Grant Bennett Associates

A PROFESSIONAL CORPORATION

April 28, 2021

CONFIDENTIAL

California Human Development Corporation 3315 Airway Drive Santa Rosa, CA 95403

Dear:

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

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

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 6/30/20 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Grant Bennett Associates 1375 Exposition Blvd Ste 230 Sacramento, CA 95815-5143

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

California Form 199 Filing Instructions

Your Form 199 for the tax year ended 6/30/20 shows no balance due.

Your return is being filed electronically with the California Franchise Tax Board and is not required to be mailed. If you mail a paper copy of Form 199 to the California Franchise Tax Board it will delay processing of your return. Initial and date the copy, and retain it for your records.

Your electronically filed return is not complete without your signature. Form 8453-EO, California e-file Return Authorization for Exempt Organizations, should be signed and dated by an authorized officer of the corporation and returned to Grant Bennett Associates before the electronic file is transmitted to the California Franchise Tax Board

If you scheduled an electronic funds withdrawal and wish to cancel it, you must call the California Franchise Tax Board at (916) 845-0353 at least two working days prior to the date of withdrawal.

California Form RRF-1 Filing Instructions

Your Form RRF-1 for the tax year ended 6/30/20 shows a balance due of \$225. The return should be signed and dated on Page 1 by an officer representing the organization. Include a check payable to the Attorney General's Registry of Charitable Trusts in the amount of \$225. Write "E.I.N. 94-1653023, RRF-1 Balance Due for the year ended 6/30/20" on the check. Mail the return by May 17, 2021 to:

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

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

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

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

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

Sincerely,

Grant Bennett Associates

2019 Exempt Return prepared for:

California Human Development
Corporation
3315 Airway Drive
Santa Rosa, CA 95403

Grant Bennett Associates 1375 Exposition Blvd Ste 230 Sacramento, CA 95815-5143 (Rev. 09/2017)

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

1300 I Street Sacramento, CA 95814 (916) 210-6400 WEBSITE ADDRESS:

www.oag.ca.gov/charities

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ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

CATTEODATES TITLES				
CALIFORNIA HUMAN DEVEL	OPMENT	Check if:		
Name of Organization	Change of address			
List all DRAs and account				
List all DBAs and names the organization uses or h 3315 AIRWAY DRIVE	as used	Amended report		
Address (Number and Street)				
SANTA ROSA	G2 05402			
City or Town, State, and ZIP Code	CA 95403	State Charity Registration Number	0551	
707-523-1155	0	— Clarity Registration Number	333I	
Telephone Number		0.11		
THOMAS.STUEBNER@CAHUMANDEVE	T ODMENTE ODG	Corporation or Organization No. 05	25802	
E-mail Address	LOPMENT. ORG	_		
		Federal Employer ID No. 9	4-1653	3023
ANNUAL REGISTRATION	RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sec	tions 301-307, 311, and 312)	
	Make Check Payable to Department of Justice		•	
Gross Annual Revenue Fee	Gross Annual Revenue Fee	Gross Annual Revenue		
	100	Oloss Allitual Reveilue		<u>Fee</u>
Less than \$25,000 0	Between \$100,001 and \$250,000 \$50			
Between \$25,000 and \$100,000 \$25		Between \$1,000,001 and \$1		\$150
\$25	Between \$250,001 and \$1 million \$75	Between \$10,000,001 and \$	550 million	\$225
PART A - ACTIVITIES		Greater than \$50 million		\$300
For your most recent full accounting perio	d (beginning $07/01/19$ ending $06/30/2$	O) list:		
Groce Annual Devenue C 3.4.4.7.4.4	0) list.		
Gloss Annual Revenue \$	Noncash Contributions \$	O Total Assets \$	9,339	.152
Program Eynoneos	\$ 12 646 154 7445		-,000	/ 102
1 Togram Expenses	\$12,646,154 Total Expenses \$	14,210,919		
PART B - STATEMENTS REGARDING ORGAN	ZATION DURING THE PERIOD OF THIS REPORT			
Note: All questions must be answered. If you ans	wer "yes" to any of the questions below, you must attach	a concrete un		
providing an explanation and details for ea	ch "yes" response. Please review RRF-1 instructions for in	a separate page		
During this reporting period, were there any contracts less	300 Tesponse: Trease review KKF-1 instructions for it	itormation required.	Yes	No
officer director or trustee there are the end of the self-	ns, leases or other financial transactions between the organization and an	,		
officer, director of trustee thereof either directly or with an	entity in which any such officer, director or trustee had any financial intere	st?		X
2. During this reporting period, was there any theft, embezzle	ement, diversion or misuse of the organization's charitable property or fund			
The state of the s	ment, awersion or misuse of the organization's charitable property or fund	5?		X
During this reporting period, were any organization funds.				
During this reporting period, were any organization funds to	ised to pay any penalty, fine or judgment?			X
During this reporting period, were the services of a comme	rcial fundraiser, fundraising counsel for charitable purposes, or commercia			
coventurer used?	rolar fullulaiser, fundraising counsel for charitable purposes, or commercia	i		v
				X
5. During this reporting period, did the organization receive at	ny governmental funding?			
		STMT 1	X	
6. During this reporting period, did the organization hold a raf	ile for charitable purposes?			
	— Chartable pulposes?			X
Does the organization conduct a vehicle donation program				
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,			Х
8. Did the organization conduct an independent audit and pre-	pare audited financial statements in a surface			
generally accepted accounting principles for this reporting p	period?		х	
			Α	
At the end of this reporting period, did the organization hold	restricted net assets, while reporting negative unrestricted net assets?			
				X
i declare under penalty of perjury that I have e	xamined this report, including accompanying docur	nents, and to the best of my	knowleda	e and
belief, the content is true, correct and comple	te, and I am authorized to sign.	, 2001 01 111	owieug	C and
Though Storal			-/-/	
CONTROL SINCE THE	IOMAS STUEBNER CEO		0/3/2	021
Signature of Authorized Agent	Printed Name	Title	Date	

IB3018 California Human Development

94-1653023

California Statements

FYE: 6/30/2020

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

Description

U.S. DEPARTMENT OF LABOR 90 7TH STREET, SUITE 17-300 SAN FRANCISCO, CA 94103

CALIFORNIA DEPT. OF COMMUNITY SERVICES 2389 GATEWAY OAKS DRIVE, SUITE 100 SACRAMENTO, CA 95833

NORTH BAY REGIONAL CENTER P.O. BOX 3360 NAPA, CA 94558

LA COOPERATIVA 1107 9TH STREET, SUITE 420 SACRAMENTO, CA 95814

DEPT. OF SOCIAL SERVICES 744 P STREET, MS9-633 SACRAMENTO, CA 95814

SONOMA COUNTY DEPT. OF HEALTH SERVICE 1450 NEOTOMAS, SUITE 200 SANTA ROSA, CA 95405

SAN JOAQUIN COUNTY WORK NET EDD 56 SOUTH LINCOLN STREET STOCKTON, CA 95203

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY 925 DEL PASO BLVD., SUITE 100 SACRAMENTO, CA 95815

COUNTY OF SONOMA - HUMAN SERVICES 1202 APOLLO WAY SANTA ROSA, CA 95407

Form 8879-F

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

2019

Department of the Treasury Internal Revenue Service Name of exempt organization For calendar year 2019, or fiscal year beginning

7/01 , 2019, and ending . 6/30 20 20

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

CALIFORNIA HUMAN DEVELOPMENT CORPORATION

Employer identification number 94-1653023

Name and title of officer

THOMAS STUEBNER

CEO

Part I	Type of	Return and	Return	Information	(\M/holo	Dollare	Only
	. J PC 01	retuin and	Netuill	miormation	(vvnoie	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

	The same action. To not complete more than one line in Part 1.		
1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	14,414,880
Za	Form 990-EZ check here Total revenue, if any (Form 990-FZ line 9)	1D -	11,111,000
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	2D _	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	3b _	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	4b _	
	Datance Due (Form 8000, Illie SC)	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.

JIIICEI	s Fin. check one box only		
X	lauthorize GRANT BENNETT ASSOCIATES	to enter my PIN	03018
	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 to being filed with a state agency(ies) regulating charities as part of the IRS Fed/State progERO to enter my PIN on the return's disclosure consent screen.	nis return that a cop gram, I also authori	by of the return is ize the aforementioned
	As an officer of the organization, I will enter my PIN as my signature on the organization If I have indicated within this return that a copy of the return is being filed with a state agon the IRS Fed/State program, I will enter my PIN on the return's disclosure consent scree	ionovilion) romillatin	ectronically filed return. g charities as part of
fficer's sig	TO THE TOTAL PROPERTY OF THE P	Date ▶	04/28/21
I dit	HIS CELUICATION AND AUTHENTICATION		

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

68564450456

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.

MICHAEL R MARUCHEAU ERO's signature

04/28/21

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)

Checking

FORM

8453-EO

Part I Electronic Return Information (whole dollars only)

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

Part II Settle Your Account Electronically for Taxable Year 2019

4 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

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 Thomas Stuebner
Signature of officer

04/28/21

CEO

7 Type of account:

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	ERO's-	Date Check if also paid	Check	ERO's PTIN
Must	signature MICHAEL R MARUCHEAU	04/28/21 also paid preparer	employed	P01250456
Sign	Firm's name (or yours if self-employed) GRANT BENNETT 13.75 ENDOGRAM	ASSOCIATES		Firm's FEIN 94-2692073
Indonesal	SACRAMENTO	ON BLVD STE 230 CA		ZIP code 95815-5143
ny knowled	Ities of perjury, I declare that I have examined the above orga- ge and belief, they are true, correct, and complete. I make the	anization's return and accompanying schedules is declaration based on all information of which	and statements, ar I have knowledge.	d to the best of

-	- g - and wanter, they are	and complete. Thake this declaration based	f on all information of w	hich I have knowledge	
Paid Prepai	Paid preparer's		Date	Check if self- employed	Paid prepa
Must Sign	Firm's name (or yours if self-employed)	>			Firm's FEIN
•	and address				ZIP code

er's PTIN

Form 8879-FC

IRS e-file Signature Authorization for an Exempt Organization

7/01 . 2019, and ending 6/30_{.20} 20 OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization

Name and title of officer

For calendar year 2019, or fiscal year beginning

Do not send to the IRS. Keep for your records.

CALIFORNIA HUMAN DEVELOPMENT

► Go to www.irs.gov/Form8879EO for the latest information.

CORPORATION

CEO

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

THOMAS STUEBNER

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 Total revenue, if any (Form 990, Part VIII, column (A), line 12) _b Total revenue, if any (Form 990-EZ, line 9) 2a Form 990-EZ check here ▶ ☐

3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part VI, line 5) 4a Form 990-PF check here ▶

5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c)

Employer identification number

94-1653023

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

GRANT BENNETT ASSOCIATES

03018

」 as my signature

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.

CLIENT'S COPY

Certification and Authentication

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

68564450456

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.

MICHAEL R MARUCHEAU

04/28/21

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)

Form (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 for instructions and the latest information.

2019 Open to Public

Form **990** (2019)

