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# **Return of Organization Exempt From Income Tax**

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

DLN: 93493112009001 OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 C Name of organization D Employer identification number B Check if applicable: BREAD AND ROSES COMMUNITY FUND ☐ Address change 23-2047297 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 100 S BROAD STREET NO 1600 ☐ Amended return ☐ Application pending (215) 731-1107 City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA  $\,$  19102 **G** Gross receipts \$ 4,033,015 Name and address of principal officer: H(a) Is this a group return for CASEY COOK □Yes ☑No subordinates? 100 S BROAD STREET NO 1600 H(b) Are all subordinates PHILADELPHIA, PA 19102 ☐ Yes ☐No included? **☑** 501(c)(3) □ 501(c)( ) **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.BREADROSESFUND.ORG L Year of formation: 1977 M State of legal domicile: PA K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Summary 1 Briefly describe the organization's mission or most significant activities: BREAD & ROSES COMMUNITY FUND WORKS TO CREATE REAL CHANGE IN THE PHILADELPHIA REGION Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 10 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 9 Total number of volunteers (estimate if necessary) . . . . 6 115 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 3,803,923 2,400,360 Ravenue 107,053 9 Program service revenue (Part VIII, line 2g) . 115,482 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 113,151 152,515 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,024,127 2,668,357 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 556,792 1,657,799 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 448,862 633,761 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶387,341 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 377,648 755,142 3,046,702 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,383,302 Revenue less expenses. Subtract line 18 from line 12 . 2,640,825 -378,345 Net Assets or Fund Balances **Beginning of Current Year End of Year** 7,105,936 7,668,257 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 205,599 1,100,600 6,900,337 6,567,657 Net assets or fund balances. Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here CASEY COOK EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check  $\square$  if P00749373 Paid self-employed Firm's name BBD LLP Firm's EIN ► 23-2896692 Preparer Use Only Firm's address ▶ 1835 MARKET STREET 3RD FLOOR Phone no. (215) 567-7770

PHILADELPHIA, PA 19103

May the IRS discuss this return with the preparer shown above? (see instructions)

☑ Yes ☐ No

| Form | 990 (2  | 019)                       |                                 |                            |                             |  | Page <b>2</b> |
|------|---------|----------------------------|---------------------------------|----------------------------|-----------------------------|--|---------------|
| Pa   | rt III  | Statement of               | of Program Servic               | e Accomplis                | hments                      |  |               |
|      |         | Check if Sched             | ule O contains a respo          | nse or note to             | any line in this Part III . |  | 🗹             |
| 1    | Briefly | describe the or            | ganization's mission:           |                            |                             |  |               |
| GRO  | UPS IN  | BUILDING MOVE              | MENTS FOR SOCIAL J              | USTICE. BY MA              |                             | E DONORS AT ALL LEVELS TO SUP<br>PING LEADERS AND BUILDING CO<br>ION.    |               |
|      | Did th  | e organization u           | ndertake any significa          | nt program ser             | vices during the year wh    | nich were not listed on  |               |
|      |         | -                          | 990-EZ?                         |                            |                             |  | ☐ Yes ☑ No    |
|      |         |                            | e new services on Sch           |                            |                             |  |               |
| 3    |         | •                          |                                 |                            | changes in how it condu     | cts, any program   |               |
|      | servic  | es?                        |                                 |                            |                             |  | ☐ Yes 🗹 No    |
|      | If "Yes | s," describe thes          | e changes on Schedule           | e O.                       |                             |  |               |
| 4    | Sectio  | n 501(c)(3) and            |                                 | ns are required            | to report the amount of     | largest program services, as meas<br>f grants and allocations to others, |               |
|      | (Code:  |                            | ) (Expenses \$                  | 1,997,284                  | including grants of \$      | 1,657,799 ) (Revenue \$  | )             |
|      | See Ad  | ditional Data              |                                 |                            |                             |  |               |
| 4b   | (Code:  |                            | ) (Expenses \$                  | 596,580                    | including grants of \$      | ) (Revenue \$  | 115,482 )     |
|      | See Ad  | ditional Data              |                                 |                            |                             |  |               |
| 4c   | (Code:  |                            | ) (Expenses \$                  |                            | including grants of \$      | ) (Revenue \$  | )             |
|      |         |                            |                                 |                            |                             |  |               |
|      |         |                            |                                 |                            |                             |  |               |
|      |         |                            |                                 |                            |                             |  |               |
|      |         |                            |                                 |                            |                             |  |               |
|      |         |                            |                                 |                            |                             |  |               |
|      |         |                            | (5                              |                            |                             |  |               |
| 4d   |         | program service<br>nses \$ | es (Describe in Schedu<br>inclu | ile O.)<br>uding grants of | \$                          | ) (Revenue \$  | )             |
| 4e   | Total   | program servi              | ce expenses >                   | 2,593,8                    | 64                          |  |               |

| Form 990 (2019) Page <b>3</b> |   |      |     |    |  |  |  |
|-------------------------------|---|------|-----|----|--|--|--|
| Par                           | Checklist of Required Schedules   |      |     |    |  |  |  |
|                               |   |      | Yes | No |  |  |  |
| 1                             | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2   | 1    | Yes |    |  |  |  |
| 2                             | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆   | 2    | Yes |    |  |  |  |
| 3                             | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 2  | 3    |     | No |  |  |  |
| 4                             | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4    | Yes |    |  |  |  |
| 5                             | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5    |     | No |  |  |  |
| 6                             | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part   2   | 6    | Yes |    |  |  |  |
| 7                             | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7    |     | No |  |  |  |
| 8                             | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III  | 8    |     | No |  |  |  |
| 9                             | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV             | 9    |     | No |  |  |  |
| 10                            | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V  | 10   | Yes |    |  |  |  |
| 11                            | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  |      |     | _  |  |  |  |
| а                             | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  | 11a  | Yes |    |  |  |  |
| b                             | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b  |     | No |  |  |  |
|                               | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2   | 11c  |     | No |  |  |  |
|                               | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2  | 11d  |     | No |  |  |  |
| е                             | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏   | 11e  |     | No |  |  |  |
| f                             | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f  | Yes |    |  |  |  |
| 12a                           | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a  | Yes |    |  |  |  |
| b                             | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 4.01 |     | No |  |  |  |
| 13                            | Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E  | 13   |     | No |  |  |  |
| 14a                           | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a  |     | No |  |  |  |
|                               | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b  |     | No |  |  |  |
| 15                            | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15   |     | No |  |  |  |
| 16                            | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16   |     | No |  |  |  |
| 17                            | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)  | 17   |     | No |  |  |  |
| 18                            | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18   |     | No |  |  |  |
| 19                            | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19   |     | No |  |  |  |
| 20a                           | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a  |     | No |  |  |  |

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

20b

21

Yes

|  |  |                   | Page <b>4</b>     |
|--|--|-------------------|-------------------|
| ired Schedules (continued)   |  |                   |                   |
| -  |  | Yes               | No                |
| ore than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, complete Schedule I, Parts I and III   | 22   | Yes               |                   |
| 'Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current, trustees, key employees, and highest compensated employees? <i>If "Yes," complete</i>  | 23   |                   | No                |
| ax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and " go to line 25a</i>  | 24a  |                   | No                |
| ny proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b  |                   |                   |
| an escrow account other than a refunding escrow at any time during the year onds?  | 24c  |                   |                   |
| n "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d  |                   |                   |
| (4), and 501(c)(29) organizations. Did the organization engage in an excess benefit diperson during the year? If "Yes," complete Schedule L, Part I  | 25a  |                   | No                |
| t it engaged in an excess benefit transaction with a disqualified person in a prior year, and been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete   | 25b  |                   | No                |
| ny amount on Part X, line 5 or 22 for receivables from or payables to any current or former employee, creator or founder, substantial contributor, or 35% controlled entity or family ons? If "Yes," complete Schedule L, Part II                                      | 26   |                   | No                |
| a grant or other assistance to any current or former officer, director, trustee, key , substantial contributor, or employee thereof, a grant selection committee member, or to uding an employee thereof) or family member of any of these persons? If "Yes," complete | 27   |                   | No                |
| to a business transaction with one of the following parties (see Schedule L, Part IV ng thresholds, conditions, and exceptions):   |  |                   |                   |
| rector, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i>  | 28a  |                   | No                |
| idual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b  |                   | No                |
| e or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i>   | 28c  |                   | No                |
| more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒  | 29   | Yes               |                   |
| contributions of art, historical treasures, or other similar assets, or qualified conservation lete Schedule M   | 30   |                   | No                |
| , terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31   |                   | No                |
| hange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>  | 32   |                   | No                |
| % of an entity disregarded as separate from the organization under Regulations sections  | 33   |                   | No                |
| to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   | 34   |                   | No                |
| ontrolled entity within the meaning of section 512(b)(13)?   | 35a  |                   | No                |
| ganization receive any payment from or engage in any transaction with a controlled entity 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b  |                   |                   |
| ations. Did the organization make any transfers to an exempt non-charitable related ete Schedule R, Part V, line 2   | 36   |                   | No                |
| more than 5% of its activities through an entity that is not a related organization and that rederal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37   |                   | No                |
| e Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> ed to complete Schedule O.   | 38   | Yes               |                   |
| ed to co   | ule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> mplete Schedule O | mplete Schedule O | mplete Schedule O |

