-EZ, Part I, Line 16, Other Expenses: Security: 150

Form 990-EZ, Part II, Line 24, Other Assets: OTHER ASSETS: Beginning of year: 1,000, End of  
year: 100Form 990-EZ, Part II, Line 26, Liabilities: PAYROLL LIABILITIES: Beginning of year: 4,363, End  
of year: 5,680

Name of the organization

Employer identification number

DHWANI ACADEMY OF PERCUSSION MUSIC

**Dhwani Academy of Percussion Music (NEW) Eligibility Checklist (staff use only)**

<u>Eligibility</u>	YES	NO	Notes:
Be made or sponsored by a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event	X		
Identify how the funds will be used to benefit the Cupertino community	X		
Be awarded only once per project	X		
For specific needs, not on going, operational costs	X		
Have more than 75% of the requested funds allocated for direct service costs versus administrative costs		X	26% or more of the requested funds were allocated toward expenses not directly tied to the proposed program/event/project (i.e.: organizational staffing costs)
Be complete and submitted by the application deadline	X		

<u>Restrictions/Guidelines</u>	YES	NO	Notes:
An organization that is applying for multiple grants shall only submit one application			NA
Proceeds generated from the funded activity may only be used for the conducted activity			Based on the information provided in the application, allocation of proceeds generated could not be determined.
admission to or participation in the event must be "free of charge" to Cupertino residents unless stated in the application and approved by Parks and Recreation Commission			Fees will be charged for the requested program/event/project. Approval required - from Parks and Recreation Commission.

**City of Cupertino  
Fiscal Year 2021  
Community Funding Grant Application**

Attachment B

Have you ever received a City of Cupertino Community Funding Grant in the past?

☐ Yes ☒ No If, Yes, when?

**SECTION 1: CONTACT INFORMATION**

Legal Name of Organization: Kalashree Foundation Inc.

Web Address:

Mailing Address:

City: Redwood City

Zip: 94065

Phone:

President/Executive Director: Kiran Kulkarni

Title:

Email:

Telephone Number: kiran@kalashree.us

Contact Person: Kiran Kulkarni

Title: Volunteer

Email Address: kiran@kalashree.us

Telephone Number:

**SECTION 2: NON-PROFIT INFORMATION**

501(c)(3)? ☒ Yes ☐ No Year Established 2013

Federal Tax ID:

Fiscal Sponsor Name:

Fiscal Sponsor Address:

City: Zip: Phone:

**SECTION 3: ORGANIZATION INFORMATION**

Total Organization Budget: \$30,000

Total # of Board Members: 4

Total # of staff: 0

Total # of Volunteers: 15

**Mission Statement:**

The Kalashree Foundation is a charitable nonprofit 501(c)(3) organization founded by Vidushi Kala Ramnath with the purpose of making the world a better place through classical Indian music. The emphasis on musical education for underprivileged children is emphasized. Cross-cultural musical events build bridges, as Kalashree seeks to connect with musicians from other traditions and cultures in an active dialogue. This is the best way to model peace through diplomacy, and Kalashree's mission embodies this in daily practice.

Kalashree uses the advantages of digital platforms and modern technologies to connect students to musical training regardless of their location. Preserving the roots and cultural practices of classical Indian music through active participation is critical. The growing need for community in conditions of social isolation makes this mission increasingly relevant in the world today. Musical training and promotion of young musicians ensures the survival of this art.

**Brief Description of Organization:**

The Kalashree Foundation was launched to expand the reach of Indian classical music. The Foundation's core musical education program enacts the organization's mission through active engagement with communities. This also helps to solidify the cultural presence of classical Indian music, locally within Cupertino City's communities and globally, via the digital platform. The outreach plan provides direct benefits to the local and world-wide communities by connecting learners with distinguished artists in the field of Indian classical music.

Three years of successful programming of workshops and concerts represents a major programming milestone. These events featured aspiring young artists musically trained through Kalashree. This helped to pave the way for more ambitious agendas, like the Virtual Library Project. This library forms the apex of our overarching goal to preserve Indian musical culture for future generations. These events are produced by dedicated volunteers.

**Brief Description of Services Provided:**

The Kalashree Foundation's annual musical education program is at the heart of our services provided to the community. This program initiates the community into Indian music through concerts. Follow-up workshops and an annual student concert complete the program. It was designed to embed classical Indian music within Cupertino City and the greater global Indian music communities. Participants benefit from an enriched inner life through close interaction with distinguished Indian classical musicians.

Kalashree leverages the advantages of digital platforms and modern technologies to connect students to musical training regardless of their location in the world. In-person concerts and workshops expose Cupertino residents to this ancient art form. Preserving the roots and cultural practices of classical Indian music through active participation is an essential service we provide. The growing need for human connection makes this mission incredibly relevant in the world today.

**SECTION 4: GRANT REQUESTS**

1. Program/Project/Event Name: Indian Classical Music: Concert & Workshop Program  
 2. Date(s) and/or duration of program/project/event (if applicable): Annual program for 2022  
 3. Total program/project/event budget: \$9,999  
 4. Requested Amount: \$9,999 Percent of total program/project/event budget: 100%  
 5. Program/Project projected income: \$0 Percentage of your organization's projected income: 0%  
 6. Type of Request:

- ☐ Capital Improvement  
☒ Program Support  
☐ Event  
☐ One-time project  
☐ Other:

7. This grant will fund a(n):

- ☒ Existing program/project/event; established in 2014(year)  
☐ New program/project/event

8. Describe the purpose of requested funds and the services that will be provided:

Kalashree Foundation meticulously laid the groundwork for the annual program over three years of previous production. This summary of services provided accurately represents a similar program schedule for the next year - the purpose of our funding request.

Annual program outline:

- May - A classical Hindustani vocal concert featuring Pritam Bhattacharjee, a disciple of the legendary Pandit Jasraj.
- October - A public presentation of an online concert, connecting cultural artists with the greater community of Indian music supporters using livestreaming technology for the first time.
- Vocal workshops organized and produced by Kalashree in August.
- Guru Poornima is an annual event where students perform what they've learned in a traditional concert format. This annual program happens in four stages over a one-year period. Each stage carefully reinforces the others. This program is separate from other costs of operating Kalashree. Funds expand the program's reach,

9. Please provide a line item breakdown of how the funds will be used in the categories below. If a category is not applicable, put \$0:

a) Admin Staff	\$0
b) Materials/Equipment	\$200
c) Entertainment	\$100
d) Room/Venue Rental	\$2,000
e) Other Professional Services Artist Fees	\$4,500
f) Other Marketing and Advertising	\$200
<b>Total</b>	<b>\$7,000</b>

10. Explain how the request aligns to City mission and values:

Kalashree Foundation meticulously laid down the groundwork for a complete musical education program for Cupertino and the general public. The programming in previous years already aligns with the city's values. This is evidenced by the close collaboration between volunteers, students and community members. Responsibility is essential for every successful event. Each stage of the project was designed to be carefully inter-connected and mutually reinforcing.

Students and volunteers collaborate to make each concert and workshop a meaningful event that is culturally enriching. This example demonstrates how community members take responsibility for their musical development as participants or audience members who encourage others to attend.

Finally, the virtual library project will eventually enable new listeners to stay connected and learn more about this musical tradition online from any location. This innovative initiative opens up learning opportunities, globally.

11. Describe how the program/project/event fills a community need. Who identified this need? What other similar project/program/event exists to serve Cupertino residents? How is your proposed project/program/event unique from similar projects/programs/events or how do you collaborate to avoid duplication?

Kalashree's community education program is based on the ancient arts of India, which are novel to many residents of Cupertino. Therefore, Kalashree Foundation is also uniquely qualified to address these needs through regular exposure to the depth of Indian classical music traditions, methods and pedagogies.

Classical Indian music enriches the lives of those touched by its mystical ambience, intellectual rigor and intuitive qualities. Many Cupertino residents were introduced to Indian classical music through a concert. Feedback from

attendees of previous events informed our awareness of the need for more events. Undoubtedly, the musical experience can be profoundly moving. Audiences are often touched by the unique attributes of Indian music during their first concert. Follow-up workshops meet the needs of those seeking a deeper understanding. Serious students gain access to the Guru Poornima program event, which uplifts their musical achievements in a supportive public setting.

12. Who will be served by this grant?

Cupertino City residents are the primary and target beneficiaries of the activities funded by this grant. A sample of previous years' events demonstrates our capacity to serve residents using the Cupertino City's available facilities:

- May 2019 - Concert: City Cupertino Hall
- October 2018 – Workshop: Cupertino Residence
- July 2017 – Workshop: Cupertino club house

The number of attendees at these events ranged from 15 to 150, and most of them were Cupertino residents.

- a) Number of individuals total: 150  
b) Number of Cupertino residents: 100

c) Particular community groups:

Music is a universal language, yet Indian music offers an intriguing dialectic. Classical Indian music attracts people from all walks of life, demographics and backgrounds. Although our program seeks to reach as many new Cupertino residents as possible, we have an established base of avid Indian music lovers who form the core of our network. Our Virtual Library continues the effort to expand our reach to new listeners, students and supporters online. This content also serves the general public.

d) Will the program/project/event be available to the entire community/public or are there any eligibility criteria?

The program is divided into three events and online content. Naturally, the online content is freely available to the entire world. Concerts are open events with no eligibility criteria; we welcome all who listen. Workshops are open to musicians who wish to learn more about this music. Importantly, this is not an eligibility restriction; anyone with an interest in a workshop is welcome to participate. The Guru Poornima event is a showcase of student talent, but anyone can attend.

e) Will there be a charge or fee for the program/project/event (if applicable)

Admission to all annual program events supported by the city grant will be publicized on all of our outreach literature as "free of charge." Support from the Cupertino Community Funding Grant will have a measurable impact on the content: free musical exposure and education is more beneficial for participants and the community; it keeps the focus where it needs to be: on the music. The City's contribution -- in this particular regard -- will be acknowledged in formal promotional materials.

f) What outreach methods does your organization use to promote the program/project/event (if applicable)?

Publicizing to our network and the general public expands our reach. Local volunteers spread the word about our events with neighbors, friends and family. We have the support of local shops for flyer distribution. This includes local Indian grocery stores, which help us reach members of the Indian musical community. Community boards at these locations have a measurable effect on turnout. Continuity of programming is central to this effort when the community sees our flyers year after year.

13. Describe how the funds will be used to benefit or impact the Cupertino community:

Benefits to Cupertino's community members are well-established, based on feedback from previous participants. This grant will help us to develop each stage of this program to better serve the community and increase their awareness of the breadth and depth of this traditional art.

The overarching strategy is to expose the public to Indian classic music in four stages:

1. Stage one is usually the first exposure to this music through a professional concert organized by Kalashree Foundation. This provides an opening for additional engagement by anyone who inquires.
2. Workshops open the door to participation of interested attendees from the concert.
3. Student renditions are showcased at the culmination of this project -- the Guru Poornima event, a concert simulation for student musicians..
4. Our Virtual Library Project is in development. It will be an online resource that keeps the community connected and engaged in music during intervals between events.

14. Demonstrate that the member implementing and managing the program/project/event have adequate experience:

Kalashree Foundation has the qualified and experience staff capable of producing events in a welcoming, open-to-all environment. Opportunities for students to perform publicly were organized by Kalashree's incredibly dedicated project manager, Kiran Kularni. He coordinated the volunteers, city location and logistics. Kiran leads Kalashree's efforts to produce concerts, manage artists, technology and studio recordings.

Kiran fully recognizes the effort required to cultivate the understanding of Hindustani music in Cupertino. This only

fuels his commitment to organizing workshops and lecture demonstrations by renowned artists and musicologists. Kiran's areas of expertise include: Event Management, Technology Management, Artist Management, Studio A/V Recordings, Professional Concerts and Organization Management. Kiran's C.V. is best represented by the various projects he has produced through Kalashree, and details are available at <https://kalashree.us/projects>. Attachment B

15. How will success of the program/project/event be measured?:

Program longevity is the ideal metric of success. However, short-term metrics can be evaluated in terms of quality as well as quantity. On the qualitative side, the musical depth of understanding of students at the annual Guru Poornima event is a serious and reliable metric. It tracks student improvement and development over time. For example, some ragas are relatively easy to play for beginner students. As the student's musicianship matures, the ragas selected for such a student may increase in difficulty. This is qualitative metric that is observable externally to any informed third party.

Quantitatively, we track community impact by the number of people who attend events. We expect to see an increase in this number over time; however, several uncontrollable variables, including organizational branding and exposure rates, affect it. These variables change over time. Imprecision doesn't diminish the value of utilizing a quantitative metric; it keeps it in perspective.

16. Will more than 75% of the requested funds go towards direct service costs versus administrative costs?

☒ Yes ☐ No

17. Will you collaborate with other organizations to deliver the program/project/event funded by this grant? If so, which organizations?

Other organizations have been involved in previous collaborations in our annual program. Although we can certainly expect this participation to continue, it is contingent on our resources. If the program is scaled down to a minimal degree, we are less likely to enroll the services of tabla accompanists from the Dhawani Academy of Percussion, as we have done in the past, for example. The Rithwik Foundation is a partner organization for expanding the reach of our events to a global audience. Funding this program makes video livestreaming and/or documentation much more likely to occur. Although the benefits to Cupertino are indirect in this case, it's also important to note that these global outreach efforts tend to attract positive attention to Cupertino City on an international scale. The benefits of such positive public relationships cannot be quantified. Finally, the same Cupertino City volunteers who helped us in the past are also engaged in making this annual program a success.

18. If your organization has ever received financial or in-kind support from the City of Cupertino outside of Community Funding Grants, please describe this support:

The Kalashree Foundation benefited from city volunteers who assisted the organization in the early days in obtaining 501(c)3 status. Although this support is critical to our ability to function in the city, it might not qualify as in-kind support under the definitions of this grant. Because this is an ambiguous area, it is being described here for clarity. Kalashree Foundation also benefitted from discounted venue rentals for the program hosted at city facilities like Quinlan center and Community Hall. We receive no financial support from the City of Cupertino.

19. Does your organization anticipate receiving additional financial or in-kind support from the City of Cupertino outside of Community Funding Grants for this type of program/project/event (e.g. fee waivers)? If so, please describe this anticipated support:

The Kalashree Foundation doesn't receive any kind of fee waivers, but nonprofit discount rates do apply to our organization's activities.

We are unaware of the definitions used to determine if the nonprofit discount qualifies as in-kind support; however, to this date, it can be said that no financial support from the City of Cupertino has been received by Kalashree Foundation.

20. If you are a multi-jurisdictional organization, describe any funding requested from other agencies/organizations in regards to this program/project/event request. Indicate whether the funding was granted, denied, or is still pending:

None expected: Kalashree is a 501(c)3 non profit organization based out of California

21. How would you fund the program/project/event if you do not receive the requested funding?:

Donations and contributions are always pursued, under all conditions. However, they vary in direct relation to contingencies. For example, the pandemic curtailed our level of donations. Sudden interruption in programming, especially concerts, created a widespread sense of insecurity and instability. The psychological impact inevitably impedes the willingness of supporters to donate at previous levels.

Therefore, maintaining stable programming in spite of all setbacks forms the new foundation of our organization's efforts to eventually obtain a secure stream of funding, regardless of external circumstances.

In the absence of a city grant, we would scale down the event. This will reduce its community impact. The space used itself will have a smaller capacity, as social distancing will still apply. The limited program would become a small, ticketed event. To wit: Grant funding amplifies our ability to reach more Cupertino residents; but, ultimately -- the show must go on.

**SECTION 5: PRIOR FUNDING**

1. If you received a Community Funding Grant in prior years, indicate the amounts for each year and describe how those funds were used:
2. If you received a Community Funding Grant last year:
- a. Please provide a line item breakdown of how the Community Funding Grant was used last year in the categories below. If a category is not applicable, put \$0:

i. Admin Staff	
ii. Materials/Equipment	
iii. Entertainment	
iv. Room/Venue Rental	
v. Other Professional Services	
vi. Other	
<b>Total</b>	<b>\$0</b>

- b. Who was served by the grant last year?

i. Number of individuals total:

ii. Number of Cupertino residents:

iii. Particular community groups

iv. Was the program/project/event available to the entire community/public or are there any eligibility criteria?

v. Was there a charge or fee for the program/project/event (if applicable)?

vi. What outreach methods did your organization use to promote the program/project/event (if applicable)?

c. Was the program/project/event successful? Please indicate how success was measured:

3. Please indicate any additional funding received last year from other sources and provide your financial statement if available:

**Attachments:** Attach your financial statement, and any other helpful information about your project.

[Financial Statements.docx](#)

Program Manager Signature

Volunteer

Date Signed

02/01/2021

### Financial Statements: Small Nonprofit Budget

	Prior Fiscal Year	Previous Fiscal Year	Recently Completed Fiscal Year
		Insert dates below as MM/DD/YY - MM/DD/YY	Insert dates below as MM/DD/YY - MM/DD/YY
Dates	01/01/ 2018 – 12/31/2018	01/01/ 2019 – 12/31/2019	01/01/ 2020 – 12/31/2020
Contributed	\$26400	\$21,000	\$30000
In-Kind Contributions			
<b>TOTAL REVENUE</b>	\$26400	\$21,000	\$30000

	Previous Fiscal Year	Most Recently Completed Fiscal Year, ACTUAL	Current Fiscal Year, PROJECTED
Dates	01/01/ 2018 – 12/31/2018	01/01/ 2019 – 12/31/2019	01/01/ 2020 – 12/31/2020
Program and Service Expenses	\$7500	\$8000	\$12500
General & Administrative	\$500	\$1000	\$1000
<b>TOTAL EXPENSES</b>	\$8000	\$9,000	\$13,500

Kalashree Foundation (NEW) Eligibility Checklist (staff use only)			
Eligibility	YES	NO	Notes:
Be made or sponsored by a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event	X		
Identify how the funds will be used to benefit the Cupertino community	X		
Be awarded only once per project	X		
For specific needs, not on going, operational costs	X		
Have more than 75% of the requested funds allocated for direct service costs versus administrative costs	X		
Be complete and submitted by the application deadline	X		

Restrictions/Guidelines	YES	NO	Notes:
An organization that is applying for multiple grants shall only submit one application		NA	
Proceeds generated from the funded activity may only be used for the conducted activity		NA	
admission to or participation in the event must be "free of charge" to Cupertino residents unless stated in the application and approved by Parks and Recreation Commission		NA	

**City of Cupertino  
Fiscal Year 2021  
Community Funding Grant Application**

Attachment B

Have you ever received a City of Cupertino Community Funding Grant in the past?

☐ Yes ☒ No If, Yes, when?

**SECTION 1: CONTACT INFORMATION**

Legal Name of Organization:	Monta Vista High School Speech Boosters Inc		
Web Address:	<a href="https://mvsd.team/">https://mvsd.team/</a>		
Mailing Address:	21840 McClellan Road		
City:	Cupertino	Zip: 95014	Phone: [REDACTED]
President/Executive Director:	Meera Srinivasan Natesan	Title:	President & CEO
Email:	<a href="mailto:mvsboosters@gmail.com">mvsboosters@gmail.com</a>	Telephone Number:	[REDACTED]
Contact Person:	Raieswari Mahalingam	Title:	VP & Secretary
Email Address:	[REDACTED]	Telephone Number:	[REDACTED]

**SECTION 2: NON-PROFIT INFORMATION**

501(c)(3)?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Year Established	2017	Federal Tax ID:	[REDACTED]
Fiscal Sponsor Name:	Monta Vista High School Speech Boosters Inc				
Fiscal Sponsor Address:	21840 McClellan Road				
City:	Cupertino	Zip:	95014	Phone:	[REDACTED]

**SECTION 3: ORGANIZATION INFORMATION**

Total Organization Budget:	\$93,349	Total # of Board Members:	3
Total # of staff:	8	Total # of Volunteers:	4

**Mission Statement:**

We are a 501(c)(3) non-profit organization with the mission to support and strengthen the Speech program and community at Monta Vista High School, Cupertino CA 95014. Our program priorities are:

- Support our students in their goal to continuously improve their public speaking and argumentation skills
- Increase team participation and success
- Provide coaches and resources to inspire learning
- Expand the reach of the Monta Vista Speech program

**Brief Description of Organization:**

- To provide instruction, facilities, opportunities, equipment and resources for participants to engage in the promotion and participation of the activity of Individual Speaking Events (Speech)
- To sponsor, host and/or participate in events and activities that promote the activity of Individual Public Speaking Events (Speech)
- To support students in their journey to gain poise and confidence through competitive success
- To channel resources to help the Monta Vista High School Speech team achieve top rankings at the regional and national level
- To build community among speech members, parents, alumni, and coaches to facilitate a strong team culture

**Brief Description of Services Provided:**

- To create a long-term sustainable fund for the Monta Vista Speech program in order to sponsor the projects and initiatives that benefit the cause of excellence in public speaking
- To provide additional resources for the Monta Vista Speech program through educational curriculum and/or the hiring of experienced personnel
- To sponsor expenditures to tournaments at a significant distance from MVHS
- To support Speech members in their journey to build excellence and rigor in public speaking through coaching students at the high school, middle school and elementary school levels
- To sponsor the Annual Speak Up! Summer Program, a speech program for incoming FUHSD freshmen
- To build the Monta Vista Alumni Network

**SECTION 4: GRANT REQUESTS**

1. Program/Project/Event Name: Monta Vista Speech Program
2. Date(s) and/or duration of program/project/event (if applicable): Fiscal year 2021 - 22 (July 2021 - June 2022)
3. Total program/project/event budget: \$93,349
4. Requested Amount: \$13,024 Percent of total program/project/event budget: 14%
5. Program/Project projected income: \$61,320 Percentage of your organization's projected income: 66%
6. Type of Request:
- ☐ Capital Improvement
- ☒ Program Support
- ☐ Event
- ☐ One-time project
- ☐ Other:

7. This grant will fund a(n):

- ☒ Existing program/project/event; established in 2017(year)
- ☐ New program/project/event

8. Describe the purpose of requested funds and the services that will be provided:

[1] Strive to provide excellent public speaking education and competition opportunities for our growing student body despite declining member donations during the COVID pandemic

[a] Hire and support additional coaches/instructors

[b] Hire additional tournament supervisors

[c] Invest in speech instructional materials

Note: Membership is expected to hit 150 students in 2021-22.

[2] Broaden the summer camp to increase the level of professional coaching and encompass several branches of public speaking. Open to all incoming FUHSD freshmen.

[3] Initiate Speech scholarships to provide financial aid to deserving MVHS students for participating in summer camp and tournaments, and for recognizing excellence and outstanding contributions to public speaking.

9. Please provide a line item breakdown of how the funds will be used in the categories below. If a category is not applicable, put \$0:

a) Admin Staff	\$10,024
b) Materials/Equipment	\$0
c) Entertainment	\$0
d) Room/Venue Rental	\$0
e) Other Professional Services	\$0
f) Other Scholarships	\$3,000
<b>Total</b>	<b>\$13,024</b>

10. Explain how the request aligns to City mission and values:

MV Speech Boosters extends the mission of our city by providing support and opportunities for our student community to take responsibility and leadership roles as well as sharpen their public speaking and communication/collaboration skills.

Our successful feeder middle school program provides leadership and mentor-ship roles for our speech members. Our success in tournaments proves the effectiveness of our coaches. Monta Vista Speech team is ranked 4th in California and 18th nationwide.

11. Describe how the program/project/event fills a community need. Who identified this need? What other similar project/program/event exists to serve Cupertino residents? How is your proposed project/program/event unique from similar projects/programs/events or how do you collaborate to avoid duplication?

With social media and texting replacing other activities, our youngsters spend less time with their friends in person—perhaps why they are experiencing unprecedented levels of anxiety, depression, and loneliness. Our program helps our students develop the courage to speak up, make friends and have the time of their life. Monta Vista Speech is into its fourth year of its five year strategic plan: Speak Up, Be Heard.

Cupertino High School has a similar non-profit organization called Cupertino High School Speech & Debate Boosters.

We have several programs that are unique such as leadership roles to support our feeder Kennedy middle school speech club, summer camp, etc.

Monta Vista Speech team is ranked 4th in California and 18th nationwide.

Results of a Satisfaction Survey: 100% of the students and parents surveyed said they would recommend the Summer Camp to new members, and reported an average satisfaction score of 9.15/10 (Students: 8.76, Parents: 9.55).

12. Who will be served by this grant?

All middle (Kennedy, Lawson) and high school (Monta Vista) students / children in the community served by the Monta Vista area of the city of Cupertino.

Monta Vista high school currently serves approximately 2,350 students in grades 9-12. Kennedy middle school currently serves approximately 1,198 students in grades 6-8. Lawson middle school currently serves approximately 1,138 students in grades 6-8.

- a) Number of individuals total: 4,686  
b) Number of Cupertino residents: 50,000

c) Particular community groups:

All middle (Kennedy, Lawson) and high school (Monta Vista) students / children in the community served by the Monta Vista area of the city of Cupertino.

Monta Vista high school currently serves approximately 2,350 students in grades 9-12. Kennedy middle school currently serves approximately 1,198 students in grades 6-8. Lawson middle school currently serves approximately 1,138 students in grades 6-8.

d) Will the program/project/event be available to the entire community/public or are there any eligibility criteria?

All middle (Kennedy, Lawson) and high school (Monta Vista) students / children in the community served by the Monta Vista area of the city of Cupertino.

Monta Vista high school currently serves approximately 2,350 students in grades 9-12. Kennedy middle school currently serves approximately 1,198 students in grades 6-8. Lawson middle school currently serves approximately 1,138 students in grades 6-8.

e) Will there be a charge or fee for the program/project/event (if applicable)

There is no charge or fee for this program. We entirely rely on contributions from the parent community to provide all our members a comprehensive speech curriculum, high-quality instruction and tournament preparation. We encourage a voluntary donation from our members at the time of registration.

f) What outreach methods does your organization use to promote the program/project/event (if applicable)?

Monta Vista Speech student-run outreach methods such as the MVSD website, quarterly newsletters and social media platforms, Instagram, and team bonding events to build a strong team culture and community.

We also host several events such as Parent Info Night, Parent Judging Night and Parent Coffees, etc. to build and strengthen the community among MVHS Speech, Parents, Coaches, and program supervisors.

Kennedy middle school speech club communication and PeachJar mailing list.

13. Describe how the funds will be used to benefit or impact the Cupertino community:

To provide instruction, facilities, opportunities, equipment and resources for participants to engage in the promotion and participation of the activity of Individual Speaking Events (Speech).

To sponsor, host and/or participate in events and activities that promote the activity of Individual Speaking Events (Speech).

To support students in their journey to gain poise and confidence through competitive success.

To channel resources to help the Monta Vista High School Speech team achieve top rankings at the regional and national level.

To build community among speech members, parents, alumni, and coaches to facilitate a strong team culture.

14. Demonstrate that the member implementing and managing the program/project/event have adequate experience:

Head coach: Gavin Wong is in his fifth year as the Head Speech Coach at Monta Vista High School. Before Monta Vista, Gavin was the Speech Coach at Biola University. As a student at Monta Vista, he founded the Kennedy Speech Team. Gavin heads NAMER Ops and Strategy at a tech firm in San Francisco. He has a Bachelor's Degree in Business Administration from Biola University. He is a recipient of the NSDA Donus D. Roberts Quad Ruby Coach Award (2017).

Assistant coaches: Resume of the assistant coaches here: <https://mvsd.team/coaches/>

Terri Ettinger - Speech judge for FBLA, CLASH and ToastMasters competitions.

Eric D'sa - finalist at the James Logan Invitational in Extemporaneous Speaking (2014), Original Oratory (2014) and in Original Advocacy (2015).

Yeshe Hadi - qualified and finished at the State tournament (2009) and qualified to the National tournament (2011).

Amita Mahajan - She was ranked by the NSDA as Top 10 in California for Original Oratory.

15. How will success of the program/project/event be measured?:

[1] Hire additional coaches and chaperones for the year-round speech program to support the increased members / Speech Categories.

- [2] Strive for membership to hit ~150 students.  
 [3] Summer Camp expands to encompass additional public speaking categories; ~50 students, 3 professional coaches and 20+ student volunteers.  
 [4] Scholarships granted to support deserving students for summer camp and tournament participation, and recognize excellence and outstanding contributions to MV Speech.  
 [5] Facilitate hybrid online/in-person season.

16. Will more than 75% of the requested funds go towards direct service costs versus administrative costs?

☒ Yes ☐ No

17. Will you collaborate with other organizations to deliver the program/project/event funded by this grant? If so, which organizations?

No, TBD

18. If your organization has ever received financial or in-kind support from the City of Cupertino outside of Community Funding Grants, please describe this support:

Not Applicable as this is the first time we are applying for grants.

19. Does your organization anticipate receiving additional financial or in-kind support from the City of Cupertino outside of Community Funding Grants for this type of program/project/event (e.g. fee waivers)? If so, please describe this anticipated support:

No (not aware of any other grants outside of the Community Funding Grants).

20. If you are a multi-jurisdictional organization, describe any funding requested from other agencies/organizations in regards to this program/project/event request. Indicate whether the funding was granted, denied, or is still pending:

Not Applicable as this is the first time we are applying for grants.

21. How would you fund the program/project/event if you do not receive the requested funding?:

Continue requesting a one-time voluntary donation from our members. We may not be able to hire additional coaches, sponsor scholarships to attend our full roster of tournaments, or sponsor travel to qualifying tournaments.

We will need to think of other fundraising programs.

## SECTION 5: PRIOR FUNDING

1. If you received a Community Funding Grant in prior years, indicate the amounts for each year and describe how those funds were used:

Not Applicable as this is the first time we are applying for grants.