OMB No. 1545-0047

<u>A</u>	For the 2019	calendar year, or tax year bec	ginning $07/01/19$, and ending 0	6/30/20		Highermon
В	Check if applicable:	C Name of organization CAI	LIFORNIA HUMAN DEVELOPMENT		D Employ	yer identification number
	Address change	COF	RPORATION			
	Name change	Doing business as			94-	1653023
[Initial return	Number and street (or P.O. box if ma 3315 AIRWAY DRIV	ail is not delivered to street address)	Room/suite	E Telepho	one number
-	Final return/	707	-523-1155			
_	terminated	City or town, state or province, count SANTA ROSA				
	Amended return	F Name and address of principal office	CA 95403		G Gross re	eceipts \$ 14,414,88
	Application pending			H(a) Is this a g	roup return for	subordinates? Yes X N
		3315 AIRWAY D		1		
		SANTA ROSA		H(b) Are all su		
	Tax-exempt status	37	CA 95403	If "No	," attach a list	t. (see instructions)
J		CAHUMANDEVELOPME	() ◀(insert no.) 4947(a)(1) or	527		
K	Form of organization			H(c) Group ex		
	50150000000000000000000000000000000000	ummary	Association Other	L Year of formation:	<u> 1967 </u>	M State of legal domicile: C2
22207		escribe the organization's mission	On or most significant and the			
d)		SCHEDULE O	on or most significant activities:			
ů	of topics bes	STO NOTIFIES HOUSE REPORTS	AND TO BE A SECURE OF EMPLOYED AND RESIDENCE OF SECURE O	· · · · · · · · · · · · · · · · · · ·	555 500000 60	
rns	of discharge helic	9009	SAMAYAMARK SERMEN SERGED SERGER	NO		
Governance	2 Check th	if the organization	dipontinual transmit			
<u>ග</u> න්	3 Number	of voting members of the govern	discontinued its operations or disposed of mo	re than 25% of its net as	sets.	1
	4 Number	of independent voting members	of the governing body (Part VI, line 1b)	CONTRACTOR CONTRACTOR CONTRACTOR	3	11
Activities	5 Total nui	mber of individuals employed in				11
\cti	6 Total nu	mber of volunteers (estimate if n	Entered colors of			259
ď	7a Total uni	elated business revenue from P	Part VIII, column (C), line 12	THE I SECTION TO SHE SHEET	6	80
	b Net unre	lated business taxable income fr			0	
				Prior Ye	7b	0
ē	8 Contribut	tions and grants (Part VIII, line 1	h)			Current Year 11,037,811
enı		service revenue (Part VIII, line 2	2g)		5,613	3,360,647
Revenue	10 Investme	ent income (Part VIII, column (A)	, lines 3, 4, and 7d)	377.55	7 0 2 3	266
-	11 Other rev	enue (Part VIII, column (A), line	4 . 4 . 7 . 22		16,156	
	12 Total rev	enue – add lines 8 through 11 (n	nust equal Part VIII, column (A), line 12)	14,17	5,875	14,414,880
	13 Grants a	nd similar amounts paid (Part IX	, column (A), lines 1-3)		5,615	814,728
	14 Benefits	paid to or for members (Part IX,	column (A), line 4)	619 (1028)		0227720
es	15 Salaries,	other compensation, employee	benefits (Part IX, column (A), lines 5–10)	7,719	9,848	8,085,554
ens	16a Professio	nal fundraising fees (Part IX, col	lumn (A), line 11e)			0
Expenses	b Total fund	draising expenses (Part IX, colur	mn (D), line 25) ► 60,098			
_	17 Other exp	penses (Part IX, column (A), line	s 11a-11d, 11f-24e)	6,262	2,576	5,310,637
	18 Total exp	enses. Add lines 13–17 (must ed	qual Part IX, column (A), line 25)	14,738	3,039	14,210,919
PS SS	19 Revenue	less expenses. Subtract line 18	from line 12	-562	2,164	203,961
Net Assets or Fund Balances	20 Total ass	ets (Part X, line 16)		Beginning of Curi		End of Year
Ass I Ba	21 Total liabi	lities (Part X, line 26)		8,554		9,339,152
Funda	22 Net asset	s or fund balances. Subtract line	21 from line 20	6,418		6,979,754
2,2,2 2 2 2 2 2 2	334 335 335 335 335 335 335 335 335 335	nature Block	E 21 HOITI IIII e 20	2,135	,863	2,359,398
			ad this return including accompanies.			
tru	e, correct, and co	mplete. Declaration of preparer (oth	ed this return, including accompanying schedules an er than officer) is based on all information of which p	d statements, and to the be	st of my kno	wledge and belief, it is
		CLIENT'S COPY		- Toparci Has any knowledge		
Sig	n Sig	gnature of officer			Date	
Her	1 .	THOMAS STUEBNER	C	EO	Date	
	Ту	pe or print name and title	<u> </u>	<u> </u>		
	Print/Type	preparer's name	Preparer's signature	Date		DTIN
Paid	MICHAEL	R MARUCHEAU	MICHAEL R MARUCHEAU		Check	if PTIN
Prep	Thinshall	e → GRANT BENN	NETT ASSOCIATES		21 self-empl	
Use	Only	1375 EXPOS	SITION BLVD STE 230	Fire	m's EIN ▶	94-2692073
	Firm's addr	03 05 B B B B B B B B B B B B B B B B B B	O, CA 95815-5143			016 022 5100
May	the IRS discuss	this return with the preparer sho	own above? (see instructions)	<u> </u> Pho	one no.	916-922-5109 X Yes No
For P	aperwork Reduc	ction Act Notice, see the separate	instructions.	<u> </u>	* * * * * * * * * * * * * * * * * * * *	X Yes No

	CALIFORNIA			94-1653023	3	Page 2
Part III	Statement of Progr	am Service Acco	mplishments			
1 Briefly	describe the organization's n	contains a respor	nse or note to any line	in this Part III		X
SEE S	CHEDULE O	11551011.				
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	of Shine secon	CAR PERSON ENDINES EXCERCE EXAC	era estrator estrata estrata esperante e	ANALY SERVICE SERVICE CONTROL		
2 Did the	organization undertake any	significant program sei	vices during the year which	were not listed on the		
prior Fo	orm 990 or 990-EZ?			200		Yes X No
If "Yes,"	" describe these new service	s on Schedule O.				COSSUS
3 Did the services	organization cease conducti	ng, or make significant	changes in how it conduct	s, any program		
	" describe these changes on	Cabadula O		U Zitustu beriusa eaccia eaca		Yes X No
4 Describ	e the organization's program	Scriedule O.	anto for each of the H			
expense	the organization's program es. Section 501(c)(3) and 50	1(c)(4) organizations of	ents for each of its three lar	gest program services	s, as measured by	
the total	I expenses, and revenue, if a	inv for each program s	e required to report the am	ount of grants and allo	ocations to others,	
		, , , , , , , , , , , , , , , , , , ,	ervice reported.			
4a (Code:) (Expenses \$	6,133,730	including grants of \$	643,144) (Revenue \$	1,453,545)
SEE S	CHEDULE O	o e we week a) (Nevende \$\psi\$	
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SEE SO)(Expenses \$ CHEDULE O		including grants of \$	1/1,304) (Revenue \$	380,649)
S SECTIONS S CONTRACTOR S CO						
c (Code: SEE SC) (Expenses \$ CHEDULE O	2,717,767	including grants of \$) (Revenue \$	1,526,453)
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(Expenses	gram services (Describe on S s \$ 733,79 gram service expenses ▶	Schedule O.) 9 including grants of 12,646,1	\$ 54) (Revenue \$)
	, Oxportoco		<u> </u>			

1	Is the organization described in section F04/oV/2) or 4047(-V/4) / H. H.		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2		1	X	
3	Sometimes to define the defined by Schedule of Contributors (see instructions)?	2	X	ļ
_	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			
4		3	 	X
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	-		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		X
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5	-	X
	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			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7	├	X
	complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8	-	X
	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			37
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9	-	X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	40	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	X	
	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	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	IId	Δ	
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	-73		- 22
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	- 1	_==	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	0.1 (6.1		
	Schedule D, Parts XI and XII	12a	İ	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	İ	X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did trie organization maintain an office, employees, or agents outside of the United States?			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		1	
15	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			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
••	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)			
18	Did the organization report more than \$15,000 total of fundaminary and the organization report more than \$15,000 total of fundaminary and the organization report more than \$15,000 total of fundaminary and the organization report more than \$15,000 total of fundaminary and the organization report more than \$15,000 total of fundaminary and the organization report more than \$15,000 total of fundaminary and the organization report more than \$15,000 total of fundaminary and the organization report more than \$15,000 total of fundaminary and the organization report more than \$15,000 total of fundaminary and the organization report more than \$15,000 total of fundaminary and the organization report more than \$15,000 total of fundaminary and the organization report more than \$15,000 total of fundaminary and the organization report more than \$15,000 total of fundaminary and the organization report more than \$15,000 total of fundaminary and the organization report more than \$15,000 total of fundaminary and the organization report more than \$15,000 total of fundaminary and the organization report more than \$15,000 total of fundaminary and the organization report more than \$15,000 total of fundaminary and the organization report more than \$15,000 total of fundaminary and the organization report more than \$15,000 total of fundaminary and the organization report more and the organ	17		X
	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		j	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<u>X</u>
-	If "Yes " complete Schedule G. Part III			
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	\rightarrow	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			3.5
DAA	t // / 55, 55/mpioto Gonedale I, Farts I and II	21		<u>X</u> _

Form 990 (2019) CALIFORNIA HUMAN DEVELOPMENT 94-1653023
Part IV Checklist of Required Schedules (continued)

			$\overline{}$	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Ye	s No
	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	22	+^	+
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	x	ĺ
24a	samulation have a tax exempt bond issue with an outstanding principal amount of more than	0.000	T	+-
	\$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	and a square with the square and proceeds of tax-exempt boilds beyond a temporary period exception?	24b		
C	game and the difference of the relation of the relation of the second of	e 90.00		1
	to defease any tax-exempt bonds?	24c		
d ar-	same 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			
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	and the engaged in an excess benefit transaction with a disqualified person in a prior	01.108	Π	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
26	If "Yes," complete Schedule L, Part I	25b		X
20	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%			
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
	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			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	27	9 5000000000000000000000000000000000000	X
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		X
	"Yes," complete Schedule L, Part IV			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		X
	conservation contributions? If "Yes," complete Schedule M	20		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		_^_
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	17. Wis 32		
	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,	1 5-11		
	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	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	63 635		
2.0	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
<i>J</i>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X_
-	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.			
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	38		X
	The same of the sa			
	Check if Schedule O contains a response or note to any line in this Part V	· · · · · · · · · · · · · · · · · · ·	_T	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6000000000000	Yes	No
b	Enter the number of Forms W 2C included in line to Fator 0.15			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?		- I	
		1c	X	

Form 990 (2019) CALIFORNIA HUMAN DEVELOPMENT 94-1653023
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	s No
2a	Tansimilar of Wage and Tax		İ			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	259			
b	tax refu	ırns?		2b	X	***************************************
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ıs)	totation in district in process in process in a	ėl –		
3a	The vear			3a		Х
b	The substitute of the state of the substitute of	9 O	Edder on ex electric colonica prayation	3b		
4a	y and the organization have an interest in, or a signature or other	authori	ty over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financia	al accou	int)?	4a		x
b	The training of the foliagn country		TOTAL Neteric Brish	10		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		and street in the	5c		
6a	and did the	ne	to be dead studies ex			
	organization solicit any contributions that were not tax deductible as charitable contributions?		the state of the s	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	W. CO. COSEA SE DOSEA PROFESS V			
~	gifts were not tax deductible?		versa and a supplier and the con-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				
L	and services provided to the payor?	2022		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	IS				
لہ	required to file Form 8282?		THE SECTION OF SECTION AND ADDRESS.	, 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	>	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fol	rm 8899	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file	a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the	9			
9	sponsoring organization have excess business holdings at any time during the year?		a section in the section of the sect	8		
	Sponsoring organizations maintaining donor advised funds.					
a b	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
0	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		*********	9b		
а	Section 501(c)(7) organizations. Enter:	1				
b	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		
1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	10b		_		
' a		1				
b	Gross income from other courses (Danata at a state of the courses)	11a		_		P
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
2a		11b		_		
b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		12a		Commence of
3	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	12b		_		
a						20000000000000000000000000000000000000
u	Is the organization licensed to issue qualified health plans in more than one state?		AND THE RESIDENCE STREET SHOW	13a		
b	Note: See the instructions for additional information the organization must report on Schedule O.					
-	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	- 1				
С	Enter the amount of recordes on hand	13b		4 1		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	13c				00000000000000000000000000000000000000
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i>			14a		<u>X</u> _
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera	O		14b	$- \downarrow$	
	excess parachute payment(s) during the year?	ition or				
	If "Yes," see instructions and file Form 4720, Schedule N.		THE SELECTION FOR EACH	15	30000000	<u>X</u>
3	Is the organization an educational institution subject to the section 4968 excise tax on net investment in					
	If "Yes," complete Form 4720, Schedule O.	ncome?	,	16	(50),0500	<u>X</u>
	para tama a zaj gonoudo O.					

Form 990 (2019) CALIFORNIA HUMAN DEVELOPMENT 94-1653023 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 Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 11 1b 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? 2 \mathbf{x} Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? X d8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. b 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \blacktriangleright 17 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 X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶ 20 ACCOUNTING DEPARTMENT 3315 AIRWAY DRIVE

SANTA ROSA

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Check this box if neither the org					aniza	tion	com	pensated any current office	er, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Ь	ox, un fficer a	Po check less p	erson	than c is both or/trust Highest compensated employee	an tee)	(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
(1) ANITA MALDONADO		-	Ф	-	_	ited				
CEO	50.00			x				164,792	0	
(2) MARGARET INGOLD								104,192	U	0
CFO	50.00			X				04 012		
(3) KAI HARRIS	1 0.00	\vdash		122				94,913	0	12,139
INTERIM CEO	50.00			X				81,070		1 500
(4) EMILA AGUILAR								01,070	0	1,500
CHAIRPERSON	2.00	X		X				0	0	0
(5) HORACIO										
SECRETARY	2.00	x		x				0	0	0
(6) MIGUEL MEIJIA										
VICE CHAIR	2.00	Х		х				0	o	0
(7) LUIS SANCHEZ					Ì					
TREASURER	2.00	х		х				0	0	0
(8) ANTONIO SILVA	2 00									
VICE CHAIR	2.00	x		x				0		0
(9) MAXIMILANO AGUII						_	\neg	0	0	0
DIRECTOR	2.00		x					0	0	0
(10) HECTOR BRAMBILA						\top			0	0
DIRECTOR	2.00		х					0	0	0
(11)DIEGO HALL										
DIRECTOR	2.00		x					0	0	0