|  | All Form 990 filers are required to complete Schedule O  | 38         |     |    |  |  |  |  |  |
|--|--|------------|-----|----|--|--|--|--|--|
| Par  | Part V Statements Regarding Other IRS Filings and Tax Compliance   |            |     |    |  |  |  |  |  |
| Check if Schedule O contains a response or note to any line in this Part V |  |            |     |    |  |  |  |  |  |
|  |  |            | Yes | No |  |  |  |  |  |
| 1a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   14   |            |     |    |  |  |  |  |  |
| b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0   |            |     |    |  |  |  |  |  |
| c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | <b>1</b> c | Yes | Ti |  |  |  |  |  |

| 01111 | Chatamanta Barandina Othan IDC Filings and Tan Campliana (continued)   |            |     | rage 3 |  |  |
|-------|--|------------|-----|--------|--|--|
|       | Statements Regarding Other IRS Filings and Tax Compliance (continued)  |            |     |        |  |  |
| 2a    | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |            |     |        |  |  |
| b     | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | 2b         | Yes |        |  |  |
| За    | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         |     | No     |  |  |
| b     | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b         |     |        |  |  |
|       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: | 4a         |     | No     |  |  |
| _     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |     |        |  |  |
|       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a         |     | No No  |  |  |
|       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b         |     | No     |  |  |
|       | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c         |     |        |  |  |
|       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  | 6a         |     | No<br> |  |  |
| b     | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6</b> b |     |        |  |  |
| 7     | Organizations that may receive deductible contributions under section 170(c).  |            |     |        |  |  |
| а     | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a         |     | No     |  |  |
|       | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b         |     |        |  |  |
| С     | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c         |     | No     |  |  |
|       | If "Yes," indicate the number of Forms 8282 filed during the year  |            |     |        |  |  |
| е     | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e         |     | No     |  |  |
| f     | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f         |     | No     |  |  |
| _     | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |            |     |        |  |  |
| h     | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |            |     |        |  |  |
| 8     | 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  |            |     |        |  |  |
| 9     | Sponsoring organizations maintaining donor advised funds.  |            |     |        |  |  |
| а     | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a         |     |        |  |  |
| b     | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <b>9</b> b |     |        |  |  |
| 10    | Section 501(c)(7) organizations. Enter:  |            |     |        |  |  |
| а     | Initiation fees and capital contributions included on Part VIII, line 12 10a   |            |     |        |  |  |
| b     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |            |     |        |  |  |
| 11    | Section 501(c)(12) organizations. Enter:   |            |     |        |  |  |
|       | Gross income from members or shareholders  |            |     |        |  |  |
| b     | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |            |     |        |  |  |
|       | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a        |     |        |  |  |
| b     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   |            |     |        |  |  |
| 13    | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |     |        |  |  |
|       | Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  | 13a        |     |        |  |  |
|       | 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  |            |     |        |  |  |
|       | c Enter the amount of reserves on hand   |            |     |        |  |  |
|       | 14a Did the organization receive any payments for indoor tanning services during the tax year?   |            |     |        |  |  |
|       | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b        |     |        |  |  |
| 15    | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   | 15         |     | No     |  |  |
| 16    | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.  | 16         |     | No     |  |  |

| Form | 990 (2019)   |            |          | Page <b>6</b> |  |  |  |  |  |
|------|--|------------|----------|---------------|--|--|--|--|--|
| Pai  | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI | •          |          | lines         |  |  |  |  |  |
| _Se  | ction A. Governing Body and Management   |            | 7.7      |               |  |  |  |  |  |
| 1.   | Enter the number of voting members of the governing body at the end of the tax year   1a   10  |            | Yes      | No            |  |  |  |  |  |
| Ia   | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  |            |          |               |  |  |  |  |  |
| b    | Enter the number of voting members included in line 1a, above, who are independent  1b 9   |            |          |               |  |  |  |  |  |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2          |          | No            |  |  |  |  |  |
| 3    |  |            |          |               |  |  |  |  |  |
| 4    | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4          |          | No            |  |  |  |  |  |
| 5    | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5          |          | No            |  |  |  |  |  |
| 6    | Did the organization have members or stockholders?   | 6          |          | No            |  |  |  |  |  |
| 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?   | 7a         |          | No            |  |  |  |  |  |
| b    | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | <b>7</b> b |          | No            |  |  |  |  |  |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |            |          |               |  |  |  |  |  |
| a    | The governing body?  | 8a         | Yes      |               |  |  |  |  |  |
| ь    | Each committee with authority to act on behalf of the governing body?  | 8b         | Yes      |               |  |  |  |  |  |
| 9    | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9          |          | No            |  |  |  |  |  |
| Se   | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue   | _          | <u> </u> | 110           |  |  |  |  |  |
|      | ction b. Poncies (This Section & requests information about policies not required by the Internal Nevertal   |            | Yes      | No            |  |  |  |  |  |
| 10a  | Did the organization have local chapters, branches, or affiliates?   | 10a        |          | No            |  |  |  |  |  |
|      | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b        |          |               |  |  |  |  |  |
| 11a  | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a        | Yes      |               |  |  |  |  |  |
| h    | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | 114        | 163      |               |  |  |  |  |  |
|      | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>   | 12a        | Yes      |               |  |  |  |  |  |
|      | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to   | 124        | 162      |               |  |  |  |  |  |
| •    | conflicts?   | 12b        | Yes      |               |  |  |  |  |  |
|      | Schedule O how this was done   | 12c        | Yes      |               |  |  |  |  |  |
| 13   | Did the organization have a written whistleblower policy?  | 13         |          | No            |  |  |  |  |  |
| 14   | Did the organization have a written document retention and destruction policy?   | 14         | Yes      |               |  |  |  |  |  |
| 15   | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |            |          |               |  |  |  |  |  |
| а    | The organization's CEO, Executive Director, or top management official   | 15a        | Yes      |               |  |  |  |  |  |
| b    | Other officers or key employees of the organization  | 15b        |          | No            |  |  |  |  |  |
|      | 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        |          | No            |  |  |  |  |  |
| b    | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?   | 16b        |          |               |  |  |  |  |  |
| Se   | ction C. Disclosure  |            |          |               |  |  |  |  |  |
| 17   | List the states with which a copy of this Form 990 is required to be filed▶  |            |          |               |  |  |  |  |  |
| 18   | PA Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s   |            |          |               |  |  |  |  |  |
|      | only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Upon request  Other (explain in Schedule O)   |            |          |               |  |  |  |  |  |
| 19   | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  |            |          |               |  |  |  |  |  |
| 20   | State the name, address, and telephone number of the person who possesses the organization's books and records:  MANAGEMENT 100 S BROAD STREET SUITE 1600 PHILADELPHIA, PA 19102 (215) 731-1107  |            |          |               |  |  |  |  |  |
|      |  |            |          | n (2019)      |  |  |  |  |  |