2. If you received a Community Funding Grant last year:

a. Please provide a line item breakdown of how the Community Funding Grant was used last year in the categories below. If a category is not applicable, put \$0:

i. Admin Staff	
ii. Materials/Equipment	
iii. Entertainment	
iv. Room/Venue Rental	
v. Other Professional Services	
vi. Other	
<b>Total</b>	<b>\$0</b>

b. Who was served by the grant last year?

i. Number of individuals total:

ii. Number of Cupertino residents:

iii. Particular community groups

iv. Was the program/project/event available to the entire community/public or are there any eligibility criteria?

v. Was there a charge or fee for the program/project/event (if applicable)?

vi. What outreach methods did your organization use to promote the program/project/event (if applicable)?

c. Was the program/project/event successful? Please indicate how success was measured:

3. Please indicate any additional funding received last year from other sources and provide your financial statement

if available:

Attachment B

**Attachments:** Attach your financial statement, and any other helpful information about your project.

[MV Speech Strategy and Budget 2021-22.pdf](#)

[MV Speech Tax Return Documents 2019.pdf](#)

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Program Manager Signature

VP & Secretary

Date Signed

01/31/2021

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## MV Speech Strategy and Budget 2021-22

**Monta Vista Speech Boosters - Jan 31, 2021**

MVSD & MV Speech Boosters - Do Not Distribute

## Monta Vista Speech Boosters

- Monta Vista Speech Boosters Inc is a registered 501(c)(3) nonprofit
- Tax ID # [REDACTED]
- Mailing Address: 21840 McClellan Rd, Cupertino, CA 95014
- Email: [mvsboosters@gmail.com](mailto:mvsboosters@gmail.com)

MV Speech Boosters Board of Directors	
Meera Natesan	President & CEO, Speech Boosters
Raji Mahalingam	VP & Secretary, Speech Boosters
Nadathur Sundar	CFO & Treasurer, Speech Boosters

Monta Vista High School	
Gavin Wong	Head Speech Coach, MVHS
Mike White	Assistant Principal, MVHS



MVSD & MV Speech Boosters - Do Not Distribute

Monta Vista Speech - 3 Year Strategy			
2020-2021: Surpass		2021-2022: Surpass	2022-2023: Surpass
Core Areas	MV Speech to Surpass		
Cultivate Culture & Team First	<ul style="list-style-type: none"> <li>Membership levels at ~120 active speech members</li> <li>Additional team events are hosted to increase cohesion</li> <li>MV Speech has significant marketing footprint on campus</li> <li>Parent Community continues to grow and support the team</li> </ul>	<ul style="list-style-type: none"> <li>Membership levels at ~150 active speech members</li> <li>Pinnacle of "Team First" mentality is achieved</li> <li>MVSD presence at Orientation &amp; Elective night</li> <li>Healthy community of parents &amp; administrators to support team</li> </ul>	<ul style="list-style-type: none"> <li>Membership levels at ~180 active speech members</li> <li>Club is "self-sustaining" where all members teach from the top - down</li> </ul>
Strategic Opportunities	<ul style="list-style-type: none"> <li>Speech summer camp starts; w/MV boosters</li> <li>KMS tourney evolves to Invite online (200 competitors)</li> <li>Underpinnings of Alumni Network is created</li> <li>Scholarship program initiated</li> <li>Establish as certified org for PVSA(Presidential Volunteer Service Awards)</li> </ul>	<ul style="list-style-type: none"> <li>Summer Camp expands to cover additional public speaking categories; ~50 students, 3 professional coaches and 20+ student volunteers</li> <li>KMS Speech hosts CHSSA Middle School State Champs (possibly online)</li> <li>Alumni programs initiated - virtual forums, mentorship, etc.</li> <li>Scholarships granted to support deserving students for summer camp and tournament participation, and recognize excellence and outstanding contributions to MV Speech</li> <li>MVSD 50th anniversary + marquee fundraiser planning completed</li> </ul>	<ul style="list-style-type: none"> <li>Summer Camp best in Bay Area (~100 students &amp; 5 professional coaches &amp; student volunteers)</li> <li>KMS Speech hosts CHSSA Middle School State Champs (in-person statewide event)</li> <li>Alumni program established</li> <li>Scholarship program established, inspires students to strive for greater excellence in public speaking</li> <li>Expand student funnel to Elementary School program</li> <li>Host MVSD 50th celebration + Marquee Fundraiser event</li> <li>Plan MV-run tournament open to all Speech students - "Cupertino Speech &amp; Debate Monta Vista Invitational"</li> </ul>

MVSD &amp; MV Speech Boosters - Do Not Distribute

20% YoY

Demographics:

2018-19: 25 varsity and rest novice (new to Speech club)

2019-20 : 45 varsity and 50 novice

2020-21: 45 varsity and 75 novice

Monta Vista Speech - 3 Year Strategy			
2020-2021: Surpass		2021-2022: Surpass	2022-2023: Surpass
Core Areas	MV Speech to Surpass		
Competitive Excellence	<ul style="list-style-type: none"> <li>MV Speech maintains full staff of coaches and chaperones</li> <li>"Breaks" will grow; MV Speech a "force to be reckoned with"</li> <li>MV Speech increases and <b>defends sweepstakes</b> titles at National Invitationals</li> </ul>	<ul style="list-style-type: none"> <li>Hire additional <b>coaches and chaperones</b> for the year-round speech program to support the <b>increased members / Speech Categories</b></li> <li>"Break ratio" surpasses other programs</li> <li>Students qualifying to Nationals, NIETOC and States is a common occurrence</li> <li>Sweepstakes at qualifying tournaments</li> </ul>	<ul style="list-style-type: none"> <li>Foundation in place for adding Speech to MV curriculum</li> </ul>
Financial Health	<ul style="list-style-type: none"> <li>First online fundraiser launched</li> <li>Fundraising campaigns with corporate matches offer incremental benefit to team</li> <li>MV Speech Boosters helps fund States and National tournaments (<b>+4; Jack Howe, Blue Keys, Princeton, Yale</b>)</li> <li>First Grant application submitted</li> </ul>	<ul style="list-style-type: none"> <li>Booster fund reaches "steady state" where it has capital to generate annual returns and ensures income to support the team's needs</li> <li>MV Speech Boosters helps fund <b>travel tournaments</b> (+5 including CHSSA States, NIETOC, Nationals)</li> <li>Expand grant applications to other foundations</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing grants to support Speech program</li> </ul>

MVSD &amp; MV Speech Boosters - Do Not Distribute

20% YoY  
 OO - full-time coaching\*

Monta Vista Speech - 3 Year Strategy			
2020-2021: Surpass		2021-2022: Surpass	2022-2023: Surpass
Core Areas	MV Speech to Grow		
Operational Excellence	<ul style="list-style-type: none"> <li>Facilitate <b>100% online season</b></li> <li>Operational efficiencies decrease workload on management by streamlining processes</li> <li>All operational processes are documented to help onboarding for new captains every year</li> <li>MV Speech hits operational efficiency (lean) despite member growth</li> <li>Succession Plan/Pipeline in place for FUHSD chaperones and Board Members for next 3 years</li> <li><b>Playbook</b> is fully defined for Ops, PR and KMS</li> <li>Boosters Policies and Procedures fully defined</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate <b>hybrid online/in-person season</b></li> <li>Heavy use on website reduces burden on teaching captains as novices have resources to succeed</li> <li>Team is run like clockwork; 0 defects, and reaches maximum efficiency</li> <li>Registration is fully automated</li> <li>Expand Parent advisor, FUHSD chaperone and board member pipeline <b>as needed</b></li> <li><b>Boosters website</b> established</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate <b>TBD season (online/hybrid/in-person)</b></li> <li>Streamline donation flow, PR such as parent communications, slide decks, annual reports, Fundraisers, etc. through the Boosters website</li> </ul>



MVSD & MV Speech Boosters - Do Not Distribute

## Monta Vista Speech - 3-Year Trends (2019-22)

Team competitive excellence on the rise!!! (See [MV Speech Awards](#))

### 2019-20

- Ranked 4th in CA, 18th in US by NSDA
- 16 tournaments attended (11 in-person, 5 online)
- 187 awards including 6 tournament championships
- Sweepstakes winners at Stanford (2nd) and Berkeley (6th) tournaments
- 9 qualifying entries to CHSSA States, 2 qualifiers to NSDA Nationals, 9 qualifying entries to ToCs (Tournament of Champions)

### 2020-21 (First Semester)

- 10 tournaments already attended in first semester (online)
- 159 awards including 8 tournament championships
- Preparations in full swing for upcoming Stanford, Berkeley and States/Nationals qualifier tournaments

### Membership Growing

- 20% growth in Speech membership year-over-year
- Online speech coaching and tournaments helped sustain membership growth during COVID
- Leadership team of coaches and student captains teach, mentor and inspire members to develop excellence in public speaking and foster a strong and vibrant team culture
- See [MV Speech Coaches](#), [MV Speech Captains](#), [MV Speech Gallery](#)

### Increased Investments/Expenses

- Team growth translates to *increasing financial investments* year-over-year
- Areas of investment: coaching services, chaperoning staff, summer camp, scholarships and operational efficiencies



## Monta Vista Speech - 3 Year Trend

However:

- Donation revenues are growing at a slower pace
  - COVID impact seen in 2020 -21
  - Continuing COVID impact expected in 2021-22
- *No funding available from FUHSD*

MV Speech Donation Trends (Year-Over-Year 2019-22)			
Club Growth	% Increase YoY (Members)	#Members	Total Donation Revenue (including company match)
2021-22 (Projected)	20.00%	144	\$52,560.00
2020-21	20.00%	120	\$46,414.64
2019-20	N/A	100	\$42,175.23

Slow growth in donation revenues, possibly due to COVID

Rapid growth in membership



Rationale for expected donation revenues of \$52560.00 in 2021-22:

1. Fitted a simple linear regression model to 2019-20 and 2020-21 data to project a donation revenue of 51501.44 in 2021-22.
2. Increased this amount by 2.055% to account for (hopefully) lessening COVID impacts heading into Fall 2022

## FY 2019-20 Financial Report (July 1 2019 - June 30 2020)

### Background (FY 2017-18 and FY 2018-19):

- Monta Vista Speech program had been run entirely by Head Coach (pro-bono) and student captains since 2017
- No assistant coaches or paid onsite/tournament chaperones
- \$24K in retained earnings from accumulated member donations at the end of FY 2018-19

### FY 2019-20 Highlights:

- Team size grew to 100 for the first time
- \$41K received from member donations and company match
- Hired Assistant Coaches for the first time
- Hired tournament/onsite chaperones (2 paid, 2 pro bono)
- Invested in website, business enablement and financial/accounting software
- \$39K budget surplus: one time occurrence due to non-repeating factors
- Funds allocated but not spent:
  - 18K in Head Coach compensation - Head Coach chose to work pro-bono
  - 11K in Assistant Coach compensation - 2 out of 4 assistant coaches were only able to work half the hours originally budgeted
  - 5K in Chaperone compensation - 2 chaperones chose to work pro-bono
  - Tournaments Impacted by COVID: Conversion of CHSSA States and NIEToC and conversion of NSDA Nationals to online format further reduced travel and chaperone costs

### IRS Tax Filing:

- 2019-20 990-EZ



**Note: \$39K budget surplus expected to be drained over a 2 year period (FY 2020-21 and FY 2021-22)**

### General Note about Tournaments: (Explanation for Schedule O, lines 01 and 02 of the FY 2019-20 tax return)

As a service to our Speech community, MV Speech Boosters facilitates tournament payments. The service is offered on a net-zero basis, ie all funds collected from students are paid out to vendors, with **zero income** to Speech Boosters. Speech members register and pay for tournaments via the MVSD website, and MV Speech Boosters collects these funds and pays the vendors at the backend. (tournament organizers, hotels, airlines etc).

For FY 2019-20, the following line items in the IRS 990-EZ form reflect Tournament Income and Expenses:

#### Schedule O: Supplemental Income Form

*The following line item shows all tournament income received via tournament payments from Speech members:*

01: Tournament Income: **\$42497**

*The following six line items together encompass all tournament-related expenses (payments to vendors)*

02:

Tournament:	\$20615 - (Tournament invoices for local and travel tournaments)
Transportation:	\$4061 - (Airlines to ASU tournament)
Travel Meals:	\$124 - (Reimbursements to chaperones)
Lodging:	\$16963 - (Hotel charges for ASU and Berkeley tournaments)
Other Travel:	\$1700- (Southwest Airlines deposits for ASU - utilized; NIEToC - refunded as airline credit due to COVID)
Travel Expenses:	\$287 - (Reimbursements to chaperones)

Total: **\$43750**

Tournament Expenses: **\$43750**

Note: Tournament expenses slightly exceeded tournament income in 2019-20 due to a variety of unforeseen circumstances related to travel tournaments. For subsequent years, we expect tournament income and expenses to be almost equal, with no net gain or loss to MV Speech Boosters.

## FY 2020-21 Financial Forecast (July 1 2020 - June 30 2021)

### Income Highlights:

- \$3K net income from first Summer camp completed Aug 2020
- \$46K from Donation drive and corporate matches through Dec 2020
- *No significant additional income expected for the remainder of 2020-21*

### Expense Highlights:

- \$59K projected in staffing expenses (Head Coach, Assistant Coaches, Chaperones)
  - Started compensating Head Coach at fair market rate after 4 years of pro bono service
  - Assistant Coach sessions fully staffed for three branches (Extemporaneous, Interpretation and Impromptu); partially staffed for Original Oratory
  - 3 tournament/onsite chaperones receive additional compensation from Boosters, 1 chaperone serves pro bono
  - Several additions to tournaments this year due to online opportunities: (Princeton, Yale, Florida Blue Keys etc)
- \$7K in operating expenses
  - Added 10 Zoom Pro licenses and cloud storage expenses to support year-round online student-led and coach-led instruction
- \$1.5K in scholarships
  - Scholarship program and awards criteria are work in progress
- Possible increase in coaching and chaperoning expenses if students qualify for NSDA Nationals (June 2021)

### Summary:

Expenses expected to exceed income in 2020-21, budget surplus will be applied to cover the gap (see next slide)



## FY 2020-21 Financial Forecast (July 1 2020 - June 30 2021)

2020-21 Expenses		
Category	Budget	YTD Actuals (as of Dec 31, 2020)
Head Coach	\$30,670.00	26130.16
Assistant Coaching	\$21,325.00	
Chaperones	\$7,060.00	
Summer Camp	\$1,260.00	7854.91
Events & Programs	\$1,879.00	
Operating Expenses	\$8035.57	
Scholarships	\$1,500.00	\$0
Travel Tournaments	\$0.00	\$0
Operational Reserves	\$0.00	\$0
<b>Total Expenses</b>	<b>\$71,729.57</b>	<b>\$33,985.07</b>

2020-21 Income	
Donations + Company Match	\$46,414.64
Summer Camp	\$4,268.00
Events & Programs	\$1,000.00
<b>Total</b>	<b>\$51,682.64</b>

### 2020-21 Summary:

**Expenses to exceed income by \$20046.93**  
 Income: \$51K+, Expenses: \$71K+

### On track to spend entire expense budget

\$34K out of \$71K already spent during first half (July - Dec 2020)

Prior budget surplus will be applied to cover the gap

\$20K out of 39K surplus to be applied in 2020-21, \$19K carried over to 2021-22



Note: Since tournaments do not yield any net income for MV Speech Boosters, we do not have a "Tournaments" line item in the program budget.

See the Speaker Notes for Slide 8 for additional context.

## FY 2021-22 Financial Forecast (July 1 2021 - June 30 2022)

### Income Highlights:

- \$7.7K revenue expected from Summer Camp
- \$52.5K revenue expected from annual donation drive and corporate matches

### Expense Highlights:

- \$70K projected in staffing expenses (Head Coach, Assistant Coaches, Chaperones)
  - Continue to compensate Head Coach at fair market rate
  - Assistant Coach sessions to be fully staffed; additional coaching for Original Oratory branch
  - All 4 tournament/onsite chaperones to receive additional compensation from Boosters
  - Increased tournament chaperoning costs as in-person tournaments resume
- \$2.5K will be incurred in Summer Camp expenses (fixed costs regardless of revenues from registration)
- \$8K in operating expenses
  - Continuing Zoom usage in preparation for hybrid online/in-person season
- \$3K in scholarships
  - Scholarships granted to support deserving students for summer camp and tournament participation
  - Recognize excellence and outstanding contributions to MV Speech
- \$2K to fund travel costs to regional, state-level and national tournaments
- \$5K in operational reserves to cover early FY 2022-23 expenses
  - Donation revenues start arriving in mid-September
  - Reserves will cover July 2022 - Sep 2022 staff and operational expenses
  - *Operational reserves not required in prior years since budget surplus provided a safety net*

### Summary:

- Expenses expected to exceed income in 2021-22
- Budget surplus will be drained
- 13K additional funding required to meet program goals



## FY 2021-22 Financial Forecast (July 1 2021 - June 30 2022)

2021-22 Expenses	
Head Coach	\$31,200.00
Assistant Coaching	\$26,565.00
Chaperones	\$12,360.00
Summer Camp	\$2,470.00
Events & Programs	\$2,265.00
Operating Expenses	\$8,469.20
Scholarships	\$3,000.00
Travel Tournaments	\$2,000.00
Operational Reserves	\$5,000.00
<b>Total Expenses</b>	<b>\$93,349.20</b>

2021-22 Income	
Donations + Company Match	\$52,560.00
Summer Camp	\$7,760.00
Events & Programs	\$1,000.00
<b>Total Income</b>	<b>\$61,320</b>

2021-22 Net Income	
Net Income for 2021-22 (Income - Expenses)	-\$32,029.20
Retained Earnings (from 2020-21)	\$19004.72
<b>Overall Net Income</b>	<b>-\$13024.48</b>
<b>Funding Required</b>	<b>\$13024.48</b>

### 2021-22 Summary:

**Expenses to exceed income by \$32,029.20**  
Income: \$61K+, Expenses: \$93K+

**Prior budget surplus will be drained**  
Remaining \$19K out of 39K surplus to be applied in 2021-22

**\$13K grant requested to cover the gap.**  
Grant funds to be directed towards:

- Coaching and chaperoning
- Summer Camp
- Scholarships



MVSD & MV Speech Boosters - Do Not Distribute

### Note:

1. Proposed allocation of \$13K grant in 2021-22
  - Admin Staff:  $(26565 + 12360 + 2470 = 41395) = \$13,024 - \$3000 = \$10,024.00$
  - Other (Scholarships):  $\$3000 = \$3000$
2. Since tournaments do not yield any net income for MV Speech Boosters, we do not have a "Tournaments" line item in the program budget. See the Speaker Notes for Slide 8 for additional context.

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning

07-01, 2019, and ending

06-30, 2020

B Check if applicable:

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

C Name of organization

MONTA VISTA HIGH SCHOOL SPEECH BOOSTERS INC

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

Room/suite

21840 MCCLELLAN ROAD

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

Cupertino, CA 95014

D Employer identification number

E Telephone number

F Group Exemption  
NumberG Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 85,441

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	42,175
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	769
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	42,497	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	85,441	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	16,067
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	407
	16	Other expenses (describe in Schedule O)	16	54,168
17	Total expenses. Add lines 10 through 16	17	70,642	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,799
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	24,253
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	39,052

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2019)

Check if the organization used Schedule O to respond to any question in this Part II ☒

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .		X
<b>35 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		X
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q . . . . .		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. . . . .		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . . <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved. . . . . <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9. . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities. . . . . <b>39b</b>		
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		X
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		X
<b>41</b> List the states with which a copy of this return is filed ▶		
<b>42 a</b> The organization's books are in care of ▶ <b>Nadathur Sundar</b> Telephone no. ▶		
Located at ▶ <b>Cupertino, CA</b> ZIP + 4 ▶ <b>95014</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? . . . . .		X
If "Yes," enter the name of the foreign country ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -Check here. . . . . ▶ <b>43</b>		
and enter the amount of tax-exempt interest received or accrued during the tax year. . . . . ▶		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		X
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
46		X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

48		X
----	--	---

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

49a		X
-----	--	---

b If "Yes," was the related organization a section 527 organization? . . . . .

49b		
-----	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. . . . .

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .

☒ Yes ☐ No

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** **Nadathur Sundar**  
Signature of officer Date  
**Nadathur Sundar, CHIEF FINANCIAL OFFICER**  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN  
Firm's name Singa Tax and Financial Services Firm's EIN  
Firm's address Santa Clara CA 95051 Phone no.

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

☒ Yes ☐ No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Attachment B

**2019**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**MONTA VISTA HIGH SCHOOL SPEECH BOOSTERS INC**

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

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

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

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

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				6,245	42,175	48,420
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .				6,245	42,175	48,420
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						48,420

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 . . . . .				6,245	42,175	48,420
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .					769	769
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .					769	769
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .				48,158	42,497	90,655
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0		0	54,403	85,441	139,844
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input checked="" type="checkbox"/>						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	15	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	16	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)). . . . .	17	%
<b>18</b> 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. . . . ▶ ☐

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

OMB No. 1545-0047  
Attachment B

**2019**

**Open to Public  
Inspection**

Employer identification number

**MONTA VISTA HIGH SCHOOL SPEECH BOOSTERS INC**

**01. Description of other revenue (Part I, line 8)**

Description	Amount
TOURNAMENT INCOME	42,497

**02. Description of other expenses (Part I, line 16)**

Description	Amount
ACCOUNTING	1,243
TAX PREPARATION	460
TRANSPORTATION	4,061
TRAVEL MEALS	124
LODGING	16,963
WEB HOSTING	611
INSURANCE	(245)
BANK FEES	39
STRIPE FEES	2,034
ACCOUNTING SOFTWARE	330
LEAGUE MEMBERSHIP	780
SPEECH CURRICULUM	120
TOURNAMENT	20,615
ENTERTAINMENT	1,071
SPECIAL EVENTS	673
VENUE/DECOR EXPENSE	28
FUNDRAISING EXPENSES	14
SUPPLIES	1,601
LEGAL	25

Name of the organization

Employer identification number

MONTA VISTA HIGH SCHOOL SPEECH BOOSTERS INC

LEGAL SOFTWARE 108

OTHER TRAVEL EXPENSE 1,700

OTHER PROFESSIONAL SERVICES 200

PROJECT TRACKING SOFTWARE 682

BUSINESS ENABLEMENT SOFTWARE 644

TRAVEL EXPENSES 287

## 03. Description of total liabilities (Part II, line 26)

Category	Beginning of Year	End of Year
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CREDIT CARD	0	5
-------------	---	---

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**Attachment B  
OMB No. 1545-1878For calendar year 2019, or fiscal year beginning 07-01-2019, and ending 06-30-2020

▶ Do not send to the IRS. Keep for your records.

▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**2019**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**MONTA VISTA HIGH SCHOOL SPEECH BOOSTERS INC**

Name and title of officer

**Nadathur Sundar, CHIEF FINANCIAL OFFICER**

Employer identification number

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	85,441
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize Singa Tax and Financial Ser to enter my PIN [REDACTED] as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 09-28-2020**Part III Certification and Authentication**

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

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 10-21-2020**ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2019)

EEA

TAXABLE YEAR

2019

# California Exempt Organization Annual Information Return

Attachment B

FORM

199

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

Corporation/Organization name

MONTA VISTA HIGH SCHOOL SPEECH BOOSTERS INC

California corporation number

4042901

Additional information. See instructions.

FEIN

Street address (suite or room)

21840 MCCLELLAN ROAD

PMB no.

City

CUPERTINO

State

CA

Zip code

95014

Foreign country name

Foreign province/state/county

Foreign postal code

A First Return ☐ Yes ☐ NoB Amended Return ☐ Yes ☐ NoC IRC Section 4947(a)(1) trust ☐ Yes ☐ No

D Final Information Return?

☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized

Enter date: (mm/dd/yyyy)

E Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ OtherF Federal return filed? (1) ☒ 990T (2) ☐ 990PF (3) ☐ Sch H (990)(4) ☒ Other 990 seriesG Is this a group filing? See instructions ☐ Yes ☐ NoH Is this organization in a group exemption ☐ Yes ☐ No

If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines

not reported to the FTB? See instructions ☐ Yes ☐ NoJ If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions ☐ Yes ☐ NoK Is the organization exempt under R&TC Section 23701g? ☐ Yes ☐ No

If "Yes," enter the gross receipts from nonmember sources \$

L If organization is a public charity exempt under R&amp;TC

Section 23701d and meets the filing fee exception,

check box. No filing fee is required ☐M Is the organization a Limited Liability Company? ☐ Yes ☐ No

N Did the organization file Form 100 or Form 109 to report

taxable income? ☐ Yes ☐ No

O Is the organization under audit by the IRS or has the IRS

audited in a prior year? ☐ Yes ☐ NoP Is federal Form 1023/1024 pending? ☐ Yes ☐ No

Date filed with IRS

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1		00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3		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	4	0	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		00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9		00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10		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		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

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

Sign Here	Signature of officer	NADATHUR SUNDAR	Title	CHIEF FINANCIAL	Date	09/28/2020	Telephone	
	Preparer's signature		Date	10/21/2020	Check if self-employed	<input type="checkbox"/>	PTIN	

Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	SINGA TAX AND FINANCIAL SERVICES SANTA CLARA, CA 95051	Firm's FEIN	
	May the FTB discuss this return with the preparer shown above? See instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Telephone	

**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.**

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1		00
	2	Interest	2		00
	3	Dividends	3		00
	4	Gross rents	4		00
	5	Gross royalties	5		00
	6	Gross amount received from sale of assets (See Instructions)	6		00
	7	Other income. Attach schedule	7		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		00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9		00
	10	Disbursements to or for members	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	11		00
	12	Other salaries and wages	12		00
	13	Interest	13		00
	14	Taxes	14		00
	15	Rents	15		00
	16	Depreciation and depletion (See instructions)	16		00
	17	Other Expenses and Disbursements. Attach schedule	17		00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18		00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash				•
2	Net accounts receivable				•
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. Attach schedule				•
10	a Depreciable assets				
	b Less accumulated depreciation				
11	Land				•
12	Other assets. Attach schedule				•
13	Total assets				
<b>Liabilities and net worth</b>					
14	Accounts payable				•
15	Contributions, gifts, or grants payable				•
16	Bonds and notes payable				•
17	Mortgages payable				•
18	Other liabilities. Attach schedule				
19	Capital stock or principal fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund				•
22	Total liabilities and net worth				

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

TAXABLE YEAR

2019

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name

MONTA VISTA HIGH SCHOOL SPEECH BOOS

Identifying number

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1
2	Total gross income (Form 199, line 8)	2
3	Total expenses and disbursements (Form 199, Line 9)	3

Part II Settle Your Account Electronically for Taxable Year 2019

4	<input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	--	-----------	---------------------------------



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

5	Routing number	7	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6	Account number		

Part IV Declaration of Officer


I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.


Sign Here		09-28-2020	 CHIEF FINANCIAL OFFICER
	Signature of officer	Date	Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature		Date	<input checked="" type="checkbox"/> Check if also paid preparer	<input type="checkbox"/> Check if self-employed	ERO's PTIN
	Firm's name (or yours if self-employed) and address	SINGA TAX AND FINANCIAL SERVICES			Firm's FEIN	
	SANTA CLARA, CA			ZIP code 95051		

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

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

Monta Vista High School Speech Boosters Inc. (NEW) Eligibility Checklist (staff use only)			
Eligibility	YES	NO	Notes:
Be made or sponsored by a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event	X		
Identify how the funds will be used to benefit the Cupertino community	X		
Be awarded only once per project	X		
For specific needs, not on going, operational costs	X		
Have more than 75% of the requested funds allocated for direct service costs versus administrative costs		X	26% or more of the requested funds were allocated toward expenses not directly tied to the proposed program/event/project (i.e.: organizational staffing costs)
Be complete and submitted by the application deadline	X		

Restrictions/Guidelines	YES	NO	Notes:
An organization that is applying for multiple grants shall only submit one application			NA
Proceeds generated from the funded activity may only be used for the conducted activity			NA
admission to or participation in the event must be "free of charge" to Cupertino residents unless stated in the application and approved by Parks and Recreation Commission			NA

**City of Cupertino  
Fiscal Year 2021  
Community Funding Grant Application**

Have you ever received a City of Cupertino Community Funding Grant in the past?

☐ Yes ☒ No If, Yes, when?

**SECTION 1: CONTACT INFORMATION**

Legal Name of Organization:	Cupertino Library Foundation		
Web Address:	<a href="https://cupertinolibraryfoundation.org">https://cupertinolibraryfoundation.org</a>		
Mailing Address:	10800 Torre Ave,		
City:	Cupertino	Zip: 95014	Phone:
President/Executive Director:	Kiran Varshneya	Title:	President
Email:	kvarshneya@cupertinolibraryf	Telephone Number:	[REDACTED]
Contact Person:	Seetha Lakshmi	Title:	Board Member
Email Address:	slakshmi@cupertinolibraryfoundation.org	Telephone Number:	[REDACTED]

**SECTION 2: NON-PROFIT INFORMATION**

501(c)(3)? ☒ Yes ☐ No Year Established 1994 Federal Tax ID: [REDACTED]

Fiscal Sponsor Name:

Fiscal Sponsor Address:

City: Zip: Phone:

**SECTION 3: ORGANIZATION INFORMATION**

Total Organization Budget:	\$50,000	Total # of Board Members:	13
Total # of staff:	0	Total # of Volunteers:	25

**Mission Statement:**

Mission of Cupertino Library Foundation is to provide financial and creative support for multi-generational, multi-lingual educational and cultural programs in collaboration with the Cupertino Library. Our vision is a Cupertino Library prepared to provide the most advanced resources, programs, and events to meet the current and future educational and cultural needs of our residents.

**Brief Description of Organization:**

Founded in 1994, the Cupertino Library Foundation (CLF) is run by a volunteer board and plays dual roles in our community. First, we serve as advocates for the Cupertino Library. We speak out for the Library's interests as a knowledgeable voice from the Cupertino Community. Most recently, we led the initiative to expand the Library with a Program Room extension, construction of which is now in progress. Previously we advocated for the "new" Library (today's building) and got funding for creation of the Teen Room.

The second role that CLF plays is to advocate for the Cupertino Community to the Library. In this role, we often find topics of interest or concern in our Community and push to create programming and services to meet those needs. We serve as the catalyst and create pilot programs to test the viability and need in the Community.

**Brief Description of Services Provided:**

CLF has solely or in partnership (e.g. with the Library, Chamber of Commerce) organized several Educational, Cultural, and Health/Wellness programs, and Film screenings benefitting the community.

**Programs offered during the pandemic in 2020 include:**

- 1) Summer Science Contest for middle school students,
- 2) Education Series aimed at helping students and parents to better look at future careers and their upcoming college decisions.
- 3) Writing Workshops for students and adults
- 4) Laughter Yoga sessions (targeted for seniors and caregivers, but was open to and well attended by the whole

5) Webinars on Cybersecurity for seniors (targeted for seniors, but was open to and well attended by the whole community)

#### SECTION 4: GRANT REQUESTS

1. Program/Project/Event Name: Cupertino Library Foundation (CLF) Empower and Connect Seniors Program
2. Date(s) and/or duration of program/project/event (if applicable): 12 months starting mid 2021
3. Total program/project/event budget: \$25,000
4. Requested Amount: \$15,000 Percent of total program/project/event budget: 60%
5. Program/Project projected income: \$0 Percentage of your organization's projected income: 0%
6. Type of Request:

- ☐ Capital Improvement  
☒ Program Support  
☐ Event  
☐ One-time project  
☒ Other: Market and promote the program through City

7. This grant will fund a(n):

- ☐ Existing program/project/event; established in (year)  
☒ New program/project/event

8. Describe the purpose of requested funds and the services that will be provided:

The Age Friendly Cupertino Task Force has identified older adults are the fastest growing age group in the community. However, there are many gaps in information, education, and entertainment for our seniors; there is no senior strategy nor well-defined effort to address topics of specific interest to our fastest growing demographic. With the pandemic raging, we realize that now more than ever, we need to offer programs to close the generational digital gap. To this end, CLF proposes to pilot a program called Empower and Connect Seniors. This program consists of live and interactive virtual enrichment classes to learn technology, health and wellness topics, and many other helpful resources. In addition to learning sessions, we envision sessions that would offer a safe virtual meeting place for seniors to just hangout and engage with their peers.

Please see attached file CLF-2021-Grant-Application-Support-for-Prompt08.mp4 for more information

9. Please provide a line item breakdown of how the funds will be used in the categories below. If a category is not applicable, put \$0:

a) Admin Staff	\$0
b) Materials/Equipment	\$1,000
c) Entertainment	\$0
d) Room/Venue Rental	\$1,000
e) Other Professional Services Project Management	\$3,000
f) Other Course Provider	\$10,000
<b>Total</b>	<b>\$8,000</b>

10. Explain how the request aligns to City mission and values:

The mission of the City of Cupertino is stated on the website as follows: to provide exceptional service, encourage all members of the community to take responsibility for one another, and support the values of education, innovation, and collaboration.

The proposed Empower and Connect Seniors program by CLF while expressly designed to support the seniors will also benefit any member of the community looking for digital literacy and social connection. It offers numerous education classes on topics ranging from communication platforms like Zoom, Gmail, Facebook, etc. to how to use popular food/grocery/prescriptions, and a whole host of other fun and helpful categories. The innovative program creates a sense of community, promotes continuous learning, teaches new skills for those wanting to achieve specific goals, increases socialization and reduces isolation and loneliness.

Based on these attributes of our program, we believe, our grant request aligns very well with City's miss

11. Describe how the program/project/event fills a community need. Who identified this need? What other similar project/program/event exists to serve Cupertino residents? How is your proposed project/program/event unique from similar projects/programs/events or how do you collaborate to avoid duplication?

Attachment B  
According to the 2019 report from Age Friendly Cupertino Task Force, percent of residents who are 65 and older will increase from 12% to 17.5% by 2025, which amounts to approximately 10,000 residents. Given the growing cost and shortage of independent and assisted living, we anticipate many seniors would choose to "age in place". The U.S. Centers for Disease Control and Prevention defines aging in place as 'the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level'. Transformative technological solutions for senior care are constantly being innovated. However, there are many seniors among us who find even the current technological solutions complex and daunting. Getting our seniors comfortable with technology will go a long way in helping them with their ageing in place goals.

Please see attached file CLF-2021-Grant-Application-Support-for-Prompt11.pdf for more information

12. Who will be served by this grant?

Cupertino Senior community, care givers, and Cupertino Adult community who are interested in getting educated and informed of topics relevant to seniors.

While Cupertino has around 7000 residents who are 65 and older, for the initial roll out of our program, we hope to reach 100 residents.

a) Number of individuals total: 100

b) Number of Cupertino residents: 100

c) Particular community groups:

55 and older adults; residents of retirement community; members of Cupertino Senior Center; older adult members of CLF mailing list. . .

d) Will the program/project/event be available to the entire community/public or are there any eligibility criteria?

Program and events will be made available to the entire community/public. Where possible recordings of events will also be made available for viewing after the events.

e) Will there be a charge or fee for the program/project/event (if applicable)

No

f) What outreach methods does your organization use to promote the program/project/event (if applicable)?

CLF Web site, CLF member mailing list, Cupertino Senior Center mailing list, postings in Social Media and multiple community NextDoor groups.

13. Describe how the funds will be used to benefit or impact the Cupertino community:

The funds will be used to offset the cost of providing the on-line classes and interactive sessions offered by our Empower and Connect Seniors program. This program will help bridge the digital divide and the digital generational gap experienced by the older adults; it will provide skills necessary to a) use devices such as PCs, Tablets, and Smart Phones to navigate online safely; b) stay connected to each other and to the goods, services, and supports needed to stay healthy and thrive. Through technology, they can check in with family and friends, share their knowledge and volunteer their time with the communities, stay in touch with their health care providers, find healthy foods, perform meaningful work, and learn new skills – all from a safe distance.

14. Demonstrate that the member implementing and managing the program/project/event have adequate experience:

1. Cupertino Library Foundation is run by a volunteer board of 13 directors who are all highly qualified and accomplished professionals from Silicon Valley. They all have a track record of implementing several successful community programs. Please visit our website [cupertinolibraryfoundation.org](http://cupertinolibraryfoundation.org) to see all the programs implemented by CLF board of directors. While the contact person for the Empower and Connect Seniors program will be Seetha Lakshmi who organized the successful Cybersecurity webinar series in 2020, the whole board will stay vested in the success of this program.

2) CLF will partner with a content provider, an SF based company, who has developed an extensive catalog of courses, a platform to deliver the courses, and a number of instructors/guides. Several community agencies on aging across the country are currently using this company's technology solution.

15. How will success of the program/project/event be measured?:

Number of participants and Participants Comments for each course/event.

16. Will more than 75% of the requested funds go towards direct service costs versus administrative costs?

☒ Yes ☐ No

17. Will you collaborate with other organizations to deliver the program/project/event funded by this grant? If so, which organizations?

Yes. Cupertino Senior Center, Cupertino Library, and the Content Provider mentioned under 14.