IB3018	\cap		\cap			Ď (0	0
Form 990 (2019) CALIFORN	IA HUMAN	DEV	ELOE	MEN	T_	94-165	3023	Page
	s, Directors, Tru	istees, k		ployee	s, ar	nd Highest Compensate	d Employees (continued)	
(A) Name and title	(B) Average		(C) Positio	on		(D)	(E)	(F)
trains and the	hours		check me	ore than or on is both		Reportable compensation	Reportable compensation	Estimated amount of other
	per week (list any			ctor/truste		from the organization	from related organizations	compensation
	hours for related	or c	Officer	E Big	For	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and
	organizations	itutio ividuz firect	cer	hest	Former			related organizations
	below dotted line)	Institutional truste Individual trustee or director		Highest compe employee				
		Institutional trustee individual trustee or director		Highest compensated employee				
(12) CARLTERR VELI	77 HIIGTO	"		ed	_			
() Ollier Little VIII	2.00	ĵ'						
DIRECTOR	0.00	X				0	o	,
(13) JORGE MALDONA	DO						0	
<u> </u>	2.00							
DIRECTOR (14) JESSE ORTIZ	0.00	X				0	0	
(14) DESSE ORTIZ	2.00							
DIRECTOR	0.00	X						
(15) MARIDEL PERLA					_	0	0	C
	2.00							
DIRECTOR	0.00	X			_	0	0	C
(16) SHINDER GILL,	PHD							
DIRECTOR	2.00							
(17) SALVADOR VARO	0.00	X		+	-	0	0	0
	2.00							
DIRECTOR	0.00	x				0	0	0
								0
					_			
					İ			
1b Subtotal		. , , ,			-	340,775		13,639
c Total from continuation shee	ts to Part VII, S	ection A		▶				13,039
d Total (add lines 1b and 1c)	<u> </u>			<u></u>	•	340,775		13,639
2 Total number of individuals (increportable compensation from the compensation)	cluding but not lin	nited to t	hose lis	sted abo	ove)	who received more than \$	6100,000 of	
								Yes No
3 Did the organization list any for	mer officer, dire	ctor, trus	tee, ke	y emplo	yee,	or highest compensated		100 110
employee on line 1a? If "Yes," of 4 For any individual listed on line	<i>complete Scheat</i> 1a. is the sum o	<i>lle J for s</i> f reporta	s <i>uch in</i> ble con	dividual mensat	tion s	and other componention for	to no. the	3 X
organization and related organi	zations greater th	nan \$150	,000?	If "Yes,"	" con	iplete Schedule J for sucl	7	
individual 5 Did any person listed on line 1a	receive or accru	IO COMP	nootio				1111111 111111111111111111111111111111	4 X
for services rendered to the org	anization? If "Ye	s," comp	lete Sc	hedule .	any u <i>J for</i>	inrelated organization or il such person	ndividual	. 5 X
Section B. Independent Contractor	S						<u> </u>	
1 Complete this table for your five	highest comper	nsated in	depend	lent con	ntract	tors that received more th	an \$100,000 of	
compensation from the organization	(A) usiness address	ipensau	on for t	ne calei	ndar	year ending with or within	the organization's tax year. B)	(C)
Name and bu	usiness address					Descriptio	B) n of services	(C) Compensation
2 Total number of independent co received more than \$100,000 of	ntractors (includi	ng but n	ot limite	ed to the	ose li	sted above) who		
	compensation if	om me c	nyaniza	สแดม 🟲			0	

_		Check	IT SC	nedule O con	tains a	a resp	onse or no				
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants	atl 1	a Federated cam	npaign	S	1a						
Gra	00L	b Membership di			1b						
ts,	Ā	c Fundraising ev	ents		1c						
5	lar	d Related organia	zation	S	1d						
ns,	티	e Government grants (1e	10	,956,61	6			
ţi,	ē	f All other contributions	s, gifts, g	rants,							
je j				ded above	1f		81,19	5			
ont	2	g Noncash contribution			1g						
ပ	ra .	h Total. Add line	s 1a–1	f			<u>Þ</u>	11,037,81	.1		
							Business Cod				
Program Service	4	2a PROGRAM SERVICE REVENUE				90009	9 3,360,64	7 3,360,64	7		
Sen	an	b				ess, .,					
am	25	d									
og	Ĕ	Δ									
<u>a</u>		f All other progra	m can	vice rovonuo					-		
	Ι,	g Total. Add lines	: 22-2	f				3 360 64			
	3	Investment inco	me (ir	cluding dividend	ls inter	est and		3,360,64	7		
		3 Investment income (including dividends, intere other similar amounts)					26	6			
	4			ent of tax-exempt	t bond r	 roceed		20	0		266
	5	Royalties		· · · · · · · · · · · · · · · · · · ·							
		-		(i) Real			Personal				
	68	Gross rents	6a								
	b	Less: rental expenses	6b								
	0	Rental inc. or (loss)	6c					1			
	d		ne or (loss)							
	12	Gross amount from sales of assets		(i) Securities		(i) Other				
		other than inventory	7a								
ne	b	Less: cost or other									
Ver		basis and sales exps.	_7b_								
Other Revenue		Gain or (loss)	7c								
:hei		Net gain or (loss									
ō	8a	Gross income from	fundra	ising events							
		(not including \$									
		of contributions rep		n line 1c).							
	L.	See Part IV, line 18			8a						
		Less: direct expe		L	d8						
i		Net income or (Id Gross income from			vents .	<u> </u>					
	Ja	See Part IV, line 19		g activities.	0-						
	h	Less: direct expe			9a 9b						
ı		Net income or (Id		om gaming activi							
		Gross sales of in			iles						
ı		returns and allow			10a						
	b	Less: cost of goo			10b						
		Net income or (lo					-				
1			- /			<u> </u>	Business Code				
<u>e</u>	11a	7					900099	16,156	16,156		
enr	b	Commo SWADOUL SARRATE			cerciation for				10,130		
Revenue	С	**************************************									
		All other revenue			51 5775 E						
\perp		Total. Add lines 1			<u> </u>	<u> </u>		16,156			
	12	Total revenue. S	ee ins	tructions				14,414,880	3,376,803	0	266

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 res	ponse or note to any line in	n this Part IX	ompiete column (A).	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D)
	8b, 9b, and 10b of Part VIII.	, , , , , , , , , , , , , , , , , , ,	expenses	general expenses	Fundraising expenses
1	and and additioned to define the organizations				
2	and domestic governments. See Part IV, line 21				
2	The same same accordance to domestic	014			
2	individuals. See Part IV, line 22	814,728	814,728		
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	342,631	311,795	30,665	171
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,007,536	5,446,669	560,021	846
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	39,035		3,009	19
9	Other employee benefits	1,143,328	1,067,272	76,048	8
10	Payroll taxes	553,024	495,311	57,639	74
11	Fees for services (nonemployees):				
a					
b		30,172	30,172		
С	THE RESERVE AND A SECOND PROPERTY OF THE PARTY.	54,362	54,362		
d	3				
е	The state of the s				-
f	Investment management fees				
g	(5				
	(A) amount, list line 11g expenses on Schedule O.)	740,740	402,558	333,079	5,103
12	Advertising and promotion	12,962	12,006	777	179
13	Office expenses	391,103	306,496	84,607	
14	Information technology				
15	Royalties				
16	Occupancy	1,711,967	1,523,173	174,482	14,312
17	Travel	371,804	344,436	25,831	1,537
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	142,590	142,590		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	429,776	429,776		
23	Insurance	295,142	279,020	16,115	7
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	SUPPLIES AND MATERIALS	470,970	378,855	64,247	27,868
b	RENTAL/MAINTENANCE EQUIP.	350,728	345,154	5,568	6
C	TAXES AND FEES	275,484	205,388	69,845	251
d	8				
	All other expenses	32,837	20,386	2,734	9,717
	Total functional expenses. Add lines 1 through 24e	14,210,919	12,646,154	1,504,667	60,098
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if				
)AA	following SOP 98-2 (ASC 958-720)				
/AA					Form 990 (2019)

		90 (2019) CALIFORNIA HUMAN DEVE	LOPME	NT 9	94-1653023		Page 1	
	art	X Balance Sheet						
		Check if Schedule O contains a response or not	e to any li	ne in this Part X	 			
					(A)		(B)	
	1	Cook non-interest have			Beginning of year		End of year	
	1	and the state of t	www.meneg.	Employees server on the		1		
	2	Savings and temporary cash investments	dace en en e	taktata santak Kabi Kabi	584,669		1,879,81	
	3	Pledges and grants receivable, net		EF-000083-000008-0004-0-0-0-0-	1,595,574		1,286,87	
	4	Accounts receivable, net			36,012	4	31,86	
	5	Loans and other receivables from any current or forme	r officer, d	lirector,				
		trustee, key employee, creator or founder, substantial of	contributor	r, or 35%				
	c	controlled entity or family member of any of these pers		· · · · · · · · · · · · · · · · · · ·		5		
.	6	Loans and other receivables from other disqualified pe	rsons (as	defined				
Assets	7	under section 4958(f)(1)), and persons described in sec	ction 4958	(c)(3)(B)		6		
488	7	Notes and loans receivable, net	0 100 0 6005	ora respectora en estado constituido de la	440,000	7	440,00	
`	8	Inventories for sale or use	93/952 55 - 3			8		
-	9	Prepaid expenses and deferred charges			82,735	9	155,45	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	14,765,16				
		Less: accumulated depreciation	10b	10,155,95	7 4,997,498	10c	4,609,21	
	11	Investments—publicly traded securities		0.000.00 F4.00 to F1000 F4.00 L0		11		
	12	Investments—other securities. See Part IV, line 11						
	13	Investments—program-related. See Part IV, line 11		v occasionation		13		
	14	Intangible assets	22 vij vinnen en			14		
	15	Other assets. See Part IV, line 11	* 11 * 11 Post * 10 M	***************************	817,570	15	765,09	
+	16	Total assets. Add lines 1 through 15 (must equal line 3	3)		8,554,058	16	9,339,15	
	17	Accounts payable and accrued expenses	977,821	17	932,34			
	18	Grants payable		18				
1	19	Deferred revenue		N. Kilker open part of sever at a	426,306	19	613,08	
	20	Tax-exempt bond liabilities	NATION SERVICE	THE EXPLANATION OF SECURITY OF SECURITY SECURITY		20		
- 1	21	Escrow or custodial account liability. Complete Part IV of	of Schedul	e D		21		
	22	Loans and other payables to any current or former office	er, director	1				
		trustee, key employee, creator or founder, substantial co	ontributor,	or 35%				
		controlled entity or family member of any of these perso	ns			22		
	23	Secured mortgages and notes payable to unrelated third	parties		4,925,637	23	5,342,303	
		Unsecured notes and loans payable to unrelated third pa		*************************		24		
	25	Other liabilities (including federal income tax, payables t						
1		parties, and other liabilities not included on lines 17-24).	Complete	Part X				
		of Schedule D		***************************************	88,431	25	92,023	
+		Total liabilities. Add lines 17 through 25			6,418,195	26	6,979,754	
2		Organizations that follow FASB ASC 958, check here	X					
1		and complete lines 27, 28, 32, and 33.						
1		Net assets without donor restrictions			2,121,087	27	2,344,357	
1		Net assets with donor restrictions		SERVE CHECK CONTROL TO CA	14,776	28	15,041	
		Organizations that do not follow FASB ASC 958, che	ck here 🕨	•				
1		and complete lines 29 through 33.						
2		Capital stock or trust principal, or current funds				29		
		Paid-in or capital surplus, or land, building, or equipment		Particles control as each of		30		
3		Retained earnings, endowment, accumulated income, or	other fund	ds		31		
3		Total net assets or fund balances	*********		2,135,863	32	2,359,398	
3	3	Total liabilities and net assets/fund balances			8,554,058	33	9,339,152	

Form **990** (2019)

	m 990 (2019) CALIFORNIA HUMAN DEVELOPMENT 94-1653023			_	12
P	art XI Reconciliation of Net Assets			P	age 12
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,4	114	
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,2		
3	resolute loco expenses. Subtract line z mont line i	3			961
4	Net unrealized gains (losses) on investments	4			863
5	Net unrealized gains (losses) on investments	5			740
6	Donated services and use of facilities	6			740
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			024
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	9		9,	834
	32, column (B))	10	2 3	ΕO	200
Pá	irt XII Financial Statements and Reporting	10	4,3	59,	398
	Check if Schedule O contains a response or note to any line in this Part XII				
		<u> </u>		T.	
1	Accounting method used to prepare the Form 990: Cash X Accrual 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?				37
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		2a		X
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		2b	X	*********
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the 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		2c	X	3833333333
	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?				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3a	X	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
	, en esticado e ano describe any steps taken to undergo such audits		3b	X	

Form **990** (2019)

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.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. CALIFORNIA HUMAN DEVELOPMENT CORPORATION

Employer identification number

Pa	ial.	Rea	son for Public Charit	y Status (All organization	c must	00000104	94-16	53023	
			ot a private foundation boos	use it is: (For lines 1 through 12	S must	complet	e this part.) See instructi	ons.	
1		A church o	convention of churches are a	use it is. (For lines 1 through 12	, check o	nly one bo	DX.)		
2	H	A school de	escribed in paction 470/b//	ssociation of churches describe	d in secti	on 170(b)	(1)(A)(i).		
3	H	A hospital	escribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Fo	ırm 990 oı	⁻ 990-EZ).)		
4	H	A modical r	cooperative nospital ser	vice organization described in s	ection 17	'0(b)(1)(A)(iii).		
4		city and at	esearch organization operat	ed in conjunction with a hospita	ıl describe	ed in sect i	on 170(b)(1)(A)(iii). Enter the	hospital's name,	
5		city, and sta						THE CONTRACT OF THE PROPERTY AND ADDRESS OF THE CONTRACT OF TH	
5		An organiza	ation operated for the benefit	t of a college or university owne	d or opera	ated by a	governmental unit described ir		
6	П		0(b)(1)(A)(iv). (Complete Pa						
	X	An organiza	ation that normally receives	governmental unit described in	section '	170(b)(1)(A)(v).		
		described if	1 section 170(b)(1)(A)(VI). (vernment	al unit or from the general pub	ic	
8	Щ	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 organiza	tion organized and operated	exclusively to test for public sa	fety See	cie raii ii	(1.)		
12		An organiza	tion organized and operated	exclusively for the benefit of, to	nerform	the function	ons of orto comment the		
L		or one or mo	ore publicly supported organi	izations described in section 50	$09(a)(1) \circ$	rsection	509(a)(2) See section 500(a)	(2)	
		Check the b	ox in lines 12a through 12d t	that describes the type of suppo	orting orga	inization a	and complete lines 12e, 12f, ar	(3). nd 12a	
	a	Type I.	A supporting organization op	perated, supervised, or controlle	d by its s	betroagu	organization(s) typically by giv	ina	
		the supp	ported organization(s) the po	wer to regularly appoint or elect	t a maiorit	y of the d	irectors or trustees of the	mg	
	. 1	suppoπi	ng organization. You must o	complete Part IV, Sections A a	and B.				
1	b	Type II.	A supporting organization so	upervised or controlled in conne	ection with	its suppo	orted organization(s), by having	I	
		organiza	or management of the suppo	rting organization vested in the Part IV, Sections A and C.	same per	sons that	control or manage the suppor	ted	
	c [
•		its suppo	orted organization(s) (see ins	supporting organization operate structions). You must complet e	d in conn	ection with Sections	n, and functionally integrated w	vith,	
	d	Type III	non-functionally integrated	d. A supporting organization op	erated in	connection	n with its supported organization	nn(n)	
		that is no	ot functionally integrated. The	e organization generally must s	atisfy a di	stribution	requirement and an attentiven)11(S) PSS	
	_	requirem	ient (see instructions). You i	must complete Part IV, Sectio	ns A and	D, and P	art V.	C33	
•	9	Check th	nis box if the organization rec	ceived a written determination fr	om the IF	S that it is	s a Type I, Type II, Type III		
4	: 1	runctiona	any integrated, or Type III no	n-functionally integrated suppor	ting organ	nization.	., ., ., ., ., ., ., ., ., ., ., ., ., .		
1	j [Provide the f	mber of supported organization	ne supported organization(s).				11414.75514.65	
		of supported			т —				
(1) 14		nization	(ii) EIN	(iii) Type of organization (described on lines 1–10	(iv) Is the	organization ur governing	(v) Amount of monetary	(vi) Amount of	
				above (see instructions))	1	ment?	support (see instructions)	other support (see instructions)	
					Yes	No	,	instructions)	
A)									
B)									
C)									
D)									
E)									
ntal.									