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

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

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

See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| <b>(A)</b><br>Name and title        | (B) Average hours per week (list any hours for related | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D) Reportable compensation from the organization (W-2/1099- | (E) Reportable compensation from related organizations (W-2/1099- | (F) Estimated amount of other compensation from the organization and |  |
|-------------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|--|--|
|                                     | organizations<br>below dotted<br>line)                 | Individual trustee<br>or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W-Z/1099-<br>MISC)  | (W-2/1099-<br>MISC)   | related<br>organizations   |  |
| (1) JEAN HUNT<br>CO-CHAIR           | 1.00   | Х  |                       | ×       |              |                              |        | 0  | 0   | 0  |  |
| (2) JENNIFER JORDAN<br>CO-CHAIR     | 1.00   | Х  |                       | X       |              |                              |        | 0  | 0   | 0  |  |
| (3) JILL FELDSTEIN<br>SECRETARY     | 1.00   | Х  |                       | x       |              |                              |        | 0  | 0   | 0  |  |
| (4) TRINA MIDDLETON TREASURER       | 1.00   | X  |                       | ×       |              |                              |        | 0  | 0   | 0  |  |
| (5) YAHYA ALAZRAK<br>BOARD MEMBER   | 1.00   | Х  |                       | ×       |              |                              |        | 0  | 0   | 0  |  |
| (6) SUSAN SCHEWEL<br>BOARD MEMBER   | 1.00   | Х  |                       | X       |              |                              |        | 0  | 0   | 0  |  |
| (7) ELICIA GONZALES<br>BOARD MEMBER | 1.00   | Х  |                       |         |              |                              |        | 0  | 0   | 0  |  |
| (8) FARRAH PARKES<br>BOARD MEMBER   | 1.00   | Х  |                       |         |              |                              |        | 0  | 0   | 0  |  |
| (9) JULIA STONE<br>BOARD MEMBER     | 1.00   | Х  |                       |         |              |                              |        | 0  | 0   | 0  |  |
| (10) NINA WONG<br>BOARD MEMBER      | 1.00   | Х  |                       |         |              |                              |        | 0  | 0   | 0  |  |
| (11) CASEY COOK EXECUTIVE DIRECTOR  | 40.00  | X  |                       |         |              |                              |        | 110,976  | 0   | 27,221   |  |
|                                     |  |  |                       |         |              |                              |        |  |   |  |  |
|                                     |  |  |                       |         |              |                              |        |  |   |  |  |
|                                     |  |  |                       |         |              |                              |        |  |   |  |  |
|                                     |  |  |                       |         |              |                              |        |  |   | Form <b>990</b> (2019)   |  |

Part VII

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

(A) (B) (C) (D) (E) (F)

Name and title (C) (D) (E) (F)

Page 8

|     | <b>(A)</b><br>Name and title   | (B) Average hours per week (list any hours            | Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check more than one box, unless person for comparison of the comparison of |                       |         |              |                              |        | Repo<br>compe<br>fror<br>organ | D)<br>ertable<br>ensation<br>in the<br>dization | (E) Reportable compensation from related organizations | l<br>s | (F) Estimated amount of other compensation from the organization and |        |  |
|-----|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--------------------------------|---|--|--------|--|--------|--|
|     |  | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director   | Institutional Trustée | Officer | Key employee | Highest compensated employee | Former |                                | /1099-<br>SC)                                   | (W-2/1099-<br>MISC)                                    |        | relat<br>organiz   | ted    |  |
|     |  |   |   |                       |         |              |                              |        |                                |   |  | +      |  |        |  |
|     |  |   |   |                       |         |              |                              |        |                                |   |  |        |  |        |  |
|     |  |   |   |                       |         |              |                              |        |                                |   |  |        |  |        |  |
|     |  |   |   |                       |         |              |                              |        |                                |   |  | _      |  |        |  |
|     |  |   |   |                       |         |              |                              |        |                                |   |  | _      |  |        |  |
|     |  |   |   |                       |         |              |                              |        |                                |   |  |        |  |        |  |
|     |  |   |   |                       |         |              |                              |        |                                |   |  |        |  |        |  |
| c T | Sub-Total  | art VII, Section                                      | Α.  |                       |         |              | <b>*</b>                     |        | 1                              | .10,976   |  | 0      |  | 27,221 |  |
| 2   | Total number of individuals (including of reportable compensation from the                   |   |   | e liste               | ed al   | bove         | e) who                       | rece   | eived mor                      | e than s  | \$100,000  |        |  |        |  |
|     |  |   |   |                       |         |              |                              |        |                                |   |  |        | Yes  | No     |  |
| 3   | Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i> |   |   |                       |         |              |                              |        | ghest con                      |   | ed employee on   | 3      |  | No     |  |
| 4   | For any individual listed on line 1a, is organization and related organizations              |   |   |                       |         |              |                              |        |                                |   |  |        |  |        |  |
| 5   | individual  Did any person listed on line 1a receiv  |   |   |                       |         |              |                              |        |                                |   |  | 4      |  | No     |  |
|     | services rendered to the organization ection B. Independent Contract                         |   | ete Sch   | edule                 | ) fo    | r su         | ich pei                      | rson   | • •                            | • •   |  | 5      |  | No     |  |
| 1   | Complete this table for your five higher<br>from the organization. Report comper             | est compensate  |   |                       |         |              |                              |        |                                |   |  | mpens  | sation   |        |  |
|     |  | (A) and business addre                                |   | year                  | CITA    | mig_         | WICH O                       | 1 7710 | In the of                      |   | (B) escription of services                             |        | (C   |        |  |
|     |  |   |   |                       |         | _            |                              |        |                                |   | •  |        |  |        |  |
|     |  |   |   |                       |         | _            |                              |        |                                |   |  |        |  |        |  |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

| orm 9<br>Part  |                                |  | of E      | Pavanua             |               |                     |                             |  |   | Page <b>9</b>  |
|--|--------------------------------|--|-----------|---------------------|---------------|---------------------|-----------------------------|--|---|--|
| ган  | VIII                           |  |           |                     | respo         | onse or note to any | line in this Part VIII      |  |   | 🗆  |
|  |                                |  |           |                     |               |                     | <b>(A)</b><br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| s  | 1a                             | Federated campa  | igns      | · . [               | <b>1</b> a    | 42,905              | L                           | revenue                                |   | 312 311  |
| ants   | Ŀ                              | • Membership dues  | s .       | . [                 | <b>1</b> b    |                     |                             |  |   |  |
| E G  | (                              | Fundraising even   | ts .      | . [                 | 1c            |                     |                             |  |   |  |
| ifts,<br>ar A  |                                | d Related organiza   |           | Ļ                   | 1d            |                     |                             |  |   |  |
| s, G<br>imil   |                                | Government grants  |           | · L                 | 1e            |                     |                             |  |   |  |
| ion<br>r Si  | f                              | <ul> <li>All other contribution<br/>and similar amounts<br/>above</li> </ul> |           |                     | 1f            | 2,357,455           |                             |  |   |  |
| Contributions, Gifts, Grants and Other Similar Amounts | 9                              | Noncash contributio  | ns in     | cluded in           |               |                     |                             |  |   |  |
| ontr<br>od C   |                                |  |           |                     | <b>1</b> g    | 397,639             |                             |  |   |  |
| <u>ت ہ</u>   | '                              | h Total. Add lines :   | 1a-1      | f                   | •             | · · · •             | 2,400,360                   | T.                                     |   | ,  |
|  | 2-                             | ADMINISTRATIVE FEI   | FS        |                     |               | Business Code       | 115,482                     | 115,482                                |   |  |
| <u>a</u>   | Za                             | ADMINISTRATIVETE   |           |                     |               | 900099              | ·                           | ·                                      |   |  |
| Program Service Revenue                                | b                              |  |           |                     |               |                     |                             |  |   |  |
| - 8 <u>-</u>   |                                |  |           |                     |               |                     |                             |  |   |  |
| rvice  | С                              |  |           |                     |               |                     |                             |  |   |  |
| %<br>- ∞   | d                              |  |           |                     |               |                     |                             |  |   |  |
| gran   | e                              |  |           |                     |               |                     |                             |  |   |  |
| Ę.   |                                |  |           |                     |               |                     |                             |  |   |  |
|  |                                | All other program  |           |                     |               |                     |                             |  |   |  |
|  |                                | Total. Add lines 2 Investment income   |           |                     |               | nterest and other   | 1                           | Τ                                      | 1                                       |  |
|  | s                              | imilar amounts) .  |           |                     | •             | j                   |                             | 9                                      |   | 53,189   |
|  |                                | Income from invest   |           |                     | •             | ond proceeds        | -                           |  |   |  |
|  | •                              | toyalties ! ! !  | r         | (i) Rea             |               | (ii) Personal       |                             |  |   |  |
|  | 62                             | Gross rents  | 6a        |                     |               |                     |                             |  |   |  |
|  |                                | Less: rental   |           |                     |               |                     | +                           |  |   |  |
|  |                                | expenses<br>Rental income  | 6b        |                     |               |                     |                             |  |   |  |
|  |                                | or (loss)  | 6с        |                     |               |                     |                             |  |   |  |
|  | d                              | Net rental income  | or (      |                     |               |                     |                             |  |   |  |
|  | 7a Gross amount (i) Securities |  |           | (ii) Other          |               |                     |                             |  |   |  |
|  | <i>,</i> u                     | from sales of assets other   |           |                     | Į             |                     |                             |  |   |  |
|  | L                              | than inventory   |           |                     |               |                     | _                           |  |   |  |
|  | b                              | Less: cost or<br>other basis and<br>sales expenses                           | 7b        | 1,3                 | 364,658       | 3                   |                             |  |   |  |
|  |                                | ·  | 7c        |                     | 00.220        |                     |                             |  |   |  |
|  |                                | Gain or (loss)<br>  Net gain or (loss)                                       |           |                     | 99,326        |                     |                             | 6                                      |   | 99,326   |
| ۵,   | 8a                             | Gross income from fu   |           | ising events        |               | <u> </u>            |                             |  |   |  |
| Other Revenue  |                                | (not including \$contributions reported                                      |           |                     |               |                     |                             |  |   |  |
| Seve   |                                | See Part IV, line 18   |           |                     | 8a            |                     |                             |  |   |  |
| er F   |                                | Less: direct expen<br>Net income or (los                                     |           |                     | 8b<br>ing eve | ents 🕨              |                             |  |   |  |
|  |                                |  |           |                     |               |                     |                             |  |   |  |
| 9  | 9a                             | Gross income from<br>See <b>Part</b> IV, line 19                             | gami<br>• | ing activities. • • | 9a            |                     |                             |  |   |  |
|  | b                              | Less: direct expen   | ses       |                     | 9b            |                     |                             |  |   |  |
|  | c                              | Net income or (los   | s) fr     | om gaming           | activiti      | es <b>&gt;</b>      | <b>-</b>                    |  |   |  |
|  | 10a                            | Gross sales of inve  | entor     | ry, less            |               |                     |                             |  |   |  |
|  |                                | returns and allowa   | nces      | s                   | 10a           |                     |                             |  |   |  |
|  |                                | Less: cost of good   |           |                     | 10b           |                     |                             |  |   |  |
| -  |                                | Net income or (los<br>Miscellaneo  |           |                     | invent        | ory ► Business Code |                             |  |   |  |
|  | 11                             |  |           |                     |               |                     | 1                           |  |   |  |
|  |                                |  |           |                     |               |                     |                             |  |   |  |
|  | b                              |  |           |                     |               |                     |                             |  |   |  |
|  |                                |  |           |                     |               |                     | 1                           |  |   |  |
|  | С                              |  |           |                     |               |                     |                             |  |   |  |
|  | ζl                             | All other revenue  | _         |                     |               |                     |                             |  |   |  |
|  |                                | Total. Add lines 1   |           |                     |               | •                   |                             |  |   |  |
|  | 12                             | Total revenue. S   | ee ir     | nstructions         |               |                     | 0.000.000                   | 7                                      |   | 0 1-2  |
|  |                                |  |           |                     |               |                     | 2,668,35                    | 7 115,482                              | 1                                       | 0 152,515  |