18. If your organization has ever received financial or in-kind support from the City of Cupertino outside of Community Funding Grants, please describe this support:

City has provided use of the city community hall and recording services for the community programs organized by CLF

19. Does your organization anticipate receiving additional financial or in-kind support from the City of Cupertino outside of Community Funding Grants for this type of program/project/event (e.g. fee waivers)? If so, please describe this anticipated support:

No

20. If you are a multi-jurisdictional organization, describe any funding requested from other agencies/organizations in regards to this program/project/event request. Indicate whether the funding was granted, denied, or is still pending:

NA

21. How would you fund the program/project/event if you do not receive the requested funding?:

CLF's Empower and Connect Seniors program is unique and configured to train our local seniors who today do not have access to benefit from the digital programs currently offered by Cupertino library, CLF and other organizations. We believe large number of senior community is left out from the broad offerings of educational materials, on-line services, and social networking that other demographics enjoy. Due to the projected high cost, it would be hard for CLF to solely fund this program for a whole year, for a large number of participants. Without the funding from the City requested in this proposal, CLF would fund a pilot program for a 2 month period for a limited number of participants.

#### SECTION 5: PRIOR FUNDING

1. If you received a Community Funding Grant in prior years, indicate the amounts for each year and describe how those funds were used:

N/A

No Community Funding Grant was received in prior years

2. If you received a Community Funding Grant last year:

a. Please provide a line item breakdown of how the Community Funding Grant was used last year in the categories below. If a category is not applicable, put \$0:

i. Admin Staff	
ii. Materials/Equipment	
iii. Entertainment	
iv. Room/Venue Rental	
v. Other Professional Services	
vi. Other	
<b>Total</b>	<b>\$0</b>

b. Who was served by the grant last year?

i. Number of individuals total:

ii. Number of Cupertino residents:

iii. Particular community groups

iv. Was the program/project/event available to the entire community/public or are there any eligibility criteria?

v. Was there a charge or fee for the program/project/event (if applicable)?

vi. What outreach methods did your organization use to promote the program/project/event (if applicable)?

c. Was the program/project/event successful? Please indicate how success was measured:

3. Please indicate any additional funding received last year from other sources and provide your financial statement if available:

**Attachments:** Attach your financial statement, and any other helpful information about your project.

[CLF-2021-Grant-Application-Support-for-Prompt08.mp4](#)

[CLF-2021-Grant-Application-Support-for-Prompt11.pdf](#)

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Program Manager Signature

Board Member, Cupertino Library Foundation.

Date Signed

01/31/2021

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Prompt 11: Describe how the program/project/event fills a community need. Who identified this need? What other similar project/program/event exists to serve Cupertino residents? How is your proposed project/program/event unique from similar projects/programs/events or how do you collaborate to avoid duplication?

1. According to the 2019 report from **Age Friendly Cupertino Task Force**, percent of residents who are 65 and older will increase from 12% to 17.5% by 2025, which amounts to approximately 10,000 residents. Given the growing cost and shortage of independent and assisted living, we anticipate many seniors would choose to "age in place". The **U.S. Centers for Disease Control and Prevention** defines *aging in place* as 'the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level'. Transformative technological solutions for senior care are constantly being innovated. However, there are many seniors among us who find even the current technological solutions complex and daunting. Getting our seniors comfortable with technology will go a long way in helping them with their ageing in place goals.
2. Cupertino Parks & Recreation department used to offer a variety of programs to enrich our older adults. However, many classes have been postponed or suspended due to COVID-19; only a handful of classes are being offered in a virtual set up. CLF's Empower and Connect Seniors program is designed to offer numerous on-line classes on a variety of topics. Santa Clara Library may offer a few on-line classes.
3. Uniqueness of CLF's Empower and Connect Seniors program:
  - a. Totally free to Cupertino residents.
  - b. Residents will have an "all-you-can-eat" buffet style offering of courses.
  - c. With the possibility of round the clock scheduling, residents will have more options to choose the time that works best for them.
  - d. The underlying technology platform of our program allows new classes to be made available without much effort.
  - e. Residents have the opportunity to develop and/or teach courses
4. CLF works closely with the Cupertino Library. We promote and sponsor library's programs and events. CLF also a collaborative relationship with the Cupertino Senior Center.

Cupertino Library Foundation (NEW) Eligibility Checklist (staff use only)			
Eligibility	YES	NO	Notes:
Be made or sponsored by a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event	X		
Identify how the funds will be used to benefit the Cupertino community	X		
Be awarded only once per project	X		
For specific needs, not on going, operational costs	X		
Have more than 75% of the requested funds allocated for direct service costs versus administrative costs	X		
Be complete and submitted by the application deadline	X		

Restrictions/Guidelines	YES	NO	Notes:
An organization that is applying for multiple grants shall only submit one application			NA
Proceeds generated from the funded activity may only be used for the conducted activity			NA
admission to or participation in the event must be "free of charge" to Cupertino residents unless stated in the application and approved by Parks and Recreation Commission			NA

**City of Cupertino  
Fiscal Year 2021  
Community Funding Grant Application**

Have you ever received a City of Cupertino Community Funding Grant in the past?

☐ Yes ☒ No If, Yes, when?

**SECTION 1: CONTACT INFORMATION**

Legal Name of Organization:	APALI		
Web Address:	APALI.ORG		
Mailing Address:	[REDACTED]		
City:	Cupertino	Zip: 95014	Phone: [REDACTED]
President/Executive Director:	Michael Chang	Title:	Executive Director
Email:	michaelchang@apali.org	Telephone Number:	michaelchang@apali.org
Contact Person:	Michael Chang	Title:	Executive Director
Email Address:	michaelchang@apali.org	Telephone Number:	[REDACTED]

**SECTION 2: NON-PROFIT INFORMATION**

501(c)(3)?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Year Established	2017	Federal Tax ID:	[REDACTED]
Fiscal Sponsor Name:	Asian Pacific American Leadership Institute (APALI)				
Fiscal Sponsor Address:	[REDACTED]				
City:	Cupertino	Zip:	95014	Phone:	[REDACTED]

**SECTION 3: ORGANIZATION INFORMATION**

Total Organization Budget:	\$190,000	Total # of Board Members:	3
Total # of staff:	3	Total # of Volunteers:	

**Mission Statement:**

THE MISSION of the Asian Pacific American Leadership Institute is to elevate the standing our community--through civic training and leadership networking--by developing effective access, proper representation, meaningful presence, and influential participation in American political and civic life.

**Brief Description of Organization:**

THE APALI LEADERSHIP MODEL is nationally-recognized for being a transformative experience in personal leadership growth and expanding social vision--with an emphasis on character development, community building, networking, and being part of a civic pipeline for Asian Americans and other underrepresented groups. The APALI Model features an integrated approach which is wholistic, culturally-informed, cross-generational and community-based.

**Brief Description of Services Provided:**

The APALI Youth Leadership Academy is a summer program, led by a team of six peer mentors who are paid interns, presents impactful workshops to engage students in exploring Asian American identity, community, and civic engagement. Program features include:

\* WORKSHOPS & ACTIVITIES that engage students to share stories related to identity, develop community awareness, and practice leadership skills.

\* PEER MENTORS to provide academic and personal support to help students get the most out of their experience.

\* ALUMNI INVOLVEMENT to be inspiring role models who can share valuable career and college experiences.

\* INCLUSIVE COMMUNITY which is supportive and safe--transcending ethnic, socioeconomic class, gender, sexuality, and religious boundaries.

The Youth Leadership Academy is presented by APALI in collaboration with De Anza College's Asian American Studies Department and students enroll in ASAM 10 during summer.

<b>SECTION 4: GRANT REQUESTS</b>
----------------------------------

1. Program/Project/Event Name: APALI Youth Leadership Academy
2. Date(s) and/or duration of program/project/event (if applicable): June 28 - August 4, 2021
3. Total program/project/event budget: \$24,618
4. Requested Amount: \$20,000 Percent of total program/project/event budget: 81%
5. Program/Project projected income: \$0 Percentage of your organization's projected income:

## 6. Type of Request:

- ☐ Capital Improvement
- ☒ Program Support
- ☐ Event
- ☐ One-time project
- ☐ Other:

## 7. This grant will fund a(n):

- ☒ Existing program/project/event; established in 2017(year)
- ☐ New program/project/event

## 8. Describe the purpose of requested funds and the services that will be provided:

APALI's Youth Leadership Academy is a six-week program for high school and college students to learn about the Asian American community and embark on a personal journey to explore identity, history, education, career paths, leadership and civic engagement. The requested funds totaling \$20,000 will be used for:

Six college student Peer Mentor internship stipends \$1,800 x 6 = \$10,800

Peer Mentor Intern Trainer = \$8,318

Supplies and miscellaneous expense = \$882

## 9. Please provide a line item breakdown of how the funds will be used in the categories below. If a category is not applicable, put \$0:

a) Admin Staff	\$0
b) Materials/Equipment	\$882
c) Entertainment	\$0
d) Room/Venue Rental	\$0
e) Other Professional Services Peer Mentor Intern Trainer	\$8,318
f) Other Six Peer Mentor Stipends	\$10,800
<b>Total</b>	<b>\$831,811,682</b>

## 10. Explain how the request aligns to City mission and values:

APALI's Youth Leadership Academy aligns well and supports the City of Cupertino's mission 'to provide exceptional service, encourage all members of the community to take responsibility for one another, and support the values of education, innovation and collaboration.' APALI's Youth Leadership Academy encourages students to take pride and understand their community. In particular, the youth leadership program encourages students to explore the privilege and responsibility of citizenship and to incorporate civic engagement into their life journey.

## 11. Describe how the program/project/event fills a community need. Who identified this need? What other similar project/program/event exists to serve Cupertino residents? How is your proposed project/program/event unique from similar projects/programs/events or how do you collaborate to avoid duplication?

APALI's Youth Leadership Academy addresses the need for students, especially those from families which are first and second generation immigrants, to understand their history, heritage, and identity as American cultural groups. In addition, the program brings back dozens of civically engaged alumni with careers in government, nonprofit, education, and corporate sectors. The program inspires students to develop personal roadmaps that address personal, academic, career, and civic engagement interests. Through a team of six college peer mentors, the program build a strong community bond that is sustained after graduation by an alumni program.

## 12. Who will be served by this grant?

High school and college students.

- a) Number of individuals total: 40
- b) Number of Cupertino residents: 20

## c) Particular community groups:

Asian American students—including Chinese, Indian/South Asian, Vietnamese/SE Asian, Filipino, Korean, Japanese, multiple ancestry Asian Americans, etc.  
White, Latinx, and other students.

d) Will the program/project/event be available to the entire community/public or are there any eligibility criteria?  
The program will be available to the entire community.

e) Will there be a charge or fee for the program/project/event (if applicable)

APALI does not charge any fee for the Youth Leadership Academy. In collaboration with the Asian American Studies Department at De Anza College, APALI presents the program with a team of six college-student peer mentors with paid internships. Youth Leadership Academy participants who are students are enrolled at De Anza and earn college credit for completing the APALI program.

f) What outreach methods does your organization use to promote the program/project/event (if applicable)?

APALI conducts an extensive three-month outreach and recruitment period prior to the beginning of the program. In particular, APALI works with FUHSD on outreach at district, school, and class levels. Alumni and community leaders also assist greatly in the outreach effort.

13. Describe how the funds will be used to benefit or impact the Cupertino community:

APALI's Youth Leadership Academy has inspired many youths to become civically engaged as professionals or as citizen volunteers. Cupertino examples include Assemblymember Evan Low who was an early YLA alum from 2002 and Ms. Neesha Tambe is a YLA alum from 2010 who currently serves on the Park and Recreation Commission. Many YLA alums apply and return as college mentor interns. There are literally hundreds of other APALI alumni from various programs that are civically engaged in the region, including those on Cupertino/other city councils and school boards, as well as those working in local government and nonprofit organizations.

14. Demonstrate that the member implementing and managing the program/project/event have adequate experience:

The six college-level student peer mentors will be selected based on a competitive process for paid internships. Many peer mentors were graduates of the Youth Leadership Academy and had been recommended by their own peer mentors. Peer mentors are college students who have taken courses in Asian American/ethnic studies and a demonstrated track record of student organizing and leadership. Anthony Le will be serving as a well-qualified and experienced Peer Mentor trainer. He was a YLA alum from 2009 and holds a Masters in Leadership Studies from the University of San Diego. He has been involved in youth leadership training for many years.

15. How will success of the program/project/event be measured?:

It is expected that over 90 percent of the participants will be able to complete the six-week program and complete all required personal and group learning experiences. In 2020, 80% of 44 participants rated their overall experience as 'very impactful' or 'extremely impactful'. APALI aims to achieve similar participant impact with its 2021 program.

16. Will more than 75% of the requested funds go towards direct service costs versus administrative costs?

☒ Yes ☐ No

17. Will you collaborate with other organizations to deliver the program/project/event funded by this grant? If so, which organizations?

De Anza College and FUHSD

18. If your organization has ever received financial or in-kind support from the City of Cupertino outside of Community Funding Grants, please describe this support:

N/A

19. Does your organization anticipate receiving additional financial or in-kind support from the City of Cupertino outside of Community Funding Grants for this type of program/project/event (e.g. fee waivers)? If so, please describe this anticipated support:

For many years, the City of Cupertino's City Manager and Department Directors hosted APALI students for a day to learn about their careers and work. In 2020, during the pandemic, APALI implemented a (surprisingly) successful online program because of the emphasis on student engagement with the assistance of six peer mentors leading small groups. The 2021 program will again be an online experience for participants.

20. If you are a multi-jurisdictional organization, describe any funding requested from other agencies/organizations in regards to this program/project/event request. Indicate whether the funding was granted, denied, or is still

pending:  
N/A

Attachment B

21. How would you fund the program/project/event if you do not receive the requested funding?:

APALI has struggled to continue its leadership programs, as corporate sponsorships has decrease dramatically in 2020 during the pandemic. APALI may forced to reduce its leadership programs depending on amount of funding for 2021.

#### SECTION 5: PRIOR FUNDING

1. If you received a Community Funding Grant in prior years, indicate the amounts for each year and describe how those funds were used:

N/A

2. If you received a Community Funding Grant last year:

a. Please provide a line item breakdown of how the Community Funding Grant was used last year in the categories below. If a category is not applicable, put \$0:

i. Admin Staff	
ii. Materials/Equipment	
iii. Entertainment	
iv. Room/Venue Rental	
v. Other Professional Services	
vi. Other	
<b>Total</b>	<b>\$0</b>

b. Who was served by the grant last year?

N/A

i. Number of individuals total:

ii. Number of Cupertino residents:

iii. Particular community groups

iv. Was the program/project/event available to the entire community/public or are there any eligibility criteria?

v. Was there a charge or fee for the program/project/event (if applicable)?

vi. What outreach methods did your organization use to promote the program/project/event (if applicable)?

c. Was the program/project/event successful? Please indicate how success was measured:

3. Please indicate any additional funding received last year from other sources and provide your financial statement if available:

**Attachments:** Attach your financial statment, and any other helpful information about your project.

[APALI IRS Letter Tax-Exemption.pdf](#)

[Articles of Incorporation of APALI - Filed.pdf](#)

[APALI 2019 tax-exempt tax returns.pdf](#)

[2020 Revenue Expenses.pdf](#)

[2021 SOS SI-100 SOS Statement of Info Certified Filing.pdf](#)

Program Manager Signature

Executive Director

Date Signed

01/28/2021

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

Attachment B  
DEPARTMENT OF THE TREASURY

Date:

MAR 10 2017

ASIAN PACIFIC AMERICAN LEADERSHIP  
INSTITUTE  
[REDACTED]  
CUPERTINO, CA 95014-0000

Employer Identification Number:

[REDACTED]

DLN:

[REDACTED]

Contact Person:

CUSTOMER SERVICE

ID# [REDACTED]

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

509(a)(2)

Form 990/990-EZ/990-N Required:

Yes

Effective Date of Exemption:

February 27, 2017

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

3989685

FILED *do*  
Secretary of State  
State of California

FEB 01 2017

31

**Articles of Incorporation  
of  
Asian Pacific American Leadership Institute  
a California Nonprofit Public Benefit Corporation**

**Article I**

The name of this corporation is Asian Pacific American Leadership Institute.

**Article II**

This corporation is a Nonprofit Public Benefit Corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes.

**Article III**

The name and address in the State of California of this corporation's initial agent for service of process is Michael Chang, [REDACTED] Cupertino, CA 95014.

**Article IV**

The initial street and mailing address of this corporation is [REDACTED] Cupertino, CA 95014.

**Article V**

This corporation shall have no members.

**Article VI**

- A. This Corporation is organized and operated exclusively for exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code").
- B. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and this corporation shall not participate in or intervene in any political campaign (including the publishing or distribution of statements) on behalf of, or in opposition to, any candidate for public office.
- C. Notwithstanding any other provision of these articles of incorporation, this corporation shall not carry on any activities not permitted to be carried on (i) by a corporation exempt from federal income tax under Section 501(c)(3) of the Code or (ii) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.

**Article VII**

- A. The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person, except that this corporation is authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article II hereof.
- B. Upon the dissolution or winding up of the corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for charitable purposes and which has established its tax exempt status under Internal Revenue Code section 501(c)(3).

  
Michael Chang, Incorporator



I hereby certify that the foregoing  
transcript of \_\_\_\_\_ page(s)  
is a full, true and correct copy of the  
original record in the custody of the  
California Secretary of State's office.

FEB 14 2017

PR

Date: \_\_\_\_\_

*Alex Padilla*

ALEX PADILLA, Secretary of State

Attachment B  
FORNEY ACCOUNTANCY  
1973 FAYE CT  
PLEASANT HILL, CA 94523  
925-323-2892

March 6, 2020

Asian Pacific American  
Leadership Institute  
[REDACTED]  
Cupertino, CA 95014

Dear Client:

Your 2019 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2019 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. There is a balance due of \$10 payable by May 15, 2020. Mail your California payment voucher, Form 3586, on or before May 15, 2020 to:

FRANCHISE TAX BOARD  
P.O. BOX 942857  
SACRAMENTO, CA 94257-0531

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$75 payable by May 15, 2020. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before May 15, 2020 to:

REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

Bryce Forney

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION  
TAX RETURN WITH THE PAYMENT VOUCHER.**

**If the amount of payment is zero, do not mail this voucher.**

**WHERE TO FILE:**

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** Corporations – File and Pay by the 15th day of the 4th month following the close of the taxable year.

S corporations – File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations – File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:**

Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER ----- DETACH HERE -----  
**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR-

**2019**

**Payment Voucher for Corporations  
and Exempt Organizations e-filed Returns**

CALIFORNIA FORM

**3586 (e-file)**

ASIA 000000000000 19 FORM 3  
TYB 01-01-19 TYE 12-31-19  
ASIAN PACIFIC AMERICAN LEADERSHIP INSTITUTE  
MICHAEL CHANG  
CUPERTINO CA 95014

AMOUNT OF PAYMENT

10.

IN  
MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
(916) 210-6400

WEB SITE ADDRESS:  
[www.ag.ca.gov/charities/](http://www.ag.ca.gov/charities/)

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code  
11 Cal. Code Regs. section 301-307, 311, and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.



State Charity Registration Number <span style="background-color: black; color: black;">[REDACTED]</span> <b>ASIAN PACIFIC AMERICAN LEADERSHIP INSTITUTE</b> Name of Organization <span style="background-color: black; color: black;">[REDACTED]</span> Address (Number and Street) <b>CUPERTINO, CA 95014</b> City or Town, State and ZIP Code	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <span style="background-color: black; color: black;">[REDACTED]</span> Federal Employer I.D. No. <span style="background-color: black; color: black;">[REDACTED]</span>
---	--

### ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

#### PART A – ACTIVITIES

For your most recent full accounting period (beginning 1/01/19 ending 12/31/19) list:  
 Gross annual revenue \$ 351,673. Total assets \$ 493,948.

#### PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

**Note:** If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number [REDACTED]  
 Organization's e-mail address MICHAELCHANG@APALI.ORG

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

MICHAEL CHANG
EXECUTIVE DIRECTOR

Signature of authorized officer

Printed Name

Title

Date

**2019****Open to Public Inspection**Form **990**

(Rev. January 2020)

Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

**A** For the 2019 calendar year, or tax year beginning , 2019, and ending**B** Check if applicable:

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

**C**  
 Asian Pacific American  
 Leadership Institute  
 Cupertino, CA 95014

**D** Employer identification number**E** Telephone number**G** Gross receipts \$ 351,673.

**F** Name and address of principal officer: Micheal Chang  
 Same As C Above

**H(a)** Is this a group return for subordinates? Yes ☐ No ☒  
**H(b)** Are all subordinates included? Yes ☐ No ☐  
 If "No," attach a list. (see instructions)

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

**J** Website: ▶ [www.apali.org](http://www.apali.org)**H(c)** Group exemption number ▶

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 2017 **M** State of legal domicile: CA

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>To train socially-conscious and effective civic leaders &amp; develop leadership pipelines in government, nonprofit, education sectors.</u>			
	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	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	2	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	3	
	6	Total number of volunteers (estimate if necessary)	0	
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b		Net unrelated business taxable income from Form 990-T, line 39	0.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year 276,532.	Current Year 346,145.
	9	Program service revenue (Part VIII, line 2g)	4,734.	5,349.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50.	179.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	281,316.	351,673.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	577.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	66,678.	126,905.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,117.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	45,960.	54,463.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	113,215.	181,368.
<b>Net Assets or Fund Balances</b>	19	Revenue less expenses. Subtract line 18 from line 12	168,101.	170,305.
	20	Total assets (Part X, line 16)	Beginning of Current Year 321,522.	End of Year 493,948.
	21	Total liabilities (Part X, line 26)	1,657.	3,778.
	22	Net assets or fund balances. Subtract line 21 from line 20	319,865.	490,170.

**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.

<b>Sign Here</b>	Signature of officer		Date	
	Michael Chang		Executive Director	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	Firm's name			
	Firm's address			Firm's EIN ▶
				Phone no.

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

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

TEEA0101L 01/21/20

Form 990 (2019)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

Deliver training via Civic Leadership, Youth Leadership and College Internship  
programs. Including alumni and Senior Fellows program we have served over 1,000  
members of the community..

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

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 132,006. including grants of \$ ) (Revenue \$ )

Provided education services via our Civic Leadership Program and Youth Leadership  
Programs. Program was delivered in partnership with DeAnza Community College and  
jointly funded with the Foothill-DeAnza Foundation.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses **▶ 132,006.**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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? If 'Yes,' complete Schedule C, Part I.	3	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	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? If 'Yes,' complete Schedule C, Part III.	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6	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? If 'Yes,' complete Schedule D, Part II.	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	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? If 'Yes,' complete Schedule D, Part IV.	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10	X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	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? If 'Yes,' complete Schedule D, Part VII.	11b	X
c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	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)? If 'Yes,' complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	13	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? If 'Yes,' complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15	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? If 'Yes,' complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	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? If 'Yes,' complete Schedule G, Part II.	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19	X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.	20a	X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	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? If 'Yes,' complete Schedule I, Parts I and III.	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27	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? If 'Yes,' complete Schedule L, Part IV.	28a	X
b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 'Yes,' complete Schedule L, Part IV.	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? If 'Yes,' complete Schedule R, Part V, line 2.	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X

**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.	1a	4
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

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

**Section A. Governing Body and Management**

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

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

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

**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. See Schedule O

**20** State the name, address, and telephone number of the person who possesses the organization's books and records Michael Chang Cupertino CA 95014

**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****1 a** 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) Michael Chang Executive Dir.	10 0	X						40,002.	0.	0.
(2) Glenn Osaka Treasurer	1 0	X						0.	0.	0.
(3) Paul Fong Secretary	1 0	X						0.	0.	0.
(4) _____	_____									
(5) _____	_____									
(6) _____	_____									
(7) _____	_____									
(8) _____	_____									
(9) _____	_____									
(10) _____	_____									
(11) _____	_____									
(12) _____	_____									
(13) _____	_____									
(14) _____	_____									

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
<b>1 b Subtotal</b> .....								40,002.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								40,002.	0.	0.

**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 ▶ 0

**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. ....

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		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. ....

**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. ....

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns .....	1 a				
	b Membership dues .....	1 b				
	c Fundraising events .....	1 c				
	d Related organizations .....	1 d				
	e Government grants (contributions) ....	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1 f 346,145.				
	g Noncash contributions included in lines 1a-1f .....	1 g				
	<b>h Total.</b> Add lines 1a-1f .....		346,145.			
<b>Program Service Revenue</b>	Business Code					
	2 a Leadership Program Fee		5,349.	5,349.		
	b					
	c					
	d					
	e					
	f All other program service revenue ...					
<b>g Total.</b> Add lines 2a-2f .....		5,349.				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts) .....		179.	179.		
	4 Income from investment of tax-exempt bond proceeds ..					
	5 Royalties .....					
	6 a Gross rents .....	(i) Real (ii) Personal				
	b Less: rental expenses .....					
	c Rental income or (loss) .....					
	d Net rental income or (loss) .....					
	7 a Gross amount from sales of assets other than inventory .....	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses .....					
	c Gain or (loss) .....					
	d Net gain or (loss) .....					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....					
	b Less: direct expenses .....					
	c Net income or (loss) from fundraising events .....					
	9 a Gross income from gaming activities. See Part IV, line 19 .....					
b Less: direct expenses .....						
c Net income or (loss) from gaming activities .....						
10 a Gross sales of inventory, less returns and allowances .....						
b Less: cost of goods sold. ....						
c Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	Business Code					
	11 a					
	b					
	c					
	d All other revenue .....					
<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....		351,673.	5,528.	0.	0.	

**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.				
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.	40,002.	32,002.	8,000.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	77,094.	61,675.	15,419.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	9,809.	7,847.	1,962.	
11 Fees for services (nonemployees):				
a Management.				
b Legal.	3,260.		3,260.	
c Accounting.				
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 Schedule O.)				
12 Advertising and promotion.	4,428.	2,214.	2,214.	
13 Office expenses.	8,372.	4,186.	4,186.	
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.	154.		154.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.	4,100.	2,050.	2,050.	
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 Gala.	17,310.	5,193.		12,117.
b Program.	16,839.	16,839.		
c				
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	181,368.	132,006.	37,245.	12,117.
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	
<b>Assets</b>	1 Cash — non-interest-bearing.....	54,235.	1	111,482.	
	2 Savings and temporary cash investments.....	267,287.	2	382,466.	
	3 Pledges and grants receivable, net.....		3		
	4 Accounts receivable, net.....		4		
	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.....		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a			
	b Less: accumulated depreciation.....	10b			
	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.....		15		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33).....		321,522.	16	493,948.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses.....		17		
	18 Grants payable.....		18		
	19 Deferred revenue.....		19		
	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.....		24		
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.....		1,657.	25	3,778.	
26 <b>Total liabilities.</b> Add lines 17 through 25.....		1,657.	26	3,778.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here ▶</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	27 Net assets without donor restrictions.....		27		
	28 Net assets with donor restrictions.....		28		
	<b>Organizations that do not follow FASB ASC 958, check here ▶</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	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.....		319,865.	31	490,170.
	32 <b>Total net assets or fund balances.</b> .....		319,865.	32	490,170.
33 <b>Total liabilities and net assets/fund balances.</b> .....		321,522.	33	493,948.	

**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	351,673.
2	Total expenses (must equal Part IX, column (A), line 25)	2	181,368.
3	Revenue less expenses. Subtract line 2 from line 1	3	170,305.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	319,865.
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	490,170.

**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 checked="" type="checkbox"/> Cash <input 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?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?		X
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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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.		
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		

**SCHEDULE A**  
(Form 990 or 990-EZ)**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2019****Open to Public Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization **Asian Pacific American  
Leadership Institute**

Employer identification number

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

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

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

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

**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'.)						
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 <b>Total.</b> Add lines 1 through 3.						
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 <b>Public support.</b> Subtract line 5 from line 4.						

**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.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
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.)						
11 <b>Total support.</b> Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b>						<input type="checkbox"/>

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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14.	15	%
16a <b>33-1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b <b>33-1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 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'.)			198,213.	276,532.	346,145.	820,890.
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.			4,402.	4,734.	5,349.	14,485.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 <b>Total.</b> Add lines 1 through 5.	0.	0.	202,615.	281,266.	351,494.	835,375.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
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.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 <b>Public support.</b> (Subtract line 7c from line 6.)						835,375.

**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.	0.	0.	202,615.	281,266.	351,494.	835,375.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	0.	0.	202,615.	281,266.	351,494.	835,375.
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> ▶ <input checked="" type="checkbox"/>						

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

**Part IV Supporting Organizations** (continued)

	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?	11a	
b A family member of a person described in (a) above?	11b	
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.	11c	

**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.	1	
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.	2	

**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).	1	

**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?	1	
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).	2	
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.	3	

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

## 2 Activities Test. Answer (a) and (b) below.

	Yes	No
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.	2a	
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.	2b	
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.	3a	
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.	3b	

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

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

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

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

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

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

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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 <b>Part VI</b> ). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). 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 <b>Part VI</b> ). 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	<b>Total</b> 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 <b>Part VI</b> . See instructions.		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.		
7	<b>Excess distributions carryover to 2020.</b> 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 .....		

BAA

Schedule A (Form 990 or 990-EZ) 2019

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**Schedule B**(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](http://www.irs.gov/Form990) for the latest information.

**2019**Name of the organization **Asian Pacific American  
Leadership Institute**Employer identification number  
**[REDACTED]**

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

Form 990-PF

☐ 527 political organization☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% 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

Employer identification number

Asian Pacific American

**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	AT&T [REDACTED] San Francisco, CA 94105	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Civic Leadership USA [REDACTED] San Mateo, CA 94401	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Glenn Osaka [REDACTED] San Jose, CA 95125	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Hsing Kung [REDACTED] Los Altos Hills, CA 94022	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PG&E [REDACTED] San Francisco, CA 94177	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Silicon Valley Community Foundation [REDACTED] Mountain View, CA 94040	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Asian Pacific American

**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	Southwest Airlines [REDACTED] San Jose, CA 95113	\$ 12,383.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Kaiser Permanente [REDACTED] Cupertino, CA 95014	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Tiangiao & Chrissy Chen Institute [REDACTED] Menlo Park, CA 94025	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Asian Pacific American

**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
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

**SCHEDULE D  
(Form 990)****Supplemental Financial Statements**

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

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

**2019****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Name of the organization

Asian Pacific American  
Leadership Institute

Employer identification number

**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? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1 a 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.....	1 c
d Additions during the year.....	1 d
e Distributions during the year.....	1 e
f Ending balance.....	1 f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

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

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Term endowment ▶ \_\_\_\_\_ %

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

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

- (i) Unrelated organizations..... ☐ Yes ☐ No  
 (ii) Related organizations..... ☐ Yes ☐ No

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land.....				
b Buildings.....				
c Leasehold improvements.....				
d Equipment.....				
e Other.....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ☐ 0.

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Schedule D (Form 990) 2019

**Part VII Investments – Other Securities.**

N/A

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

**Part VIII Investments – Program Related.**

N/A

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) .....		
(10) .....		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ...		

**Part IX Other Assets.**

N/A

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) .....	
(10) .....	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) ...	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes .....	
(2) Payroll liabilities .....	3,778.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ...	3,778.

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.** N/A

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	
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	
3	Subtract line 2e from line 1.....		3	
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....		5	

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

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

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

**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.

**SCHEDULE O**  
(Form 990 or 990-EZ)**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](http://www.irs.gov/Form990) for the latest information.

**2019**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Name of the organization

Asian Pacific American  
Leadership Institute

Employer identification number

**Form 990, Part VI, Line 11b - Form 990 Review Process**

Review conducted as part of scheduled Board meeting.

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management**

No applicable roles exist so process was necessary.

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees**

No applicable roles exist so process was necessary.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

Documents are available upon request.

TAXABLE YEAR

2019

# California Exempt Organization Annual Information Return

FORM

199

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name  
**ASIAN PACIFIC AMERICAN  
LEADERSHIP INSTITUTE**

California corporation number

Additional information. See instructions.

FEIN

Street address (suite or room)

PMB no.

City  
**CUPERTINO**State  
**CA**Zip code  
**95014**

Foreign country name

Foreign province/state/county

Foreign postal code

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

- J** If exempt under R&TC Section 23701d, has the   
 organization engaged in political activities?   
 See instructions ..... ☐ Yes ☒ No
- K** Is the organization exempt under R&TC Section 23701g? ... ☐ Yes ☒ No   
 If "Yes," enter the gross receipts from   
 nonmember sources ..... \$
- 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 ..... ☐
- M** Is the organization a Limited Liability Company? ..... ☐ Yes ☒ No
- N** Did the organization file Form 100 or Form 109 to report   
 taxable income? ..... ☐ Yes ☒ No
- O** Is the organization under audit by the IRS or has the IRS   
 audited in a prior year? ..... ☐ Yes ☒ No
- P** Is federal Form 1023/1024 pending? ..... ☐ Yes ☐ No   
 Date filed with IRS

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

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	5,528.
	2	Gross dues and assessments from members and affiliates.	2	
	3	Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B	3	346,145.
	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.	4	351,673.
	5	Cost of goods sold.	5	
	6	Cost or other basis, and sales expenses of assets sold.	6	
	7	Total costs. Add line 5 and line 6.	7	
	8	Total gross income. Subtract line 7 from line 4.	8	351,673.
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	181,368.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	170,305.
<b>Filing Fee</b>	11	Total payments.	11	
	12	Use tax. See General Information K.	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.	14	
	15	Filing fee \$10 or \$25. See General Information F.	15	10.
	16	Penalties and Interest. See General Information J.	16	
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result.	17	10.
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
<b>Paid Preparer's Use Only</b>	Signature of officer	Title <b>EXECUTIVE DIRECTOR</b>	Date	Telephone
	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN
	Firm's name (or yours, if self-employed) and address			Firm's FEIN
				Telephone
May the FTB discuss this return with the preparer shown above? See instructions. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

**ASIAN PACIFIC AMERICAN****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.**

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	1	
	2	Interest	2	179.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See instructions)	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	7	5,349.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Page 1, Part I, line 1.	8	5,528.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	9	
Expenses and Disbursements	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 2	11	40,002.
	12	Other salaries and wages	12	77,094.
	13	Interest	13	
	14	Taxes	14	9,809.
	15	Rents	15	
	16	Depreciation and depletion (See instructions)	16	
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 3	17	54,463.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9.	18	181,368.