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.)

	ction A. Public Support						
Cale	endar 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.")	10,927,428	10,976,691	13,710,671	10,340,262		56,992,863
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	10,927,428	10,976,691	13,710,671	10,340,262	11,037,811	F6 000 060
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)			20/ 20/0 2	10,340,262	11,037,811	56,992,863
6	Public support. Subtract line 5 from line 4						56,992,863
	tion B. Total Support						30,992,863
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	10,927,428	10,976,691	13,710,671	10,340,262	11,037,811	56,992,863
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	82,850				266	83,116
9	Net income from unrelated business activities, whether or not the business is regularly carried on	24,888		ļ			24,888
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						22,000
11	Total support. Add lines 7 through 10						57,100,867
12	Gross receipts from related activities, etc.	(see instructions)				12	20,254,312
13	First five years. If the Form 990 is for the	organization's first,	second, third, fou	rth, or fifth tax yea	r as a section 501	c)(3)	20/251,512
0 /	organization, check this box and stop her	e			· <u></u>		▶ □
Seci	tion C. Computation of Public Su	ipport Percenta	age				
14	Public support percentage for 2019 (line 6	, column (f) divided	by line 11, column	ı (f))		14	99.81%
10	i apiic support bercettrage from 2018 2006	edule A. Part II. line	14			4.5	99.66%
16a	33 1/3% support test—2019. If the organi	zation did not chec	k the box on line 1	3, and line 14 is 3:	3 1/3% or more, ch	eck this	
١.	box and stop nere. The organization quali	fies as a publicly su	pported organizat	on			▶ X
b	33 1/3% support test—2018. If the organi	zation did not checl	k a box on line 13	or 16a, and line 15	5 is 33 1/3% or mo	re, check	2000 9 30 30 47404
170	this box and stop here . The organization of	qualifies as a public	y supported organ	ization			•
17a	10%-facts-and-circumstances test—201	If the organizatio	n did not check a l	oox on line 13, 16a	a, or 16b, and line	14 is	
	10% or more, and if the organization meets Part VI how the organization meets the "fa organization	cts-and-circumstan	ces" test. The orga	nization qualifies	as a publicly suppo	orted	
b	10%-facts-and-circumstances test—201	8. If the organization	n did not check a k	20Y On line 13 16a		Hara	EDEEP D. S.
	15 is 10% or more, and if the organization	meets the "facts-an	d-circumstances"	test check this ha	of 17a, and	line	
	Explain in Part VI how the organization me	ets the "facts-and-c	ircumstances" tes	The organization	n and Stop nere.	lich	
	SUNDORTED ORGANIZATION						<u> </u>
8	i mate roundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, chec	k this box and see	······································	Protestan
	instructions						>

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.)

	ction A. Public Support						
Cal	endar 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.")			(0) = 0.11	(a) 2010	(e) 2013	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			=			
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6					() = 1	(1) 10(4)
I0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11, and 12.)						
4	First five years. If the Form 990 is for the organization, check this box and stop here)		rth, or fifth tax yea	r as a section 501(c)(3)	→ □
	tion C. Computation of Public Su	pport Percenta	age				
5	Public support percentage for 2019 (line 8,	column (f), divided	by line 13, colum	n (f))		15	%
6	Tablic support percentage from 2018 Sche	edule A, Part III, line	9 15		· · · · · · · · · · · · · · · · · · ·	16	%
	tion D. Computation of Investmen		centage				
7	Investment income percentage for 2019 (lin	ne 10c, column (f),	divided by line 13	column (f))	Male se en a a despris y a sistema a	17	%
8	Investment income percentage from 2018	Schedule A, Part II	I, line 17			18	%
9a	33 1/3% support tests—2019. If the organ	ization did not che	ck the box on line	14, and line 15 is r	more than 33 1/3%	and line	
	17 is not more than 33 1/3%, check this bo	x and stop here. T	he organization qu	ualifies as a publici	v supported organi	zation	max. w
D	33 1/3% support tests—2018. If the organ line 18 is not more than 33 1/3%, check this	ization aid not che	CK a box on line 14	or line 19a, and li	ne 16 is more than	33 1/3%, and	
)	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did	not check a box or	re. The organization Iline 14, 19a, or 1	on qualifies as a pu 9b, check this box	iblicly supported or and see instruction	ganization ns	

Part IV Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2019

(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

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

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Pa	rt IV Supporting Organizations (continued)	94-1053023		Page
			V. 1	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
a				
	below, the governing body of a supported organization?	44-		
b	A family member of a person described in (a) above?	11a		
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	11b		
Sect	tion B. Type I Supporting Organizations	VI. 11c		
		T	V	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	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	4		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported	_ 1		
	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.			
<u>Sect</u>	ion C. Type II Supporting Organizations			
		T	V T	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
	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		
Secti	on D. All Type III Supporting Organizations	1		
		T	Yes	A1.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	r tay		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	10		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	7 1	.00000000000000000000000000000000000000	36886666666
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 ho	NA .		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	400000000000000000000000000000000000000	300000000000000000000000000000000000000
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	300000000000000000000000000000000000000	8000000000
section	on 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 (s	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government of	entity (see instructions)		
		• (
	ctivities 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	.vccco6664[00000	2000000000
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	000000000000000000000000000000000000000	201000000000000000000000000000000000000
	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			
1	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	www.ccccc#666666	200000000
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	:h		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Sup	porting Organizat	tions	Page 6
1 Check here if the organization satisfied the Integral Part Test as a quali	fying trust on Nov 20 1	970 (evolain in Part VI)	500
instructions. All other Type III non-functionally integrated supporting or	rganizations must comp	lete Sections A through	3ee ⊏
Section A - Adjusted Net Income	J	(A) Prior Year	(B) Current Year
1 Net short-term capital gain	1		(optional)
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		
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)
Aggregate fair market value of all non-exempt-use assets (see			(Optional)
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amou	nt.		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional		upporting organization (s	ee
1		, , =	~~

Schedule A (Form 990 or 990-EZ) 2019

instructions).

4545444	art V Type III Non-Functionally Integrated 509(a)	N DEVELOPMENT B) Supporting Organiz	94-165	3023 Page
Se	ction D - Distributions	y supporting organiz	tutions (continueu)	
				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	ipported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organ	nization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
_ 10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2019	Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			7 WHO GIVE 101 2013
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			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e	70002		
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Fo	orm 990 or 990-EZ) 2019 CALIFORNIA HUMAN DEVELOPMENT 94-1653023 Page 8
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.)
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Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Name of the organization

CALIFORNIA HUMAN DEVELOPMENT CORPORATION

Employer identification number

94-1653023

Organization type (check a	D4-1033023				
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	$\boxed{\mathbf{X}}$ 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Check if your organization is Note: Only a section 501(c)(instructions.	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General Rule					
For an organization for more (in money or contributor's total cor	iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a attributions.				
Special Rules					
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
contributor, during the contributions totaled n during the year for an General Rule applies	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one eyear, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions are during the year				
Caution: An organization that 990-EZ, or 990-PF), but it mus	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, st 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

PAGE 1 OF 2

ana 2

Name of organization
CALIFORNIA HUMAN DEVELOPMENT

Employer identification number 94-1653023

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>, 1</u> ,	U.S. DEPARTMENT OF LABOR 90 7TH STREET, SUITE 17-300 SAN FRANCISCO CA 94103	\$ 3,920,278	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CALIFORNIA DEPARTMENT OF COMMUNITY SERVICES 2389 GATEWAY OAKS DRIVE, SUITE 100 SACRAMENTO CA 95833	\$ 1,359,842	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
3	NORTH BAY REGIONAL CENTER P.O. BOX 3360 NAPA CA 94558	\$ 1,323,653	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
4	LA COOPERATIVA 1107 9TH STREET, SUITE 420 SACRAMENTO CA 95814	\$ 1,112,704	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DEPARTMENT OF SOCIAL SERVICES 744 P STREET, MS9-633 SACRAMENTO CA 95814	\$ 491,091	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
6	SONOMA COUNTY DEPARTMENT OF HEALTH SERVICE 1450 NEOTOMAS, SUITE 200 SANTA ROSA CA 95405	\$ 441,483	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

CALIFORNIA HUMAN DEVELOPMENT

Employer identification number 94-1653023

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4 SACRAMENTO EMPLOYMENT AND TRAINING	(c) Total contributions	(d) Type of contribution
7	AGENCY 925 DEL PASO BLVD., SUITE 100 SACRAMENTO CA 95815	\$ 289,711	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ON THEIR STREET		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
St. ethics the so	E REPUBLICA AND EN PREMIS ENERGY (C. 10.) ES SERVI MINERA MARCHA MARCHA MARCHA MARCHA (C. 10.) AND AND AND AND AND AND AND AND AND AND	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1000	4 3 16 Carry Market Market - Carry Control Control Market Carry Control Contro	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5.05.388		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
454 N KA W		\$ see consists constant constant to	Person Payroll Noncash (Complete Part II for noncash contributions.)

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, for instructions

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

Employer identification number

	CALIFORNIA HUMAN DEVELOPMENT			, , , , , , , , , , , , , , , , , , , ,	
2000000	CORPORATION			94-1653	023
	Complete if the organization answered "Yes" on	unds or Form 99	Other Similar Funds on the Other Similar Funds on the Other Similar (Control of the Other Similar of the Other Sim	or Accounts.	
4	Table		(a) Donor advised funds	(b) Fund	s and other accounts
1	Total number at end of year				
2	55 5 5 This of softmounding to (duffing 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 the	at the asse	ts held in donor advised		
_	funds are the organization's property, subject to the organization's exc	clusive lega	I control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	n writing tha	at grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or don	or advisor,	or for any other purpose		
D	conferring impermissible private benefit?	<u> </u>		<u> </u>	Yes No
	art II Conservation Easements. Complete if the organization answered "Yes" on	Form 99	0, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check	k all that ap	ply).		
	Preservation of land for public use (for example, recreation or educ	cation)	Preservation of a historica	ally important land a	irea
	Protection of natural habitat	<i>'</i>	Preservation of a certified		ııca
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation cor	ntribution in the form of a cor	servation	
	easement on the last day of the tax year.			900000000000000000000000000000000000000	t the End of the Tax Yea
a	The state of the s			22	the End of the Tax Tea
b	Total acreage restricted by conservation easements			01	
С	real reservation easements on a certified historic structure incl	luded in (a)		2c	
d	Number of conservation easements included in (c) acquired after //25/	06, and no	t on a	20	
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, released, ex	tinguished	or terminated by the organi	zation during the	
	tax year ▶		,	-andir daming the	
4	Number of states where property subject to conservation easement is I	located >			
5	Does the organization have a written policy regarding the periodic moni	itoring, insp	pection, handling of		
	violations, and enforcement of the conservation easements it holds?				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling or	f violations	and enforcing conservation	easements during	the year
7	Amount of expenses incurred in monitoring, inspecting, handling of viol.	ations, and	enforcing conservation easi	ements during the	/ear
	Ψ				, car
8	Does each conservation easement reported on line 2(d) above satisfy the	he requirer	nents 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 easeme	ents in its re	evenue and expense statem	ent and	
	balance sneet, and include, if applicable, the text of the footnote to the	organizatio	n's financial statements that	describes the	
	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F	Historica orm 990	al Treasures, or Other Part IV, line 8.	Similar Asset	S.
1a	If the organization elected, as permitted under FASB ASC 958, not to re	eport in its i	evenue statement and halar	nce sheet works	
	of art, historical treasures, or other similar assets held for public exhibition	on, educati	on, or research in furtherance	ce of nublic	
	service, provide in Part XIII the text of the footnote to its financial statem	nents that c	lescribes these items		
b	If the organization elected, as permitted under FASB ASC 958, to report	t in its reve	nue statement and holonon	sheet works -f	
	art, historical treasures, or other similar assets held for public exhibition,	education	or research in furtherane	of public carder	
	provide the following amounts relating to these items:	, Jacoation	, or rescaren in fulfilerance (or public service,	
	(i) Revenue included on Form 990, Part VIII, line 1			•	
	(ii) Assets included in Form 990, Part X				

a Revenue included on Form 990, Part VIII, line 1

following amounts required to be reported under FASB ASC 958 relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