| Form 990 (2019)  |                        |                                    |   | Page <b>10</b>                        |
|--|------------------------|------------------------------------|---|---------------------------------------|
| Part IX Statement of Functional Expenses   |                        |                                    |   |                                       |
| Section 501(c)(3) and 501(c)(4) organizations must co  |                        | _                                  |   | mn (A).                               |
| Check if Schedule O contains a response or note to an  | y line in this Part IX |                                    |   | <u> U</u>                             |
| Do not include amounts reported on lines 6b,<br>7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses  | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 1,632,799              | 1,632,799                          |   |                                       |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22  | 25,000                 | 25,000                             |   |                                       |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.  |                        |                                    |   |                                       |
| <b>4</b> Benefits paid to or for members   |                        |                                    |   |                                       |
| 5 Compensation of current officers, directors, trustees, and key employees   | 161,172                | 111,360                            | 6,802                                     | 43,010                                |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                        |                                    |   |                                       |
| <b>7</b> Other salaries and wages  | 369,281                | 255,149                            | 15,586                                    | 98,546                                |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)   | 10,850                 | 7,497                              | 458                                       | 2,895                                 |
| 9 Other employee benefits  | 48,341                 | 32,582                             | 2,083                                     | 13,676                                |
| <b>10</b> Payroll taxes  | 44,117                 | 30,413                             | 1,859                                     | 11,845                                |
| 11 Fees for services (non-employees):  |                        |                                    |   |                                       |
| a Management   |                        |                                    |   |                                       |
| <b>b</b> Legal   |                        |                                    |   |                                       |
| c Accounting   |                        |                                    |   |                                       |
| d Lobbying   | 156,700                | 156,700                            |   |                                       |
| e Professional fundraising services. See Part IV, line 17  | 100,700                | 200,700                            |   |                                       |
| f Investment management fees   |                        |                                    | -   |                                       |
| <u></u>  | 70 104                 | 40.071                             | 2.007                                     | 10 226                                |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 70,194                 | 49,071                             | 2,897                                     | 18,226                                |
| 12 Advertising and promotion   |                        |                                    |   |                                       |
| 13 Office expenses   | 50,560                 | 4,766                              | 431                                       | 45,363                                |
| <b>14</b> Information technology   |                        |                                    |   |                                       |
| <b>15</b> Royalties  |                        |                                    |   |                                       |
| <b>16</b> Occupancy  | 150,434                | 101,676                            | 6,115                                     | 42,643                                |
| <b>17</b> Travel   |                        |                                    |   |                                       |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .   |                        |                                    |   |                                       |
| 19 Conferences, conventions, and meetings  | 37,793                 | 13,394                             | 7,751                                     | 16,648                                |
| <b>20</b> Interest   |                        |                                    |   |                                       |
| 21 Payments to affiliates  |                        |                                    |   |                                       |
| 22 Depreciation, depletion, and amortization   | 12,310                 | 8,549                              | 516                                       | 3,245                                 |
| 23 Insurance   | 5,538                  | 3,845                              | 233                                       | 1,460                                 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                        | ,                                  |   | · ·                                   |
| a CONTRACT SERVICES  | 199,012                | 121,365                            | 13,780                                    | 63,867                                |
| b MISCELLANEOUS EXPENSES   | 43,321                 | 27,917                             | 5,421                                     | 9,983                                 |
| c SUPPLIES   | 13,324                 | 7,636                              | 1,314                                     | 4,374                                 |
| d CAMPAIGN EXPENSE   | 6,916                  |                                    |   | 6,916                                 |
| e All other expenses   | 9,040                  | 4,145                              | 251                                       | 4,644                                 |
| 25 Total functional expenses. Add lines 1 through 24e  | 3,046,702              | 2,593,864                          | 65,497                                    | 387,341                               |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                    |                        |                                    |   | · · · · · · · · · · · · · · · · · · · |
| Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).  |                        |                                    |   |                                       |

Accounts receivable, net

Savings and temporary cash investments . . .

Notes and loans receivable, net . . . .

Inventories for sale or use . . . . . Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

Investments—other securities. See Part IV, line 11 .

Investments—program-related. See Part IV, line 11 .

**Total assets.** Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \\ \text{and} \end{align\*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Form 990 (2019)

2

3

Assets

11

12

13

14

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16

17

18

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25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30

(B) End of year

Page **11** 

38,891

136,512

45,092

13,289

940.400

57.511

89.400

1.100.600

2.005,077

4,562,580

6,567,657

7,668,257

Form 990 (2019)

7,668,257

4,130,566

|   | Check if Schedule O contains a response or note to any line in this Part IX |                                 |   |  |
|---|---|---------------------------------|---|--|
|   |   | <b>(A)</b><br>Beginning of year |   |  |
| 1 | Cash-non-interest-bearing   | 2,656,484                       | 1 |  |

10a

10b

|           |   | ·         |
|-----------|---|-----------|
| 2,656,484 | 1 | 3,162,153 |
|           | 2 |           |
| 253,895   | 3 | 155,043   |
|           | 4 |           |