**Schedule L Balance Sheet**

		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		321,522.		493,948.
2	Net accounts receivable				
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. Attach schedule				
10a	Depreciable assets				
b	Less accumulated depreciation				
11	Land				
12	Other assets. Attach schedule				
13	Total assets		321,522.		493,948.
<b>Liabilities and net worth</b>					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule. STM 4		1,657.		3,778.
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		319,865.		490,170.
22	Total liabilities and net worth		321,522.		493,948.

**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	170,305.	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	170,305.
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	170,305.			

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue ServiceCalifornia Copy  
**Schedule of Contributors**▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**2019**Name of the organization **Asian Pacific American  
Leadership Institute**Employer identification number  
**[REDACTED]**

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

Form 990-PF

☐ 527 political organization☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% 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

Employer identification number

Asian Pacific American

**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	AT&T [REDACTED] San Francisco, CA 94105	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Civic Leadership USA [REDACTED] San Mateo, CA 94401	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Glenn Osaka [REDACTED] San Jose, CA 95125	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Hsing Kung [REDACTED] Los Altos Hills, CA 94022	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PG&E [REDACTED] San Francisco, CA 94177	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Silicon Valley Community Foundation [REDACTED] Mountain View, CA 94040	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Asian Pacific American

**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	Southwest Airlines [REDACTED] San Jose, CA 95113	\$ 12,383.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Kaiser Permanente [REDACTED] Cupertino, CA 95014	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Tianqiao & Chrissy Chen Institute [REDACTED] Menlo Park, CA 94025	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

100

[illegible]

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019

## California Statements

Page 1

Asian Pacific American  
Leadership InstituteStatement 1  
Form 199, Part II, Line 7  
Other Income

Program Service Revenue.....	\$	5,349.
Total	\$	<u>5,349.</u>

Statement 2  
Form 199, Part II, Line 11  
Compensation of Officers, Directors, Trustees and Key Employees

## Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Michael Chang	Executive Dir. 10.00	\$ 40,002.	\$ 0.	\$ 0.
Glenn Osaka	Treasurer 1.00	0.	0.	0.
Paul Fong	Secretary 1.00	0.	0.	0.
Total		\$ <u>40,002.</u>	\$ <u>0.</u>	\$ <u>0.</u>

Statement 3  
Form 199, Part II, Line 17  
Other Expenses

Advertising and Promotion.....	\$	4,428.
Gala.....		17,310.
Insurance.....		4,100.
Legal Fees.....		3,260.
Office Expenses.....		8,372.
Program.....		16,839.
Travel.....		154.
Total	\$	<u>54,463.</u>

Statement 4  
Form 199, Schedule L, Line 18  
Other Liabilities

Payroll liabilities.....		3,778.
Total	\$	<u>3,778.</u>

# APALI Asian Pacific American Leadership Institute

## REVENUE & EXPENSES

January - December 2020

	TOTAL
<b>Revenue</b>	
Non-Profit Revenue	
Direct Contributions	
Corporate/ Other Public Contributions	116,800.01
Individual Direct Contributions	21,908.80
<b>Total Direct Contributions</b>	<b>138,708.81</b>
Gala	5,000.00
Grants	
Corporate Grants	2,000.00
<b>Total Grants</b>	<b>2,000.00</b>
<b>Total Non-Profit Revenue</b>	<b>145,708.81</b>
Program Fee/Revenue/Income	2,024.18
<b>Total Revenue</b>	<b>\$147,732.99</b>
<b>GROSS PROFIT</b>	<b>\$147,732.99</b>
<b>Expenditures</b>	
Bank Charges & Fees	13.20
Business Meetings - Meals	572.30
Fund Development Expense	479.88
Gala/Benefit Expenses	222.16
Insurance	4,101.32
Legal & Professional Services	4,052.50
Office Supplies & Software	505.11
Office/General Administrative Expenditures	510.00
Online services	2,764.12
Other Business Expenses	150.00
Payroll Expenses	
Taxes	12,969.32
Wages	154,935.80
<b>Total Payroll Expenses</b>	<b>167,905.12</b>
Program Expenses	4,885.67
Taxes & Licenses	85.00
<b>Total Expenditures</b>	<b>\$186,246.38</b>
<b>NET OPERATING REVENUE</b>	<b>\$ -38,513.39</b>
Other Revenue	
Interest Income	255.80
<b>Total Other Revenue</b>	<b>\$255.80</b>
<b>NET OTHER REVENUE</b>	<b>\$255.80</b>
<b>NET REVENUE</b>	<b>\$ -38,257.59</b>



**California Secretary of State**  
**Electronic Certified Copy**

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify that the attached transcript of 2 pages is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.



**IN WITNESS WHEREOF**, I execute  
this certificate and affix the Great  
Seal of the State of California on  
this day of January 11, 2021

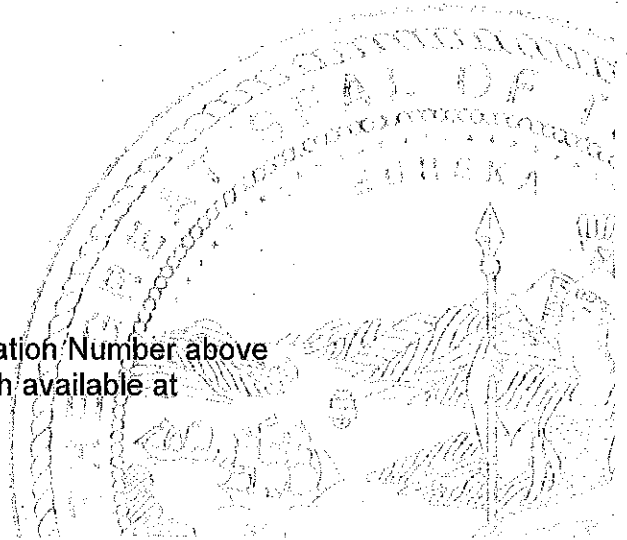
A handwritten signature in black ink, appearing to read "Alex Padilla".

**ALEX PADILLA**  
Secretary of State

Verification Number: [REDACTED]

Entity (File) Number: [REDACTED]

To verify the issuance of this Certificate, use the Verification Number above with the Secretary of State Electronic Verification Search available at [bizfile.sos.ca.gov](http://bizfile.sos.ca.gov)





California Secretary of State  
Electronic Filing



Corporation - Statement of Information

Entity Name: ASIAN PACIFIC AMERICAN LEADERSHIP  
INSTITUTE

Entity (File) Number: [REDACTED]

File Date: 01/09/2021

Entity Type: Corporation

Jurisdiction: CALIFORNIA

Document ID: [REDACTED]

Detailed Filing Information

1. Entity Name: ASIAN PACIFIC AMERICAN  
LEADERSHIP INSTITUTE
2. Business Addresses:
  - a. Street Address of Principal  
Office in California: [REDACTED]  
Cupertino, California 95014  
United States of America
  - b. Mailing Address: [REDACTED]  
Cupertino, California 95014  
United States of America
3. Officers:
  - a. Chief Executive Officer: Michael Chang  
[REDACTED]  
Cupertino, California 95014  
United States of America
  - b. Secretary: Dennis Chiu  
[REDACTED]  
Berkeley, California 94710  
United States of America

Certificate Verification Number: [REDACTED]  
Use bizfile.sos.ca.gov to verify the certified copy.

Document ID: [REDACTED]



## California Secretary of State Electronic Filing

Officers (Cont'd):

c. Chief Financial Officer:

Paul Fong  
[REDACTED]

Sunnyvale, California 94085  
United States of America

4. Agent for Service of Process:

Michael Chang  
[REDACTED]

Cupertino, California 95014  
United States of America

By signing this document, I certify that the information is true and correct and that I am authorized by California law to sign.

Electronic Signature: Michael Chang

*Use bizfile.sos.ca.gov for online filings, searches, business records, and resources.*

Certificate Verification Number: [REDACTED]  
Use bizfile.sos.ca.gov to verify the certified copy.

Document ID: [REDACTED]

Asian Pacific American Leadership Institute (APALI) (NEW) Eligibility Checklist (staff use only)			
Eligibility	YES	NO	Notes:
Be made or sponsored by a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event	X		
Identify how the funds will be used to benefit the Cupertino community	X		
Be awarded only once per project	X		
For specific needs, not on going, operational costs	X		
Have more than 75% of the requested funds allocated for direct service costs versus administrative costs	X		
Be complete and submitted by the application deadline	X		

Restrictions/Guidelines	YES	NO	Notes:
An organization that is applying for multiple grants shall only submit one application			NA
Proceeds generated from the funded activity may only be used for the conducted activity			NA
admission to or participation in the event must be "free of charge" to Cupertino residents unless stated in the application and approved by Parks and Recreation Commission			NA

**City of Cupertino  
Fiscal Year 2021  
Community Funding Grant Application**

Have you ever received a City of Cupertino Community Funding Grant in the past?

☐ Yes ☒ No If, Yes, when?

**SECTION 1: CONTACT INFORMATION**

Legal Name of Organization: Curriki

Web Address:

Mailing Address:

City: Cupertino

Zip: 95014

Phone:

President/Executive Director: Janet Pinto

Title:

Email:

Telephone Number: jpinto@curriki.org

Contact Person:

Title:

Email Address: jpinto@curriki.org

Telephone Number:

**SECTION 2: NON-PROFIT INFORMATION**

501(c)(3)? ☒ Yes ☐ No Year Established 2006

Federal Tax ID:

Fiscal Sponsor Name:

Fiscal Sponsor Address:

City:

Zip:

Phone:

**SECTION 3: ORGANIZATION INFORMATION**

Total Organization Budget: \$1,500,000

Total # of Board Members: 9

Total # of staff: 4

Total # of Volunteers: 0

Mission Statement:

Build what you want the future of learning to be. At Curriki, we give anyone with an idea the technology to bring it to life. Through our free and open tools, educators can design, customize and deliver interactive learning content that will inspire the next generation of learners.

Brief Description of Organization:

Curriki has been a leader in open education technology for over a decade. Over the past year, we've reimagined our role in the ecosystem and launched CurrikiStudio, which is changing the way educational experiences are designed, created, and delivered to a new generation of learners.

Brief Description of Services Provided:

CurrikiStudio is a free and open technology platform with turnkey tools for educators to design, customize and deliver interactive learning content, anywhere. Curriki brings simplicity to authoring and publishing, opening up a new world of possibility for student engagement, empowering educators to create interactive experiences for learners at all levels: K-12, Higher Ed, and adult learning.

Curriki partners with organizations that have quality content and learning experiences that deserve to be brought to life.

Relevant examples with organizations like LA Opera, US Capitol Society, National Parks demonstrate how content can be digitized and made interactive so students in the community can engage in a new way.

**SECTION 4: GRANT REQUESTS**

1. Program/Project/Event Name: Bringing Cupertino Learning to Life

2. Date(s) and/or duration of program/project/event (if applicable): Fall 2021 - Spring 2022

3. Total program/project/event budget: \$20,000

4. Requested Amount: \$20,000 Percent of total program/project/event budget: 100%

5. Program/Project projected income: \$0 Percentage of your organization's projected income:

6. Type of Request:

- ☐ Capital Improvement  
☐ Program Support  
☐ Event  
☒ One-time project  
☐ Other:

7. This grant will fund a(n):

- ☐ Existing program/project/event; established in (year)  
☒ New program/project/event

8. Describe the purpose of requested funds and the services that will be provided:

This project will empower the City of Cupertino to build mesmerizing interactive experiences using our open source authoring tool, CurrikiStudio.

The first step is to work closely with the City of Cupertino to identify the most valuable/loved content to engage the community. Examples include:

City scavenger hunt of key landmarks with information

-Volunteer training

- Parks & Recreation Virtual Recreation curriculum

- Tourism guide

- Appoint a Learning Designer Project Manager to coordinate reviewing assets

- Recruit, hire, train, and manage Cupertino School District teachers to learn about CurrikiStudio to act as learning designers to make the content interactive.

- All content created will be WCAG accessibility compliant and mobile-friendly

- We will support your technology team with cloud hosting and future updates

- Design/branding to align with City guidelines

9. Please provide a line item breakdown of how the funds will be used in the categories below. If a category is not applicable, put \$0:

a) Admin Staff	\$1,000
b) Materials/Equipment	\$1,000
c) Entertainment	\$0
d) Room/Venue Rental	\$0
e) Other Professional Services	\$18,000
f) Other	\$0
<b>Total</b>	<b>\$20,000</b>

10. Explain how the request aligns to City mission and values:

Curriki's mission and that of the City of Cupertino are aligned in that both organizations are dedicated to supporting education with innovative learning tools.

11. Describe how the program/project/event fills a community need. Who identified this need? What other similar project/program/event exists to serve Cupertino residents? How is your proposed project/program/event unique from similar projects/programs/events or how do you collaborate to avoid duplication?

Organizations such as DoEs, nonprofits, and school districts can leverage CurrikiStudio to build unique, immersive learning experiences that engage learners in the subject matter more deeply. The tool can be used to create game-like learning, to create activities that stimulate critical thinking. It applies to any type of learning mode: remote, hybrid, in-class. We don't believe the City of Cupertino currently uses any platform to create online learning that achieves this.

- Mobile - accessible to anyone

- Self-paced/self-exploration, especially in times where we can't gather to celebrate community

- Engage young residents with interactive learning

- Engage Cupertino educators in government/community curriculum

- Be able to share/send links as interactive lessons on the city website

12. Who will be served by this grant?

Cupertino educators

Cupertino students aged K-8

Cupertino parents of kids aged K-8

a) Number of individuals total: 20,000

b) Number of Cupertino residents: 20,000

Attachment B

c) Particular community groups:

The number of individuals and number of Cupertino residents served is dependent on the content/courses chosen by the City to develop with CurrikiStudio. Therefore, the numbers entered above are estimates.

d) Will the program/project/event be available to the entire community/public or are there any eligibility criteria?

The entire community with internet connection will have access to creations.

Creators that we recruit/train/pay will need to have teaching experience and have worked in the Cupertino School District.

e) Will there be a charge or fee for the program/project/event (if applicable)

No

f) What outreach methods does your organization use to promote the program/project/event (if applicable)?

Webinar

Social media

Newsletter

Showcase on our website

Press release

13. Describe how the funds will be used to benefit or impact the Cupertino community:

Providing equitable access to your quality content and making it more accessible and engaging

Engage learners in interactive learning

Engage Cupertino educators in this new technology that can help them deliver asynchronous blended learning.

14. Demonstrate that the member implementing and managing the program/project/event have adequate experience:

Leonardo Cunha, CTO

As Chief Technology Officer, Leo brings over 30 years of progressively challenging experience in the management, design, and development of mission-critical systems. His education technology experience spans over 15 years and includes the development and integration of systems for both K-12 and higher education, specifically in the areas of learning management, assessment and intervention, student information and ERP systems, and analytical processing for education.

Caroline Benoist, Instructional Designer

Caroline brings years of teaching, professional development, and curriculum design to her role as an instructional designer for CurrikiStudio. She has developed interactive learning experiences through CurrikiStudio for K-12, higher ed, and nonprofits, trained educators, district and college leadership on building effective and remote learning experiences.

Examples of Interactive learning projects created by our team: <https://www.curriki.org/s>

15. How will success of the program/project/event be measured?:

Curriki will report on user data to demonstrate the success of the project:

# of views of projects/playlists/activities

# of Cupertino educators using the projects in their classroom for the school year

16. Will more than 75% of the requested funds go towards direct service costs versus administrative costs?

☒ Yes ☐ No

17. Will you collaborate with other organizations to deliver the program/project/event funded by this grant? If so, which organizations?

We would welcome introductions to organizations in Cupertino as collaborators on this project and to support other online learning projects in the City.

We would like to collaborate with the City on content selections and the best ways to engage the community with existing assets.

18. If your organization has ever received financial or in-kind support from the City of Cupertino outside of Community Funding Grants, please describe this support:

N/A

19. Does your organization anticipate receiving additional financial or in-kind support from the City of Cupertino outside of Community Funding Grants for this type of program/project/event (e.g. fee waivers)? If so, please

describe this anticipated support:  
N/A

20. If you are a multi-jurisdictional organization, describe any funding requested from other agencies/organizations in regards to this program/project/event request. Indicate whether the funding was granted, denied, or is still pending:

N/A for this program/project. CurrikiStudio receives funding from several foundations and individual donors to support our mission.

21. How would you fund the program/project/event if you do not receive the requested funding?:

We would not move forward with this project without funding.

#### SECTION 5: PRIOR FUNDING

1. If you received a Community Funding Grant in prior years, indicate the amounts for each year and describe how those funds were used:

2. If you received a Community Funding Grant last year:

a. Please provide a line item breakdown of how the Community Funding Grant was used last year in the categories below. If a category is not applicable, put \$0:

i. Admin Staff	
ii. Materials/Equipment	
iii. Entertainment	
iv. Room/Venue Rental	
v. Other Professional Services	
vi. Other	
<b>Total</b>	<b>\$0</b>

b. Who was served by the grant last year?

i. Number of individuals total:

ii. Number of Cupertino residents:

iii. Particular community groups

iv. Was the program/project/event available to the entire community/public or are there any eligibility criteria?

v. Was there a charge or fee for the program/project/event (if applicable)?

vi. What outreach methods did your organization use to promote the program/project/event (if applicable)?

c. Was the program/project/event successful? Please indicate how success was measured:

3. Please indicate any additional funding received last year from other sources and provide your financial statement if available:

**Attachments:** Attach your financial statement, and any other helpful information about your project.

[FY2021 financial statement for the most recently completed fiscal year.pdf](#)

[Curriki Executive Summary January 2021.pdf](#)

Program Manager Signature

CAO/CMO

Date Signed

01/29/2021

Curriki  
Profit and Loss  
FY2020  
July 2019 - June 2020

Income	Total
4015 Contributions - Unrestricted	461,199.06
4210 Corporate/business grants	275,000.00
4400 Sponsorship Revenue	30,000.00
Total 4000 Contributed support	\$ 766,199.06
4300 Gifts in Kind	137,997.58
5310 Interest-Savings	684.26
Total 5000 Other Income	\$ 684.26
Total Income	\$ 904,880.90
Gross Profit	\$ 904,880.90
Expenses	
7200 Salaries & related expenses	531,701.45
7220 Salaries & wages - other	-76,000.00
Total 7200 Salaries & related expenses	\$ 455,701.45
7340 Employee benefits	61,590.20
7350 Payroll taxes	34,891.06
7360 Workers Comp	2,647.47
7370 Annual Leave	4,226.38
Total 7300 Benefits and other salary related expenses	\$ 103,355.10
7520 Accounting & Business Fees	16,691.91
8520 Business Insurance	7,421.20
8530 Membership Dues & Subscriptions	5,827.69
8680 Filing Fees	170.00
Total 7520 Accounting & Business Fees	\$ 30,110.80
Total 7500 Professional/Business & Accounting	\$ 30,110.80
7600 Contractors	3,360.00
7610 Administration - Contractors	42,790.00
7620 Content - Contractors	7,939.00
7630 Portal - Contractors	281,316.32
Total 7600 Contractors	\$ 335,405.32
7700 Public Relations & Marketing	53,097.72
7535 Legal Fees - Gifts in Kind	22,412.50
7710 PR/Marketing - Gifts in Kind	98,770.02
8020 Hosting/Network Services - Gifts in Kind	16,815.06
Total 7800 Gifts-In-Kind	\$ 137,997.58
8095 Platform Support & Maintenance	12,837.16
Total 8000 Platform Support & Maintenance Expenses	\$ 12,837.16
8110 Office supplies and equipment	3,314.55
8130 Telephone & telecommunications	4,835.11
8140 Postage, shipping, delivery	941.76
8160 Equip rental & maintenance	141.00
8180 Books, reference	39.99
Total 8100 Office Expenses	\$ 9,272.41
8310 Travel	15,519.81
8320 Meals & Entertainment	1,458.22
8330 Seminars & Conferences	0.00
Total 8300 Travel, Entertainment, Meetings	\$ 16,978.03
Total Expenses	\$ 1,154,755.57
Net Operating Income	(\$249,874.67)
Net Income	(\$249,874.67)

Curriki  
Profit and Loss  
FY2021 July, 2020  
July, 2020

Attachment B

Income	Total
4015 Contributions - Unrestricted	410,997.00
4210 Corporate/business grants	0.00
4400 Sponsorship Revenue	0.00
Total 4000 Contributed support	\$ 410,997.00
4300 Gifts in Kind	0.00
5310 Interest-Savings	35.22
Total 5000 Other Income	\$ 35.22
Total Income	\$ 411,032.22
Gross Profit	\$ 411,032.22
Expenses	
7200 Salaries & related expenses	42,698.56
7220 Salaries & wages - other	0.00
Total 7200 Salaries & related expenses	\$ 42,698.56
7340 Employee benefits	3,948.66
7350 Payroll taxes	2,771.73
7360 Workers Comp	176.67
7370 Annual Leave	
Total 7300 Benefits and other salary related expenses	\$ 6,897.06
7520 Accounting & Business Fees	1,019.60
8520 Business Insurance	4,574.73
8530 Membership Dues & Subscriptions	
8680 Filing Fees	
Total 7520 Accounting & Business Fees	\$ 5,594.33
Total 7500 Professional/Business & Accounting	\$ 5,594.33
7600 Contractors	
7610 Administration - Contractors	5,620.00
7620 Content - Contractors	2,742.00
7630 Portal - Contractors	65,890.86
Total 7600 Contractors	\$ 74,252.86
7700 Public Relations & Marketing	3,968.93
7535 Legal Fees - Gifts in Kind	0.00
7710 PR/Marketing - Gifts in Kind	0.00
8020 Hosting/Network Services - Gifts in Kind	0.00
Total 7800 Gifts-In-Kind	\$ 0.00
8095 Platform Support & Maintenance	192.25
Total 8000 Platform Support & Maintenance Expenses	\$ 192.25
8110 Office supplies and equipment	
8130 Telephone & telecommunications	77.16
8140 Postage, shipping, delivery	
8160 Equip rental & maintenance	
8180 Books, reference	
Total 8100 Office Expenses	\$ 77.16
8310 Travel	
8320 Meals & Entertainment	
8330 Seminars & Conferences	
Total 8300 Travel, Entertainment, Meetings	\$ 0.00
Total Expenses	\$ 133,681.15
Net Operating Income	\$ 277,351.07
Net Income	\$ 277,351.07



## Build what you want the future of learning to be

Curriki is the world's first free and open, interactive learning content development platform designed to accelerate and scale digital the creation of digital learning experiences to help students learn more effectively.

### Key Success Factors

- 12 year leader in creating free and open educational resources.
- Supporting K-12, Higher Ed, corporations, and nonprofits.
- Robust lead generation capabilities with minimal support services needed.
- Growing network of certified services to support partners.
- Lean operating budget with expenses focused on tech development and scale.

### Our Team & Advisors

Our leadership team combines decades of experience in entrepreneurship and education.

- Team includes:
  - Abby Ross, CEO
  - Leo Cunha, CTO
  - Janet Pinto, CMO
- Board of Directors includes Scott McNealy, Kim Jones (Sun Microsystems), Bill Raduchel (AOL).

### Supporters of Curriki

Curriki's supporters are some of the world's leading technology companies and foundations.



### The Rise in Virtual Education

The state of education went digital overnight as we faced the onset of a global pandemic. The world learned what educators knew instinctively; we were not prepared to support full digital learning programs at scale. The deficits are many; including the lack of comprehensive tools and dynamic curriculum. Today's lessons are designed for a traditional classroom setting and are stuck in static PDFs. The result: Students report they are less engaged with online learning and teachers lack the ability to deliver interactive learning. With these current challenges, educators and administrators across all sectors are searching for ways to create interactive content designed for digital learning experiences. With over 200,000 education technology tools available, this task has proven to be time consuming and expensive.

### The Future of Learning, All in One Place

Curriki is a non-profit organization that has been revolutionizing the way digital learning content is distributed and openly shared for over a decade. In July 2020, we launched CurrikiStudio, a free full-service learning content authoring suite designed to help educators create dynamic and engaging curriculum online. Without any coding knowledge required, CurrikiStudio makes every aspect of the process simpler, faster, and affordable. We aim to empower educators create, publish and evaluate immersive learning experiences online in an effort to engage students in a more meaningful way. The early success of Curriki Studio has introduced the opportunity to expand this open source project to businesses looking to engage employees and customers.



Easy content creation tools for building lessons



50+ activity types like interactive video, 360 tours, drag & drop



Creators publish interactive playlists, accessible on any device

CurrikiStudio has gained traction across K-12, higher ed, and corporations with leading organizations such as ASU, Baylor, Teach for America, Dallas ISD, PGA, Salesforce, and several state DOEs.

### Scaling Impact in Education

We are leaning into the vast changes required to support education needs in 2021. To continue our efforts we are raising \$2M from generous donors who are passionate about sponsoring new learning experiences and curriculum campaigns. Learn more at [curriki.org/roadmap-vision](https://curriki.org/roadmap-vision)

Curriki (NEW) Eligibility Checklist (staff use only)			
Eligibility	YES	NO	Notes:
Be made or sponsored by a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event	X		
Identify how the funds will be used to benefit the Cupertino community	X		
Be awarded only once per project	X		
For specific needs, not on going, operational costs	X		
Have more than 75% of the requested funds allocated for direct service costs versus administrative costs		X	26% or more of the requested funds were allocated toward expenses not directly tied to the proposed program/event/project (i.e.: organizational staffing costs)
Be complete and submitted by the application deadline	X		

Restrictions/Guidelines	YES	NO	Notes:
An organization that is applying for multiple grants shall only submit one application			NA
Proceeds generated from the funded activity may only be used for the conducted activity			NA
admission to or participation in the event must be "free of charge" to Cupertino residents unless stated in the application and approved by Parks and Recreation Commission			NA

**City of Cupertino  
Fiscal Year 2021  
Community Funding Grant Application**

Attachment B

Have you ever received a City of Cupertino Community Funding Grant in the past?

☒ Yes    ☐ No    If, Yes, when? 2010, 2013-2020

**SECTION 1: CONTACT INFORMATION**

Legal Name of Organization:	Friends of Deer Hollow Farm		
Web Address:	www.deerhollowfarmfriends.org		
Mailing Address:	PO Box 4282		
City:	Mountain View	Zip: 94040	Phone:
President/Executive Director:	Lauren Merriman	Title:	President
Email:	[REDACTED]	Telephone Number:	lauren@deerhollowfarmfriends.org
Contact Person:	Lauren Merriman	Title:	
Email Address:	lauren@deerhollowfarmfriends.org	Telephone Number:	[REDACTED]

**SECTION 2: NON-PROFIT INFORMATION**

501(c)(3)?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Year Established	1994	Federal Tax ID:	[REDACTED]
Fiscal Sponsor Name:	N/A				
Fiscal Sponsor Address:					
City:		Zip:		Phone:	

**SECTION 3: ORGANIZATION INFORMATION**

Total Organization Budget:	\$492,049	Total # of Board Members:	8
Total # of staff:		Total # of Volunteers:	20

**Mission Statement:**

To preserve Deer Hollow Farm as an educational center and working farm, and support the Farm's environmental education programs for the benefit of schools and the community by raising funds through donations, grants and events.

**Brief Description of Organization:**

Deer Hollow Farm is a 160 year-old historic ranch located in Rancho San Antonio County Park and Open Space Preserve, immediately west of Cupertino. Its mission is to provide environmental education and historical programs for the community.

Friends of Deer Hollow Farm is an all-volunteer, non-profit 501(c)(3) organization that has supported Deer Hollow Farm's outstanding educational programs and facilities since 1994.

**Brief Description of Services Provided:**

Deer Hollow Farm is an educational center where the public, school classes, and community groups can participate in a historic working farm. No entrance, parking, or admission fees are charged to the public. The Farm is home to over 100 live farm animals. Without these animals, the Farm would not be a living history center, but rather a museum of old farm buildings. The Farm animals and the Farm's environmental education program teach the community about:

- Value of protected land and wildlife
- Sources of food and other daily-used products (soap, wool)
- Principles of recycling and avoiding waste
- Interdependence of all life
- Culture and history of the Bay Area's Native American Ohlone people

Since 1976, the Farm has offered environmental education classes to elementary-age students across Santa Clara County and the Peninsula. These outdoor classes are so popular that a lottery is held annually for the 5,000 available spaces. The classes reinforce State elementary

**SECTION 4: GRANT REQUESTS**

Attachment B

1. Program/Project/Event Name: **Deer Hollow Farm-Demonstration Garden**
2. Date(s) and/or duration of program/project/event (if applicable): **Once Funded**
3. Total program/project/event budget: **\$7,000**
4. Requested Amount: **\$7,000** Percent of total program/project/event budget: **100%**
5. Program/Project projected income: **\$0** Percentage of your organization's projected income: **0%**
6. Type of Request:

- ☐ Capital Improvement
- ☐ Program Support
- ☐ Event
- ☒ One-time project
- ☐ Other:

7. This grant will fund a(n):

- ☐ Existing program/project/event; established in (year)
- ☒ New program/project/event

8. Describe the purpose of requested funds and the services that will be provided:

We plan to build a completely enclosed garden space that will house five large raised metal growing beds. The outside, wooden frame structure will be enclosed on the top, bottom and sides with hardware cloth and paneling to prevent animals from entering. One key benefit of this design: we will no longer have to utilize traps and cages to deter gophers and other small animals from invading the garden. The enclosed garden will extend from the farm's entrance along one side of the white barn. This location is very accessible to the general public and school groups as they head in or out of the farm. In addition, it is optimally situated for the most sunlight in all vegetable growing seasons. Finally, the existing garden will be modified to feature native plants and function as a life science demonstration location. We plan to build several log rolling/insect stations to augment our current life science education during the school year and summer camp.

9. Please provide a line item breakdown of how the funds will be used in the categories below. If a category is not applicable, put \$0:

a) Admin Staff	
b) Materials/Equipment	\$7,000
c) Entertainment	
d) Room/Venue Rental	
e) Other Professional Services	
f) Other	
<b>Total</b>	<b>\$7,000</b>

10. Explain how the request aligns to City mission and values:

Providing support for improvements to Deer Hollow Farm is a perfect fit with the City of Cupertino's goal of enhancing its residents' lives with greater open space opportunities and high quality, hands-on educational opportunities.

11. Describe how the program/project/event fills a community need. Who identified this need? What other similar project/program/event exists to serve Cupertino residents? How is your proposed project/program/event unique from similar projects/programs/events or how do you collaborate to avoid duplication?

Deer Hollow Farm is a unique asset to the South Bay as a whole, and especially so to nearby cities such as Cupertino. It provides both an environmental learning experience for elementary school-age children and a living farm environment for multi-generational families. As at any other farm or ranch, McClellan Nature Preserve for example, the location and utilization of our resources for our visitors experience are important. The need was identified by Senior Farm Staff, who have determined the current teaching garden is in a poor location for student/public access and lacks sufficient sunlight to thrive during the growing season. This garden space will be accessible to all visitors of the Farm due to it's improved central location.

12. Who will be served by this grant?

All visitors to Deer Hollow Farm will benefit from this demonstration garden.

- a) Number of individuals total: **105,000**
- b) Number of Cupertino residents: **12,000**

- c) Particular community groups:

Elementary school children (educational farm tours) and families with children.

d) Will the program/project/event be available to the entire community/public or are there any eligibility criteria? Deer Hollow Farm is open to the entire community and public. The environmental education program is open to classes from all elementary schools in the South Bay and Peninsula. This is subject to COVID-19 restrictions and our capacity. Attachment B

e) Will there be a charge or fee for the program/project/event (if applicable)

There are no entrance or parking fees for visitors of Deer Hollow Farm. The City of Mountain View charges a fee for environmental education classes during the school year, but FoDHF sponsors a scholarship program that covers all costs including transportation for schools designated as low-income per the National School Lunch Program guidelines.

f) What outreach methods does your organization use to promote the program/project/event (if applicable)?

FoDHF maintains an active website ([www.deerhollowfarmfriends.org](http://www.deerhollowfarmfriends.org)), produces two newsletters annually, and is active on social media (Facebook and Instagram). FoDHF also participates at many local community events, including the Silicon Valley Fall Festival and Earth Day events in Cupertino, Thursday Night Live in Mountain View, and the Volunteer Parade in Sunnyvale. Working with the Mountain View employees who manage the Farm, FoDHF helps to staff annual fundraising events at the Farm.

13. Describe how the funds will be used to benefit or impact the Cupertino community:

In 2013-14, we performed a quarterly survey of Farm visitors identifying their home zip code. Based on that study, Bay Area citizens visit the Farm more than 100,000 times annually, with 11,800 visits to the Farm by Cupertino residents. There is no reason to think that these numbers have reduced since 2013-14. Considering the population of Cupertino, many residents avail themselves of the Farm and Rancho San Antonio. Cupertino's Parks System Master Plan identifies a high resident priority for access to open space and trails. The Farm and Rancho San Antonio greatly augments City resources. This grant funds a meaningful enhancement to our site benefiting all visitors. DHF hosts an extensive Farm Tour program for school students. In 2019-2020, DHF served 14 classes from CUSD schools in Cupertino, for a total of 397 students. These students attend LP Collins, Eaton, Garden Gate, and Stevens Creek schools. The Farm also hosted 11 classes from other CUSD schools with non-Cupertino addresses.