\$

Park III	Sch	edule D (Form 990) 2019 CALIFOR	NIA HUMAN DE	VELOPMENT	94-	1653023			Page
a Public exhibition a Public exhibition b Scholarly research c Description of future generations c Description of future generations c Description of future generations d Date of Previous of rifuture generations d Date of Previous description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII XIII S During the year, did the organization solicit or receive donestions of art, historical treasures, or other similar assets to be sold to raise future state than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, of reported an amount on Form 990, Part IV, line 21. 1a Is the organization an agent, flusteer, custodial or other intermediany for contributions or other assets not included on Form 990, Part XIII and complete the following table: C Beginning balance c Beginning balance d Additions during the year e Databloutions during the year e Databloutions during the year E Ending balance 2a Did the organization include an amount on Form 990, Part X line 21, for escrow or custodial account flability? If Yes I No If Yes		art III — Organizations Maintaini	ng Collections of	Art, Historical T	reasures, or Oth	er Similar A	ssets (cor	ntinuc	Page
b Scholarly research Colleter Other	3	Using the organization's acquisition, acces	ssion, and other records	s, check any of the fol	lowing that make sign	nificant use of its	5	illitue	<i>;u)</i>
b Scholarly research e Other Trivide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Frontide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21. Is the organization and agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization and agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization or form 990, Part X, line 21. Is the organization or form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? If Yes, explain the arrangement in Part XIII Chock hear if the explanation has been provided on Part XIII. Fart V: Fart V: Fart V: Belginning balance (so Currinyser (so) have year (so) have y	а	Public exhibition	d 🗀 I	nan or evchange pro	aram				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. So During the year, did the organization solict or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be minimized as part of the organization? PATEMINE Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10, l	b	Scholarly research							
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? Factory and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount 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, outstodian or other intermediany for contributions or other assets not included on Form 990, Part X III and complete the following table: □ Part XIII and a from 990, Part X III and complete the following table: □ Reginning balance □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year of Ending balance □ Distributions during the year of Ending balance □ Distributions during the year of Ending balance □ Distributions during the year of Ending balance □ Distributions of Endowment Funds. □ Distributions of Endowment Funds. □ Distributions of Endowment Funds. □ Distributions of Endowment Funds. □ Distributions of Endowment Funds. □ Distributions of Endowment Funds. □ Distributions of Endowment Funds. □ Distributions of Endowment Funds. □ Distributions of Endowment Funds. □ Distributions of Endowment Funds. □ Distributions of Endowment Funds. □ Distributions of Endowment Funds. □ Distributions of Endowment Funds. □ Distributions of Endowment Funds. □ Distributions of Endowment Funds. □ Distributions of Endowment Funds. □ Distributions of Endowment Funds. □ Distributions of Endowment Funds. □ Distributions of Endowment Funds. □ Distributions of Endowment Funds. □ Distributions of E	С		•	Juici					
Soluting the year, did the organization solicit or receive donatons 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? Part N: 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 Inc. 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included 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; line 21. 1b is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X; line 21. for escrow or outstodial account stability? Yes No.	4		collections and explain	how thou further the					
So During the year, did the organization solicit or receive donations of art, historical treasures, or other similar essets to be sold to traise funds rather than to be maintained as part of the organization's collection? Yes N		XIII.	concetions and explain	now they further the	organization's exemp	t purpose in Part	1		
Part IV Escrow and Custodial Arrangements Escrow and Custodial Arrangements Escrow and Custodial Arrangements Escrow and Custodial Arrangements Escrow and Custodial Arrangements Escrow and Custodial Arrangements Escrow and Custodian or other intermediary for contributions or other assets not included on Form 990, Part X Ives N.	5		t or rosoina donations at	familiar at the second					
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.		assets to be sold to raise funds rather than	tor receive donations of	r art, historical treasu	res, or other similar				
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 separation an severed "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X? □ If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Additions during the year □ Distributions during the year and amount on Form 990, Part IV, line 10. □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distribution during the year □ Distribution during the year □ Distribution during the year □ Distribution during the year □ Distribution during the year □ Distribution during the year □ Distribution during the year □ Distribution during the year □ Distribution during the year □ Distribution during the year □ Distribution during the year □ Distribution during the year □ Distribution during the year □ Distribution during the year □ Distribution during the year □ Distribution during the year □ Distribution during the year □	P	Fectow and Custodial A	rto be maintained as pa	art of the organization	's collection?	<u> </u>		Yes	N
Tall is the organization on sepent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? New Part X in Care Yes New Part X in Care X	10000000	Complete if the organization	on answered "Yes"	on Form 990, Pa	rt IV, line 9, or re _l	oorted an am	ount on Fr	orm	
included on Form 990, Part X7 Ves No.	10	990, Part A, line 21.							
Description be arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year f Ending balance 21 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account flability? 11	Ta	is the organization an agent, trustee, custo	odian or other intermedia	ary for contributions o	r other assets not				
C Beginning balance C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C						IN THE STATE OF TH		Yes	N
C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part.VIII Part.V	a	if "Yes," explain the arrangement in Part XI	III and complete the folio	owing table:					
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part VIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered in the part XIII. Check here if the explanation has been provided on Part XIII. Part VIII Beginning of year balance 14,776 14,185 13,347 16,667 17,140 Contributions 14,776 14,185 13,347 16,667 17,140 Contributions 2 Net investment earnings, gains, and losses 2 Other expenditures for facilities and programs f Administrative expenses g End of year balance 15,041 14,776 14,185 13,347 16,667 Part VIII and a programs b Permanent endowment ► 100.00% Creme endowment ► % b Permanent endowment ► 100.00% 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 (iii) Related organizations (iii) Related organizations (ivestment) (ivestm							Amo	ount	
Distributions during the year fending balance Complete if the organization include an amount on Form 990. Part X, line 21, for escrow or custodial account flability Yes New Part X Image: Part	С		TOTAL DESCRIPTION PRODUCT - FRANCE TO			1c			
1 Ending balance	d	Additions during the year				1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or outstodial account liability? Yes No.	е	Distributions during the year				1e			
2a bit the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 14,776 14,185 13,347 16,667 17,140 b Contributions 265 591 838 -3,320 -473 c Net investment earnings, gains, and losses 265 591 838 -3,320 -473 d Grants or scholarships 265 591 838 -3,320 -473 d Grants or scholarships 265 591 838 -3,320 -473 d Grants or scholarships 265 591 838 -3,320 -473 d Find of year balance 15,041 14,776 14,185 13,347 16,667 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment ▶ % D Permanent endowment ▶ 100 0 0 % C Term endowment ▶ 100 0 0 % 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. (ii) Related organizations 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land 1,365,079 1,365,079 1,365,079 1,365,079 1,365,079 1,365,079 1,365,079 1,365,079 1,365,079 1,365,079 1,365,079 1,365,079 1,365,079 1,365,079 1,365,079 1,365,079 1,365,079 1,365,079 1,36	f	Litting balance				1 1 6			
Part VI Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part VI	2a	Did the organization include an amount on	Form 990, Part X, line 2	21, for escrow or cust	odial account liability?	. *************************************		Voo	□ N.
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	b	If "Yes," explain the arrangement in Part XI	II. Check here if the exp	lanation has been pro	ovided on Part XIII	9 - 44 F/F/F		res	I NO
1a Beginning of year balance 14,776 14,185 13,347 16,667 17,140	Pa	rt V Endowment Funds.			THE CONTRACTOR	<u> </u>			
1a Beginning of year balance 14,776 14,185 13,347 16,667 17,140		Complete if the organization	n answered "Yes" o	on Form 990 Par	t IV line 10				
18 Beginning of year balance						(d) Three years	book (a)		and the state of
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 15,041 14,776 14,185 13,347 16,667 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment though not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations 2 Description of property (a) Control where the companization is 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 (b) Cost or other basis (c) Accumulated (d) Book value depreciation depreciation depreciation depreciation depreciation depreciation depreciation answered "Yes" on Form 997, 1112 976, 1112 21,000 B Buildings 12,387,264 9,179,845 3,207,419 C Leasehold improvements d Equipment 2 Other 997,1112 976,1112 12,000	1a	Beginning of year balance	14,776						
c Net investment earnings, gains, and losses 265 591 838 -3,320 -473 Grants or scholarships Other expenditures for facilities and programs f Administrative expenses g End of year balance 15,041 14,776 14,185 13,347 16,667 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 ▶ 100.00 % c Term endowment ▶ 100.00 % 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 (iii) Related organizations 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 (b) Cost or other basis (c) Accumulated depreciation depreciation of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation of property (b) Buildings (c) Part X, line 10. 1a Land 1,365,079 b Buildings 1,365,079 b Buildings 1,365,079 c Leasehold improvements d Equipment 997,112 976,112 21,000 c Other 155,712		Contributions			13,317	10,	, 00/	/	,140
Content or scholarships	С								
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 15,041 14,776 14,185 13,347 16,667 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 ▶ 100.00 % C Term endowment ▶ 100.00 % 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 (ii) Related organizations (iii) Related organizations 5 the "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation 1a Land 1,365,079 1,365,079 1,365,079 2 Lands (d) Book value depreciation 1a Land 9 1,365,079 1,365,079 1,365,079 2,179,845 3,207,419 3,207,419 4 Equipment 5 Clump (d) Brook value 15,7112 E Other 15,7112		losses	265	501	020		200		. = .
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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 (b) Cost or other basis (c) Accumulated depreciation (d) Book value	4	Describe in Part XIII the intended uses of the	e organization's endown	nent funde			3b		
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to Leasehold improvements d Equipment e Other Total Add lines 1a through 1e. (Column (d) must equal Form 200 Red Visit (1) and (1) a		**************************************			111111111111111111111111111111111111111		1,3	65,	079
c Leasehold improvements 997,112 976,112 21,000 e Other 15,712 15,712		STREET ENGINEERS FROM A 6-		12,38	7,264 9,	179,845			
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e Other 15,712 15,712 15,712		the state of the s		99'	7,112	976,112		21.	000
Total, Add lines 1a through 1e. (Column (d) must equal Form 800, Bart V		Other		1	5.712			15	712
	Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X,	column (B), line 10c.)	•			

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	Complete if the organization answered "Yes" on I	(b) Book value	(c) Method of valuation:	۷
	(including name of security)	, ,	Cost or end-of-year market value	
(1) Financial	* * * * * * * * * * * * * * * * * * *			
	eld equity interests			
(3) Other	CONTROL TRAD - CONTROL			
(A)	CONTRACTOR AND PROPERTY OF THE			
(B)				
(C) (D)	The state of the second and the second course control and the second sec			
(E)	THE STATE OF PARTY SAME AND RESERVE AND RESERVED ASSOCIATED ASSOCIATE AND RESERVED.			
(F)	CONTRACTOR OF COME STREET ENGINE CONTRACTOR OF STREET STREET			
(G)	CONCENT CONCENTRAL OF A MARIA PARAMETER NAME OF CONCENTRAL OF CONCENTRAL CONCENTRAL OF CONCENTRAL C			
(H)	NECTOR CHARGE CONTROL			
25 10 4 5 5 6 6 6 6 6 6 6 6 6 6 6	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on F	orm 990 Part IV line	11c See Form 900 Part V 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)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
		ormo 000 D-ut IV III	441.0	
	Complete if the organization answered "Yes" on Fo	orri 990, Part IV, line		
(1)	REPLACEMENT RESERVES		(b) Book va	
(2)	SECURITY DEPOSIT			5,39
(3)	OPERATING RESERVES			5,73
(4)		MMUNITY FNDN		5,934 5,04
(5)			1.), U4.
(6)				
(7)				
(8)				
(9)				
lotal. (Column	(b) must equal Form 990, Part X, col. (B) line 15.)		▶ 765	,099
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Foline 25.	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X,	
	(a) Description of liability			
	ncome taxes		(b) Book valu	ie er
	ITY DEPOSIT			
(3)			92	,023
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)		92	,023
Liability for u	ncertain tax positions. In Part XIII, provide the text of the footnot	e to the organization's final	incial statements that remarks the	, , , , ,
	ability for uncertain tax positions under FASB ASC 740. Check h	· ·· ·· ·· · · · · · · · · · · · · · ·	iciai statements that reports the	

Schedule D (Form 990) 2019 CALIFORNIA HUMAN DEVELOP Part XI Reconciliation of Revenue per Audited Financial	MENT	94-1653023	Page 4
The state of the s	Statements With F	Revenue per Return	
Complete if the organization answered "Yes" on Form 1 Total revenue, gains, and other support per audited financial statements	1 990, Part IV, line	12a.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			14,424,620
a Net unrealized gains (losses) on investments	1 - 1		
b Donated services and use of facilities		9,740	
C Paccyoring of principles of	ar 100000 . eg 2b		
d Other (Describe in Part XIII.)	2c		
d Other (Describe in Part XIII.) e Add lines 2a through 2d	2d		
3 Subtract line 2e from line 1		2e	9,740
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	PER EL COMO FRANCIO MANGEL IDA.	and Parity and American	14,414,880
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)	4a		
Other (Describe in Part XIII.) Add lines 4a and 4b	4b		
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	SECTO EXPERS	4c	
Part XII Reconciliation of Expenses per Audited Financial	Statemente With I	5 <u></u>	14,414,880
Complete if the organization answered "Yes" on Form	990 Part IV line 1	Expenses per Retur	n.
1 Total expenses and losses per audited financial statements	990, Fait IV, line I		74 070 010
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	• • • • • • • • • • • • • • • • • • • •	1	14,210,919
a Donated services and use of facilities	2a		
b Prior year adjustments C Other losses	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	SCI PARTITO		
3 Subtract line 2e from line 1			14 210 010
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	***************************************	3	14,210,919
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	7.000 10.00		
c Add lines 4a and 4b		40	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	4c 5	14,210,919
Fait Alli 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 2	Ph. Part V. line 4: Part Y. line	30
, rare Ar, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to r	rovido any additional :-	nformation	ic
PART V, LINE 4 - INTENDED USES FOR ENDOW	MENT FUNDS	Tomadon.	
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CODE AND SECTION 23701(D) OF THE CALIFOR	NIA REVENUE	AND TAXATION	CODE.
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Part XIII Supplemental Information (continued)	94-1653023	Page 5
Supplemental information (continued)		
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Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