5

6 7

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10c

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12 13

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32

33

31,462

5,646

4,114,367

44,082

19,509

186.090

205.599

2.045,374

4,854,963

6,900,337

7,105,936

7,105,936

Pledges and grants receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

159,897

23,385

| Form | 990 (2019)  |         |    |     | Page <b>12</b> |
|------|---|---------|----|-----|----------------|
| Pa   | Reconcilliation of Net Assets   |         |    |     |                |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |         |    |     |                |
|      |   |         |    |     |                |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1       |    |     | ,668,357       |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2       |    |     | ,046,702       |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3       |    |     | 378,345        |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4       |    | 6   | ,900,337       |
| 5    | Net unrealized gains (losses) on investments  | 5       |    |     | 45,665         |
| 6    | Donated services and use of facilities  | 6       |    |     |                |
| 7    | Investment expenses   | 7       |    |     |                |
| 8    | Prior period adjustments  | 8       |    |     |                |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)  | 9       |    |     | 0              |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  | 10      |    | 6   | ,567,657       |
| Pa   | rt XII Financial Statements and Reporting   |         |    |     |                |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |         |    |     |                |
|      |   |         |    | Yes | No             |
| 1    | Accounting method used to prepare the Form 990:   Cash Accrual Other  |         |    |     |                |
| •    | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |         |    |     |                |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?   |         | 2a |     | No             |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  | on a    |    |     |                |
|      | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  |         |    |     |                |
| b    | Were the organization's financial statements audited by an independent accountant?  |         | 2b | Yes |                |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:   | basis,  |    |     |                |
|      | ✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  |         |    |     |                |
| C    | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? |         | 2c | Yes | 1              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sche  | dule O. |    |     |                |
| 3а   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si<br>Audit Act and OMB Circular A-133?   | ngle    | 3a |     | No             |

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b Form **990** (2019)

### **Additional Data**

Software ID:

Software Version:

**EIN:** 23-2047297

Name: BREAD AND ROSES COMMUNITY FUND

Form 990 (2019)

(2019)

Form 990, Part III, Line 4a:

GRANTS AND SCHOLARSHIPS-PROVIDE SCHOLARSHIPS TO QUALIFIED INDIVIDUALS AND GRANTS TO COMMUNITY BASED GROUPS FIGHTING FOR BETTER SCHOOLS, GOOD JOBS, FEWER PRISONS, QUALITY HEALTHCARE, A SAFE ENVIRONMENT, AND MORE.

#### Form 990, Part III, Line 4b:

POLITICAL EDUCATION THROUGH SMALL GROUP SESSIONS, PUBLICATIONS, EVENTS AND OTHER PROGRAMMING.

PROVIDE LEADERSHIP DEVELOPMENT OPPORTUNITIES FOR MOVEMENT ORGANIZERS, ACTIVISTS, AND DONORS AND PROVIDE TRAINING IN COMMUNITY ORGANIZING, FUNDRAISING, GRANT WRITING, OUTREACH, AND MORE. BUILD COMMUNITY AND BRING PEOPLE TOGETHER THROUGH SPECIAL PROGRAMS AND EVENTS. PROVIDE

| efile GRAPHIC print - DO NOT P |             | nt - DO NOT PROCESS  | OT PROCESS As Filed Data -   |  |  |                                     | DLN: 93493112009001          |                              |  |
|--------------------------------|-------------|--|--|--|--|-------------------------------------|------------------------------|------------------------------|--|
| SCI                            | HFD         | ULE A  |  | Charity Statu  | e and Dul  | olic Supp                           | ort                          | OMB No. 1545-0047            |  |
| (Form 990 or 990EZ) Cor        |             |  | Complete if the or   | rganization is a sect<br>4947(a)(1) nonexe<br>Attach to Form                               | ion 501(c)(3) e<br>empt charitable<br>990 or Form 99 | organization or<br>trust.<br>10-EZ. | · a section                  | 2019                         |  |
|                                |             | f the Treasury   | ► Go to <u>www.irs</u>   | .gov/Form990 for i   | nstructions and                                      | I the latest info                   | ormation.                    | Open to Public<br>Inspection |  |
| Nam                            | e of th     | he organiza  |  |  |  |                                     | Employer identific           | <u> </u>                     |  |
| DKEAL                          | ANDF        | ROSES COMMU  | NITT FOND  |  |  |                                     | 23-2047297                   |                              |  |
|                                | rt I        |  | for Public Charity State   |  |  |                                     | See instructions.            |                              |  |
| _                              | rganiz<br>— |  | a private foundation because   | •  | •  |                                     |                              |                              |  |
| 1                              |             | ,  | onvention of churches, or as   |  |  |                                     |                              |                              |  |
| 2                              |             |  | scribed in <b>section 170(b)(</b>  |  | ,  | , ,                                 |                              |                              |  |
| 3                              |             | A hospital o   | or a cooperative hospital serv   | vice organization desc   | ribed in <b>section</b>                              | 170(b)(1)(A)(                       | iii).                        |                              |  |
| 4                              |             | A medical r<br>name, city,   | esearch organization operato<br>and state:   | ed in conjunction with   | a hospital descri                                    | ibed in <b>section :</b>            | 170(b)(1)(A)(iii). E         | nter the hospital's          |  |
| 5                              |             | (b)(1)(A)  | ation operated for the benefi<br>(iv). (Complete Part II.)   | -  |  |                                     |                              | ped in <b>section 170</b>    |  |
| 6                              |             | A federal, s   | tate, or local government or   | governmental unit de   | scribed in <b>sectio</b>                             | on 170(b)(1)(A                      | ı)(v).                       |                              |  |
| 7                              | <b>✓</b>    |  | ation that normally receives (<br>'O(b)(1)(A)(vi). (Complete   |  | s support from a                                     | governmental u                      | nit or from the gener        | al public described in       |  |
| 8                              |             |  | ty trust described in <b>sectior</b>   | •  | (Complete Part I                                     | I.)                                 |                              |                              |  |
| 9                              |             |  | ural research organization de<br>rant college of agriculture. S  |  |  |                                     |                              | ege or university or a       |  |
| 10                             |             | from activit<br>investment   | ation that normally receives:<br>lies related to its exempt fun<br>income and unrelated busin<br>See <b>section 509(a)(2).</b> (Co | ctions—subject to ceres taxable income (le   | tain exceptions,                                     | and (2) no more                     | than 331/3% of its su        | pport from gross             |  |
| 11                             |             | An organiza  | ation organized and operated   | d exclusively to test fo   | r public safety. S                                   | ee section 509                      | (a)(4).                      |                              |  |
| 12                             |             | more public  | ation organized and operated<br>ly supported organizations of<br>through 12d that describes  | described in <b>section 5</b>  | <b>09(a)(1)</b> or <b>se</b>                         | ction 509(a)(2                      | ). See <b>section 509(</b> a |                              |  |
| а                              |             | <b>Type I.</b> A so  | supporting organization oper<br>n(s) the power to regularly a<br>Part IV, Sections A and B.  | ated, supervised, or co<br>appoint or elect a majo   | ontrolled by its s                                   | upported organiz                    | zation(s), typically by      |                              |  |
| b                              |             | Type II. A<br>manageme   | supporting organization sup<br>nt of the supporting organiza<br>plete Part IV, Sections A a  | ervised or controlled i<br>ation vested in the sar   |  |                                     |                              |                              |  |
| С                              |             | Type III f   | unctionally integrated. A sorganization(s) (see instruction  | supporting organizatio   |  |                                     |                              | ted with, its                |  |
| d                              |             | functionally   | on-functionally integrated integrated. The organization (a). You must complete Par   | n generally must satis   | fy a distribution                                    | requirement and                     |                              |                              |  |
| e                              |             |  | box if the organization receiver<br>or Type III non-functionally   |  |  | RS that it is a Ty                  | pe I, Type II, Type II       | I functionally               |  |
| f                              | Enter       | r the number   | of supported organizations   |  |  |                                     | <u> </u>                     |                              |  |
| g                              |             |  | ing information about the su   | · · · · · · · · · · · · · · · · · · ·  | т'   |                                     |                              |                              |  |
|                                | (1) 1       | Name of supported of the second of the secon |  | (iii) Type of<br>organization<br>(described on lines<br>1- 10 above (see<br>instructions)) |  | anization listed<br>ing document?   |                              |                              |  |
|                                |             |  |  |  | Yes  | No                                  |                              |                              |  |
|                                |             |  | <u> </u>   |  |  |                                     |                              |                              |  |
|                                |             |  |  |  |  |                                     |                              |                              |  |
| Tota                           |             |  | tion Act Notice, see the Ir  |  | Cat. No. 11285                                       |                                     | Schedule A (Form 9           |                              |  |

| 3 | organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge                       |         |         |           |           |           |            |
|---|---|---------|---------|-----------|-----------|-----------|------------|
| 4 | Total. Add lines 1 through 3  | 867,266 | 805,258 | 2,445,529 | 3,803,923 | 2,400,360 | 10,322,336 |
| 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) |         |         |           |           |           | 2,602,147  |
| 6 | Public support. Subtract line 5 from  |         |         |           |           |           |            |

7,720,189 line 4.