14. Demonstrate that the member implementing and managing the program/project/event have adequate experience:

Our Board of Directors include business leaders, community leaders, educators, and financial professionals. The Farm hosts volunteers that spans high school students, working adults, to retirees. They bring rich experiences as educators, executives, and artists. In addition, we work closely with non-FoDHF professional farm staff including educational program staff and an on-site farmer from the City of Mountain View, and Rangers and Maintenance Workers employed by the Midpen Open Space District. Deer Hollow Farm is operated by a partnership between Midpeninsula Regional Open Space District, County of Santa Clara, City of Mountain View, and FoDHF. We are fortunate to have the support of a huge team who love and are dedicated to the success of Deer Hollow Farm. This specific project will be executed by trained maintenance workers that are employed by Midpen Open Space District.

15. How will success of the program/project/event be measured?:

Success will be measured by the successful completion of the demonstration garden. Once in-person classes can resume, another measurement will be the number of classes in attendance and eventually when a new Farm visitor survey can be completed we will have new data to understand the benefit to all communities in the larger Bay Area.

16. Will more than 75% of the requested funds go towards direct service costs versus administrative costs?

☒ Yes ☐ No

17. Will you collaborate with other organizations to deliver the program/project/event funded by this grant? If so, which organizations?

Improvement projects at Deer Hollow Farm are implemented by a permanent partnership between FoDHF, the City of Mountain View which operates the Farm, the Midpeninsula Regional Open Space District which owns the land and buildings at the Farm, and the County of Santa Clara who own the outer county park area. This has been true for many years and will continue indefinitely.

18. If your organization has ever received financial or in-kind support from the City of Cupertino outside of Community Funding Grants, please describe this support:

FoDHF has not received any support from the City of Cupertino outside of the Community Funding Grant program.

19. Does your organization anticipate receiving additional financial or in-kind support from the City of Cupertino outside of Community Funding Grants for this type of program/project/event (e.g. fee waivers)? If so, please describe this anticipated support:

No, there is no expectation of any funding from the City of Cupertino outside of the Community Funding Grant in this application.

20. If you are a multi-jurisdictional organization, describe any funding requested from other agencies/organizations in regards to this program/project/event request. Indicate whether the funding was granted, denied, or is still pending:

We have applied for and received grants from other foundations, government entities, and other supporters of the Farm in forms which are not restricted to the demonstration garden but may be applied to this project.

21. How would you fund the program/project/event if you do not receive the requested funding?:

FoDHF would seek donations from other sources, including other governments, local foundations, and the general public. FoDHF enjoys a broad base of support. In the past four years, we have received support from the following organizations (to name a few):

- City of Cupertino
- Town of Los Altos Hills
- County of Santa Clara
- Packard Foundation
- Mayfair Foundation
- Gordon & Betty Moore Foundation
- Los Altos Community Foundation
- Los Altos Rotary Endowment Fund
- Mountain View Kiwanis Foundation
- Sereno Properties Foundation (1% for Good Recipient)
- Intero Foundation

#### SECTION 5: PRIOR FUNDING

1. If you received a Community Funding Grant in prior years, indicate the amounts for each year and describe how those funds were used:

FoDHF has received Community Funding Grants approved by the City Council in previous years:

- FY11: \$5,000
- FY12: \$5,000
- FY13: \$10,000
- FY14: \$10,000
- FY15: \$10,000
- FY16: \$10,000
- FY17: \$15,000 - funded new fencing for pig and goat pens, new and upgraded tools and farm equipment
- FY18: \$15,000 - funded remodel of garage/workshop, new storage structures and barn painting
- FY19: \$15,000 - funded upper pasture barn (supporting our on-site breeding program), new gate, new signage -
- FY20: \$15,000 - funding White Barn Renovation project

Through FY16, 100% of these amounts were used to help fund the operations of the Farm. After FY16, the City changed its procedures to require Community Funding Grants to name specific infrastructure projects to be funded. For details, consult the grant requests for those fiscal years.

2. If you received a Community Funding Grant last year:

a. Please provide a line item breakdown of how the Community Funding Grant was used last year in the categories below. If a category is not applicable, put \$0:

i. Admin Staff	\$0
ii. Materials/Equipment	\$15,000
iii. Entertainment	\$0
iv. Room/Venue Rental	\$0
v. Other Professional Services 0	\$0
vi. Other	\$0
<b>Total</b>	<b>\$15,000</b>

b. Who was served by the grant last year?

All visitors to the Farm are served by infrastructure improvements of the White Barn. In FY20, spending was primarily on pre- construction research and design efforts. The construction and stabilization of the White Barn is in it's final stages of completion and anticipate site-work to be done in March 2021.

i. Number of individuals total: 105,000

ii. Number of Cupertino residents: 12000

iii. Particular community groups

Elementary school children (farm tours); families and walk-in visitors

iv. Was the program/project/event available to the entire community/public or are there any eligibility criteria?

The Farm facilities are available to the public-at-large with no entry or parking fees. School farm tours include fees set by the City of Mountain View, but more than 50% of our student visitors attend free of charge, thanks to a

v. Was there a charge or fee for the program/project/event (if applicable)?

No. Admission to Deer Hollow Farm is only charged four days per year when we hold fundraising events to support the Animal Fund.

vi. What outreach methods did your organization use to promote the program/project/event (if applicable)?

We conducted outreach for White Barn donations through directed efforts with our Grants subcommittee and in general donation appeals to our membership list. During the construction, we have been actively sharing progress of the project through our social media channels.

c. Was the program/project/event successful? Please indicate how success was measured:

Yes, the White Barn project work has been successful. FoDHF funding has paid for things such as documentation of the site and facility, historical structure study, initial plan development, and project cost analysis. There were significant unplanned expenses for a study of ADA requirements for historic structures. Overall, FoDHF provided \$195,000 towards this large project with the help of the City of Cupertino Community Funding Grant.

3. Please indicate any additional funding received last year from other sources and provide your financial statement if available:

As indicated above, FoDHF receives funding from many sources, including other government entities, nonprofit foundations, and the general public.

Attached are the FoDHF income statements for:

- FY20, ending 6/30/2020

**Attachments:** Attach your financial statement, and any other helpful information about your project.

[FoDHF Demonstration Garden Project Expenses 2021-2022.pdf](#)

[FoDHF Enhancement Proposal 2021- Garden Images .pdf](#)

[FoDHF 2021 Grants - FY20 Results FY21 Budget.pdf](#)

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Program Manager Signature

President, Friends of Deer Hollow Farm

Date Signed

01/31/2021

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**FRIENDS OF DEER HOLLOW FARM**  
**Statement of Activity & Financial Position**  
**Cash Basis - Unaudited**

**REVENUE****Support**

Grant Revenue	\$ 3,000	\$ 50,078	\$ 53,078
Direct Public Support	65,064	39,294	104,358
Cash donations at the Farm	640	-	640
<b>Total Support</b>	<b>68,704</b>	<b>89,372</b>	<b>158,076</b>

**Fundraising Events, net**

Ohlone Day	(500)	1,470	970
Spooky Time	-	2,860	2,860
Spring Tour	-	-	-
Classes & Other	-	-	-
<b>Total Fundraising Events, net</b>	<b>(500)</b>	<b>4,330</b>	<b>3,830</b>

**Sales, net**

	1,271	500	1,771
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**Investment Income**

	16,228	-	16,228
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**TOTAL REVENUE**

	85,703	94,202	179,905
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**EXPENSES**

Marcomm, Web & Social Media	3,279	-	3,279
Donor Relations	46	-	46
Liability Insurance	2,890	-	2,890
Accounting Consultant	5,464	-	5,464
Office Supplies & Other Expense	1,338	293	1,631
<b>TOTAL EXPENSES</b>	<b>13,016</b>	<b>293</b>	<b>13,310</b>

**NET REVENUE**

	72,686	93,909	166,595
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**Grants Awarded**

Scholarship Program	-	18,590	18,590
Deer Hollow Farm - Animal Care	11,192	40,978	52,170
Deer Hollow Farm - Operations	15,000	11,518	26,518
Deer Hollow Farm - Enhancements	14,895	29,799	44,693
MROSD - White Barn Project	-	-	-
Deer Hollow Farm - Youth/Other Projects	1,152	-	1,152
<b>TOTAL GRANTS AWARDED</b>	<b>42,239</b>	<b>100,884</b>	<b>143,123</b>

**CHANGE IN FUND BALANCE**

	30,447	(6,975)	23,472
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**CASH & INVESTMENTS AT:****BEGINNING OF PERIOD**

	461,602	34,383	495,985
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**END OF PERIOD**

	\$ 492,049	\$ 27,408	\$ 519,457
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**Budget****Fiscal Year 2021**

General	Restricted	Total
\$ -	\$ 51,500	\$ 51,500
66,000	26,000	92,000
1,000	-	1,000
<b>67,000</b>	<b>77,500</b>	<b>144,500</b>
-	-	-
-	-	-
(100)	7,100	7,000
(600)	4,600	4,000
<b>(700)</b>	<b>11,700</b>	<b>11,000</b>
<b>1,000</b>	<b>-</b>	<b>1,000</b>
<b>11,000</b>	<b>-</b>	<b>11,000</b>
<b>78,300</b>	<b>89,200</b>	<b>167,500</b>
4,500	-	4,500
1,150	-	1,150
3,000	-	3,000
10,000	-	10,000
1,625	200	1,825
<b>20,275</b>	<b>200</b>	<b>20,475</b>
<b>58,025</b>	<b>89,000</b>	<b>147,025</b>
-	35,000	35,000
10,300	41,500	51,800
15,000	12,500	27,500
6,600	10,000	16,600
166,000	-	166,000
2,000	-	2,000
<b>199,900</b>	<b>99,000</b>	<b>298,900</b>
<b>(141,875)</b>	<b>(10,000)</b>	<b>(151,875)</b>
<b>492,049</b>	<b>27,408</b>	<b>519,457</b>
<b>\$ 350,174</b>	<b>\$ 17,408</b>	<b>\$ 367,582</b>

**Unrealized Gain (Loss)**

21,709

Total Cash &amp; Investments at FMV at: 6/30/2020

\$ 541,166*Included in General Fund Balance above:**Board Designated - White Barn*\$ 165,881

## Friends of Deer Hollow Farm Proposed Enhancements Budget 2021-2022

Item	Vendor	Price/item	Quantity	Cost	S&H 10%	Tax 9.25%	Total
<b>Barryard Entry Garden</b>							
Metal Doors 36X80	Home Depot	\$ 170.00	2	\$ 340.00	\$ -	\$ 31.45	\$ 371.45
Hardware cloth 4X100 ft	Home Depot	\$ 177.00	13	\$ 2,301.00	\$ -	\$ 212.84	\$ 2,513.84
Oval Galvanized Stock Tank, 3x 8x 2 ft. H, WT328	Tractor Supply	\$ 289.99	5	\$ 1,449.95	\$ -	\$ 134.12	\$ 1,584.07
PT Lumber 4X6X10ft	Home Depot	\$ 32.00	21	\$ 672.00	\$ -	\$ 62.16	\$ 734.16
Paint, 5 gallon	Home Depot	\$ 95.00	3	\$ 285.00	\$ -	\$ 26.36	\$ 311.36
Cement bags	Home Depot	\$ 5.25	63	\$ 331.00	\$ -	\$ 30.62	\$ 361.62
Hardware (hangers, screws) *estimate	Home Depot			\$ 350.00			\$ 350.00
Clear polycarbonate panels	Home Depot	\$ 20.00	20	\$ 400.00	\$ -	\$ 37.00	\$ 437.00
2X4X16 Lumber	Home Depot	\$ 22.00	10	\$ 220.00	\$ -	\$ 20.35	\$ 240.35
				<b>GRAND TOTAL</b>		<b>\$ 5,903.35</b>	

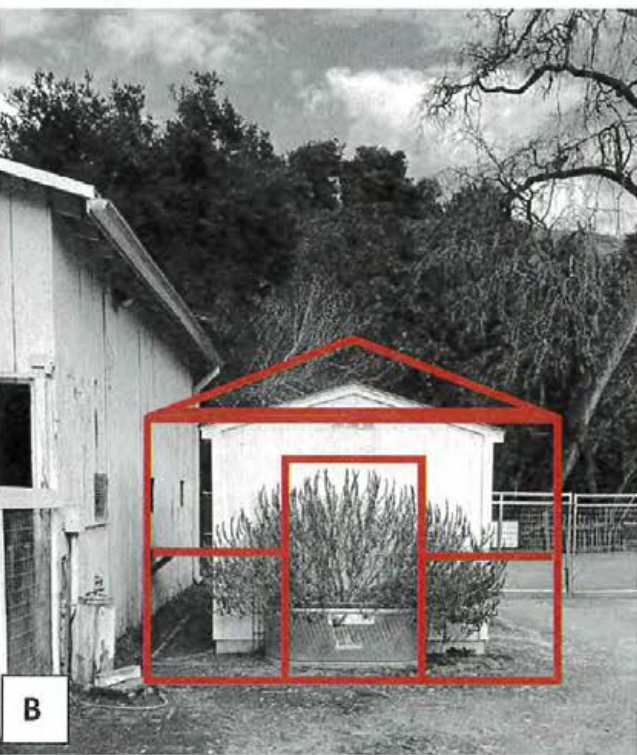
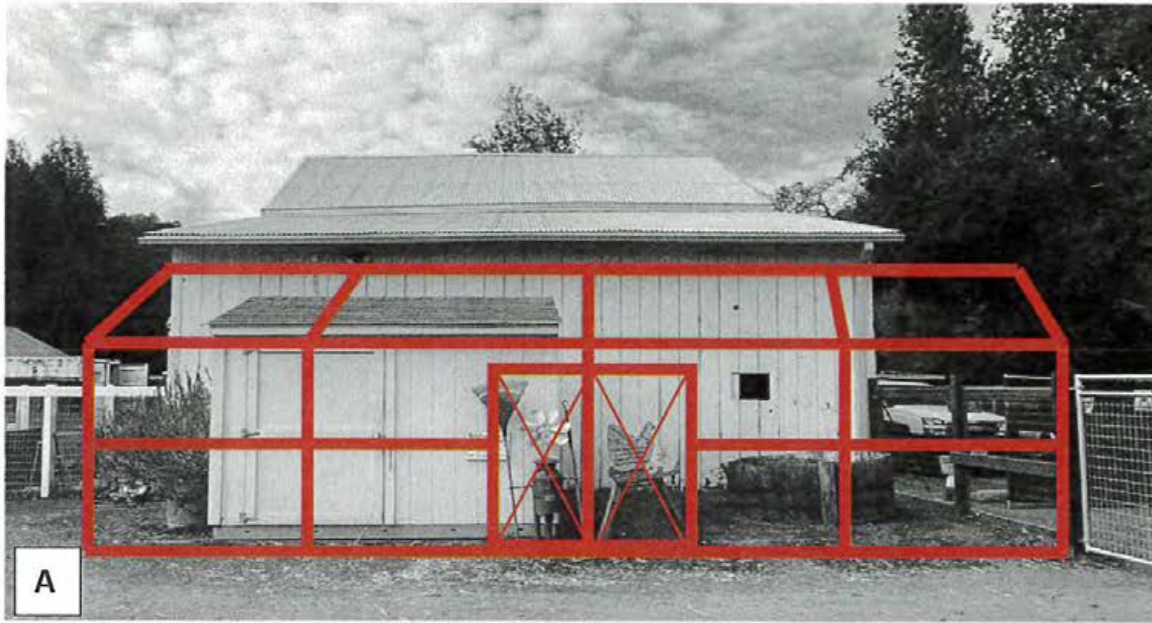
## FODHF Enhancement Proposal 2021-22: Barnyard Entry Garden

A: Front view of the garden enclosure.

The building length is 32 ft, width is 8ft. Roof lowest height is 7 ft. Doors are 4 feet wide.

B: Side View

C: Example of the finished construction



Deer Hollow Farm (Returning) Eligibility Checklist (staff use only)			
Eligibility	YES	NO	Notes:
Be made or sponsored by a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event	X		
Identify how the funds will be used to benefit the Cupertino community	X		
Be awarded only once per project	X		
For specific needs, not on going, operational costs	X		
Have more than 75% of the requested funds allocated for direct service costs versus administrative costs	X		
Be complete and submitted by the application deadline	X		

Restrictions/Guidelines	YES	NO	Notes:
An organization that is applying for multiple grants shall only submit one application			NA
Proceeds generated from the funded activity may only be used for the conducted activity			NA
admission to or participation in the event must be "free of charge" to Cupertino residents unless stated in the application and approved by Parks and Recreation Commission			NA

## Attachment B

☒ Yes    ☐ No    If, Yes, when? 2020

Telephone Number: [REDACTED]

## City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Total # of staff:	7	Total # of Volunteers:	100
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3. **Birding:** We encourage environmental stewardship with our free birdwatching trips, bird photography events and classes, nature speaker series, bio blitzes, and summer programs for kids. As we inspire people to care about birds, we deepen their appreciation of the natural environment that sustains all

**SECTION 4: GRANT REQUESTS**

1. Program/Project/Event Name: **Wildlife & Harvest Festival**  
 2. Date(s) and/or duration of program/project/event (if applicable): **Saturday, October 23 — Sunday, November 28**  
 3. Total program/project/event budget: **\$17,000**  
 4. Requested Amount: **\$8,500** Percent of total program/project/event budget: **50%**  
 5. Program/Project projected income: **\$0** Percentage of your organization's projected income: **0%**  
 6. Type of Request:

- ☐ Capital Improvement  
☐ Program Support  
☒ Event  
☐ One-time project  
☒ Other: Annual Event, now converted to video format for COVID pandemic

7. This grant will fund a(n):

- ☒ Existing program/project/event; established in 1991(year)  
☐ New program/project/event

8. Describe the purpose of requested funds and the services that will be provided:

The funds will be used to purchase the equipment and professional services needed to produce high-quality video content for a month-long Wildlife and Harvest Festival showcasing Cupertino's parks and open spaces and the critical work local grass-roots environmental organizations. In the past this has been a daylong in-person event, but with advent of the pandemic we moved to an online format. We found this to be an incredible opportunity to reach a far broader audience than in the past. This coming year we plan to enhance our offerings with video visits to many of our favorite Cupertino wildlife hot spots and by bringing in new exhibitors who share our mission of inspiring people to care about the natural world that sustains us all.

9. Please provide a line item breakdown of how the funds will be used in the categories below. If a category is not applicable, put \$0:

a) Admin Staff	\$0
b) Materials/Equipment	\$8,500
c) Entertainment	\$0
d) Room/Venue Rental	\$0
e) Other Professional Services Video production	\$0
f) Other	\$0
<b>Total</b>	<b>\$8,500</b>

10. Explain how the request aligns to City mission and values:

Wildlife & Harvest Day aligns with several priorities articulated by Cupertino residents through the City's community outreach process. The event creates opportunities for members of varied cultural backgrounds to learn about nature in a COVID-safe and interactive way. It appeals to multigenerational families by offering engaging video content and activities for all ages from tots and teens to older adults. Because the festival is held in partnership with the City of Cupertino and many other participating environmental and wildlife organizations, it is well aligned with the City's desire to build partnerships while providing residents with diverse recreational activities.

11. Describe how the program/project/event fills a community need. Who identified this need? What other similar project/program/event exists to serve Cupertino residents? How is your proposed project/program/event unique from similar projects/programs/events or how do you collaborate to avoid duplication?

SCVAS's video festival addresses two important needs. The first is the need that almost all of us feel to connect more with nature, particularly in times of stress. The second is desire of local environmental organizations to share their resources, vision, and opportunities for engagement with the broader Cupertino community and beyond. Our COVID-induced shift from a physical event to an extended online festival has enabled us to engage many more attendees, with each visitor finding an exciting collection of guided arts and crafts activities along with engaging educational content suitable for all ages. This coming year we plan to expand our focus beyond McClellan Ranch and Blackberry Farm to other local wildlife-viewing hotspots including Rancho San Antonio Preserve, Stevens Creek County Park, Linda Vista Park, Cupertino Memorial Park, the McClellan Groundwater Recharge Pond.

12. Who will be served by this grant?

The festival serves the Cupertino community and teachers by promoting nature-oriented opportunities in their immediate areas. Exhibitors benefit from the opportunity to reach new audiences, supporters and volunteers. It is hard to predict just how many individuals will be served because of the online format. In 2020 our videos were

viewed by at least 1080 visitors. We have no way of knowing whether any given visit involved a solo viewer, a family group, Scout pack, or fourth-grade classroom.

Attachment B

- a) Number of individuals total: 1,080  
b) Number of Cupertino residents: 0

c) Particular community groups:

The event has always focused on Cupertino residents, we'll continue to promoting our next Wildlife Festival locally. The in-person event has always attracted large multi-generational family groups. Our online festival has attracted interest from elementary school teachers, 4H clubs, Girl Scout troops, master gardeners, native plant enthusiasts, mobility limited nature lovers, backyard birders, amateur naturalists, students interested in green careers, adults looking for volunteer opportunities

d) Will the program/project/event be available to the entire community/public or are there any eligibility criteria? The festival is open to everyone.

e) Will there be a charge or fee for the program/project/event (if applicable)  
No.

f) What outreach methods does your organization use to promote the program/project/event (if applicable)?

We will promote the 2021 festival through our quarterly newsletter, monthly email updates, website, invitations to schools we serve with our educational programs, as well as public notices on local bulletin boards, Nextdoor, and local libraries and businesses. We will also post information on social media channels including Facebook and Instagram. We hope to grow our online audience by building on our 2020 experience to create more compelling and varied content.

13. Describe how the funds will be used to benefit or impact the Cupertino community:

Cupertino is blessed with a wealth of open spaces and native wildlife as well as non-profit organizations that share our desire to inspire people to explore the natural world around us. Our goal is to help all who live here to see, hear, and experience the natural wonders close to their homes—the birds, mammals, plants, and trails. By introducing our community to citizen science activities such as Project Feederwatch, engaging our children with animal-related crafts, and enticing both young and old to visit our parks and walk our trails, we aim to enhance the lives of both the people and the wildlife who call Cupertino home.

14. Demonstrate that the member implementing and managing the program/project/event have adequate experience:

SCVAS staff and volunteers began organizing Wildlife Education Day in 1991. Our 30 years of experience at mounting this festival with its many moving parts was a factor in the City of Cupertino's decision in 2016 to join with SCVAS to create Wildlife & Harvest Day. Our current staff brings a wealth of experience in environmental education, online content development, event planning and marketing, managing exhibitors and vendors, and in recruiting and training legions of student and adult volunteers.

15. How will success of the program/project/event be measured?:

Our web server provides metrics on visitor traffic which we have seen increase by double-digits during the festival. We also receive detailed analytics from YouTube regarding unique views, likes, etc.

We also measure success in terms of exhibitor satisfaction. Most tell us that they choose to return year after year because they are so pleased with the increased exposure and interest they see during the festival. While most of our exhibitors are based in Santa Clara and San Mateo counties, we draw some from as far away Marin and Sonoma counties.

In addition, we gather anecdotal evidence of success from viewers who make a point of telling us how much enjoyed the event, how much they learned, and that they look forward to future festivals.

16. Will more than 75% of the requested funds go towards direct service costs versus administrative costs?

☒ Yes ☐ No

17. Will you collaborate with other organizations to deliver the program/project/event funded by this grant? If so, which organizations?

We partner with the City of Cupertino and its Environmental Services Department to host this event. We also invite other organizations to host information and activity booths including:

Bay Area Herpetological Society Cavity Nesters Recovery Program  
Cupertino Green Environmental Volunteers  
Felidae Conservation Fund Friends of Stevens Creek Trail  
Grassroots Ecology Guadalupe River Park Conservancy  
Marine Science Institute Mickaboo Companion Bird Rescue

18. If your organization has ever received financial or in-kind support from the City of Cupertino outside of Community Funding Grants, please describe this support:  
 We have not received such funding.

19. Does your organization anticipate receiving additional financial or in-kind support from the City of Cupertino outside of Community Funding Grants for this type of program/project/event (e.g. fee waivers)? If so, please describe this anticipated support:  
 No

20. If you are a multi-jurisdictional organization, describe any funding requested from other agencies/organizations in regards to this program/project/event request. Indicate whether the funding was granted, denied, or is still pending:  
 We do not currently have any other grant requests pending to fund this event.

21. How would you fund the program/project/event if you do not receive the requested funding?:  
 If we do not receive the requested funding, we will use donations from our members to partially fund the event and seek other grant opportunities.

If no other funding is secured, we will have to consider scaling back or cancelling next fall's festival.

#### SECTION 5: PRIOR FUNDING

1. If you received a Community Funding Grant in prior years, indicate the amounts for each year and describe how those funds were used:

SCVAS received a Community Funding Grant for the Wildlife and Harvest Festival in 2019 for \$10,000, which covered roughly half of our costs in planning and staging the event. This grant enabled us to improve our varied offerings at the festival despite our own budget constraints and in the face of rising program costs. In 2020 we received \$7500 for a physical event, but due to COVID We converted it to an all-virtual, month-long video festival. Expenses included equipment needed for produce video content. Other direct costs included staff time and expertise need to recruit exhibitors; to film, edit, and produce online video content; and to promote the festival in its new format.

2. If you received a Community Funding Grant last year:

a. Please provide a line item breakdown of how the Community Funding Grant was used last year in the categories below. If a category is not applicable, put \$0:

i. Admin Staff	\$9,281
ii. Materials/Equipment	\$270
iii. Entertainment	
iv. Room/Venue Rental	
v. Other Professional Services	
vi. Other	
<b>Total</b>	<b>\$9,551</b>

b. Who was served by the grant last year?

We had well over 1080 unique visitors to the video festival.

i. Number of individuals total: 1,080

ii. Number of Cupertino residents:

iii. Particular community groups

Not available due to the online nature of this festival. We can only assume that the majority were Cupertino residents as that where we focused our promotion.

iv. Was the program/project/event available to the entire community/public or are there any eligibility criteria?

We promoted it widely in the immediate community, but we also expanded it to Santa Clara County as a whole. With every view, attendees were exposed to local non-profit organizations in the wildlife and environmental arena, and each exhibitor was given valuable exposure to community members of whom they may not have been aware of or fully understood.

v. Was there a charge or fee for the program/project/event (if applicable)?

The event has always been free to attendees.

vi. What outreach methods did your organization use to promote the program/project/event (if applicable)? We approached schools, posted on local bulletin boards, Nextdoor, Libraries, etc., we hoped to attract members of the local community. We will also promote beyond these channels with Facebook and Instagram and our entire county-wide membership. Attachment B

c. Was the program/project/event successful? Please indicate how success was measured:

We have always considered the event successful, due to the enthusiasm and excitement of attendees young and old. With the shift toward virtual, we did not know what to expect. We feel it was enormously positive for the community, spotlighting local opportunities for rich outdoor and wildlife learning experiences, as well as the activities of dozens of local environmental, animal, and community-service programs such as Midpeninsula Open Space, Open Space Authority, 4 h, Girl Scouts, Bee Keepers, and Master Gardeners, just to name a few.

3. Please indicate any additional funding received last year from other sources and provide your financial statement if available:

All additional funding was provided by the members of the Santa Clara Valley Audubon Society.

In 2019 we created a short video of the pre-COVID Wildlife and Harvest Day celebration to show our members how this festival supports our mission of inspiring people to care about birds and the habitats that support all wildlife. In 2020 we created 50 videos to capture the energy and excitement of the event and a final wrap-up video. To see the videos, please visit:

<https://youtu.be/ISTWg1nLh08>. (2019)

<https://www.youtube.com/watch?v=KFUxANevlZA&feature=youtu.be> (2020)

**Attachments:** Attach your financial statment, and any other helpful information about your project.

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Program Manager Signature

Executive Director

Date Signed

02/01/2021

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**Silicon Valley Audubon Society (Returning) Eligibility Checklist (staff use only)**

<u>Eligibility</u>	YES	NO	Notes:
Be made or sponsored by a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event	X		
Identify how the funds will be used to benefit the Cupertino community	X		
Be awarded only once per project		X	Organization has previously been awarded funds for the requested purpose (most recent funding received FY 2020-21 through Community Funding Grant)
For specific needs, not on going, operational costs	X		
Have more than 75% of the requested funds allocated for direct service costs versus administrative costs	X		
Be complete and submitted by the application deadline	X		

<u>Restrictions/Guidelines</u>	YES	NO	Notes:
An organization that is applying for multiple grants shall only submit one application			NA
Proceeds generated from the funded activity may only be used for the conducted activity			NA
admission to or participation in the event must be "free of charge" to Cupertino residents unless stated in the application and approved by Parks and Recreation Commission			NA

**City of Cupertino  
Fiscal Year 2021  
Community Funding Grant Application**

Attachment B

Have you ever received a City of Cupertino Community Funding Grant in the past?

☒ Yes    ☐ No    If, Yes, when? We were awarded a grant for the current fiscal year

**SECTION 1: CONTACT INFORMATION**

Legal Name of Organization:	West Valley Community Services of Santa Clara County, Inc.		
Web Address:	www.wvcommunityservices.org		
Mailing Address:	10104 Vista Drive		
City:	Cupertino	Zip: 95014	Phone: [REDACTED]
President/Executive Director:	Josh Selo	Title:	Executive Director
Email:	joshs@wvcommunityservices.org	Telephone Number:	[REDACTED]
Contact Person:	Sujatha Venkatraman	Title:	Associate Executive Director
Email Address:	sujathav@wvcommunityservices.org	Telephone Number:	[REDACTED]

**SECTION 2: NON-PROFIT INFORMATION**

501(c)(3)? ☒ Yes    ☐ No    Year Established 1973    Federal Tax ID: [REDACTED]

Fiscal Sponsor Name:

Fiscal Sponsor Address:

City:    Zip:    Phone:

**SECTION 3: ORGANIZATION INFORMATION**

Total Organization Budget:	\$3,370,074	Total # of Board Members:	19
Total # of staff:	26	Total # of Volunteers:	300

Mission Statement:  
To unite the community to fight hunger and homelessness.

**Brief Description of Organization:**

West Valley Community Services is a nonprofit organization that has been providing safety net services to low income and homeless individuals and families in the west valley region of Santa Clara County for more than 48 years. Over the last few years, income disparity and housing scarcity have continued to make it difficult for low income and homeless families to live in Silicon Valley. The Silicon Valley Index continues to report that almost 30% of Bay Area residents are unable to afford food and rent. Homelessness has increased by 31% in Santa Clara County in the past 2 years. Housing costs have increased by 13-16% since 2014, while income levels have stagnated for low and middle income workers. As a result, demand for our services has increased exponentially, particularly in light of COVID-19 and the pandemic's disproportionate impact on low income communities and communities of color.

**Brief Description of Services Provided:**

WVCS' services are intended to help low-income and homeless individuals and families become self-sufficient by improving accessibility to services and basic needs assistance, and promoting a connection to the community. We achieve this outcome through an array of programs and services:

- By providing emergency rental and utility assistance, WVCS is preventing clients from evictions and homelessness. With this help clients are prevented from entering the downward spiral that can make returning to stability difficult or impossible.
- By providing food, WVCS is preventing hunger, improving health and nutrition, and enabling clients to spend more of their financial resources on housing, transportation, medical costs, and other life essentials.
- By providing case management, information, and referrals, WVCS is helping clients find the resources they need to acquire suitable housing, learn about public benefits, eat more healthfully, cover health care expenses, and much more.

**SECTION 4: GRANT REQUESTS**

1. Program/Project/Event Name: Gift of Hope Holiday Program
2. Date(s) and/or duration of program/project/event (if applicable): December 11, 2021
3. Total program/project/event budget: \$45,000
4. Requested Amount: \$10,000 Percent of total program/project/event budget: 22%
5. Program/Project projected income: \$0 Percentage of your organization's projected income:
6. Type of Request:
- ☐ Capital Improvement
- ☒ Program Support
- ☐ Event
- ☐ One-time project
- ☐ Other:

7. This grant will fund a(n):

- ☒ Existing program/project/event; established in 2000(year)
- ☐ New program/project/event

8. Describe the purpose of requested funds and the services that will be provided:

The December holidays are a challenging time for many people, and especially for families living in poverty. Isolation, stress, and food scarcity stand out starkly at a time when many community members are preparing festive meals, purchasing gifts, or preparing for remote or in person family gatherings. The reality for low income and homeless families is very different, as families that are struggling on a daily basis in the face of food or housing insecurity are unable to celebrate the holidays, and may not even have enough money to purchase seasonally appropriate clothing for themselves or their children. This reality causes increased stress and mental anguish, which can have long-term cognitive impacts, particularly on young people living in low income families. Gift of Hope was launched many years ago to strike at the heart of these challenges by providing WVCS clients with food, needed household items, and seasonally appropriate clothing during the December holiday season.

9. Please provide a line item breakdown of how the funds will be used in the categories below. If a category is not applicable, put \$0:

a) Admin Staff	
b) Materials/Equipment	\$10,000
c) Entertainment	
d) Room/Venue Rental	
e) Other Professional Services	
f) Other	
<b>Total</b>	<b>\$10,000</b>

10. Explain how the request aligns to City mission and values:

According to the City of Cupertino's general plan, Cupertino seeks to create a community that is balanced and inclusive for all residents. This program helps realize that vision by serving the needs of our community's low income and homeless residents.

11. Describe how the program/project/event fills a community need. Who identified this need? What other similar project/program/event exists to serve Cupertino residents? How is your proposed project/program/event unique from similar projects/programs/events or how do you collaborate to avoid duplication?