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Inspection

ŝ × Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance Employer identification number Yes 94-1653023 noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) CALIFORNIA HUMAN DEVELOPMENT General Information on Grants and Assistance (b) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (a) Name and address of organization CORPORATION or government Name of the organization Part Part - \equiv (2) (3) 4 (2) 9 5 8 6)

94-1653023

Schedule I (Form 990) (2019) CALIFORNIA HUMAN DEVELOPMENT

Page 2 (f) Description of noncash assistance Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) CONSIDERATION THE PARTICIPANT'S ELIGIBILITY WITH THE PROGRAM, THE HOUSEHOLD THE FARM WORKER DIVISION OF THE AGENCY. ALL FARM WORKER SUPPORT SERVICES THE MONITORING OF THE ALLOWANCES AND SUPPORTIVE SERVICES IS COMPLETED BY INCOME AND THE PARTICIPANTS TYPE OF TRAINING IN WHICH THEY ARE ENROLLED. THE REQUESTS ARE THEN EITHER APPROVED OR DISAPPROVED BY THE PROGRAM MGR. ADMINISTRATIVE OFFICE WHERE IT IS REVIEWED AND PROCESSED TAKING INTO - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS AND ALLOWANCE REQUESTS AND DOCUMENTATION ARE SUBMITTED TO THE FWS noncash assistance (d) Amount of 814,728 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 1051 UTILITIES (a) Type of grant or assistance FOOD, PART I, LINE 2 1 HOUSING, Part IV Part 7 2 9

DAA

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ►Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CALIFORNIA HUMAN DEVELOPMENT

CORPORATION

Employer identification number 94-1653023

F	Part I Questions Regarding Compensation	4.5		
			Yes	No
1	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	I ravel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	00000000000	1000000000	100000000000000000000000000000000000000
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Everytive Directors trustees, and officers, including the CEO/Everytive Directors.			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			
	18.7 ANNERS DE LA COMPANIE DE LA COM	2		
3	Indicate which if any of the following the association of the foll			
J	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	Desire all the second s			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
	The organization?	5a	.0000000000	X
b	Any related organization?	5b		_ <u>x</u>
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a	000000000000000000000000000000000000000	X
b	Any related organization?	6b	-+	X
	If "Yes" on line 6a or 6b, describe in Part III.	OD		<u> </u>
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	800000000000000000000000000000000000000	3833333	
	payments not described on lines 5 and 6? If "Yes " describe in Part III	=		3.5
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	7	-	<u>X</u>
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Dark III			7.5
	III PAR III	8	333331	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
_	Regulations section 53.4958-6(c)?			
		9	1	

PartII

Schedule J (Form 990) 2019

CALIFORNIA HUMAN DEVELOPMENT

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 94-1653023

Page 2

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

instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

	(B) Breakdown of	of W-2 and/or 1099-MISC composition	SO componention		DOM: (1) (1)	יינט יטן ניומר ווומואומממו	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	(c) retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior
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))	(0)						20 Section (SCH-22
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(1)							25,565 (35,669) 63,665 (35,669)
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Schedule J (Form 990) 2019

PartIII

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Page 3

Schedule J (Form 990) 2019 CALIFORNIA HUMAN DEVELO

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part Supplemental Information for any additional information. Schedule J (Form 990) 2019

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 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization CALIFORNIA HUMAN DEVELOPMENT CORPORATION

Employer identification number 94-1653023

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

CALIFORNIA HUMAN DEVELOPMENT IS A PRIVATE, FEDERALLY RECOGNIZED 501(C)(3)

ORGANIZATION CREATING PATHS AND OPPORTUNITIES FOR PEOPLE TO RISE ABOVE

BARRIERS IN THEIR PURSUIT OF BETTER LIVES.THIS IS ACCOMPLISHED THROUGH A

MULTITUDE OF ADVOCACY, CONSERVATION, EDUCATION, HOUSING, RECOVERY, TRAINING

AND OTHER ESSENTIAL SERVICES THROUGHOUT OUR 31 NORTHERN CALIFORNIA COUNTY

SERVICE AREA FOOTPRINT.

FORM 990 - ORGANIZATION'S MISSION

CALIFORNIA HUMAN DEVELOPMENT IS A PRIVATE, FEDERALLY RECOGNIZED 501(C)(3)
CHARITABLE ORGANIZATION AND WE EXIST TO CREATE PATHS AND OPPORTUNITIES FOR
PEOPLE TO RISE ABOVE BARRIERS IN THEIR PURSUIT OF BETTER LIVES THROUGHOUT
OUR 31 NORTHERN CALIFORNIA COUNTY SERVICE AREA. THE PROGRAMS ADMINISTERED
BY CALIFORNIA HUMAN DEVELOPMENT ALL CENTER ON THE PRINCIPLE OF CREATING
PATHS AND OPPORTUNITIES FOR THOSE SEEKING GREATER SELF-SUFFICIENCY,
INDEPENDENCE AND DIGNITY FOR THEMSELVES AND THEIR FAMILIES. THIS IS
ACCOMPLISHED THROUGH A MULTITUDE OF ADVOCACY, CONSERVATION, EDUCATION,
HOUSING, RECOVERY, TRAINING AND OTHER ESSENTIAL SERVICES.

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

WORKFORCE DEVELOPMENT & TRAINING SERVICES - AS PART OF THE WORKFORCE
INNOVATION AND OPPORTUNITY ACT, WE PROVIDE JOB TRAINING AND PLACEMENT TO
LOW-INCOME MIGRANT AND SEASONAL FARMWORKERS THROUGHOUT NORTHERN CALIFORNIA.
WE HAVE PROVIDED THIS SERVICE SINCE 1975 AND HAVE PLACED THOUSANDS OF
FARMWORKERS INTO PERMANENT, NON-SEASONAL JOBS. WE ALSO OPERATE THREE

CALIFORNIA HUMAN DEVELOPMENT

Employer identification number 94-1653023

TRAINING CENTERS THAT PROVIDE HANDS-ON VOCATIONAL TRAINING IN AREAS SUCH AS TRUCK DRIVING, WELDING, AND CONSTRUCTION. OUR PRIMARY PARTNERS IN THIS EFFORT ARE THE U.S. DEPARTMENT OF LABOR, AMERICA'S JOB CENTER OF CALIFORNIA, LA COOPERATIVA CAMPESINA DE CALIFORNIA, THE MANY EMPLOYERS WHO HIRE OUR TRAINEES, AND NUMEROUS LOCAL NON-PROFIT AND PUBLIC PARTNERS THAT HELP ENSURE THAT OUR SERVICES ARE EFFECTIVE AND HOLISTIC. WE HAVE A PARTNERSHIP WITH HABITAT FOR HUMANITY IN SAN JOAQUIN COUNTY THAT ALLOWS OUR CONSTRUCTION TRAINEES TO DEMONSTRATE THEIR SKILLS ON REAL JOBS THAT RESULT IN AFFORDABLE HOUSING FOR LOW-INCOME FAMILIES. ADDITIONALLY, WE ARE INTERESTED IN SUPPORTING TRAINING INITIATIVES THAT WILL HELP CUSTOMERS START THEIR OWN BUSINESSES INCLUDING MICROENTERPRISE DEVELOPMENT. ADDITIONALLY, WE ALSO HELP PEOPLE WITH DISABILITIES REALIZE THEIR FULL POTENTIAL TO BECOME PRODUCTIVE, ENGAGED MEMBERS OF THEIR COMMUNITY. WE BEGIN OUR RELATIONSHIP WITH CONSUMERS BY ASKING WHAT EACH INDIVIDUAL DESIRES AND NEEDS; WE THEN DEVELOP A SUPPORT PLAN TO REACH THESE GOALS. WE ENSURE THAT INDIVIDUALS, AND WHERE RELEVANT THEIR FAMILY MEMBERS, ARE FULLY ENGAGED AS ACTIVE PARTICIPANTS IN DEVELOPING PERSONALIZED CAREER PLANS THAT REFLECT THEIR VOCATIONAL INTERESTS. IN 1983, WE RECEIVED ONE OF THE FIRST EMPLOYMENT DEVELOPMENT GRANTS VIA THE DEPARTMENT OF REHABILITATION IN SINCE THAT TIME, WE HAVE BEEN SUCCESSFULLY PLACING LOW-INCOME CALIFORNIA. INDIVIDUALS IN COMPETITIVE JOBS AND PROVIDING THEM ONGOING SUPPORT FOR SUCCESS. WE ALSO COLLABORATE WITH NORTH BAY REGIONAL CENTER, SANTA ROSA JUNIOR COLLEGE, AND MANY LOCAL BUSINESSES TO HELP ADULTS WITH DISABILITIES REALIZE THEIR JOB ASPIRATIONS.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

COMMUNITY SERVICES - THE COMMUNITY SERVICES DIVISION IS PRIMARILY FUNDED BY

PAGE 1 OF 5

CALIFORNIA HUMAN DEVELOPMENT

Employer identification number

94-1653023

THE FEDERAL COMMUNITY SERVICES BLOCK GRANT (CSBG), A PROGRAM DERIVED FROM THE FEDERAL 1964 WAR ON POVERTY PROGRAM. THE INTENT OF CSBG IS TO DEVELOP AND SUPPORT LOCAL INITIATIVES, TARGETING COMMUNITY NEEDS THAT ARE UNDER-REPRESENTED IN THE CURRENT DELIVERY SYSTEM WITHIN LOCAL COMMUNITIES. CHD'S COMMUNITY SERVICES DIVISION IS DEDICATED TO STRENGTHENING OUR COMMUNITIES AND HELPING OUR REGION'S AT-RISK RESIDENTS ACHIEVE AND MAINTAIN SAFER, HEALTHIER, AND MORE PRODUCTIVE LIVES. THE DIVISION DELIVERS A NUMBER OF LOCALIZED AND UNIQUE SERVICES INCLUDING RESIDENTIAL AND OUTPATIENT SUBSTANCE ABUSE TREATMENT PROGRAMS, NATURALIZATION AND CITIZENSHIP ASSISTANCE, AND LOCAL GRASS-ROOTS DAY LABOR CENTERS FOR UNDER-EMPLOYED ALL OF THESE PROGRAMS OFFER A HOLISTIC APPROACH TO ADDRESSING THE WORKERS. NEEDS OF TRADITIONALLY UNDER-SERVED FAMILIES AND COMMUNITIES. INNOVATIVE AND ESTABLISHED METHODS ARE UTILIZED TO DELIVER SERVICES THAT ENHANCE SOCIO-ECONOMIC OUTCOMES FOR FRAGILE COMMUNITIES.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

HOUSING SERVICES - CHD OFFERS A RANGE OF HOUSING SERVICES FOCUSED ON

PROVIDING A HOUSING CONTINUUM THAT LEADS FROM EMERGENCY SHELTER AND RESPITE

HOUSING TO SUBSIDIZED RENTAL PROJECTS AND THEN ON TO HOME OWNERSHIP AND

SELF-SUFFICIENCY. CHD OWNS THREE PROPERTIES: MAHAL PLAZA, A USDA FINANCED

98-UNIT PROJECT IN YUBA CITY; AYTCH PLAZA, A CALIFORNIA HCD FINANCED 11
UNIT PROJECT IN LAKE COUNTY (THE POOREST COUNTY IN CALIFORNIA); AND THE R

HOUSE PROPERTY THAT PROVIDES A SOBER LIVING ENVIRONMENT FOR WOMEN WHO HAVE

GRADUATED FROM RESIDENTIAL TREATMENT. ADDITIONALLY, OUR SISTER AGENCY,

NORTH BAY HUMAN DEVELOPMENT CORPORATION (NBHDC) OWNS PARKWAY PLAZA IN

FAIRFIELD, A 100-UNIT SENIOR HUD 202 FINANCED PROJECT. THERE ARE CURRENTLY

FOUR PROPERTIES UNDER CHD MANAGEMENT. ADDITIONALLY, CHD MANAGES 180 BEDS

PAGE 2 OF 5

Employer identification number

94-1653023

CALIFORNIA HUMAN DEVELOPMENT

OF SEASONAL HOUSING IN THREE FARMWORKER HOUSING CENTERS IN NAPA. THIS PROJECT IS UNIQUE IN THAT THE OPERATION OF THESE CENTERS IS FUNDED THROUGH A COMBINATION OF WORKER FEES, CONTRIBUTIONS FROM VINEYARD GROWERS THROUGH AN ASSESSMENT DISTRICT, AND ACTIVE PARTICIPATION FROM THE NAPA COUNTY HOUSING COMMISSION AND THE ST. HELENA FARMWORKER COMMITTEE.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS PPP LOAN EXPENSES

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A COPY OF THE COMPLETE FORM 990 IS SUBMITTED TO THE BOARD FOR APPROVAL PRIOR TO FILING. EACH BOARD MEMBER REVIEWS THE FORM PRIOR TO BOARD APPROVAL.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE OFFICERS OF THE BOARD ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE EVERY YEAR. THE RESULTS ARE INCLUDED IN OUR SINGLE AUDIT REVIEW EACH YEAR. IF THERE WERE A CONFLICT OF INTEREST, THE CONFLICT OF INTEREST WOULD BE REVIEWED BY THE BOARD OF DIRECTORS TO DETERMINE THE REQUIRED ACTION NECESSARY IN ORDER FOR THE ORGANIZATION TO COMPLY WITH ITS POLICIES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL CHD'S HUMAN RESOURCE DEPARTMENT IS HEADED BY THE DIRECTOR OF HUMAN CHD BELONGS TO VARIOUS ORGANIZATIONS THAT MONITOR COMPENSATION OF NON-PROFIT AND FOR-PROFIT ORGANIZATIONS. CHD HAS ESTABLISHED PROCEDURES USED TO DETERMINE THE JOB DESCRIPTIONS OF A PARTICULAR POSITION, THE