805,258

37,302

**(b)** 2016

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

(a) 2015

867,266

25,700

11,400

Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . .

(c) 2017

2,445,529

20,350

22,815

(d) 2018

3,803,923

39,345

(e) 2019

12

14

15

Schedule A (Form 990 or 990-EZ) 2019

2,400,360

53,189

(f) Total

10,322,336

175,886

34,215

10,532,437

369,831

73.300 %

62.400 %

Section B. Total Support Calendar year

Amounts from line 4. . Gross income from interest, dividends, payments received on

(or fiscal year beginning in) ▶

or loss from the sale of capital

assets (Explain in Part VI.). .

Total support. Add lines 7 through

Section C. Computation of Public Support Percentage

11

securities loans, rents, royalties and income from similar sources. . . Net income from unrelated business activities, whether or not the business is regularly carried on. . 10 Other income. Do not include gain

| Р         | art III Support Schedule for  |                    |                       |                       |                      |                      |                     |  |  |
|-----------|---|--------------------|-----------------------|-----------------------|----------------------|----------------------|---------------------|--|--|
|           | (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.) |                    |                       |                       |                      |                      |                     |  |  |
| S         | tne organization falls to ection A. Public Support  | quality under      | the tests listed i    | pelow, please co      | ompiete Part II.)    |                      |                     |  |  |
| 30        | Calendar year   | ( ) 2015           | (1) 2016              | ( ) 2247              | (1) 2010             |                      | (O.T.)              |  |  |
|           | (or fiscal year beginning in) ▶   | (a) 2015           | <b>(b)</b> 2016       | (c) 2017              | (d) 2018             | (e) 2019             | (f) Total           |  |  |
| 1         | Gifts, grants, contributions, and   |                    |                       |                       |                      |                      |                     |  |  |
|           | membership fees received. (Do not include any "unusual grants.").   |                    |                       |                       |                      |                      |                     |  |  |
| 2         | Gross receipts from admissions,   |                    |                       |                       |                      |                      |                     |  |  |
|           | merchandise sold or services  |                    |                       |                       |                      |                      |                     |  |  |
|           | performed, or facilities furnished in any activity that is related to the   |                    |                       |                       |                      |                      |                     |  |  |
|           | organization's tax-exempt purpose   |                    |                       |                       |                      |                      |                     |  |  |
| 3         | Gross receipts from activities that are   |                    |                       |                       |                      |                      |                     |  |  |
|           | not an unrelated trade or business  |                    |                       |                       |                      |                      |                     |  |  |
| 4         | under section 513  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   |                    |                       |                       |                      |                      |                     |  |  |
| <b>L</b>  | 3 received from disqualified persons<br>Amounts included on lines 2 and 3   |                    |                       |                       |                      |                      |                     |  |  |
| D         | received from other than disqualified   |                    |                       |                       |                      |                      |                     |  |  |
|           | persons that exceed the greater of  |                    |                       |                       |                      |                      |                     |  |  |
|           | \$5,000 or 1% of the amount on line 13 for the year.  |                    |                       |                       |                      |                      |                     |  |  |
| c         | Add lines 7a and 7b   |                    |                       |                       |                      |                      |                     |  |  |
| 8         | Public support. (Subtract line 7c   |                    |                       |                       |                      |                      |                     |  |  |
|           | from line 6.)   |                    |                       |                       |                      |                      |                     |  |  |
| Se        | ection B. Total Support   |                    | 1                     | <del></del>           |                      |                      | Г                   |  |  |
|           | Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2015           | <b>(b)</b> 2016       | (c) 2017              | (d) 2018             | (e) 2019             | (f) Total           |  |  |
| 9         | Amounts from line 6   |                    |                       |                       |                      |                      |                     |  |  |
| 10a       | Gross income from interest,   |                    |                       |                       |                      |                      |                     |  |  |
|           | dividends, payments received on   |                    |                       |                       |                      |                      |                     |  |  |
|           | securities loans, rents, royalties and income from similar sources.   |                    |                       |                       |                      |                      |                     |  |  |
| b         | Unrelated business taxable income   |                    |                       |                       |                      |                      |                     |  |  |
|           | (less section 511 taxes) from   |                    |                       |                       |                      |                      |                     |  |  |
|           | businesses acquired after June 30, 1975.  |                    |                       |                       |                      |                      |                     |  |  |
| С         | Add lines 10a and 10b.  |                    |                       |                       |                      |                      |                     |  |  |
| 11        | Net income from unrelated business  |                    |                       |                       |                      |                      |                     |  |  |
|           | activities not included in line 10b,  |                    |                       |                       |                      |                      |                     |  |  |
|           | whether or not the business is regularly carried on.  |                    |                       |                       |                      |                      |                     |  |  |
| 12        | Other income. Do not include gain or  |                    |                       |                       |                      |                      |                     |  |  |
|           | loss from the sale of capital assets  |                    |                       |                       |                      |                      |                     |  |  |
| 12        | (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,  |                    |                       |                       |                      |                      |                     |  |  |
| 13        | 11, and 12.).   |                    |                       |                       |                      |                      |                     |  |  |
| 14        | First five years. If the Form 990 is for  | the organization   | n's first, second, th | nird, fourth, or fift | h tax year as a sec  | tion 501(c)(3) o     | ganization <u>,</u> |  |  |
|           | check this box and <b>stop here</b>   |                    |                       |                       |                      |                      | ▶ ⊔                 |  |  |
|           | ection C. Computation of Public S   |                    |                       | ! (6))                |                      | 1 1                  |                     |  |  |
| 15        | Public support percentage for 2019 (lin   |                    | •                     |                       |                      | 15                   |                     |  |  |
| 16        | Public support percentage from 2018 S   | -                  | <u> </u>              |                       |                      | 16                   |                     |  |  |
|           | ection D. Computation of Investr<br>Investment income percentage for 201  |                    |                       | line 13 column (f     | :))                  | 17                   |                     |  |  |
| 17<br>10  | Investment income percentage for 201  | -                  |                       | -                     |                      | 17                   |                     |  |  |
| 18<br>10- | 331/3% support tests—2019. If the   |                    | •                     |                       |                      | 18   33 1/3% and lin | e 17 is not         |  |  |
|           | more than 33 1/3%, check this box and s   |                    |                       |                       |                      |                      |                     |  |  |
|           | more than 33 1/3%, check this box and s<br>33 1/3% support tests—2018. If the   |                    |                       |                       |                      |                      |                     |  |  |
| ט         | not more than 33 1/3%, check this box   | -                  |                       |                       | •                    |                      |                     |  |  |
| 20        | Private foundation. If the organization   | -                  | -                     |                       |                      |                      |                     |  |  |
|           | Frivate foundation. If the organization   | ni ulu not check a | a DOX ON UNE 14, I    | .a, or iad, check     | , unis pox and see I | HSGRUCGONS           | . 📂 📖               |  |  |

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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. 1 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). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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. 3b 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. 3с

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. 4a 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

4b supervised by or in connection with its supported organizations. 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. 4c 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 5a amendment to the organizing document).