Over the last few years, income disparity and housing scarcity have continued to make it difficult for low income and homeless families to survive in Silicon Valley. The Silicon Valley Index continues to report that almost 30% of Bay Area residents are unable to afford food and rent. Homelessness has increased by 31% in the past 2 years. Housing costs have increased by 13-16% since 2014, while income levels have stagnated for low and middle income workers. An added complication this past year was COVID-19, which disproportionately impacted low income communities. As an essential business, we operated throughout the pandemic, providing three critical resources: food, rental assistance, and case management. By the end of last year, we had helped more than 4,600 low income and homeless folks, an annual increase of 39%. Gift of Hope provides a seasonal response to the growing demand for help, and there are no other program similar to it that fill this need in Cupertino.

12. Who will be served by this grant?

This grant will directly serve 300 low income or homeless Cupertino residents.

- a) Number of individuals total: 900
- b) Number of Cupertino residents: 300

c) Particular community groups:

This program serves low income and homeless residents living at or below 250% of the federal poverty line.

d) Will the program/project/event be available to the entire community/public or are there any eligibility criteria? Yes, this program is open to the entire community. West Valley Community Services clients will receive food, household items, and seasonally appropriate clothing, and Cupertino residents will be invited to participate as volunteers, to the extent that COVID-19 and social distancing allows.. Attachment B

e) Will there be a charge or fee for the program/project/event (if applicable)  
There is no charge or fee for this program.

f) What outreach methods does your organization use to promote the program/project/event (if applicable)?  
This event is promoted on our website, in our agency newsletter, in our client newsletter, and on social media. There is also usually an article about it in The Mercury News/Cupertino Courier.

13. Describe how the funds will be used to benefit or impact the Cupertino community:

The Gift of Hope program provides gifts to homeless and low income families living in our service area during the December holiday season. Gifts include traditional items, such as toys and small household appliances, as well as food and seasonally appropriate clothing items that families cannot afford, such as jackets, gloves, hats, and warm socks. In addition to providing much needed items to families struggling financially, the program allows families living in poverty to preserve household assets for critical household needs including rent, utilities, and transportation.

14. Demonstrate that the member implementing and managing the program/project/event have adequate experience:

The program is overseen by Sujatha Venkatraman, WVCS Associate Executive Director. Sujatha has more than 15 years of nonprofit experience, with a focus on program and policy development, strategic planning, grants and contract management, curriculum development and implementation, and community organization. Sujatha earned her Masters degree in Social Work from the Delhi School of Social Work, and has a Masters in Psychology from the University of West Georgia. Prior to working for West Valley Community Services, Sujatha worked at the Little City Foundation and United Cerebral Palsy of GA/SC. Program implementation is led by WVCS employees Trishya Movilla and Anh Nguyen under Sujatha's direction.

15. How will success of the program/project/event be measured?:

Event success is measured by feedback we receive from clients on our annual client survey.

16. Will more than 75% of the requested funds go towards direct service costs versus administrative costs?

☒ Yes ☐ No

17. Will you collaborate with other organizations to deliver the program/project/event funded by this grant? If so, which organizations?

This program is offered in collaboration with the local faith communities, service organizations, foundations, and corporations.

18. If your organization has ever received financial or in-kind support from the City of Cupertino outside of Community Funding Grants, please describe this support:

WVCS is a longtime partner with the City of Cupertino, and has received both Human Services and CBDG grants from the City.

19. Does your organization anticipate receiving additional financial or in-kind support from the City of Cupertino outside of Community Funding Grants for this type of program/project/event (e.g. fee waivers)? If so, please describe this anticipated support:

We do not anticipate receiving any additional financial support from the City of Cupertino for this program.

20. If you are a multi-jurisdictional organization, describe any funding requested from other agencies/organizations in regards to this program/project/event request. Indicate whether the funding was granted, denied, or is still pending:

We have not applied for funding from other City or Town jurisdictions for this program. Funding provided by the City of Cupertino would be used to support Cupertino residents only.

21. How would you fund the program/project/event if you do not receive the requested funding?:

In order to fund this event, we fundraise from multiple sources throughout the year.

#### SECTION 5: PRIOR FUNDING

1. If you received a Community Funding Grant in prior years, indicate the amounts for each year and describe how those funds were used:

We have received the following Community Funding grants from the City of Cupertino:  
2019 - \$20,000 - build a shaded structure outside of our pantry to support the needs of WVCS clients and volunteers

Attachment B

2020 - \$20,000 - support the pantry and program space expansion at our office in Cupertino

2. If you received a Community Funding Grant last year:

a. Please provide a line item breakdown of how the Community Funding Grant was used last year in the categories below. If a category is not applicable, put \$0:

i. Admin Staff	
ii. Materials/Equipment	
iii. Entertainment	
iv. Room/Venue Rental	
v. Other Professional Services	
vi. Other Capital	\$20,000
<b>Total</b>	<b>\$20,000</b>

b. Who was served by the grant last year?

Last year's grant served low income and homeless clients coming to WVCS for food or assistance.

i. Number of individuals total: 4,666

ii. Number of Cupertino residents: 1,260

iii. Particular community groups

No particular community groups were served by prior funding.

iv. Was the program/project/event available to the entire community/public or are there any eligibility criteria?

All WVCS programs are available to the entire community, either as clients or volunteers.

v. Was there a charge or fee for the program/project/event (if applicable)?

There was no charge or fee.

vi. What outreach methods did your organization use to promote the program/project/event (if applicable)?

This project was promoted in our agency newsletters, in our social media, and in The Mercury News.

c. Was the program/project/event successful? Please indicate how success was measured:

The event was successful - the capital project should be done by the end of April 2021.

3. Please indicate any additional funding received last year from other sources and provide your financial statement if available:

This funding was part of an overall capital campaign that we conducted to raise \$2.125M to expand our food pantry, program spaces, and build a new mobile food pantry. In addition to the funding from the City of Cupertino, we received funding from Santa Clara County, Kaiser, Sunlight Giving, Bank of America, the MYDAR Foundation, and a variety of individual sources.

**Attachments:** Attach your financial statement, and any other helpful information about your project.

[Audit 2019 West Valley Community Services Final.pdf](#)

[Gift of Hope Program Budget.pdf](#)

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Program Manager Signature

Executive Director

Date Signed

01/15/2021

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WEST VALLEY COMMUNITY SERVICES  
OF SANTA CLARA COUNTY

JUNE 30, 2019

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INDEPENDENT AUDITORS' REPORT

AND

FINANCIAL STATEMENTS

# **West Valley Community Services of Santa Clara County**

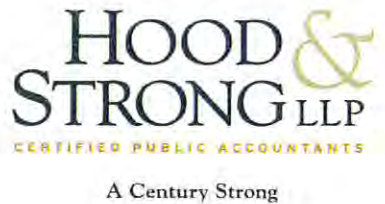
## **Independent Auditors' Report and Financial Statements**

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<b>Independent Auditors' Report</b>	<b>1 - 2</b>
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### **Financial Statements:**

Statement of Financial Position	3
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Statement of Cash Flows	6
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## **Independent Auditors' Report**

TO THE BOARD OF DIRECTORS  
WEST VALLEY COMMUNITY SERVICES  
OF SANTA CLARA COUNTY  
Cupertino, California

We have audited the accompanying financial statements of **WEST VALLEY COMMUNITY SERVICES OF SANTA CLARA COUNTY (the Organization)**, which comprise the statement of financial position as of June 30, 2019, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of West Valley Community Services of Santa Clara County as of June 30, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### **Report on Summarized Comparative Information**

We have previously audited the Organization's 2018 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated January 9, 2019. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2018, is consistent, in all material respects, with the audited financial statements from which it has been derived.

### **Effect of Adopting New Accounting Standard**

As described in Note 2, the Organization adopted the Financial Accounting Standards Board Accounting Standards Update (ASU) 2016-14, Not-For-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities. Accordingly, the accounting change has been retrospectively applied to prior periods presented with the exception of the omission of certain information as permitted by the ASU. Our opinion is not modified with respect to that matter.

*Hood & Strong LLP*

San Jose, California  
January 15, 2020

# West Valley Community Services of Santa Clara County

## Statement of Financial Position

<i>June 30, 2019 (with comparative totals for 2018)</i>	2019	2018
<b>Assets</b>		
Cash	\$ 448,019	\$ 569,319
Grants and awards receivable	437,424	491,834
Prepaid expenses	80,658	67,474
Total current assets	966,101	1,128,627
Investments	1,876,865	1,492,314
Prepaid land lease, net	759,590	779,765
Property and equipment, net	3,217,338	3,292,798
Total assets	\$ 6,819,894	\$ 6,693,504
<b>Liabilities and Net Assets</b>		
<b>Liabilities:</b>		
Current portion of long-term debt	\$ 11,611	\$ 32,569
Accounts payable	30,264	13,226
Accrued compensation	113,202	101,357
Deferred revenue	7,100	9,750
Refundable deposits	24,408	21,643
Total current liabilities	186,585	178,545
Accrued interest	198,069	856,453
Long-term debt, net of current portion	4,016,208	4,111,950
Total liabilities	4,400,862	5,146,948
<b>Net Assets:</b>		
Without donor restrictions:		
Undesignated (deficit)	685,129	(63,556)
Designated for replacement reserves	307,200	288,000
Total without donor restrictions	992,329	224,444
With donor restrictions	1,426,703	1,322,112
Total net assets	2,419,032	1,546,556
Total liabilities and net assets	\$ 6,819,894	\$ 6,693,504

See accompanying notes to financial statements.

# West Valley Community Services of Santa Clara County

## Statement of Activities

Year Ended June 30, 2019 (with comparative totals for 2018)

	2019			2018
	Without Donor Restrictions	With Donor Restrictions	Total	Total
<b>Public Support and Revenue:</b>				
Government awards	\$ 1,246,729		\$ 1,246,729	\$ 1,147,490
Foundation grants	331,453	\$ 323,000	654,453	452,248
Contributions	291,676	241,141	532,817	386,045
In-kind contributions	1,648,009		1,648,009	1,571,493
United Way		60,000	60,000	171,000
Special events, net of direct expense of \$60,437 and \$46,550, respectively	182,165	4,000	186,165	181,697
Program fees and rental income	389,422		389,422	353,931
Investment income	64,104		64,104	84,111
Forgiveness of debt	671,133		671,133	2,000
Net assets released from restrictions	523,550	(523,550)		
<b>Total public support and revenue</b>	<b>5,348,241</b>	<b>104,591</b>	<b>5,452,832</b>	<b>4,350,015</b>
<b>Expenses</b>				
<b>Program services:</b>				
Vista Village housing	559,362		559,362	511,685
Affordable housing				3,068
Family assistance	3,465,687		3,465,687	2,853,802
Greenwood Apartments	105,124		105,124	76,999
<b>Total program services</b>	<b>4,130,173</b>	<b>-</b>	<b>4,130,173</b>	<b>3,445,554</b>
<b>Supporting services:</b>				
Management and general	188,432		188,432	233,537
Fundraising	261,751		261,751	206,411
<b>Total supporting services</b>	<b>450,183</b>	<b>-</b>	<b>450,183</b>	<b>439,948</b>
<b>Total expenses</b>	<b>4,580,356</b>	<b>-</b>	<b>4,580,356</b>	<b>3,885,502</b>
<b>Change in Net Assets</b>	<b>767,885</b>	<b>104,591</b>	<b>872,476</b>	<b>464,513</b>
<b>Net Assets, beginning of year</b>	<b>224,444</b>	<b>1,322,112</b>	<b>1,546,556</b>	<b>1,082,043</b>
<b>Net Assets, end of year</b>	<b>\$ 992,329</b>	<b>\$ 1,426,703</b>	<b>\$ 2,419,032</b>	<b>\$ 1,546,556</b>

See accompanying notes to financial statements.

# West Valley Community Services of Santa Clara County

## Statement of Functional Expenses

Year Ended June 30, 2019 (with comparative totals for 2018)

	2019						2018	
	Vista Village	Family Assistance	Greenwood Apartments	Total Program	Management and General	Fundraising	Total	Total
Salaries	\$ 162,257	\$ 801,936	\$ 20,856	\$ 985,049	\$ 43,114	\$ 145,332	\$ 1,173,495	\$ 1,060,801
Payroll taxes	15,042	67,243	1,811	84,096	2,759	12,233	99,088	92,253
Employee benefits	28,643	127,037	1,348	157,028	23,935	27,194	208,157	152,065
<b>Subtotal salaries and benefits</b>	<b>205,942</b>	<b>996,216</b>	<b>24,015</b>	<b>1,226,173</b>	<b>69,808</b>	<b>184,759</b>	<b>1,480,740</b>	<b>1,305,119</b>
Conferences and meetings	45	3,522	7	3,574	12,332	4,448	20,354	15,627
Direct assistance, including in-kind of \$1,648,009 and \$1,571,493, respectively		2,203,412		2,203,412			2,203,412	1,767,367
Dues, fees and other charges	137	9,529	2,674	12,340	3,211	7,611	23,162	19,935
Equipment	3,108	13,601	357	17,066	858	1,984	19,908	10,531
Insurance	8,501	28,904		37,405	16,971	5,840	60,216	40,318
Interest	9,217		13,259	22,476			22,476	74,557
Maintenance and repairs	19,714	25,062	7,227	52,003	3,045	1,478	56,526	44,376
Outside services	11,785	43,034	5,136	59,955	55,051	40,134	155,140	125,558
Postage	354	1,733	46	2,133	1,122	2,241	5,496	3,847
Printing		448		448	1,487	6,142	8,077	13,265
Other expenses	7,945	79,321	1,006	88,272	9,840	1,524	88,272	67,513
Supplies	455	4,812	61	5,328			16,692	31,666
Telephone	1,896	10,569	180	12,645	441	1,492	14,578	15,389
Travel		13,795		13,795	2,547	2,094	18,436	9,838
Utilities	39,665	11,359	3,776	54,800	655	2,004	57,459	43,533
<b>Subtotal before depreciation and amortization</b>	<b>308,764</b>	<b>3,445,317</b>	<b>57,744</b>	<b>3,811,825</b>	<b>177,368</b>	<b>261,751</b>	<b>4,250,944</b>	<b>3,588,439</b>
<b>Depreciation and amortization</b>	<b>250,598</b>	<b>20,370</b>	<b>47,380</b>	<b>318,348</b>	<b>11,064</b>		<b>329,412</b>	<b>297,063</b>
<b>Total expenses as shown on the Statement of Activities</b>	<b>559,362</b>	<b>3,465,687</b>	<b>105,124</b>	<b>4,130,173</b>	<b>188,432</b>	<b>261,751</b>	<b>4,580,356</b>	<b>3,885,502</b>
<b>Direct benefit to participants of special events</b>						<b>60,437</b>	<b>60,437</b>	<b>46,530</b>
<b>Total</b>	<b>\$ 559,362</b>	<b>\$ 3,465,687</b>	<b>\$ 105,124</b>	<b>\$ 4,130,173</b>	<b>\$ 188,432</b>	<b>\$ 322,188</b>	<b>\$ 4,640,793</b>	<b>\$ 3,932,052</b>

See accompanying notes to financial statements.

# West Valley Community Services of Santa Clara County

## Statement of Cash Flows

<i>Year Ended June 30, 2019 (with comparative totals for 2018)</i>	2019	2018
<b>Cash Flows from Operating Activities</b>		
Change in net assets	\$ 872,476	\$ 464,513
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Realized and unrealized gain on investments	(26,334)	(60,603)
Recognition of forgiveness of debt	(671,133)	(2,000)
Amortization of land lease	20,175	20,175
Depreciation expense	309,237	276,888
In-kind donation of property and equipment		(42,965)
Change in operating assets and liabilities:		
Grants and awards receivable	54,410	(122,629)
Prepaid expenses	(13,184)	(36,678)
Accounts payable	17,038	(55,795)
Accrued compensation	11,845	13,343
Deferred revenue	(2,650)	(1,975)
Refundable deposits	2,765	1,389
Accrued interest	10,750	56,586
Net cash provided by operating activities	585,395	510,249
<b>Cash Flows from Investing Activities:</b>		
Purchase of investments	(452,217)	(333,691)
Proceeds from sale of investments	94,000	66,997
Property and equipment additions	(233,777)	(331,602)
Net cash used by investing activities	(591,994)	(598,296)
<b>Cash Flows from Financing Activities</b>		
Principal payments on long term obligations	(114,701)	(29,658)
Net cash used by investing activities	(114,701)	(29,658)
<b>Net Change in Cash and Cash Equivalents</b>	(121,300)	(117,705)
<b>Cash and Cash Equivalents, beginning of year</b>	569,319	687,024
<b>Cash and Cash Equivalents, end of year</b>	\$ 448,019	\$ 569,319
<b>Supplemental Disclosures:</b>		
Cash paid for interest expense	\$ 8,939	\$ 16,334

See accompanying notes to financial statements.

## West Valley Community Services of Santa Clara County

### Notes to the Financial Statements

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#### Note 1 - Description of the Organization:

West Valley Community Services of Santa Clara County (the Organization) is a community-based non-profit health and welfare Organization, incorporated in the state of California in 1976. The Organization's mission is to unite the community to fight hunger and homelessness and its vision is a community where every person has food on the table and every person has a roof over their head.

The Organization owns and operates a twenty-four unit housing complex (Vista Village) and a four-plex (Greenwood Apartments) for low-income families and individuals. The Organization provides a food closet supplied by Second Harvest Food Bank, local grocery stores, and bakeries for low-income families. The Organization works closely with a variety of local agencies to provide families with information and referral services, to help the emergency needs of lower income families residing within the community and accepts donations that are passed to individuals and families on an as needed basis for emergency assistance. The Organization provides parenting workshops and intensive case management services to higher risk families.

#### Note 2 - Summary of Significant Accounting Policies:

##### a. Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting in accordance with U.S generally accepted accounting principles (U.S. GAAP).

##### b. Description of Net Assets

*Net Assets Without Donor Restrictions* – the portion of net assets that are not restricted by donor-imposed stipulations. These net assets are intended for use by management and the Board for general operations. The Board has designated certain net assets without donor restrictions as long-term asset replacement reserves.

*Net Assets With Donor Restrictions* – the portion of net assets that are subject to donor-imposed stipulations. Some donor-imposed stipulations are temporary in nature, the use of which is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Organization. Some donor-imposed stipulations are permanent in nature, the use of which is limited by donor-imposed stipulations that neither expire by passage of time nor can be removed by actions of the Organization.

## West Valley Community Services of Santa Clara County

### Notes to the Financial Statements

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c. Revenue Recognition

The Organization recognizes grants and contributions, including unconditional promises to give, as revenue at their fair value in the period the grant or contribution is made. Contributed support that is restricted by the donor is reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the support is recognized. If a donor restriction is not met within the year in which it is received, it is recognized as net assets with donor restrictions. When such restrictions expire, that is, when a stipulated time restriction ends or a purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported as net assets released from restrictions. All other contributed support is recognized as revenue without donor restrictions when received or unconditionally promised.

Revenues from government agencies are recognized when the services are rendered and costs incurred.

Program fees and rental income are recognized in the period the service is provided.

In-kind contributions are recognized at fair market value when donated. In-kind services, which require a specialized skill and which the Organization would have paid for if not contributed, have been recorded at their estimated fair market value as appropriate.

d. Cash and Cash Equivalents

Cash and cash equivalents consist of cash and money market funds. For purposes of reporting cash flows, the Organization considers all highly liquid investments with a maturity of 90 days or less at the date of purchase to be cash equivalents.

e. Grants and Awards Receivable

Receivables are stated at the amount management expects to collect from outstanding balances. There was no allowance for doubtful accounts as all amounts are deemed fully collectable.

f. Investments and Endowment Assets

The Organization reports its investments at their fair value. Investment earnings, including realized and unrealized gains and losses, are recorded in the Statement of Activities in the period they occur. Interest and dividend income are recorded when earned.

## West Valley Community Services of Santa Clara County

### Notes to the Financial Statements

---

g. Property and Equipment

Purchased property and equipment are stated at cost. Significant donated property and equipment are recorded at their estimated fair value on the date of receipt. Depreciation is computed using the straight-line method over the estimated useful lives of the assets ranging from five to twenty-seven and one half years. The Organization capitalizes property and equipment with a value over \$750.

h. Deferred Revenue and Refundable Deposits

Income received from tenants relating to their last month of occupancy is deferred and recognized in the tenant's last month of occupancy. Refundable deposits represent cleaning deposits received from tenants.

i. Fair Value Measurements

The Organization classifies its financial instruments measured at fair value on a recurring basis based on a fair value hierarchy with three levels of inputs as described below. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Level 1 values are based on unadjusted quoted prices in active markets for identical instruments. Level 2 values are based on significant observable market inputs, such as quoted prices for similar instruments or unobservable inputs that are corroborated by market data. Level 3 values are based on unobservable inputs that are not corroborated by market data. The valuation levels are not necessarily an indication of the risk or liquidity associated with the underlying instrument.

j. Functional Expense Allocations

Direct costs are charged directly to the applicable program or services. Indirect costs, related to more than one function, are allocated to programs and services by management based on estimates of time spent.

k. Income Taxes

The Organization is exempt from federal and state income taxes under section 501(c)(3) of the Internal Revenue Code and Section 23701(d) of the California Revenue and Taxation Code. In addition, the Organization has been determined by the Internal Revenue Service not to be a private foundation within the meaning of Section 509(a) of the Internal Revenue Code.

# West Valley Community Services of Santa Clara County

## Notes to the Financial Statements

The Organization evaluates its uncertain tax positions and will recognize a loss contingency when it is probable that a liability has been incurred as of the date of the financial statements and the amount of the loss can be reasonably estimated. Management has concluded that the Organization has taken no uncertain tax positions that would require adjustments to the financial statements.

### l. Comparative Financial Information

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with U.S. GAAP. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended June 30, 2018 from which the summarized information was derived.

### m. Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

### n. Recent Accounting Pronouncements

#### *Adopted*

In August 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities* (Topic 958) Presentation of Financial Statements of *Not-for-Profit Entities*, which changes presentation and disclosure requirements for nonprofit entities to provide more relevant information about their resources (and the changes in those resources) to donors, granters, creditors, and other users. These include qualitative and quantitative requirements in the following areas: net asset classes, investment return, expenses, and liquidity. This ASU was adopted as of July 1, 2018. Accordingly, the accounting change has been retrospectively applied to all periods presented with the exception of the omission of prior year liquidity and availability of resource information as permitted by the ASU.

#### *Pronouncement effective in the future*

In June 2018, the FASB issued ASU 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. This ASU clarifies and improves current guidance about whether a transfer of assets, or the reduction, settlement or cancellation of liabilities, is a contribution or an exchange transaction. It provides a framework for determining whether a contribution is conditional or unconditional, and for distinguishing a donor-imposed condition from a donor-imposed restriction. The ASU is effective for fiscal years beginning after December 15, 2018. The Organization is currently evaluating the impact the adoption of this ASU will have on its financial statements.

# West Valley Community Services of Santa Clara County

## Notes to the Financial Statements

### o. Subsequent Events

The Organization has evaluated subsequent events from June 30, 2019 through January 15, 2020, the date these financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in the financial statements.

### Note 3 - Liquidity and Availability of Resources:

The Organization's financial assets at June 30, 2019 that are available to meet general expenditures over the next twelve months are as follows:

Financial assets:	
Cash and cash equivalents	\$ 448,019
Grants and awards receivable	437,424
Investments	1,876,865
Estimated endowment draw	25,000
<b>Total</b>	<b>2,787,308</b>
Less amounts not available to be used within one year:	
Net assets with donor restrictions -- purpose restrictions	375,088
Net assets with donor restrictions -- endowment, including accumulated earnings	866,615
Client housing deposits	24,408
Board designated replacement reserves	307,200
<b>Financial assets available to meet general expenditures over the next twelve months</b>	<b>\$ 1,213,997</b>

The Organization has a goal to maintain financial assets, which consist of cash and short-term investments, on hand to meet 90 days of normal operating expenses, which are, on average, \$720,000 (exclusive of in-kind expenses). As of the Statement of Financial Position date, the Organization had approximately 100 days of normal operating expenses available. The Organization has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

# West Valley Community Services of Santa Clara County

## Notes to the Financial Statements

The Organization's endowment funds consist of a donor-restricted endowment. Annually, when the annual budget is prepared, a dollar amount is established to be transferred from endowment earnings to the general fund. This amount is to be used in support of programs to carry out the Organization's mission. The Organization's endowment funds are also invested with a board designated replacement reserve fund that is designated for building maintenance on all the Organization's property. The Organization has used grants from the City of Cupertino to renovate Vista Village and Greenwood Court Apartments. The use of City funding has limited the use of the board designated endowment funds. Additional funding from the City of Cupertino will be used in the coming 12 months to renovate another Vista Village apartment.

### Note 4 - Investments:

Investments at June 30, 2019 consist of the following:

Cash and money funds	\$ 23,327
Bond funds	259,525
Exchange traded funds	569,970
Fixed income	963,291
Equity funds	60,752
<b>Total</b>	<b>\$ 1,876,865</b>

At June 30, 2019, all investments were measured using level 1 inputs.

### Note 5 - Prepaid Land Lease:

The Organization entered into an agreement to lease land from the Santa Clara County Central Fire Protection District in October 2001. The lease term is 57 years from the date of possession, in exchange for an advanced rental payment of \$1,150,000. The lease is amortized on a straight-line basis. For the year ending June 30, 2019 amortization is \$20,175. At June 30, 2019 prepaid land lease of \$759,590 is reported net of accumulated amortization expense of \$390,410.

# West Valley Community Services of Santa Clara County

## Notes to the Financial Statements

### Note 6 - Property and Equipment:

At June 30, 2019 property and equipment consist of the following:

Land	\$ 355,000
Building and improvements	6,206,274
Furniture and fixtures	238,777
Vehicles	204,415
Equipment	140,540
	7,145,006
Less accumulated depreciation	(3,927,668)
	<u>\$ 3,217,338</u>

### Note 7 - Long-Term Debt:

At June 30, 2019 long-term debt consists of the following:

Note payable to City of Santa Clara due October 2021, collateralized by real property at Vista Village. Principal and interest payments are deferred for the term of the loan. At the end of the loan, all principal and interest will be forgiven, if a default on the remaining loan conditions has not otherwise occurred. As management does not anticipate a default occurring, each year \$2,000 is recognized as a principal payment and a contribution to the Organization. At June 30, 2019 there was no accrued interest.	\$ 4,583
Note payable to City of Cupertino due July 2026, collateralized by real property at the Greenwood Apartments requiring annual payments of principal of \$13,836 plus accrued interest at 3.0%. Amortization of the note is calculated on the first \$220,000, plus accrued interest from the first five years of the note. A remaining balance of \$100,000 is due at the end of the term along with accrued interest thereon. At June 30, 2019, there was \$69,000 of accrued interest.	189,519
Note payable to the Housing Trust due April 2033, collateralized by real property at Vista Village. Principal payments are due each year to the extent Vista Village has surplus cash at the end of each year. The amount due is equal to 10% of the surplus cash. If, at the end of the term loan, an amount is still due, it will be forgiven, if a default on the remaining loan conditions has not otherwise occurred. For the year ended June 30, 2019 Vista Village did not have positive cash flow. Interest accrues at 2% per annum. At June 30, 2019, there was \$129,069 included in accrued interest.	341,000

# West Valley Community Services of Santa Clara County

## Notes to the Financial Statements

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Note payable to the County of Santa Clara due August 2033, collateralized by real property at Vista Village. Principal and interest are deferred for the term of the loan. Simple interest accrues at 3.0% per annum. At June 30, 2019, there was no accrued interest.	747,800
Note payable to the County of Santa Clara due December 2034, collateralized by real property at Vista Village. Principal and interest are deferred for the term of the loan. Simple interest accrues at 3.0% per annum. At June 30, 2019, there was no accrued interest.	220,793
Note payable to the City of Sunnyvale due December 2041, collateralized by real property at Vista Village. Principal is due at the end of the loan and interest is due to the extent Vista Village has positive cash flow. For the year ended June 30, 2019 Vista Village did not have positive cash flow. Simple interest accrues at 3.0% per annum. At June 30, 2019 there was accrued interest of \$53,000, but no amount has been recorded as a liability because the Organization expects all interest to be forgiven.	100,000
Note payable to the City of Cupertino due July 2059, collateralized by real property at Vista Village. Principal payments are due each year to the extent Vista Village has surplus cash at the end of each year. The amount due is equal to 50% of the surplus cash. If, at the end of the term loan, an amount is still due, the loan will be forgiven, if a default on the remaining loan conditions has not otherwise occurred. For the year ended June 30, 2019 Vista Village did not have positive cash flow. At June 30, 2019, there was no accrued interest as this note bears no interest.	2,424,124
	4,027,819
Less current portion	(11,611)
Long-term debt, net of current portion	\$ 4,016,208

# West Valley Community Services of Santa Clara County

## Notes to the Financial Statements

Future annual principal payments are as follows:

Year Ending June 30,	Amount
2020	\$ 11,611
2021	11,924
2022	12,247
2023	12,579
2024	12,922
Thereafter	3,966,536
Total	<u>\$ 4,027,819</u>

### Note 8 - Board Designated Net Assets:

The Board of Directors has designated a portion of the Organization's net assets without donor restrictions for replacement reserves. Future repairs and replacement costs of Vista Village are set aside in equal amounts of \$19,200 annually, as recommended by an engineering study conducted in 2004. The accumulated replacement reserves set aside at June 30, 2019 are \$307,200. Management plans on using the accumulated endowment earnings, should any replacement or repair expenditures arise in the near term.

# West Valley Community Services of Santa Clara County

## Notes to the Financial Statements

### Note 9 - Net Assets With Donor Restrictions:

At June 30, 2019, the Organization's net asset with donor restrictions activity is as follows:

Purpose	Beginning	Additions	Released	Ending
<i>Endowments</i>				
Endowment earnings	\$ 309,625	\$ 31,707	\$ (25,000)	\$ 316,332
Endowment funds	535,283	15,000		550,283
Total endowment funds	844,908	46,707	(25,000)	866,615
<i>Purpose restrictions</i>				
Event sponsorship	11,000	4,000	(11,000)	4,000
CARE program	175,000	198,000	(175,000)	198,000
FEP program	15,000		(15,000)	
Intern program	13,500		(13,500)	
Equipment acquisition	10,000	5,000	(2,837)	12,163
Education		21,000		21,000
Capital project		118,041	(17,041)	101,000
Special program	27,704	50,393	(39,172)	38,925
Total purpose restrictions	252,204	396,434	(273,550)	375,088
<i>Time restrictions</i>				
Emergency assistance – time restriction	225,000	185,000	(225,000)	185,000
Total	\$ 1,322,112	\$ 628,141	\$ (523,550)	\$ 1,426,703

### Note 10 - Endowment Net Assets:

The Organization was the beneficiary of an endowment contribution in 2005, with the donor stipulation that the principal be maintained in perpetuity and earnings used for unrestricted purposes. The Organization complies with the requirements of the Uniform Prudent Management of Institutional Funds Act as enacted by the State of California (UPMIFA).

## West Valley Community Services of Santa Clara County

### Notes to the Financial Statements

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The Board of Directors of the Organization has interpreted UPMIFA as requiring the preservation of fair value as of the original gift date of the donor restricted endowment funds absent any explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as net assets with donor restrictions that are permanent in nature: (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The portion of the endowment fund that is not classified in net assets with donor restrictions that are permanent in nature is classified as net assets with donor restrictions that are temporary in nature in a manner consistent with the standard of prudence prescribed by UPMIFA and represent accumulated earnings. In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation or deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the Organization, and (7) the Organization's investment policies.

The Organization's Board of Directors has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding while seeking to maintain the purchasing power of the endowment assets. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results of a variety of standard indices while assuming a moderate level of investment risk. The Organization expects its endowment funds to produce a net average annual total return, over the long term, equal to 7%. Actual returns in any given year may vary from this amount.

To satisfy its long-term rate-of-return objectives, the Organization relies on an absolute return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

The Organization has a policy of appropriating for distribution each year between 2% and 3% of its endowment fund's average fair value; however, the actual distributions may vary depending on various factors, such as endowment performance and the cash flow needs of the Organization.

# West Valley Community Services of Santa Clara County

## Notes to the Financial Statements

Endowment net assets by restriction as of June 30, 2019 are as follows:

Permanent in nature	\$	550,283
Temporary in nature		316,332
<b>Total</b>	<b>\$</b>	<b>866,615</b>

Changes in the endowment net assets for the year ended June 30, 2019 is as follows:

	Temporary in Nature	Permanent in Nature	Total Endowment
Endowment net assets, beginning of year	\$ 309,625	\$ 535,283	\$ 844,908
Contributions		15,000	15,000
Investment return	31,707		31,707
Appropriation of endowment assets for expenditure	(25,000)		(25,000)
<b>Endowment net assets, end of year</b>	<b>\$ 316,332</b>	<b>\$ 550,283</b>	<b>\$ 866,615</b>

### Note 11 - Contributions In-Kind:

The Organization has many volunteers that have donated significant amounts of time both for program services and for supporting services. Management estimates approximately 20,600 hours were contributed by individuals during the year ended June 30, 2019. No amount for this time has been recognized in the accompanying Statement of Activities as this volunteer time does not meet the criteria required for recognition. The Organization received, and recognized, contributed food inventory in the amount of \$1,648,009, for the year ending June 30, 2019.

### Note 12 - Retirement Plan:

The Organization has a 403(b) tax-deferred retirement plan for the benefit of employees. The Organization contributes up to 3% of each eligible employee's monthly pay for the year ended June 30, 2019. The Organization contributed \$19,544 to the plan as of June 30, 2019.