PAGE 3 OF 5

Employer identification number

CALIFORNIA HUMAN DEVELOPMENT

94-1653023

QUALIFICATIONS REQUIRED TO PERFORM THE DUTIES OF THE POSITION, AND THE ECONOMIC LOCATION OF THE JOB. AN ANALYSIS IS MADE BASED ON COMPARABILITY DATA TO DETERMINE THE COMPENSATION RANGE FOR THE POSITION AND THE CEO AND OTHER DEPARTMENT MANAGERS, AS REQUIRED, REVIEW IT. IF IT IS DETERMINED TO BE NECESSARY, AN OUTSIDE AGENCY IS EMPLOYED TO CONDUCT THE COMPENSATION THE COMPENSATION ANALYSIS FOR THE CEO POSITION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS CHD'S HUMAN RESOURCE DEPARTMENT IS HEADED BY THE DIRECTOR OF HUMAN RESOURCES. CHD BELONGS TO VARIOUS ORGANIZATIONS THAT MONITOR COMPENSATION OF NON-PROFIT AND FOR-PROFIT ORGANIZATIONS. CHD HAS ESTABLISHED PROCEDURES USED TO DETERMINE THE JOB DESCRIPTIONS OF A PARTICULAR POSITION, THE QUALIFICATIONS REQUIRED TO PERFORM THE DUTIES OF THE POSITION, AND THE ECONOMIC LOCATION OF THE JOB. AN ANALYSIS IS MADE BASED ON COMPARABILITY DATA TO DETERMINE THE COMPENSATION RANGE FOR THE POSITION AND THE CEO AND OTHER DEPARTMENT MANAGERS, AS REQUIRED, REVIEW IT. IF IT IS DETERMINED TO BE NECESSARY, AN OUTSIDE AGENCY IS EMPLOYED TO CONDUCT THE COMPENSATION SURVEY. THE COMPENSATION ANALYSIS FOR THE CEO POSITION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION FIXED ASSETS PURCHASED WITH GRANT FUNDS 21,000 DEPRECIATION-FIXED ASSETS - GRANT FUN

\$ -11,166

PAGE 4 OF 5

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2
CALIFORNIA HUMAN DEVELOPMENT	Employer identification number 94-1653023
	94-1053023
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SCHEDULE R IB3018

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 94-1653023

CALIFORNIA HUMAN DEVELOPMENT CORPORATION

Direct controlling entity Œ CHDC Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. 16,284 (e) End-of-year assets Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income Legal domicile (state or foreign country) SP (b) Primary activity HOUSING 47-2303010 (a) Name, address, and EIN (if applicable) of disregarded entity 95403 CA LLC STONEHOUSE CAMPUS, 3315 AIRWAY DRIVE SANTA ROSA Part II <u>(1</u> (2) $\widehat{\mathbb{S}}$ (4) (5)

(g) Section 512(b)(13) controlled entity? °N × Yes × (f)
Direct controlling
entity CHDC N/A (e)
Public charity status
(if section 501(c)(3)) 7 _ (d) Exempt Code section 501C3 501C3 (c) Legal domicile (state or foreign country) CAGA Primary activity HOUSING HOUSING 94-2543840 47-5052806 Vame, address, and EIN of related organization 95834 95403 SUITE 140 CA CA 3835 N FREEWAY BLVD, CHDC MANAGEMENT CORP 3315 AIRWAY DR. SACRAMENTO SANTA ROSA NBHD CORP £ (2) 3

For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA (2)

(4)

Schedule R (Form 990) 2019

94-1653023

Schedule R (Form 990) 2019 CALIFORNIA HUMAN DEVELOPMENT

Page 2 0.45 Percentage ownership (i) Section 512(b)(13) controlled Schedule R (Form 990) 2019 Yes No × <u>\(\in \)</u> entity? (j) General or managing Yes No × partner? 100.00000 Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Percentage K/N ownership Ē (i)
Code V—UBI
amount in box 20
of Schedule K-1 (Form 1065) Share of end-of-year assets (h) Dispro-portionate Yes No × alloc.? (g) Share of end-of-year assets 1 (a) Share of total Share of total income Type of entity (C corp, S corp, Ξ or trust) U (e)
Predominant
income (related,
unrelated,
excluded from tax under sections 512-514) Direct controlling (p) CHDC Direct controlling entity Legal domicile foreign country) (p) (state or CA CA N/A (c) Legal domicile state or foreign country) Primary activity Primary activity HOUSING HOUSING CA 95403 CA 95403 Name, address, and EIN of related organization Name, address, and EIN of related organization (1) CHD ORTIZ PLAZA LLC 3315 AIRWAY DRIVE 3315 AIRWAY DRIVE (1)ORTIZ PLAZA LP SANTA ROSA 47-2190277 SANTA ROSA 47-2499643 Part Part IV 3 (4) DAA 5 3 4

Schedule R (Form 990) 2019 CALIFORNIA HUMAN DEVELOPMENT

94-1653023

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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			18	×	
luding covered rela	itionships and transacti	on thresholds.			
(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amour	unt involved		
Q	67,200	FMV			l
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		Schedule R	(Form 99	90) 201	10
	nizations listed in ling covered relations et (a-s)	During the fair year, and it is asset in that is any of the following that schedules with one or more related organizations listed in Parts II-V? Out of parts of captal contribution from related organization(s) (iii) grant or captal contribution from related organization(s) (iii) grant or captal contribution from related organization(s) Loans or is an quantities by related organization(s) Loans or is an quantities by related organization(s) Dividences from related organization(s) Exchange of assets when related organization(s) Exchange of assets when related organization(s) Exchange of assets when related organization(s) Exchange of assets when related organization(s) Exchange of assets when related organization(s) Exchange of assets when related organization(s) Exchange of assets when related organization(s) Exchange of assets when related organization(s) Exchange of assets when related organization(s) Exchange of assets or competity or fundasing solicitations for related organization(s) Performance of services or membership or fundasing solicitations for related organization(s) Exchange of asset property to related organization(s) Performance of services or membership or fundasing solicitations for related organization(s) Ferromance of services or membership or fundasing solicitations for related organization(s) Ferromance of services or membership or fundasing solicitations for information on who must complete this line, including covered relationships and transact Remort organization(s) Ferromance of services or property to related organization(s) Ferromance of services or property to related organization(s) Ferromance or services or property to related organization(s) Ferromance or services or property to related organization(s) Ferromance organization(s) Ferromance organization(s) Ferromance organization(s) Ferromance organization(s) Ferromance organization(s) Ferromance organization(s) Ferromance organization(s) Ferromance organization(s) Ferromance organization(s) Fer	I transaction thresholds. 7 , 2 0 0 FMV	transaction thresholds. Ned Method of d 7 , 2 0 0 FMV	Yes

94-1653023

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(1) (2) (3) (4) (4) (5)	Primary activity (Legal domicile (state or un foreign country) s	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners section 501(c)(3) Organizations? Yes No	Share of total income	Share of end-of-year assets	Disproportionale allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
(7) (8) (9) (10) (11)										

Schedule R (Form 990) 2019

94-1653023

Federal Statements

FYE: 6/30/2020

TOTAL

Taxable Interest on Investments

D	1.1
Descri	prion
	1000

-	Amount	Unrelated Exclusion Business Code	Postal Acquired after Code 6/30/75	US Obs (\$ or %)
\$	266	14		
Ś	266			

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

		4.5	
Desc	rin	tio	n
2000	лпр	uo	1 (

OTHER FEES	Total	Program	Management &	Fund
	Expenses	Service	General	Raising
TOTAL	\$ 740,740 \$ \$ 740,740 \$	402,558 402,558	Т.	5,103 5,103

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

Description

ASSISTANCE TO INDIVIDUALS	_	Total Expenses	Program Service	N	lanagement & General	_	Fund Raising
MISCELLANEOUS	\$	14,125 \$		\$	4,462	\$	9,663
TOTAL	\$=	18,712 32,837 \$	20,386	\$ =	-1,728 2,734	\$ =	54 9,717

IB3018 California Human Development **Federal Statements** 94-1653023 FYE: 6/30/2020 Schedule A, Part II, Line 1(e) Description Amount GOVERNMENT GRANTS OR CONTRIBUTIONS \$ 10,956,616 OTHER 81,195 TOTAL \$ 11,037,811 Schedule A, Part II, Line 8(e) Description Amount 266 TOTAL \$_____266 Schedule A, Part II, Line 12 - Current year Description Amount PROGRAM SERVICE REVENUE 3,360,647 16,156 TOTAL 3,376,803

IB3018 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 | Street Sacramento, CA 95814

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

(916) 210-6400

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

(For Registry Use Only)

DEPARTMENT OF JUSTICE

PAGE 1 of 1

CAT THORNES	, The standard of the standard	nonorea.		
CALIFORNIA HUMAN DEVEL Name of Organization	OPMENT	Check if:		
Name of Organization		Change of address		
List all DBAs and names the organization uses or h 3315 AIRWAY DRIVE	as used	Amended report		
Address (Number and Street)				
SANTA ROSA	CA 95403			
City or Town, State, and ZIP Code 707 - 523 - 1155		State Charity Registration Number	955I	
Telephone Number		Corporation or Organization No. 05	525802	
THOMAS.STUEBNER@CAHUMANDEVE	ELOPMENT.ORG	Osiporation organization No.	23002	
E-mail Address		Federal Employer ID No. 9	4-1653	3023
ANNUAL REGISTRATION	RENEWAL FEE SCHEDULE (11 Cal. Code Regs. se	ctions 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 \$1	10 million	\$150
Between \$25,000 and \$100,000 \$25	Between \$250,001 and \$1 million \$75	Between \$10,000,001 and \$		
DART A ACTIVITIES		Greater than \$50 million		\$300
PART A - ACTIVITIES				_
For your most recent full accounting perio	od (beginning $07/01/19$ ending $06/30/2$	2 0) list:		
Gross Annual Revenue \$ 14,414,	880 Noncash Contributions \$	O Total Assets 6	0 220	1.50
Drawan F.	10 646 174		9,339	,152
Program Expenses	\$12,646,154 Total Expenses \$	14,210,919		
PART B - STATEMENTS REGARDING ORGAN	IZATION DURING THE PERIOD OF THIS REPORT			
Note: All questions must be answered. If you an	swer "yes" to any of the questions below, you must attach	a separate page		
providing an explanation and details for ea	ach "yes" response. Please review RRF-1 instructions for	nformation required.	Yes	No
 During this reporting period, were there any contracts, log officer, director or trustee thereof either directly or with an 	ans, leases or other financial transactions between the organization and an entity in which any such officer, director or trustee had any financial inter	ny act?		х
	ement, diversion or misuse of the organization's charitable property or fun			X
During this reporting period, were any organization funds	used to pay any penalty, fine or judament?		-	
				X
coventurer used?	ercial fundraiser, fundraising counsel for charitable purposes, or commerc	al		Х
During this reporting period, did the organization receive a	any governmental funding?	CITIATI 1	х	
6. During this reporting period, did the organization hold a ra	ffle for charitable purposes?	STMT 1		Х
Does the organization conduct a vehicle donation program	1?			
Did the organization conduct an independent audit and pre	Doro pudited financial			X
generally accepted accounting principles for this reporting	spare audited financial statements in accordance with period?		х	
	d restricted net assets, while reporting negative unrestricted net assets?			х
I declare under penalty of perjury that I have	examined this report, including accompanying docu	ments, and to the best of m	v knowled	ne and
belief, the content is true, correct and comple	ete, and I am authorized to sign.	,	,owicaç	o ariu
CLIENT'S COPY	HOMAS STUEBNER CE	_		
Signature of Authorized Agent	Printed Name			
		Title	Date	

California Statements

FYE: 6/30/2020

94-1653023

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

Description

U.S. DEPARTMENT OF LABOR 90 7TH STREET, SUITE 17-300 SAN FRANCISCO, CA 94103

CALIFORNIA DEPT. OF COMMUNITY SERVICES 2389 GATEWAY OAKS DRIVE, SUITE 100 SACRAMENTO, CA 95833

NORTH BAY REGIONAL CENTER P.O. BOX 3360 NAPA, CA 94558

LA COOPERATIVA 1107 9TH STREET, SUITE 420 SACRAMENTO, CA 95814

DEPT. OF SOCIAL SERVICES 744 P STREET, MS9-633 SACRAMENTO, CA 95814

SONOMA COUNTY DEPT. OF HEALTH SERVICE 1450 NEOTOMAS, SUITE 200 SANTA ROSA, CA 95405

SAN JOAQUIN COUNTY WORK NET EDD 56 SOUTH LINCOLN STREET STOCKTON, CA 95203

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY 925 DEL PASO BLVD., SUITE 100 SACRAMENTO, CA 95815