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? 5b

5с 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 6

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. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

```
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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

|    | edule A (101111 550 01 550 E2) 2015  |        |         | age 3 |
|----|--|--------|---------|-------|
| Pa | rt IV Supporting Organizations (continued)   |        |         |       |
| _  |  |        | Yes     | No    |
|    | Has the organization accepted a gift or contribution from any of the following persons?  |        |         |       |
| а  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  |        |         |       |
|    |  | 11a    |         |       |
|    | A family member of a person described in (a) above?  | 11b    |         |       |
|    | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .  | 11c    |         |       |
| S  | ection B. Type I Supporting Organizations  |        |         |       |
|    |  |        | Yes     | No    |
| 1  | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1      |         |       |
| 2  | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that   | -      |         |       |
| 2  | operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting   | 2      |         |       |
|    | organization.  |        |         |       |
| S  | ection C. Type II Supporting Organizations   |        |         |       |
| _  |  |        | Yes     | No    |
| 1  | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of  |        |         |       |
|    | each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the   | 1      |         |       |
|    | supporting organization was vested in the same persons that controlled or managed the supported organization(s).   |        |         |       |
| S  | ection D. All Type III Supporting Organizations  |        | v       |       |
| _  |  |        | Yes     | No    |
| 1  | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing   |        |         |       |
|    | documents in effect on the date of notification, to the extent not previously provided?  |        |         |       |
| 2  | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  |        |         |       |
| _  |  | 2      |         |       |
| 3  | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax  |        |         |       |
|    | year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  | 3      |         |       |
| S  | ection E. Type III Functionally-Integrated Supporting Organizations  |        |         |       |
| 1  | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)  | ions): |         |       |
|    | The organization satisfied the Activities Test. Complete line 2 below.   |        |         |       |
|    | b  |        |         |       |
| •  | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see  | instru | ctions) |       |
| 2  | Activities Test. Answer (a) and (b) below.   | ſ      | 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 <b>Part VI identify those supported organizations and explain</b> 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     |         |       |
| ı  | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's  |        |         |       |
|    | involvement.   | 2b     |         |       |
| 3  | Parent of Supported Organizations. Answer (a) and (b) below.   |        |         |       |
| •  | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .   | 3a     |         |       |
|    | <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.  | 3h     |         |       |

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity |  |
|---|---|--|
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations   |  |
| 4 | Amounts paid to acquire exempt-use assets   |  |
| 5 | Qualified set-aside amounts (prior IRS approval required)   |  |
| 6 | Other distributions (describe in <b>Part VI</b> ). See instructions   |  |
| 7 | Total annual distributions. Add lines 1 through 6.  |  |
| _ |   |  |

| 7 Total annual distributions. Add lines 1 through 6.  |                             |  |   |
|---|-----------------------------|--|---|
| 8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions |                             |  |   |
| 9 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 10 Line 8 amount divided by Line 9 amount   |                             |  |   |
| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|   |                             | 110 2013                               | Allibant for 2013                         |
| 1 Distributable amount for 2019 from Section C, line 6  |                             | 110 2015                               | Allount for 2013                          |

| details in <b>Part VI</b> ). See instructions   |                             | (                                      |   |
|---|-----------------------------|--|---|
| 9 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 10 Line 8 amount divided by Line 9 amount   |                             |  |   |
| Section E - Distribution Allocations<br>(see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions. |                             |  |   |
| 3 Excess distributions carryover, if any, to 2019:  |                             |  |   |
| a From 2014   |                             |  |   |
| <b>b</b> From 2015  |                             |  |   |
| c From 2016   |                             |  |   |
| <b>d</b> From 2017  |                             |  |   |
| e From 2018.  |                             |  |   |

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

f Total of lines 3a through e

instructions)

See instructions.

a Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . . e Excess from 2019. . . . .

3j and 4c. 8 Breakdown of line 7:

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

| Schedule A (Form 990 or 9   | 390-EZ) 2019          | Page <b>8</b>           |  |  |  |  |  |  |
|---|-----------------------|-------------------------|--|--|--|--|--|--|
| Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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, 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 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. (Sinstructions). |                       |                         |  |  |  |  |  |  |
|   |                       |                         |  |  |  |  |  |  |
| Facts And Circumstances Test  |                       |                         |  |  |  |  |  |  |
|   |                       |                         |  |  |  |  |  |  |
| 990 Schedule A, Sup   | plemental Information |                         |  |  |  |  |  |  |
| Return Reference  | Expla                 | nation                  |  |  |  |  |  |  |
| SCHEDULE A, PART II, LI<br>EXPLANATION OF OTHER   |                       | 2017 AMOUNT: \$ 22,815. |  |  |  |  |  |  |

INCOME:

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493112009001

**Employer identification number** 

☐ Yes

☐ Yes

(e) Amount of political

contributions received

and promptly and

directly delivered to a separate political organization. If none, enter -0-.

□ No

☐ No

23-2047297

(d) Amount paid from

filing organization's

funds. If none, enter

-0-.

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

(Proxy Tax) (see separate instructions), then

Name of the organization

Part I-A

2 3

1

3

3

5

2

BREAD AND ROSES COMMUNITY FUND

"political campaign activities")

If "Yes," describe in Part IV.

(a) Name

SCHEDULE C (Form 990 or 990-

EZ)

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Political campaign activity expenditures (see instructions)

Enter the amount of any excise tax incurred by the organization under section 4955 ......

Was a correction made?

Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .....

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year?

fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(b) Address

Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

(c) EIN

Enter the amount of any excise tax incurred by organization managers under section 4955 ...... If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....

Complete if the organization is exempt under section 501(c)(3).

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

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

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of

- If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 527 organizations: Complete Part I-A only.

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

- ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

|   | Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000. |            |             |  |
|---|--|--|------------|-------------|--|
|   | Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.  |            |             |  |
|   | Over \$17,000,000  | \$1,000,000.                                       |            |             |  |
| _ | Grassroots nontaxable amount (enter 25% of line 1<br>Subtract line 1g from line 1a. If zero or less, enter | •  |            | 70,742<br>0 |  |
| i | Subtract line 1f from line 1c. If zero or less, enter -  | 0  |            | 0           |  |
| j | If there is an amount other than zero on either line section 4911 tax for this year?                       |  | ☐ Yes ☐ No |             |  |

25,500

40,054

22,500

43,000

43,617

29,500

60.200

49,339

156,700

70,742

67,700

Schedule C (Form 990 or 990-EZ) 2019

285,400

203,752

305,628

148,200

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Return Reference

| or each "Ye  | es" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying  | (                                       | a)      | (                | b)   |
|--|---|---|---------|------------------|------|
| ctivity.   |   | Yes                                     | No      | Am               | ount |
|  | g the year, did the filing organization attempt to influence foreign, national, state or local legislation, ling any attempt to influence public opinion on a legislative matter or referendum, through the use of:   |   |         |                  |      |
| a Volun  | teers?  |   |         |                  |      |
| <b>b</b> Paid s  | taff or management (include compensation in expenses reported on lines 1c through 1i)?  |   |         |                  |      |
| <b>c</b> Media   | advertisements?   |   |         |                  |      |
| <b>d</b> Mailin  | gs to members, legislators, or the public?  |   |         |                  |      |
| <b>e</b> Public  | ations, or published or broadcast statements?   |   |         |                  |      |
| <b>f</b> Grant   | s to other organizations for lobbying purposes?   |   |         |                  |      |
| <b>g</b> Direct  | contact with legislators, their staffs, government officials, or a legislative body?  |   |         |                  |      |
| <b>h</b> Rallie  | s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |   |         |                  |      |
| i Other  | activities?   |   |         |                  |      |
| j Total.   | Add lines 1c through 1i   |   |         |                  |      |
| a Did th   | ne activities in line 1 cause the organization to be not described in section 501(c)(3)?  |   |         |                  |      |
| <b>b</b> If "Ye  | s," enter the amount of any tax incurred under section 4912   |   |         |                  |      |
| c If "Ye   | s," enter the amount of any tax incurred by organization managers under section 4912  |   |         |                  |      |
| <b>d</b> If the  | filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |   |         |                  |      |
|  |   |   |         |                  |      |
| Part III-  |   | (5), o                                  | r secti | on               |      |
|  | 501(c)(6).  |   | r secti | Y                | es N |
| . Were   | 501(c)(6). substantially all (90% or more) dues received nondeductible by members?  |   | r secti | 1 Ye             | es N |
| . Were   | 501(c)(6).  substantially all (90% or more) dues received nondeductible by members?   |   | E       | 1 2              | es N |
| L Were<br>Did th   | 501(c)(6).  substantially all (90% or more) dues received nondeductible by members?   |   | <br>[   | 1 2 3            |      |
| . Were<br>2 Did th<br>3 Did th   | substantially all (90% or more) dues received nondeductible by members?   | (5), o                                  |         | You 1 2 3 on 501 |      |
| Were Did the property of the p | substantially all (90% or more) dues received nondeductible by members?  be organization make only in-house lobbying expenditures of \$2,000 or less?  be organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  assessments and similar amounts from members   | <br>(5), o                              |         | You 1 2 3 on 501 |      |