## **West Valley Community Services of Santa Clara County**

### **Notes to the Financial Statements**

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#### **Note 13 - Concentrations of Risk:**

Financial instruments which potentially subject the Organization to concentrations of credit risk consist of cash and cash equivalents, grant and awards receivable and investments. The Organization maintains a majority of its cash in bank deposit accounts that, at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts. Management believes the Organization is not exposed to any significant credit risk related to cash. Grant and awards receivables are due from various grantors and government agencies which mitigate the risk associated therein. Investments are subject to a formal investment policy and monitored regularly.

As of June 30, 2019, 66% of grant and award receivables are due from two grantors. For the year ended June 30, 2019, 94% of the government awards are from three government agencies and 45% of foundation grants are from two foundations. The ability of certain of the Organization's grantors to continue to provide amounts comparable with previous years may be dependent upon future economic conditions and budget constraints.

#### **Note 14 - Commitments and Contingencies:**

The Organization has received funds for specific purposes that are subject to review and audit by the grantor agencies. Amounts received from grantor agencies may be required to be repaid if funds are not used for the purpose for which they were intended. No provisions have been made for any liabilities that may arise from audits by these agencies as management believes it is in compliance with the provisions of the grants.

**Organization Name**  
**Project**

**West Valley Community Services**  
**Gift of Hope**

<b>Expense Type</b>	<b>Cost</b>
Clothing (jackets, scarves, gloves, pants, shirts, etc)	\$ 12,000
Toys	\$ 8,000
Household items, blankets	\$ 12,000
Food	\$ 10,000
Program supplies (tape, wrapping paper, etc)	\$ 500
Direct staff	\$ 2,500
<b>Total Expenses</b>	<b>\$ 45,000</b>

West Valley Community Services (Returning) Eligibility Checklist (staff use only)			
Eligibility	YES	NO	Notes:
Be made or sponsored by a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event	X		
Identify how the funds will be used to benefit the Cupertino community	X		
Be awarded only once per project		X	Organization has previously been awarded funds for the requested purpose (most recent funding received FY 2019-20 through out of cycle funding)
For specific needs, not on going, operational costs	X		
Have more than 75% of the requested funds allocated for direct service costs versus administrative costs	X		
Be complete and submitted by the application deadline	X		

Restrictions/Guidelines	YES	NO	Notes:
An organization that is applying for multiple grants shall only submit one application			NA
Proceeds generated from the funded activity may only be used for the conducted activity			NA
admission to or participation in the event must be "free of charge" to Cupertino residents unless stated in the application and approved by Parks and Recreation Commission			NA

**City of Cupertino  
Fiscal Year 2021  
Community Funding Grant Application**

Attachment B

Have you ever received a City of Cupertino Community Funding Grant in the past?

☒ Yes    ☐ No    If, Yes, when? 2020

**SECTION 1: CONTACT INFORMATION**

Legal Name of Organization: Silicon Valley Jewish Film Festival  
Web Address: www.svjff.org  
Mailing Address: PO BOX 2190  
City: Cupertino    Zip: 95015    Phone:  
President/Executive Director: Tzvia Shelef    Title:  
Email: [REDACTED]    Telephone Number:  
Contact Person: Tzvia Shelef    Title:  
Email Address: tzvia@svjff.org    Telephone Number:

**SECTION 2: NON-PROFIT INFORMATION**

501(c)(3)? ☒ Yes    ☐ No    Year Established 1991    Federal Tax ID: [REDACTED]  
Fiscal Sponsor Name:  
Fiscal Sponsor Address:  
City:    Zip:    Phone:

**SECTION 3: ORGANIZATION INFORMATION**

Total Organization Budget:	\$333,000	Total # of Board Members:	14
Total # of staff:	1	Total # of Volunteers:	50

**Mission Statement:**

The Silicon Valley Jewish Film Festival's mission is to reach out, excite and bring together the Silicon Valley community with and through the power of films that showcase Jewish spirit, culture, traditions and humor. We strive to spark a dialogue around entertainment, art, politics, society and global issues. Because it is engaged actively in outreach to different ethnic and religious organizations, SVJFF takes a broad view when it refers to 'bringing together the Silicon Valley community.'

**Brief Description of Organization:**

The San Jose Jewish Film Series was founded in 1991 by three local residents who recognized the need for high-quality films with Jewish themes in the San Jose metropolitan area. That group later changed its name to the San Jose Jewish Film Festival. In recognition of its evolution into a truly regional entity, the name was changed to the Silicon Valley Jewish Film Festival ("SVJFF"). In 2009, SVJFF became an independent, not-for-profit corporation under Sec. 501(c)(3) of the Internal Revenue Code.

**Brief Description of Services Provided:**

What began as a modest annual offering of several films has been transformed into an annual four-week festival held between October and November. In 2020, during this unprecedented time of the Covid-19 pandemic, when many other film festivals canceled their showings, we made it possible for our Bay Area community to participate in the most interactive film festival we have ever had, with the most viewers we have ever had with 21 movies in 15 days, 9659 movie views.

**SECTION 4: GRANT REQUESTS**

1. Program/Project/Event Name: Silicon Valley Jewish Film Fes
2. Date(s) and/or duration of program/project/event (if applicable): May 19, 2021 to June 2, 2021
3. Total program/project/event budget: \$333,000
4. Requested Amount: \$10,000    Percent of total program/project/event budget: 3%
5. Program/Project projected income: \$333,000    Percentage of your organization's projected income: 3%
6. Type of Request:  
☐ Capital Improvement  
☐ Program Support  
☒ Event

- ☐ One-time project  
☐ Other:

7. This grant will fund a(n):

- ☒ Existing program/project/event; established in 1991(year)  
☐ New program/project/event

8. Describe the purpose of requested funds and the services that will be provided:

From its inception, SVJFF was envisioned as a means of bringing high-quality films with Jewish themes to an increasingly diverse metropolitan area. The presentations by SVJFF have consistently addressed the needs of the local Jewish community while, at the same time, connecting with the broader community as a whole. In order to further its commitment to the entire community, the 30th annual SVJFF will have a virtual festival showing approximately 21 movies from May 19 through June 2, 2021.. The budget was reduced due to the current COVID 19 pandemic and future donations are unsure.

9. Please provide a line item breakdown of how the funds will be used in the categories below. If a category is not applicable, put \$0:

a) Admin Staff	\$0
b) Materials/Equipment	\$0
c) Entertainment	\$10,000
d) Room/Venue Rental	\$0
e) Other Professional Services	\$0
f) Other	\$0
<b>Total</b>	<b>\$10,000</b>

10. Explain how the request aligns to City mission and values:

We are one of the only Arts & Culture organizations in the area for Jewish content and our program serves a large amount of Cupertino residents.

11. Describe how the program/project/event fills a community need. Who identified this need? What other similar project/program/event exists to serve Cupertino residents? How is your proposed project/program/event unique from similar projects/programs/events or how do you collaborate to avoid duplication?

We are the only Jewish festival in the Cupertino area with no duplicating programs. The number of people we reach is continuing to grow each year.

12. Who will be served by this grant?

We conduct a survey asking where attendees reside and the top three areas are Cupertino, San Jose and Palo Alto.

- a) Number of individuals total: 20,000  
b) Number of Cupertino residents: 5,000

c) Particular community groups:  
We serve teens, adults and the elderly.

d) Will the program/project/event be available to the entire community/public or are there any eligibility criteria?  
Yes the program will be available to the entire community/public.

e) Will there be a charge or fee for the program/project/event (if applicable)  
Yes, tickets or movie passes are available.

f) What outreach methods does your organization use to promote the program/project/event (if applicable)?  
Due to the COVID 19 pandemic we will be using social media and a letter to our existing donors to promote the program.

13. Describe how the funds will be used to benefit or impact the Cupertino community:

The funds will be used to bring more directors and actors to the area via online Zoom programs and virtual events.

14. Demonstrate that the member implementing and managing the program/project/event have adequate experience:

TZVIA SHELEF (Executive Director): Ms. Shelef joined the SVJFF on a full-time basis in 2011 after an impressive record of excellence in film and television production. Highlights of her background are as follows: (1) Produced 600 television commercials for an international advertising agency. (2) Played a major role in production activity for many American and Israeli films, including production assistance to Steven Spielberg concerning "Schindler's List."

(3) Produced major programming for the San Francisco affiliate of the Public Broadcasting System. (4) Managed all aspects of SVJFF's film festivals and its other screenings from 2011 to date. Ms. Shelef has overall management responsibility for all operational aspects of SVJFF, including fundraising, recruitment and supervision of volunteers, and presentation of all film festival activities.

15. How will success of the program/project/event be measured?:

We see it by the growth of online attendance numbers and end of festival surveys.

16. Will more than 75% of the requested funds go towards direct service costs versus administrative costs?

☒ Yes ☐ No

17. Will you collaborate with other organizations to deliver the program/project/event funded by this grant? If so, which organizations?

We are not collaborating with any other organizations but would be welcome to do so upon request.

18. If your organization has ever received financial or in-kind support from the City of Cupertino outside of Community Funding Grants, please describe this support:

No

19. Does your organization anticipate receiving additional financial or in-kind support from the City of Cupertino outside of Community Funding Grants for this type of program/project/event (e.g. fee waivers)? If so, please describe this anticipated support:

No

20. If you are a multi-jurisdictional organization, describe any funding requested from other agencies/organizations in regards to this program/project/event request. Indicate whether the funding was granted, denied, or is still pending:

No

21. How would you fund the program/project/event if you do not receive the requested funding?:

Donors only.

#### SECTION 5: PRIOR FUNDING

1. If you received a Community Funding Grant in prior years, indicate the amounts for each year and describe how those funds were used:

\$5,000 for 2020

2. If you received a Community Funding Grant last year:

a. Please provide a line item breakdown of how the Community Funding Grant was used last year in the categories below. If a category is not applicable, put \$0:

i. Admin Staff	\$0
ii. Materials/Equipment	\$0
iii. Entertainment	\$5,000
iv. Room/Venue Rental	\$0
v. Other Professional Services	\$0
vi. Other	\$0
<b>Total</b>	<b>\$5,000</b>

b. Who was served by the grant last year?

Our donors and ticket buyers

i. Number of individuals total: 20,000

ii. Number of Cupertino residents: 5,000

iii. Particular community groups

We serve teens, adults and the elderly.

iv. Was the program/project/event available to the entire community/public or are there any eligibility criteria?

Yes the program will be available to the entire community/public.

v. Was there a charge or fee for the program/project/event (if applicable)?

Yes, tickets or movie passes are available.

vi. What outreach methods did your organization use to promote the program/project/event (if applicable)?

Due to the COVID 19 pandemic we will be using social media and a letter to our existing donors to promote the program.

c. Was the program/project/event successful? Please indicate how success was measured:

Attachment B

Yes, we met the challenge of going virtual, which helped us raise the remainder of our budget for the 2020 festival.

The festival's audience increased, and our innovative zoom program for viewers, which allowed people to "meet" online to discuss the films, was appreciated by people new to SVJFF as well as long-time donors.

We achieved new numbers in all categories:

- ☐ 21 movies in 15 days
- ☐ 9,659 movie views
- ☐ Average views per movie: 460
- ☐ 469 pass-holders with all-movie-access
- ☐ 2,068 tickets purchased (654 unique ticket buyers)
- ☐ Average tickets purchased per movie: 109
- ☐ 8 interviews with directors and guests
- ☐ 21 zoom calls for viewers to discuss the films

3. Please indicate any additional funding received last year from other sources and provide your financial statement if available:

The City of San Jose

**Attachments:** Attach your financial statement, and any other helpful information about your project.

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Program Manager Signature

Executive Director

Date Signed

01/26/2021

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Silicon Valley Jewish Film Festival (OLD) Eligibility Checklist (staff use only)			
Eligibility	YES	NO	Notes:
Be made or sponsored by a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event	X		
Identify how the funds will be used to benefit the Cupertino community	X		
Be awarded only once per project		X	Organization has previously been awarded funds for the requested purpose (most recent funding received FY 2020-21 through Community Funding Grant)
For specific needs, not on going, operational costs	X		
Have more than 75% of the requested funds allocated for direct service costs versus administrative costs	X		
Be complete and submitted by the application deadline	X		

Restrictions/Guidelines	YES	NO	Notes:
An organization that is applying for multiple grants shall only submit one application			NA
Proceeds generated from the funded activity may only be used for the conducted activity			Based on the information provided in the application, allocation of proceeds generated could not be determined.
admission to or participation in the event must be "free of charge" to Cupertino residents unless stated in the application and approved by Parks and Recreation Commission		X	Fees will be charged for the requested program/event/project. Approval required from Parks and Recreation Commission.

**City of Cupertino  
Fiscal Year 2021  
Community Funding Grant Application**

Have you ever received a City of Cupertino Community Funding Grant in the past?

☒ Yes    ☐ No    If, Yes, when? 2020/2021

**SECTION 1: CONTACT INFORMATION**

Legal Name of Organization:	Chinese American Coalition for Compassionate Care		
Web Address:	caccc-usa.org		
Mailing Address:	[REDACTED]		
City:	Cupertino	Zip: 95015	Phone: [REDACTED]
President/Executive Director:	Shirley Pan	Title:	Director
Email:	shirley@caccc-usa.org	Telephone Number:	[REDACTED]
Contact Person:	Jeanne Wun	Title:	Past Board Chair
Email Address:	jeanne@caccc-usa.org	Telephone Number:	[REDACTED]

**SECTION 2: NON-PROFIT INFORMATION**

501(c)(3)?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Year Established	2007	Federal Tax ID:	[REDACTED]
Fiscal Sponsor Name:	Chinese American Coalition for Compassionate Care				
Fiscal Sponsor Address:	[REDACTED]				
City:	Shingle Springs	Zip:	95682	Phone:	[REDACTED]

**SECTION 3: ORGANIZATION INFORMATION**

Total Organization Budget:	\$120,000	Total # of Board Members:	10
Total # of staff:	3	Total # of Volunteers:	150

**Mission Statement:**

Encourage dialogue among Chinese Americans about end-of-life issues so that it is viewed as a natural part of life.

Enhance advanced illness and end-of-life care by improving advance care planning and decision-making for Chinese Americans through community outreach education and volunteer, caregiver, and healthcare professional training.

Empower Chinese Americans by improving access to end-of-life resources: producing original Chinese language materials or translating existing materials into Chinese and providing referrals to appropriate organizations.

Use a coalition model, where expertise and resources are shared, to ensure Chinese Americans receive exceptional end-of-life care and services that address physical, psychosocial, emotional and spiritual needs.

Vision: To build a community where Chinese Americans are able to face the end of life with dignity and respect.

**Brief Description of Organization:**

CACCC was formed 12/2005 to address the lack of linguistically and culturally appropriate end-of-life information and training available to the Chinese community and those who serve them. CACCC was incorporated and achieved 501c3 status in 2007.

CACCC is the first coalition in the nation devoted to end-of-life care concerns in the Chinese community. An active working coalition of 150 local, state and national partner organizations and approximately 1,500 individual members dedicated to the mission.

10 dedicated volunteer board of directors set policy with 3 part time staff. Prior to COVID, CACCC used facilities of its member partners for training and meetings. Since April 2019, all events are provided virtually. CACCC's focus: helping the Chinese community with advance care planning (ACP) and mindful self-care; providing hospital patient ambassadors (on hold due to COVID); hospice volunteer training; educating Chinese community, and educating healthcare providers who se

**Brief Description of Services Provided:**

An overview of the programs, products and services CACCC provides to increase awareness and address healthcare disparity at the end-of-life care in the Chinese community. Attachment B

1. Produce and translate end-of-life resources and materials from English to Chinese
  - a. DVDs: Loving Life...Understanding Hospice; Kathy & Windy - a documentary film
  - b. Book: Learning to Let Go: Saying Goodbye Peacefully
  - c. Videos: Hospice Care & Palliative Care, Advance Health Care Directive & POLST, Heart to Heart® Cards & Heart to Heart® Cafe
  - d. Decision Guides: What is CPR; What is Ventilator; What is Tube Feeding; What is Artificial Hydration
  - e. The Chinese Conversation Starter Kits
  - f. End-of Life-Care Glossary
2. Community education and Advance Care Planning outreach
3. Heart to Heart® Cafes
4. Professional healthcare trainings
5. Caregiver and volunteer trainings
6. Weekly Caregiving Stress Reduction Meetings
7. Six (6)-Week Mindful Self-

#### SECTION 4: GRANT REQUESTS

1. Program/Project/Event Name: Starting the Conversation and Mindful Self-Care
2. Date(s) and/or duration of program/project/event (if applicable): July 2021 – June 2022
3. Total program/project/event budget: \$51,000
4. Requested Amount: \$12,000 Percent of total program/project/event budget: 24%
5. Program/Project projected income: \$0 Percentage of your organization's projected income: 0%
6. Type of Request:

☐ Capital Improvement

☒ Program Support

☒ Event

☐ One-time project

☒ Other: Provide continuity and build on the success of 2020/2021 CFG

7. This grant will fund a(n):

☐ Existing program/project/event; established in 2014(year)

☐ New program/project/event

8. Describe the purpose of requested funds and the services that will be provided:

CACCC is hopeful that the City of Cupertino will continue to recognize the value of the programs we provide to the Chinese community. Referencing Mayor Darcy Paul's 'gratitude and opportunity theme, where he states how COVID-19 has exacerbated an already vulnerable situation during his January 27 virtual State of the City address, 'We are grateful for the opportunity to help others. I am proud to represent a city that cares for its most vulnerable residents.'

The goal and purpose of requested funds and the services that it will provide is each participant will

Obj 1: Understand the importance of having an end-of-life care conversation with family members, loved ones and physicians.

Obj 2: Understand the importance of Advance Care Planning and encourage them to complete an Advance Directive.

Obj 3: Learn how to use the Heart to Heart® cards and Chinese Conversation Starter Guides to start the conversation.

Obj 4: Reduce stress and learn to practice self-care thro

9. Please provide a line item breakdown of how the funds will be used in the categories below. If a category is not applicable, put \$0:

a) Admin Staff	\$2,500
b) Materials/Equipment	\$2,000
c) Entertainment	\$0
d) Room/Venue Rental	\$2,000
e) Other Professional Services	\$4,000

f) Other increase in printing, mailing, shipping	\$1,500
<b>Total</b>	<b>\$12,000</b>

10. Explain how the request aligns to City mission and values:

10. Explain how the request aligns to City mission and values:

Respectfully, we believe CACCC's collaborative model, innovations and signature advance care planning (ACP) programs and initiatives, combined with our mission to build a community where Chinese Americans are able to face the end of life with dignity and respect is aligned and in the spirit of the City of Cupertino's mission and values to provide exceptional service, encourage all members of the community to take responsibility for one another, and support the values of education, innovation and collaboration.

11. Describe how the program/project/event fills a community need. Who identified this need? What other similar project/program/event exists to serve Cupertino residents? How is your proposed project/program/event unique from similar projects/programs/events or how do you collaborate to avoid duplication?

The ethnic composition of the population of Cupertino, CA is composed of 39,998 Asian residents (66.3%). Chinese Americans are the largest Asian ethnic group. Many Chinese families have poor communication with healthcare providers, often because of language or a lack of cultural competence and discomfort in the Chinese culture when talking about end-of-life issues.

CACCC's program uniqueness is that events are conducted, virtually due to the pandemic, in Mandarin with English interpretation, if applicable. Materials are in Chinese. No other dedicated organization is consistent or uniquely qualified on this sensitive topic or more capable to present and deliver a serious matter with inspiration and humor than CACCC. CACCC will use the best of the best ACP materials to facilitate health and medical care conversations.

CACCC is proactively addressing the needs of those who are experiencing anxiety, loss and isolation during COVID through our new mindful self-care programs

12. Who will be served by this grant?

Predominately, the Chinese community of older adults, multigeneration families, family caregivers and those individuals experiencing anxiety, stress, loss and isolation due to COVID who have internet access capabilities. And due to the nature of providing programs virtually, anyone in the world who has internet access.

a) Number of individuals total: 3,450

b) Number of Cupertino residents: 1,035

c) Particular community groups:

Chinese community of older adults; multigeneration Chinese American families and family caregivers.

d) Will the program/project/event be available to the entire community/public or are there any eligibility criteria?

Yes, all events and programs are available to entire community/public; however, participant must be bilingual and speak Chinese (Mandarin or Cantonese) to fully benefit from the program.

e) Will there be a charge or fee for the program/project/event (if applicable)

There is no fee to participate. All programs are no charge.

f) What outreach methods does your organization use to promote the program/project/event (if applicable)?

We will email promotional flyers, press announcement, hold virtual or phone press conferences, if applicable, and secure radio and TV interviews. We will promote and post event information and schedule on CACCC website, Facebook and Eventbrite, as well as send e-newsletter and cross promote with other organizations like Alzheimer's Association, El Camino Hospital's Chinese Health Initiative and AACI.

Media coverage examples visit: <http://www.caccc-usa.org/en/archive.html>

13. Describe how the funds will be used to benefit or impact the Cupertino community:

Funds would enable CACCC to continue to conduct a series of virtual events targeting the Chinese community and when safe, we will adapt to the COVID protocols and incorporate face to face events at Cupertino Senior Center and Cupertino Library; until then, programs will be conducted virtually. Programs include: Heart to Heart® Cafes; ACP presentations and AHCD workshops; presentations on Understand Hospice & Palliative Cares; How to Start the Conversation with Your Family; host new guest lecture series: Taboo Talks by leading healthcare professionals in their field of expertise; conduct weekly Mindful Caregiver Stress Reduction meetings and Mindful Self-Care Workshops. The impact on Cupertino residents would be invaluable as it will benefit them directly by their event

participation. They would be positively impacted by the engagement and the process of starting the end-of-life conversations with family members, caregivers and their physicians regarding their end-of-life care wishes. Attachment B

14. Demonstrate that the member implementing and managing the program/project/event have adequate experience:

Shirley Pan, Director of CACCC, has been with CACCC since 2016. She has a successful track record of managing and implementing, as well as overseeing many community events and projects. CACCC has a dedicated and trained group of volunteers that provide event and program support. Some community events include:

2016 - 'Kathy & Windy' Premieres and Panel Discussions

2017 - 'Saying Goodbye With Love' Essay Contest, 30-Hour Hospice & Palliative Care Volunteer Training

2018 - CACCC 12th Anniversary Fundraising, When East Meets West Professional Forums

2019 - Managed and coordinated Reimagine San Francisco; 'Starting the Conversation' Project, and Professional Healthcare Forums.

2020 - "Compassion in Action: A Year to be Mindful" CACCC 15 Year Celebration events

15. How will success of the program/project/event be measured?:

Each participant completes an evaluation survey poll or form at the conclusion of the programs. The goal is to achieve an overall participation satisfaction of 80%.

16. Will more than 75% of the requested funds go towards direct service costs versus administrative costs?

☒ Yes ☐ No

17. Will you collaborate with other organizations to deliver the program/project/event funded by this grant? If so, which organizations?

CACCC endeavors to collaborate with other organizations and individuals whenever and wherever it is appropriate. In 2021, we will leverage the month of November as it is National Hospice and Palliative Care Month and National Family Caregivers Month for education and outreach and in 2022, we will leverage National Healthcare Decisions Day (April 16) to promote advance care conversations and planning.

18. If your organization has ever received financial or in-kind support from the City of Cupertino outside of Community Funding Grants, please describe this support:

No, we have not received in-kind support from the City of Cupertino.

19. Does your organization anticipate receiving additional financial or in-kind support from the City of Cupertino outside of Community Funding Grants for this type of program/project/event (e.g. fee waivers)? If so, please describe this anticipated support:

No, we do not anticipate receiving additional financial or in-kind support from the City of Cupertino.

20. If you are a multi-jurisdictional organization, describe any funding requested from other agencies/organizations in regards to this program/project/event request. Indicate whether the funding was granted, denied, or is still pending:

No, not applicable.

21. How would you fund the program/project/event if you do not receive the requested funding?:

CACCC will continue to seek funding or scale back on some of the events, or modify the program, accordingly, or may not do them at all.

#### SECTION 5: PRIOR FUNDING

1. If you received a Community Funding Grant in prior years, indicate the amounts for each year and describe how those funds were used:

CACCC was honored to receive our first Community Funding Grant in 2020/2021. Currently, we are in the second half of our grant period; however, we have 6 months of data from which to provide our best estimate. We will continue to conduct virtual ACP activities; provide weekly Mindful Caregivers Stress Reduction meetings; Mindful Self-Care Workshops and introduce a new guest lecture series: Taboo Talks by leading Chinese healthcare professionals in their field.

2. If you received a Community Funding Grant last year:

a. Please provide a line item breakdown of how the Community Funding Grant was used last year in the categories below. If a category is not applicable, put \$0:

--

i. Admin Staff	\$1,500
ii. Materials/Equipment	\$1,500
iii. Entertainment	\$0
iv. Room/Venue Rental	\$0
v. Other Professional Services	\$2,000
vi. Other printing, mailing, shipping	\$1,000
<b>Total</b>	<b>\$6,000</b>

b. Who was served by the grant last year?

Chinese community; Chinese Americans: older adults and multigeneration families, caregivers and those individuals who are experiencing anxiety, loss and isolation during this global pandemic.

i. Number of individuals total: 3,031

ii. Number of Cupertino residents: 909

iii. Particular community groups

Chinese community; Chinese Americans: older adults and multigeneration families, caregivers and those individuals who are experiencing anxiety, loss and isolation during this global pandemic.

iv. Was the program/project/event available to the entire community/public or are there any eligibility criteria?

All programs were free and available to the public; however, our primary focus targeted the Chinese community, bilingual, older adults, multi-generation Chinese Americans, families and caregivers.

v. Was there a charge or fee for the program/project/event (if applicable)?

There was no charge or fee for our programs and events.

vi. What outreach methods did your organization use to promote the program/project/event (if applicable)?

CACCC used social media and news media: print, broadcast: radio and TV, online, as well as e-list distribution; website, Facebook, LinkedIn, Twitter.

c. Was the program/project/event successful? Please indicate how success was measured:

1. Through polls/surveys: Receive 99% overall satisfaction rating from event evaluations and 99% of participants indicated they would recommend CACCC events to others

2. From the Heart to Heart Café Evaluations, respondents reported: a. They had a joyful experience in a HTH café. b. They were able to say what their end-of-life wishes at the event. c. The Heart to Heart Café made it easier for them to talk about death.

3. Participant comments include: Learned about hospice care and I can have better preparation of last period of my life; Please provide more workshop about the end-of-life communication; Open my heart and mind to discuss the topic about death with strangers; We can talk openly and honestly; Very professional meeting and benefit a lot

3. Please indicate any additional funding received last year from other sources and provide your financial statement if available:

In 2020, CACCC received the following income from: (financial statement is not attached)

Heart to Heart ® Card sales: \$11,011

Grants: \$39,780

Donations: \$53,312

Sponsorships: \$43,500

**Attachments:** Attach your financial statement, and any other helpful information about your project.

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[19990300282608522577-354693567223433235273328732233216443027435703.7.22.20.pdf](#)

Program Manager Signature

Date Signed

CACCC Past Board Chair

02/01/2021

<https://www.singtaousa.com/sf/446-%E7%81%A3%E5%8D%80/2948450-%E8%AA%8D%E8%AD%98%E5%AE%89%E5%AF%A7%E5%BA%A7%E8%AB%87%E5%91%A8%E5%85%AD%E7%B7%9A%E4%B8%8A%E7%99%BB%E5%A0%B4/>



## 認識安寧座談 周六線上登場

©2020年07月20日 05:47 灣區

Understanding Hospice & Palliative Care

### 認識安寧緩和療護座談會

- 什麼是安寧緩和療護? What are Hospice & Palliative Care?
- 要如何申請? How to request the services?
- 保險有包括嗎? Are hospice and palliative care covered by insurance?
- 對病人和家屬有什麼好處? What are the benefits to patients and families?
- 志工可以提供什麼幫助? What is the role of volunteer in hospice care?

報名 RSVP



July 25, 2020, 10:00 – 11:30 AM (PT) by Zoom Meeting



Sophia Chan



Carrie Chan

安寧緩和療護專業人員代表



Carrie Huang



JingYi Lee

家屬代表



Kwai Chun Chan

志工代表



美華慈心關懷聯盟  
Chinese American Coalition  
for Compassionate Care



CITY OF  
CUPERTINO

Event is conducted in Mandarin

Scan QR Code or call to

Register: 866-661-5687

美華慈心 25 日舉行「認識安寧與緩和療護」線上座談會，有意參與者須先註冊。美華慈心提供

美華慈心關懷聯盟將於 7 月 25 日 ( 星期六 ) 早上 10 點到 11 點半，舉行「認識安寧與緩和療護」線上國語座談會，Zoom 視像會議網址：

<https://zoom.us/j/81885256956> 或到美華慈心網站 ([www.caccc-usa.org](http://www.caccc-usa.org)) 報名。

座談會內容將包括：什麼是安寧緩和療護、要如何申請、保險有包括嗎、對病人和家屬有什麼好處、志工可以提供什麼幫助等等。

美華慈心關懷聯盟表示，華人在南灣古柏蒂奴 ( Cupertino ) 佔了很大比例，這次很高興申請到古市市府贊助這次社區活動，以國語展開線上座談會。

近年來，在華人社區對於安寧療護的需求漸漸地增加了，美華慈心經常會接到電話詢問，應該如何申請安寧療護，要如何尋找適合家人的安寧療護機構等，也有許多人想瞭解緩和療護和安寧療護的不同之處。

此次活動美華慈心共邀請了五位嘉賓參加討論與分享，有 3 位是服務於安寧緩和療護機構的專業人員，有一位家人曾經接受安寧療護，另一位是安寧療護單位的志工，他們將分享專業與經驗，並回答問題，有意參與者請註冊報名參加。

(本報記者王慶偉山景城報道)

<https://www.worldjournal.com/7058412/article-%E8%AA%8D%E8%AD%98%E5%AE%89%E5%AF%A7%E7%85%A7%E8%AD%B7-%E7%BE%8E%E8%8F%AF%E6%85%88%E5%BF%83%E7%B7%9A%E4%B8%8A%E5%BA%A7%E8%AB%87/?ref=%E5%A4%A7%E9%A6%96%E9%A0%81%E8%88%8A%E9%87%91%E5%B1%B1>



## 認識安寧照護 美華慈心線上座談

記者李榮／庫比蒂諾報導 2020 年 07 月 22 日 06:00

安寧緩和療護愈來愈被重視。美華慈心關懷聯盟宣布，將於 7 月 25 日（周六）上午 10 時到 11 時 30 分，舉辦「認識安寧與緩和療護」線上座談會，會中將介紹安寧緩和療護的觀念、對病人及家屬的好處，以及相關的申請與保險給付的問題。

美華慈心關懷聯盟指出，庫比蒂諾是華人聚集的城市之一，而此次美華慈心申請到庫比蒂諾市政府贊助華人社區生命關懷的系列活動，其中第一個活動就是「認識安寧與緩和療護」座談會。

聯盟表示，近年來華人社區對於安寧療護的需求漸漸增加，而美華慈心經常接到「要如何申請安寧療護」、「如何尋找適合家人的安寧療護機構」等問題的電話詢問，也有民眾想了解緩和療護和安寧療護的不同之處。25 日的座談會中，美華慈心共邀請五位講者參加討論與分享，其中三位是服務於安寧緩和療護機構的專業人員，有一位是家人曾經接受安寧療護，另一位則是安寧療護單位的志工。他們將分享專業與經驗，回答參加者的問題。

「認識安寧與緩和療護」座談會時間：7 月 25 日（周六）上午 10 時到 11 時 30 分。Zoom Meeting: <https://zoom.us/j/81885256956>

Chinese American Coalition for Compassionate Care (CACCC) (QLD) Eligibility Checklist (staff use only)			
Eligibility	YES	NO	Notes:
Be made or sponsored by a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event	X		
Identify how the funds will be used to benefit the Cupertino community	X		
Be awarded only once per project		X	Organization has previously been awarded funds for the requested purpose (most recent funding received FY 2020-21 through Community Funding Grant)
For specific needs, not on going, operational costs		X	Information provided did not identify specific funding allocations and/or funding was designated for ongoing operational costs.
Have more than 75% of the requested funds allocated for direct service costs versus administrative costs		X	26% or more of the requested funds were allocated toward expenses not directly tied to the proposed program/event/project (i.e.: organizational staffing costs)
Be complete and submitted by the application deadline	X		

Restrictions/Guidelines	YES	NO	Notes:
An organization that is applying for multiple grants shall only submit one application			NA
Proceeds generated from the funded activity may only be used for the conducted activity			NA
admission to or participation in the event must be "free of charge" to Cupertino residents unless stated in the application and approved by Parks and Recreation Commission			NA

**City of Cupertino  
Fiscal Year 2021  
Community Funding Grant Application**

Have you ever received a City of Cupertino Community Funding Grant in the past?

☒ Yes    ☐ No    If, Yes, when? 2020

**SECTION 1: CONTACT INFORMATION**

Legal Name of Organization: Rotary Club Of Cupertino

Web Address:

Mailing Address: PO Box 237

City: Cupertino

Zip: 95015

Phone:

President/Executive Director: Stuart Rosenberg

Title:

President

Email:

Telephone Number:

Contact Person: Orrin Mahoney

Title:

Fund Development Director

Email Address:

Telephone Number:

**SECTION 2: NON-PROFIT INFORMATION**

501(c)(3)? ☒ Yes    ☐ No

Year Established 1992

Federal Tax ID:

Fiscal Sponsor Name: Cupertino Rotary Endowment Foundation

Fiscal Sponsor Address: PO Box 1101

City: Cupertino

Zip: 95015

Phone:

**SECTION 3: ORGANIZATION INFORMATION**

Total Organization Budget: \$200,000

Total # of Board Members:

14

Total # of staff: 0

Total # of Volunteers:

210

**Mission Statement:**

Rotary International Mission Statement- "Together, we see a world where people unite and take action to create lasting change — across the globe, in our communities, and in ourselves."