COUNTY OF SONOMA - HUMAN SERVICES 1202 APOLLO WAY SANTA ROSA, CA 95407

TAXABLE	YEAR Califo	ornia e-file Retu	rn Authorization fo	r	FORM
201	19 Exem	npt Organization	ns		8453-EC
Exempt Or	ganization name CAI	CIFORNIA HUMAN		Identifying number 94-16530	
Part I	Electronic Return	Information (whole dollars o	only)		43
1 Tota	al gross receipts (Form	1 199, line 4)			1 14,414,880
					7 4 4 7 7 7 7
- 1018	ar expenses and disput	Sements (Form 199, Line 9)			3 14,210,919
Part II	Settle Your Accou	nt Electronically for Taxable			
4	Electronic funds withdr	rawal 4a Amount	4b W	/ithdrawal date (mm/dd/yyy	y)
Part III	Banking Information	on (Have you verified the eye	mpt organization's banking informat	(° 0)	
5 Rout	ting number	on (nave you vermed the exe		uon?)	
6 Acco	ount number			7 Type of account:	Checking Savings
Part IV	Declaration of Office	cer		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Cavings
			meted in Dead II 151 to 1 Death 1		
he amour	nt listed on line 4a.	13 account to be settled as desig	nated in Part II. If I check Part II, Box 4,	I authorize an electronic funds	withdrawal for
organization he exempt exempt organization	of organization is filing a biganization's fee liability, the protection of the prot	palance due return, I understand the exempt organization will remain ving schedules and statements be	to some the months in a that the months in Part I above agree with the amounts nowledge and belief, the exempt organization and the Franchise Tax Board (FTB) do in liable for the fee liability and all applications in the FTB by the ERO, transmitted to the FTB by the ERO, transmitted to the FTB by the ERO, transmitted to the FTB by the ERO.	ration's return is true, correct, a pes not receive full and timely p able interest and penalties. I an	and complete. If payment of the uthorize the exempt
organization in the exempt organization orga	of organization is filing a biganization's fee liability, the protection of the prot	palance due return, I understand the exempt organization will remain ving schedules and statements be	nowledge and belief, the exempt organize that if the Franchise Tax Board (FTB) do	ration's return is true, correct, a pes not receive full and timely p able interest and penalties. I an	and complete. If payment of the uthorize the exempt
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organization the exempt organization organization processing reason(s) Sign Here	or to granization is filing a beganization's fee liability, the granization's fee liability, the properties of the exempt organization the delay. CLIF Signature of officer	palance due return, I understand to the best of my kropalance due return, I understand to the exempt organization will remainly schedules and statements be exation's return or refund is delegation. COPY	nowledge and belief, the exempt organize that if the Franchise Tax Board (FTB) do in liable for the fee liability and all applice transmitted to the FTB by the ERO, transmitted to the FTB to disclose a transmitted to the FTB to discl	ration's return is true, correct, a pes not receive full and timely pable interest and penalties. I a insmitter, or intermediate servic to the ERO or intermediate s	and complete. If payment of the uthorize the exempt ce provider. If the service provider the
the exemplexempt or organization processin reason(s) Sign Here Part V declare the knowledge nowever, the ransmitting followed all rears from the FTB and accomplexempt of the transmitter of the transmitting of the transmitti	of torganization is filing a beganization's fee liability, the ganization's fee liability, the ganization's fee liability, the ganization's fee liability, the ganization and accompanying of the exempt organization of the delay. Declaration of Electrical I have reviewed the attempt of the ganization of the properties of the ganization of the FTB; I other requirements described the due date of the return upon request. If I am also	control return. To the best of my knowledge of the peaking and the exempt organization will remaining schedules and statements be ization's return or refund is delegation's return or refund is delegation. The peaking schedules and statements of the peaking schedules are couraged or the peaking of the peak	nowledge and belief, the exempt organize that if the Franchise Tax Board (FTB) do in liable for the fee liability and all applice transmitted to the FTB by the ERO, tracklayed, I authorize the FTB to disclose Date Date Title	cation's return is true, correct, a pes not receive full and timely pable interest and penalties. I am insmitter, or intermediate service to the ERO or intermediate service the ERO or intermediate service to the ERO or intermediate service to the ERO or intermediate service to the ERO or intermediate service to the ERO or intermediate service to the ERO or interme	and complete. If payment of the uthorize the exempt ce provider. If the service provider the to the best of my turn. I declare, FB 8453-EO before B, and I have on file for four a copy available
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Firm's name (or yours if self-employed)

Paid

preparer's signature

and address

Paid

Must

Sign

Preparer

Paid preparer's PTIN

Firm's FEIN

ZIP code

Check if self-

employed

California Exempt Organization 2019 Annual Information Return

__FORM

199

Calendar Y	ear 2019 or fiscal year beginning (mm/dd/yyyy) 07/01/2019, and ending (mm/dd/yyyy)		199
Corporation/Or	ear 2019 or fiscal year beginning (mm/dd/yyyy) 07/01/2019, and ending (mm/dd/yyyy) panization name CALIFORNIA HUMAN DEVELOPMENT		30/2020.
	CORPORATION	1	mia corporation number
Additional infor	mation. See instructions.		25802
		FEIN	1652002
Street address	•	94.	-1653023
	AIRWAY DRIVE		FIVID NO.
City		State	Zip code
	ROSA	CA	95403
Foreign country	name Foreign province/state/county		Foreign postal code
A First Re	d Poture Yes X No J If exempt under R&TC Section 2370	1d, has the	organization
B Amende	4 Yes X No		
D Final Info	tion 4947(a)(1) trust Yes X No K Is the organization exempt under R&T(C Section 23	701g?
	Tres, enter the gross receipts from r	nonmember	
	or (mm/dd/ssss) sources sources		\$
	Counting mother it (4)		
	Section 23701d and meets the	filing fee	exception,
	Check box. No filing fee is requ		
G is this a g	roup filing? See instructions M Is the organization a Limited Lial N Did the organization file Form 10		
H Is this or	ganization in a group exemption Yes X No N Did the organization file Form 10 report taxable income?	or Form	
	what is the parent's name? O Is the organization under audit b	v the IRS	• Yes X N
	IRS audited in a prior year?		
I Did the or	partization have any changes to its guidelines not reported P Is federal Form 1023/1024 pendi	ina?	Yes X N
to the FTB	? See instructions	3	103 22 100
Part I	omplete Part I unless not required to file this form. See General Information B and C.		
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	3,377,06900
	Gross dues and assessments from members and affiliates Gross contributions gifts grants and similar amounts received.	2	0.0
Receipts	artifounts received	3	11,037,81100
and	3. 3. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.		
Revenues	This line must be completed. If the result is less than \$50,000, see General Information B 5 Cost of goods sold	4	14,414,88000
	6 Cost or other hasis and sail		
	7 Total costs. Add line 5 and line 6	-	
	8 Total gross income. Subtract line 7 from line 4	7 8	14 414 990
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	14,414,88000 14,210,91900
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	203,96100
	11 Total payments	11	00
	12 Use tax. See General Information K	12	00
Cilina Coo	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
Filing Fee	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 F16 Penalties and Interest. See General Information J	15	00
		16	0.0
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information and the statements.	17	00
Sign	knowledger) is based on all information of which preparer has any knowledger	edge.	nowledge and belief, it is
Here	Signature of officer >CI IFNT'S COPY CRO	19	Telephone
	Property		707-523-1155
Paid	signature ► MICHAEL R MARUCHEAU Date Check if self employed ►		PTIN P01250456
Preparer's	GRANT BENNETT ASSOCIATES		Firm's FEIN
Use Only	1375 EVDOCTUTON DITTO COM		94-2692073
	and address SACRAMENTO, CA 95815-5143	•	Telephone
	May the FTB discuss this return with the preparer shown above? See instructions		916-922-5109
			X Yes No

Part II

Side 2 Form 199 2019

034

3652194

CALIFORNIA HUMAN DEVELOPMENT

94-1653023

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. Gross sales or receipts from all business activities. See instructions 3,360,64700 1 Interest 26600 • 2 Receipts 3 Dividends 3 00 from Gross rents 4 00 Other Gross royalties 5 00 Gross amount received from sale of assets (See Instructions) Sources 6 00 Other income. Attach schedule SEE STATEMENT 7 16,15600 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 **3,377,069**00 Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 814,72800 9 Disbursements to or for members 10 Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 342,63100 11 Other salaries and wages 6,007,53600 12 Expenses Interest 13 142,59000 and 14 Taxes 14 00 Disburse-15 Rents 1,711,96700 15 ments Depreciation and depletion (See instructions) 429,77600 16 17 Other Expenses and Disbursements. Attach schedule SEE STATEMENT 4 17 4,761,69100 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 14,210,91900 18 Schedule L Balance Sheet Beginning of taxable year End of taxable year Assets (c) (d) 1 Cash 584,669 1,879,811 Net accounts receivable 1,631,586 1,318,742 3 Net notes receivable. 440,000 440,000 Inventories Federal and state government obligations Investments in other bonds 7 STMT Investments in stock 170,834 8 Mortgage loans Other investments. Attach schedule 9 10 13,347,436 a Depreciable assets 13,400,088 b Less accumulated depreciation 9,715,017 3,632,419 10,155,957 3,244,131 11 Land 1,365,079 1,365,079 12 Other assets 900,305 920,555 Total assets 8,554,058 9,339,152 Liabilities and net worth Accounts payable 977,821 932,344 Contributions, gifts, or grants payable 16 Bonds and notes payable 17 Mortgages payable STMT 8 4,925,637 5,342,301 Other liabilities. Attach schedule 18 STMT 514,737 705,109 Capital stock or principal fund Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 2,135,863 2,359,398 22 Total liabilities and net worth 8,554,058 9,339,152 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 Net income per books 1 213,701 Income recorded on books this year 2 Federal income tax not included in this return. Attach 3 Excess of capital losses over capital gains SEE STMT 10 9,740 4 Income not recorded on books this year. Deductions in this return not charged Attach schedule against book income this year. Attach 5 Expenses recorded on books this year schedule not deducted in this return. Total. Add line 7 and line 8 9,740 Attach schedule Net income per return. 6 Total. Add line 1 through line 5 213,701 Subtract line 9 from line 6 203,961

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California Statements

FYE: 6/30/2020

Statement 1 - Form 199, Part II, Line 7 - Other Income

Description	 Amount
	\$ 16,156
TOTAL	\$ 16,156

Statement 2 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts

<u>PSA</u>	Class		Name		Address		City
-	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
		HOUSING, FOOD,	UTILITIES				Date

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

Name		Address		City
State Zip	Tit	ile	Avg Hrs	Compensation Amount
ANITA MALDONADO				Amount
KAI HARRIS	CEO		50.00	110,405
MARGARET INGOLD	INTERIM CEO		50.00	125,175
EMILA AGUILAR	CFO		50.00	107,051
MIGUEL MEIJIA	CHAIRPERSON		2.00	
HORACIO	VICE CHAIR		2.00	
LUIS SANCHEZ	SECRETARY		2.00	
ANTONIO SILVA	TREASURER		2.00	
HECTOR BRAMBILA	VICE CHAIR		2.00	
CARLTERR VELEZ HUSTON	DIRECTOR		2.00	
JORGE MALDONADO	DIRECTOR		2.00	
MAXIMILANO AGUILAR	DIRECTOR		2.00	
SALVADOR VARGAS	DIRECTOR		2.00	
MARIDEL PERLAS	DIRECTOR		2.00	
DIEGO HALL	DIRECTOR		2.00	
JESSE ORTIZ	DIRECTOR		2.00	
SHINDER GILL, PHD	DIRECTOR		2.00	
	DIRECTOR		2.00	

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California Statements

FYE: 6/30/2020

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation (continued)

Name	Address		City
THOMAS STUEBNER CA 95403	Title 3315 AIRWAY DRIVE CEO	Avg Hrs	Compensation Amount SANTA ROSA
TOTAL			342,631

Statement 4 - Form 199, Part II, Line 17 - Other Expenses

Description	Amount
PAYROLL TAXES OTHER PROFESSIONAL POSTAGE AND SHIPPING PRINTING AND DUPLICATION TRAVEL SUPPLIES AND MATERIALS RENTAL/MAINTENANCE EQUIP. ASSISTANCE TO INDIVIDUALS TAXES AND FEES MISCELLANEOUS ADVERTISING, PROMOTION TELEPHONE INSURANCE	\$ 553,024 740,740 24,238 136,279 371,804 470,970 350,728 14,125 275,484 18,712 12,962 230,586 295,142 1,219,512
ACCOUNTING LEGAL PENSION TOTAL	-44,090 -32,094 54,362 30,172 44,090 -5,055 \$ 4,761,691

Statement 5 - Form 199, Schedule L, Line 3 - Net Notes Receivable

Description	Beginning of Year	End of Year
NOTES RECEIVABLE	\$440,000	\$ 440,000
TOTAL	\$ 440,000	\$ 440,000

Statement 6 - Form 199, Schedule L, Line 7 - Investments in Stock

Description	Beginning of Year	End of Year
INVESTMENT OPPORTUNITY FUND	\$	\$ 170,834
TOTAL	\$0	\$ 170,834

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California Statements

FYE: 6/30/2020

Statement 7 - Form 199, Schedule L, Line 12 - Other Assets

Description	Beginning of Year	End of Year
SECURITY DEPOSIT REPLACEMENT RESERVES BENIFICIAL INTEREST - COMMUNITY FNDN OPPORTUNITY FUND	\$ 101,341 529,021 14,776 137,269	\$ 86,732 636,392 15,041
OPERATING RESERVES CONSTRUCTION IN PROGRESS PREPAID EXPENSES	25,413 9,750 82,735	26,934 0 155,456
TOTAL	\$ 900,305	\$ 920,555

Statement 8 - Form 199, Schedule L, Line 17 - Mortgages Payable

Description	Beginning of Year	End of Year
NOTES PAYABLE	\$ 4,925,637	\$ 5,342,301
TOTAL	\$ 4,925,637	\$ 5,342,301

Statement 9 - Form 199, Schedule L, Line 18 - Other Liabilities

Description	Beginning of Year		End of Year
SECURITY DEPOSIT DEFERRED REVENUE	\$ 88,431 426,306	\$	92,023 613,086
TOTAL	\$ 514,737	\$_	705,109

Statement 10 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books

	Description	Amount
NET UNREALIZED GAINS		\$ 9,740
TOTAL		\$ 9,740