**Brief Description of Organization:**

Cupertino Rotary is a non-profit Club that is part of Rotary International, a worldwide organization with 1.2 million members in over 200 countries and regions.

Cupertino Rotary fundraising is important to our core outreach projects, but more than that, we focus on hands-on projects that connect us directly with those in need. Our members volunteer over 12,000 hours yearly working to make our community a better place.

Cupertino Rotary's members broadly reflect the rich ethnic fabric of our community and come from various sectors, including the leaders of our local and corporate businesses, schools, city staff, and non-profit community organizations. Through projects large and small, we are dedicated to improving the quality of life for people in our community.

**Brief Description of Services Provided:**

**COMMUNITY SERVICE-** Last year, more than 1,000 hours of volunteer work and over \$42,000 were devoted to over 20 projects that delivered turkey and trimmings to more than 150 community residents; connected high school students with veterans for video interviews; and twice assembled over 50 volunteers to make individual homes safer and healthier for low income seniors. We also helped many local nonprofits expand their Covid related services to the community.

**YOUTH SERVICE-** Youth Service programs build confidence, self-esteem, and leadership skills. We support the youth of our community through student art exhibits, and robotics competitions, as well as Kid's Shopping Day, a youth poetry contest, Safe Routes to Schools, and Dr. Seuss Reading Day.

**VOCATIONAL SERVICE-** Vocational Services enables our Rotary Club to be a driving force for individual success by supporting Career Technical Education Workforce Development, education grants to teachers, GED program support, and student schola

# SECTION 4: GRANT REQUESTS

Attachment B

1. Program/Project/Event Name: **Cupertino Fall Festival**
2. Date(s) and/or duration of program/project/event (if applicable): **Sept 11, 2021**
3. Total program/project/event budget: **\$65,000**
4. Requested Amount: **\$12,000** Percent of total program/project/event budget: **18%**
5. Program/Project projected income: **\$6** Percentage of your organization's projected income: **0%**
6. Type of Request:

- ☐ Capital Improvement
- ☐ Program Support
- ☒ Event
- ☐ One-time project
- ☐ Other:

7. This grant will fund a(n):

- ☒ Existing program/project/event; established in **2005**(year)
- ☐ New program/project/event

8. Describe the purpose of requested funds and the services that will be provided:

Beside the projects above, Rotary provides direct services to the City as follows:

- 1) Years ago the City held a separate Health and Safety Fair. It entailed significant City employee participation to execute. In 2005, the decision was made to incorporate it into the Fall Festival to reduce the need for City resources. The City provided \$5000 to offset Rotary's costs.
- 2) The City presents an Earth Day festival every April, with significant resources provided by City employees. Years ago, the Environmental Resources team decided to partner with Rotary to support a second environmental event. The "Earth Zone" at the Fall Festival meets this need. Again the City provided \$5000 to offset costs.

9. Please provide a line item breakdown of how the funds will be used in the categories below. If a category is not applicable, put \$0:

a) Admin Staff	\$0
b) Materials/Equipment	\$12,000
c) Entertainment	\$0
d) Room/Venue Rental	\$0
e) Other Professional Services	\$0
f) Other	\$0
<b>Total</b>	<b>\$12,000</b>

10. Explain how the request aligns to City mission and values:

See 8 above for a few specific details, but the Fall Festival aligns with the City's Public Safety programs, Environmental Programs, Youth Programs, Diversity initiatives, and general Community engagement. Please also note, in the event that the traditional Fall Festival cannot be held, we will investigate alternative delivery options for these programs. In any case the need for the funds is actually increased, so the sponsorships continue to add the charitable funds available to meet that increased need.

11. Describe how the program/project/event fills a community need. Who identified this need? What other similar project/program/event exists to serve Cupertino residents? How is your proposed project/program/event unique from similar projects/programs/events or how do you collaborate to avoid duplication?

Cupertino Rotary has been producing community festivals in Cupertino for over 40 years, beginning with an annual Oktoberfest. As Cupertino changed, the festival changed, morphing into the Golden Jubilee, celebrating Cupertino's 50th birthday, and finally the Fall Festival. Throughout, we have worked with other organizations, including the following current partners:

City of Cupertino as outlined above.

Both Cupertino School Districts, for seminars, art shows, robotics displays, etc.

The World Journal, for joint promotional and vendor opportunities.

The Cupertino Library Foundation

12. Who will be served by this grant?

Every dollar raised at the Fall Festival goes directly toward funding Cupertino Rotary's charitable projects in the local community. We do over 50 projects right here in the community every year.

- a) Number of individuals total: 800  
 b) Number of Cupertino residents: 500

c) Particular community groups:

We partner with and support the following organizations: West Valley Community Services, the Northwest Y, Via Rehabilitation Services, Live Oak Adult Day Care, and many others.

- d) Will the program/project/event be available to the entire community/public or are there any eligibility criteria?  
 All services are available to the entire community.

- e) Will there be a charge or fee for the program/project/event (if applicable)  
 No charge

- f) What outreach methods does your organization use to promote the program/project/event (if applicable)?  
 The event is promoted through social media, a program insert in the Courier, flyers to the school population, and highlights in the Cupertino Scene. Banners are also used.

13. Describe how the funds will be used to benefit or impact the Cupertino community:  
 See description of services provided and answer to Question 8 above.

14. Demonstrate that the member implementing and managing the program/project/event have adequate experience:

We have been a leader in working with City staff to present Festivals that minimize impact to the neighbors while providing educational and entertaining content to the attendees, with a 40 year track record.

15. How will success of the program/project/event be measured?:  
 Number of attendees, and feedback from vendors. We will also do a survey this year.

16. Will more than 75% of the requested funds go towards direct service costs versus administrative costs?  
☒ Yes    ☐ No

17. Will you collaborate with other organizations to deliver the program/project/event funded by this grant? If so, which organizations?

City of Cupertino  
 Cupertino Union School District  
 Fremont Union High School District  
 De Anza College  
 Fine Arts League of Cupertino  
 The World Journal newspaper

18. If your organization has ever received financial or in-kind support from the City of Cupertino outside of Community Funding Grants, please describe this support:  
 Fee waivers for Memorial Park

19. Does your organization anticipate receiving additional financial or in-kind support from the City of Cupertino outside of Community Funding Grants for this type of program/project/event (e.g. fee waivers)? If so, please describe this anticipated support:  
 Fee waivers for Memorial Park

20. If you are a multi-jurisdictional organization, describe any funding requested from other agencies/organizations in regards to this program/project/event request. Indicate whether the funding was granted, denied, or is still pending:  
 None

21. How would you fund the program/project/event if you do not receive the requested funding?:  
 Our net proceeds would be directly affected, reducing the number and size of charitable projects that we would be able to do in the future. In addition, we would not be able to support the City's Health and Safety Fair and Environmental Fair activities at the same level.

1. If you received a Community Funding Grant in prior years, indicate the amounts for each year and describe how those funds were used:

\$12,000 for each of the last four years, \$10,000 per year for the previous 10 years

2. If you received a Community Funding Grant last year:

a. Please provide a line item breakdown of how the Community Funding Grant was used last year in the categories below. If a category is not applicable, put \$0:

i. Admin Staff	\$0
ii. Materials/Equipment	\$2,500
iii. Entertainment	
iv. Room/Venue Rental	
v. Other Professional Services	
vi. Other Matl. for service projects	\$9,500
<b>Total</b>	<b>\$12,000</b>

b. Who was served by the grant last year?

We partnered with and supported the following organizations: West Valley Community Services, Our Daily Bread, Home First Services, Uplift Services, JW House, and many others.

i. Number of individuals total: 1,000

ii. Number of Cupertino residents: 500

iii. Particular community groups

Through our partnership with the World Journal the event has an increased focus on the Chinese American community, although the services are available to all impacted groups.

iv. Was the program/project/event available to the entire community/public or are there any eligibility criteria?

Available to the entire community

v. Was there a charge or fee for the program/project/event (if applicable)?

No charge.

vi. What outreach methods did your organization use to promote the program/project/event (if applicable)?

Primarily an 8 page insert in the Cupertino Courier.

c. Was the program/project/event successful? Please indicate how success was measured:

Yes, thanks to our various sponsors, including the City of Cupertino, we were able to maintain our services to those in need in the community. Many of the projects, were targeted to Covid relief efforts. See attached program book highlighting the services provided by the virtual 'Festival' funding

3. Please indicate any additional funding received last year from other sources and provide your financial statement if available:

Funding for the Rotary Club charitable projects typically comes from four key sources. Our fundraising events: Fall Festival, Golf Tournament, Crab Feed, and Global Elegance Dinner - generate revenue from attendees. Secondly, these events count on significant contributions from our corporate and individual sponsors. A third source of funds are matching funds from The Rotary Foundation. Our Rotarians donate to The Rotary Foundation (TRF) each year and while some of this money is used to fund global projects such as polio eradication, much comes back to the club as matching funding for our own international projects. Lastly, distributions from the CREF Permanent Fund, our own Endowment Foundation, contribute significantly to our charitable work.

Sources of Funds: \$230,000

Fall Festival, \$35,000

Golf Tournament, \$50,000

International Matching Funds, \$52,000

Global Elegance, \$24,000

CREF Endowment Distribution, \$60,000

Misc, \$12,000

**Attachments:** Attach your financial statment, and any other helpful information about your project.

[Fall Festival booklet 2020-Final.pdf](#)

Date Signed

02/01/2021

Attachment B

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**Rotary**  
Club of Cupertino



# FALL FESTIVAL

RECOGNITION PROGRAM 2020



**Thank You**

to all our sponsors for their continued support  
of our community projects

Thank you

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## MAKE IT AN AMAZING VISIT

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## Fall Festival 2020 Recognition Program

For the past 40 years, the Rotary Club of Cupertino has organized an Autumn community celebration in Memorial Park. Originally designed as an Oktoberfest, this event evolved over the years into a Fall Festival that brings together Cupertino's diverse cultures in a day of celebration and enjoyment while providing opportunities to learn and participate in many fun, educative, and inspirational activities. In partnership with the City of Cupertino, we have enjoyed organizing this community, family, cultural, and educational event that caters to everyone.

The event is also a major fundraiser for the yearly charitable projects of the Rotary Club.

In response to Covid-19, the City and County have canceled all large outdoor gatherings to promote social distancing, and consistent with keeping our community safe, Rotary will not be holding the event this year.

*However, we do want to thank all our corporate sponsors for their continued support of our community projects and highlight some of the projects that their sponsorship has made possible.*

**Thank you! Stay Safe!! See you next year!**



**Stuart Rosenberg**  
President  
Rotary Club of Cupertino

Thank you  
to all our sponsors for their continued support of our community projects

### THANK YOU TO ALL OF OUR COMMUNITY PARTNERS



## CUPERTINO ROTARY

### Service Above Self

Rotary is a network of 1.2 million neighbors, friends, leaders, and problem-solvers who see a world where people unite and take action to create lasting change – in our communities and across the globe.

Fundraising supports our core outreach projects and the Covid-19 epidemic has upended our traditional fundraising activities. Cupertino Rotary is especially thankful to our dedicated sponsors who supported us this year enabling us to continue our volunteer and charitable work during a time of unprecedented need.

## COVID Projects

Cupertino Rotary quickly responded to unexpected local and international community needs, as outlined below:

### MAJOR GRANT PROGRAM:

To support agencies working to allay economic hardship caused by the COVID-19 Pandemic, six local non-profit groups aimed at serving homeless individuals and struggling families - HomeFirst Services, Our Daily Bread, West Valley Community Services, YWCA Women's Shelter, Uplift Services, and JW House - received \$12,000 in funding.

In addition, Cupertino Rotary donated funds to Interact Clubs in support of their "Senior Pen Pals," project, a service opportunity for high school students to write care letters, emails, & cards to nursing home residents and hospice patients during the COVID - 19 quarantine.



### PROTECTIVE MASK DISTRIBUTION:

Thanks to a Rotary Club to Rotary Club connection formed years ago, the Kaohsiung West Rotary Club of Taiwan obtained 4,000 masks and donated them to the Cupertino Rotary Club. These protective masks were delivered to Sunnyview Retirement Community, Cupertino Union School District, Fremont Union High School District, El Camino Hospital, Good Samaritan Hospital, and the Santa Clara County Sheriff's Office in early April, a time when personal protective equipment was in short supply nationwide.



### HOSPITAL SUPPLIES FOR ECUADOR:



In partnership, the Cupertino, Tomebamba (Ecuador), and Edmonton (Canada) Riverview Rotary Clubs raised over \$46,000 for hospital supplies disaster relief, providing critically needed COVID related PPE and equipment to three public hospitals in Cuenca and Machala Ecuador.

### QUILTS FOR KIDS MASK DISTRIBUTION:

Our industrious 'Quilts for Kids' sewing team pivoted to making cloth masks for community members. These colorful and cheerful masks filled a void early in our shelter in place effort as our community members sought masks while saving medical PPE equipment for our first line responders.



### WOLFE ROAD HYGIENE PROJECT:



Cupertino Rotarians packaged and delivered first aid kits, hygiene kits and basic necessities to homeless individuals currently camped along Wolfe Road in an effort to limit their Covid-19 exposure.

## CUPERTINO TOGETHER – DONATE A LUNCH



Because our weekly lunch meetings now take place via Zoom, in lieu of buying lunch, Cupertino Rotarians have contributed to the Cupertino Chamber of Commerce Cupertino Together - Donate a Lunch Program which hires local restaurants and caterers to prepare meals for families in need, supporting both families and businesses adversely effected by pandemic.

## REBUILDING TOGETHER:

Complying with strict Covid-19 protocols, a team of volunteers painted the exterior of the house of a neighbor in need of help and performed general outside clean-up by trimming plants, removing a damaged planter box, and eliminating general clutter.



## BACK TO SCHOOL BACKPACKS:



Although students are currently learning remotely, the need for school supplies and clothing hasn't diminished. The Rotary and West Valley Community Services sponsored 'back to school' shopping day of previous years, was replaced with delivery of backpacks containing needed supplies and clothing directly to students in need.

## De ANZA FOOD GIFT CARDS:

Provided \$2000 to De Anza College to purchase emergency grocery store food gift cards for students struggling with housing and food insecurity due to pandemic related job loss.



## KARMA BIKES REPAIR CLINIC:

Bikes have increased in popularity as an alternate means of transportation since our Covid-19 induced social distancing. In partnership with Karma bikes, Cupertino Rotary sponsored and supported a bike repair clinic for at-risk children and adults.



## THANKSGIVING MEAL DISTRIBUTION:



Each year on Thanksgiving morning, Cupertino Rotarians deliver complete, fully prepared Thanksgiving meals to families deemed in need by local community service agencies and schools. Recipients may be unemployed, infirm, elderly, in temporary shelter, or otherwise incapacitated. Each meal includes a 10 to 12 pound turkey, mashed potatoes, gravy, cranberry sauce, and Hawaiian rolls all fully cooked, and serves 6 to 8 people.

This year, 60 socially distanced volunteers will deliver 120 meals. Volunteers will arrive at the Safeway parking lot, meals will be placed in their trunk or back seat for delivery to pre-arranged destinations. Gobble, Gobble!

Cupertino Rotary's members broadly reflect the rich ethnic fabric of our community and come from various sectors including the leaders of our local and corporate businesses, schools, city staff, and nonprofit community organizations.

The club meets every Wednesday at noon for a lunch program and guest speaker (currently via Zoom). To learn more, visit our website at [www.cupertino Rotary.org](http://www.cupertino Rotary.org).

Thank you

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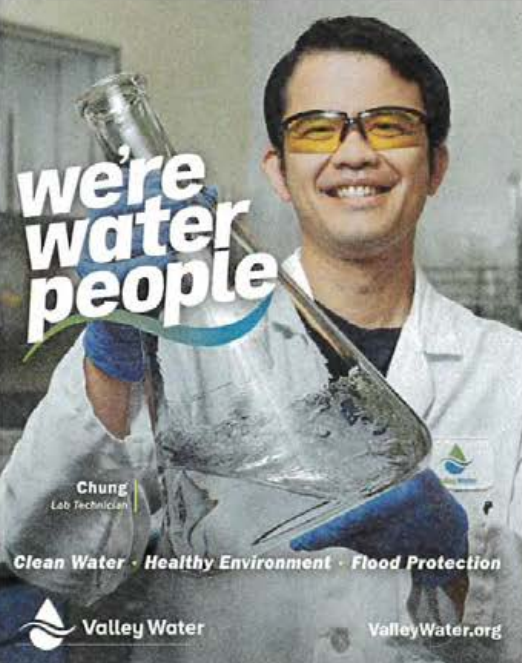
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**WE'RE ALL IN THIS TOGETHER.**

At Kaiser Permanente, we don't just happen to be in the same industry, we're in it as a family, and one that we are very much devoted to. During this extraordinary time, we are especially grateful to the members of our healthcare workforce. And, we would like to express our deepest gratitude to all of our extraordinary lives team and individuals who believe in the power of community and the importance of the health of our members and the communities we serve. We are here to help you thrive. Sober hope is here.

KAISER PERMANENTE **thrive**

Rotary Club of Cupertino (Returning) Eligibility Checklist (staff use only)			
Eligibility	YES	NO	Notes:
Be made or sponsored by a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event	X		
Identify how the funds will be used to benefit the Cupertino community	X		
Be awarded only once per project		X	Organization has previously been awarded funds for the requested purpose (most recent funding received FY 2020-21 through Community Funding Grant)
For specific needs, not on going, operational costs	X		
Have more than 75% of the requested funds allocated for direct service costs versus administrative costs	X		
Be complete and submitted by the application deadline	X		

Restrictions/Guidelines	YES	NO	Notes:
An organization that is applying for multiple grants shall only submit one application			NA
Proceeds generated from the funded activity may only be used for the conducted activity			NA
admission to or participation in the event must be "free of charge" to Cupertino residents unless stated in the application and approved by Parks and Recreation Commission			NA

**City of Cupertino  
Fiscal Year 2021  
Community Funding Grant Application**

Attachment B

Have you ever received a City of Cupertino Community Funding Grant in the past?

☒ Yes   ☐ No   If, Yes, when? 2020-21+

**SECTION 1: CONTACT INFORMATION**

Legal Name of Organization:	Euphrat Museum Of Art		
Web Address:	www.deanza.edu/euphrat		
Mailing Address:	21250 Stevens Creek Blvd., De Anza College		
City:	Cupertino	Zip: 95014	Phone: [REDACTED]
President/Executive Director:	Diana Argabrite	Title:	Director
Email:	argabritediana@fhda.edu	Telephone Number:	[REDACTED]
Contact Person:	same	Title:	same
Email Address:	same	Telephone Number:	same

**SECTION 2: NON-PROFIT INFORMATION**

501(c)(3)?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Year Established	1970	Federal Tax ID:	[REDACTED]
Fiscal Sponsor Name:		Foothill De Anza College District			
Fiscal Sponsor Address:		12345 El Monte Road			
City:		Los Altos Hills	Zip: 94022	Phone:	

**SECTION 3: ORGANIZATION INFORMATION**

Total Organization Budget:	\$132,700	Total # of Board Members:	6
Total # of staff:	2	Total # of Volunteers:	4

**Mission Statement:**

The Euphrat Museum of Arts mission is to research, produce and present challenging exhibitions and educational material that provide a resource of visual ideas and a platform for communications.  
Our exhibitions and programs highlight our heritage of different cultures; enhance understanding of art fundamentals, art history, and esthetics; and augment college instruction.

**Brief Description of Organization:**

The Museum traditionally presents one of a kind exhibitions, events, and programs that reflect the rich diverse heritage of our area. Our award winning Arts & Schools Program joins professional artists and students of all ages in using art as part of the community building process.

**Brief Description of Services Provided:**

The Euphrat Museum of Art serves the Cupertino community through it's exhibitions, events, and artist presentations as well as outreach through our Arts & Schools Program, and community involvement with Cupertino festivals and events.

As the pandemic has greatly impacted all in person activities and gatherings this past year, the museum pivoted to offering online exhibitions, presentations, and summer art classes for youth. A public art and poetry project will debut in May 2021 along the perimeter of De Anza College facing out towards the community. Art is adaptable to any situation!

**SECTION 4: GRANT REQUESTS**

1. Program/Project/Event Name: Euphrat Museum Exhibitions and Events 2021-2022
2. Date(s) and/or duration of program/project/event (if applicable): 2021-2022 exhibitions and events
3. Total program/project/event budget: \$196,500
4. Requested Amount: \$15,000   Percent of total program/project/event budget: 8%
5. Program/Project projected income: \$0   Percentage of your organization's projected income: 0%
6. Type of Request:
  - ☐ Capital Improvement
  - ☒ Program Support
  - ☐ Event
  - ☐ One-time project
  - ☐ Other:

7. This grant will fund a(n):

- ☒ Existing program/project/event; established in 1970(year)  
☐ New program/project/event

**8. Describe the purpose of requested funds and the services that will be provided:**

The funds awarded will go towards 2021 - 2022 exhibition and related event expenses. We hope we'll be able to reopen the museum with a new exhibition and (modified) in person visitations in fall. This exhibition, Common Ground, will highlight our shared humanity. In February we plan to present an exhibition curated in alignment with the 2022 Silicon Valley Reads theme and books and in spring, the De Anza Student Art Show. The exhibitions will feature special installations and free of charge artist presentations open to the public. If we are still impacted by the pandemic, programming will continue in the virtual space and in public space as creatively possible.

**9. Please provide a line item breakdown of how the funds will be used in the categories below. If a category is not applicable, put \$0:**

a) Admin Staff	\$3,000
b) Materials/Equipment	\$1,500
c) Entertainment	\$0
d) Room/Venue Rental	\$0
e) Other Professional Services Artist installations	\$8,000
f) Other Fine Art Shipping	\$2,500
<b>Total</b>	<b>\$15,000</b>

**10. Explain how the request aligns to City mission and values:**

The City is committed to being a model multicultural community that appreciates and respects the complexity and richness of our residents. Euphrat Museum exhibitions, programs, and events reflect the rich diverse heritage of our area and provide a resource of visual ideas and a platform for communications among all constituencies. This contributes to Cupertino's ongoing goal of citizen engagement.

Though we couldn't participate in City festivals and events or open the museum due to the pandemic, our goal is still to help create a deeper sense of community in Cupertino and draw people together through virtual programming and the themes addressed.

**11. Describe how the program/project/event fills a community need. Who identified this need? What other similar project/program/event exists to serve Cupertino residents? How is your proposed project/program/event unique from similar projects/programs/events or how do you collaborate to avoid duplication?**

As Cupertino's only art museum, we serve the Cupertino community through one of a kind exhibitions, events, artist presentations and lectures, outreach through our Arts & Schools Program, and community involvement with City festivals. We also host Cupertino Poet Laureate and other local events when possible.

The arts are instrumental in creating a sense of place, fostering a sense of belonging, and preserving collective memory. Supporting culture and creativity is essential for vibrant and sustainable cities like Cupertino. Art is a vital tool for engaging community and articulating our shared values.

What the Euphrat Museum of Art presents is unique in Cupertino (and the Bay Area) and enriches our community.

**12. Who will be served by this grant?**

We serve a wide range of Cupertino citizens and groups of all ages and backgrounds in the museum and in the community.

- a) Number of individuals total: 18,500  
b) Number of Cupertino residents: 9,500

**c) Particular community groups:**

We welcome all community groups to visit our exhibitions and attend events and artist presentations in the museum, in the Cupertino community, online and in person.

**d) Will the program/project/event be available to the entire community/public or are there any eligibility criteria?**

Exhibitions and related events will be free of charge and open to the entire community/public.

**e) Will there be a charge or fee for the program/project/event (if applicable)**

n/a

**f) What outreach methods does your organization use to promote the program/project/event (if applicable)?**

- Calendar listings in local newspapers and publications
- Press releases to solicit articles
- De Anza College event calendars and website
- Euphrat Museum of Art website
- Constant Contact newsletter

- Facebook and other social media
- Printed announcements, flyers, and posters

**13. Describe how the funds will be used to benefit or impact the Cupertino community:**

As Cupertino's only art museum, we'll serve the Cupertino community through the exhibitions, events, artist presentations, outreach through the Arts & Schools Program, and community involvement in City festivals if we are able to hold those next year.

**14. Demonstrate that the member implementing and managing the program/project/event have adequate experience:**

Diana Argabrite, Director of the Euphrat Museum of Art and Arts & Schools Program, has been with the museum for thirty years. She has received many awards and grants including the CREST award from the City of Cupertino, the Innovation of the Year award from the Foothill De Anza College District, Equity Champion awards, and was nominated for a National Medal in Museum Services. She also received California Arts Council Artist in Residence grants at Cupertino Union School District's lowest income schools. At De Anza College she has taught Museum Skills Certificate program classes and has been a member of the California Arts Project team. She has presented numerous workshops for artists, classroom teachers, and community organizations including the Mexican Museum and the California Historical Society. Diana is also a studio artist who creates collaborative public art projects and mixed media artworks. She has a B.A. in Studio Art from U.C. Santa Cruz and an M.A. in Art and Art Education.

**15. How will success of the program/project/event be measured?:**

Success will be measured by attendance of exhibitions, events, and presentations and enrollments in the Arts & Schools Program. Other criteria will include visitor and student feedback and evaluations and press and media coverage.

**16. Will more than 75% of the requested funds go towards direct service costs versus administrative costs?**

☒ Yes    ☐ No

**17. Will you collaborate with other organizations to deliver the program/project/event funded by this grant? If so, which organizations?**

Museum exhibitions and programs also include collaborative art works by different groups including Cupertino schools like Homestead High and West Valley Elementary. We invite participation from a wide range of citizens and groups including the Cupertino Poet Laureate Program, the Cupertino Fine Arts Commission, De Anza College departments, the community-wide program Silicon Valley Reads, and more.

**18. If your organization has ever received financial or in-kind support from the City of Cupertino outside of Community Funding Grants, please describe this support:**

n/a

**19. Does your organization anticipate receiving additional financial or in-kind support from the City of Cupertino outside of Community Funding Grants for this type of program/project/event (e.g. fee waivers)? If so, please describe this anticipated support:**

n/a

**20. If you are a multi-jurisdictional organization, describe any funding requested from other agencies/organizations in regards to this program/project/event request. Indicate whether the funding was granted, denied, or is still pending:**

n/a

**21. How would you fund the program/project/event if you do not receive the requested funding?:**

We will continue to seek a diverse range of funding including through revenue from Arts & Schools tuition based classes, donations, and local arts grants. Funding from the City of Cupertino is important both financially and to help ensure a rich variety of arts and cultural opportunities for the Cupertino community.

The pandemic greatly impacted our Arts & Schools Program and the revenue received from in person art classes and camps for children and youth. Funds saved from prior years have seen us through this year and are limited. We will continue to apply creativity and resourcefulness in keeping the museum open and responsive to community needs.

## SECTION 5: PRIOR FUNDING

**1. If you received a Community Funding Grant in prior years, indicate the amounts for each year and describe how those funds were used:**

The Museum has received Community Funding Grants for many years, here is an overview of the past 10+ years of funding received: 2020-2021 \$10,000; 2019-2020 \$10,000; 2018-2019 \$10,000; 2017-2018 \$10,000; 2016-2017 \$10,000; 2015-2016 \$10,000; 2014-2015 \$10,000; 2013-2014 \$10,000; 2012-2013 \$10,000; 2011-2012 \$15,000; 2010-2011 \$15,000

Each year the funding awarded was used for direct service costs for exhibition related expenses, events, and community outreach and involvement.

Attachment B

2. If you received a Community Funding Grant last year:

a. Please provide a line item breakdown of how the Community Funding Grant was used last year in the categories below. If a category is not applicable, put \$0:

i. Admin Staff	\$2,400
ii. Materials/Equipment	\$4,100
iii. Entertainment	\$0
iv. Room/Venue Rental	\$0
v. Other Professional Services	\$3,500
vi. Other	
<b>Total</b>	<b>\$10,000</b>

b. Who was served by the grant last year?

The virtual exhibitions and programs, and the May 2021 public art and poetry project are designed to serve Cupertino residents and visitors of all ages.

i. Number of individuals total: 12,500

ii. Number of Cupertino residents: 8,750

iii. Particular community groups

We aim to serve a variety of community groups of all ages. The attendance numbers for this pandemic year are based on estimated virtual views of exhibitions and programming as well as the estimated number of viewers and participants in the May 2021 public art and poetry project.

iv. Was the program/project/event available to the entire community/public or are there any eligibility criteria?

Yes.

v. Was there a charge or fee for the program/project/event (if applicable)?

n/a

vi. What outreach methods did your organization use to promote the program/project/event (if applicable)?

- Euphrat Museum of Art website
- Constant Contact newsletter
- Facebook and other social media
- Calendar listings in local newspapers and publications
- Press releases to solicit articles
- De Anza College event calendars and website

c. Was the program/project/event successful? Please indicate how success was measured:

In pivoting with the pandemic, our programming has been online so far this year and has received good virtual attendance, feedback from viewers and participants, and press and media coverage. A major virtual exhibition, Sources of Solace, garnered cover articles in the local community newspapers like Cupertino Courier as well as online with the Mercury News. This community wide partnership with Silicon Valley Reads, the Santa Clara County Office of Education, and the Santa Clara County Library District has helped expand our audiences and outreach during the pandemic. For example, the Silicon Valley Reads Kickoff program featured a Sources of Solace slideshow before and after. The program with the slideshow can be viewed on YouTube and currently has over 2,500 views. The museum also started it's own YouTube channel with recorded programs from this year.

3. Please indicate any additional funding received last year from other sources and provide your financial statement if available:

See attached.

**Attachments:** Attach your financial statement, and any other helpful information about your project.

[Euphrat Financial Statement for 20-21.docx](#)

Program Manager Signature

Date Signed

Director, Euphrat Museum of Art

02/01/2021

## Euphrat Museum of Art's Income Statement for fiscal year 2020 – 2021

### SUPPORT

De Anza Associated Student Body grant	\$8,150
<b>Individual Donations/Event</b>	
Taste of History fundraiser event	\$14,800
Individual donations	<u>\$15,200</u>
	<b>\$30,000</b>
<b>County and City</b>	
City of Cupertino	\$10,000
<b>Subtotal support</b>	<b>\$48,150</b>

### REVENUES

<b>Arts &amp; Schools Program Fees/Services</b>	
2020 De Anza Summer Academy with Community Education Division	\$14,210
Euphrat Museum Enrichment Program at West Valley, Muir, and Collins	\$0
Cupertino's Quinlan Community Center classes and camps	\$0
City of Sunnyvale's Columbia Neighborhood Center	<u>\$0</u>
	<b>\$14,210</b>
<b>Interest/Payout Income</b>	<u>\$3,250</u>
<b>Subtotal Revenues</b>	<b>\$17,460</b>
<b>TOTAL INCOME</b>	<b>\$65,610</b>

### EXPENSES

<b>Director's salary</b>	<b>\$81,500</b>
<b>Part-Time Assistant to the Director's salary</b>	<b>\$0</b>
<b>Part-Time Staff</b>	
Arts & Schools Program Instructors	\$1,200
<b>Hourly Students</b>	
Student Salaries	\$850
<b>Benefits</b>	
Director	\$33,475
Casual Hourly	\$125
Student Hourly	<u>\$40</u>
	<b>\$33,640</b>

<b>Subtotal Salaries + benefits</b>	<b>\$117,190</b>
<b>Marketing</b>	
Reception and event refreshments and meals	\$0
Postage	\$150
Promotional vinyl signage	\$0
Announcement postcards and event flyers	<u>\$0</u>
	<b>\$150</b>
<b>Exhibition/Production</b>	
Printing -- general	\$0
May Public Art and Poetry project supplies and materials	\$4,550
Fine Art and Fed Ex shipping	\$210
Arts & Schools Program supplies and materials	<u>\$460</u>
	<b>\$5,220</b>
<b>Production Services</b>	
Tech & Prof Services (total)	<b>\$5,650</b>
<b>Travel</b>	<b>\$0</b>
<b>Special Projects</b>	
	<b>\$4,500</b>
<b>Other</b>	
Equipment Rent/Lease	\$0
<b>TOTAL EXPENSES</b>	<b>\$132,710</b>
<b>EXPENSES OVER REVENUE</b>	<b>\$67,100</b>

Note: Expenses not covered by revenue are covered by funds saved over the past decade. These funds can only cover basic expenses for 2021-22 so we do hope for a pandemic resolution and a return to in person revenue generating programming.

Euphrat Museum (Returning) Eligibility Checklist (staff use only)			
Eligibility	YES	NO	Notes:
Be made or sponsored by a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event	X		
Identify how the funds will be used to benefit the Cupertino community	X		
Be awarded only once per project		X	Organization has previously been awarded funds for the requested purpose (most recent funding received FY 2020-21 through Community Funding Grant)
For specific needs, not on going, operational costs	X		
Have more than 75% of the requested funds allocated for direct service costs versus administrative costs	X		
Be complete and submitted by the application deadline	X		

Restrictions/Guidelines	YES	NO	Notes:
An organization that is applying for multiple grants shall only submit one application			NA
Proceeds generated from the funded activity may only be used for the conducted activity			NA
admission to or participation in the event must be "free of charge" to Cupertino residents unless stated in the application and approved by Parks and Recreation Commission			NA