| . Were Did the Did the Part III-   | substantially all (90% or more) dues received nondeductible by members?   | (5), o                                  |         | You 1 2 3 on 501 |      |
| Were Did the D | 501(c)(6).  substantially all (90% or more) dues received nondeductible by members?  see organization make only in-house lobbying expenditures of \$2,000 or less?  see organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  assessments and similar amounts from members  on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political   | (5), o                                  |         | You 1 2 3 on 501 |      |
| Were Did th Did th  art III-  Dues, Sectic expe a Curre b Carry  | substantially all (90% or more) dues received nondeductible by members?  see organization make only in-house lobbying expenditures of \$2,000 or less?  see organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  assessments and similar amounts from members  on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political makes for which the section 527(f) tax was paid).   | (5), o<br>III-A                         |         | You 1 2 3 on 501 |      |
| Were Did th Did th Dues, Section expe Curre Carry Carry Total  | substantially all (90% or more) dues received nondeductible by members?  see organization make only in-house lobbying expenditures of \$2,000 or less?  see organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  assessments and similar amounts from members  on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid).  In tyear  over from last year  | (5), o<br>III-A<br>1<br>2a<br>2b        |         | You 1 2 3 on 501 |      |
| . Were Did the Dart III Dues, Section experiment Carry Carry Carry III not the oil   | substantially all (90% or more) dues received nondeductible by members?  see organization make only in-house lobbying expenditures of \$2,000 or less?  see organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  assessments and similar amounts from members  on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid).  In tyear  over from last year  signate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues sices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does reganization agree to carryover to the reasonable estimate of nondeductible lobbying and political            | (5), o IIII-A  2a 2b 2c 3               |         | You 1 2 3 on 501 |      |
| Dues, Carry Cartal Aggre I foot Carper   | substantially all (90% or more) dues received nondeductible by members?  see organization make only in-house lobbying expenditures of \$2,000 or less?  see organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  assessments and similar amounts from members  on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid).  In tyear  over from last year  organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure are severed in section of the excess does organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?                                  | (5), o<br>IIII-A<br>2a<br>2b<br>2c<br>3 |         | You 1 2 3 on 501 |      |
| L Were Did th Did th Dues, Section Expense Carry Carry Total Aggre If not the on expense   | substantially all (90% or more) dues received nondeductible by members?  see organization make only in-house lobbying expenditures of \$2,000 or less?  see organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  assessments and similar amounts from members  on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid).  In tyear  over from last year  gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are seen that the amount on line 2c exceeds the amount on line 3, what portion of the excess does reganization agree to carryover to the reasonable estimate of nondeductible lobbying and political diditure next year? | (5), o IIII-A  2a 2b 2c 3               |         | You 1 2 3 on 501 |      |

Explanation

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493112009001

OMB No. 1545-0047

### **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.

Open to Public

2019

Department of the Treasury

(Form 990)

| terna              | al Revenue Service   | <u>n990</u> for instructions and the latest infori | mation.         | In             | spection    |
|--------------------|--|--|-----------------|----------------|-------------|
| <b>Na</b> ı<br>BRE | me of the organization<br>AD AND ROSES COMMUNITY FUND  |  | Employer id     | lentification  | number      |
|                    |  |  | 23-2047297      |                |             |
| Pa                 | rt I Organizations Maintaining Donor Advi<br>Complete if the organization answered "Ye   |  | r Accounts.     |                |             |
|                    | complete if the organization answered Te   | (a) Donor advised funds                            | (b) Fun         | ds and other   | accounts    |
|                    | Total number at end of year  | 19   | (2)             |                |             |
| 2                  | Aggregate value of contributions to (during year)  | 299,560  |                 |                |             |
| 1                  | Aggregate value of grants from (during year)   | 404,234  |                 |                |             |
| ı                  | Aggregate value at end of year   | 1,037,266  |                 |                |             |
|                    | Did the organization inform all donors and donor advisor   | , ,  | viced funds are |                |             |
| ,                  | organization's property, subject to the organization's ex  |  |                 |                | Yes 🗌 No    |
| •                  | Did the organization inform all grantees, donors, and donoritable purposes and not for the benefit of the donor  | r or donor advisor, or for any other purpose co    |                 | ermissible     |             |
|                    | private benefit?   |  |                 | ✓              | Yes 🗌 No    |
| Par                | rt II Conservation Easements.  Complete if the organization answered "Ye   | es" on Form 990 Part IV line 7                     |                 |                |             |
|                    | Purpose(s) of conservation easements held by the orga  |  |                 |                |             |
|                    | Preservation of land for public use (e.g., recreatio   |  | historically im | portant land   | area        |
|                    | Protection of natural habitat  | Preservation of a co                               |                 |                |             |
|                    | Preservation of open space   |  |                 |                |             |
| ,                  | Complete lines 2a through 2d if the organization held a  | qualified conservation contribution in the form    | m of a conserv  | /ation         |             |
| •                  | easement on the last day of the tax year.  | qualified conservation contribution in the for     |                 | at the End o   | of the Year |
| а                  | Total number of conservation easements   |  | 2a              |                |             |
| b                  | Total acreage restricted by conservation easements . $% \left( 1,,1\right) =\left( 1,,1\right) $ .   |  | 2b              |                |             |
| С                  | Number of conservation easements on a certified histor   | ic structure included in (a)                       | 2c              |                |             |
| d                  | Number of conservation easements included in (c) acquistructure listed in the National Register  | ired after 7/25/06, and not on a historic          | 2d              |                |             |
| 1                  | Number of conservation easements modified, transferretax year •  | ed, released, extinguished, or terminated by t     | :he organizatio | n during the   |             |
| ļ                  | Number of states where property subject to conservation  | on easement is located <b>&gt;</b>                 |                 |                |             |
| ;                  | Does the organization have a written policy regarding t  |  | of violations,  | _              |             |
|                    | and enforcement of the conservation easements it hold  | s?   |                 | ☐ Yes          | □ No        |
| •                  | Staff and volunteer hours devoted to monitoring, inspect   | cting, handling of violations, and enforcing co    | nservation eas  | ements durir   | ng the year |
| ,                  | Amount of expenses incurred in monitoring, inspecting, ▶ \$  | handling of violations, and enforcing conserv      | ation easemer   | nts during the | e year      |
| ı                  | Does each conservation easement reported on line 2(d)  | ) shove satisfy the requirements of section 17     | 70(b)(4)(B)(i)  |                |             |
| •                  | and section $170(h)(4)(B)(ii)$ ?   |  | 0(11)(4)(5)(1)  | ☐ Yes          | □ No        |
| )                  | In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer        | e footnote to the organization's financial states  |                 |                |             |
| ar                 | t III Organizations Maintaining Collections  |  | er Similar A    | ssets          |             |
|                    | Complete if the organization answered "Ye  |  |                 |                |             |
| .a                 | If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final | public exhibition, education, or research in fu    |                 |                |             |
| b                  | If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub   |  |                 |                |             |
| ,                  | following amounts relating to these items:  i) Revenue included on Form 990, Part VIII, line 1   |  | <b>b</b> ¢      |                |             |
|                    | i) Assets included in Form 990, Part X   |  |                 |                |             |
| ()                 |  |  |                 | ido the        |             |
| !                  | If the organization received or held works of art, histori<br>following amounts required to be reported under SFAS   | 116 (ASC 958) relating to these items:             |                 | nue the        |             |
| а                  | Revenue included on Form 990, Part VIII, line 1  |  | · -             |                |             |
| b                  | Assets included in Form 990, Part X  |  | <b>&gt;</b> \$  |                |             |

Cat. No. 52283D

Schedule D (Form 990) 2019

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

| Par        | t IIII          | Organizations M  | aintaining Col               | lections of A    | Art, Histori     | cal T         | reasui   | res, or Othe            | r Similar As    | sets (con     | tinued)      |          |
|------------|-----------------|--|------------------------------|------------------|------------------|---------------|----------|-------------------------|-----------------|---------------|--------------|----------|
| 3          |                 | g the organization's acq<br>s (check all that apply):  |                              | n, and other red | cords, check     | any of        | the foll | lowing that are         | a significant u | se of its co  | llection     |          |
| а          |                 | Public exhibition                                      |                              |                  | d                |               | Loan d   | or exchange pr          | ograms          |               |              |          |
| b          |                 | Scholarly research                                     |                              |                  | е                |               | Other    |                         |                 |               |              |          |
| С          |                 | Preservation for future                                | e generations                |                  |                  |               |          |                         |                 |               |              |          |
| 4          | Provi<br>Part 1 | de a description of the XIII.                          | organization's col           | lections and ex  | plain how the    | ey furtl      | ner the  | organization's          | exempt purpos   | se in         |              |          |
| 5          |                 | ng the year, did the org<br>ts to be sold to raise fui |                              |                  |                  |               |          |                         |                 | ☐ Yes         | □ N          | ln.      |
| Pa         | rt IV           | Escrow and Cust  | odial Arrange                | ments.           |                  |               |          |                         |                 |               |              |          |
|            |                 | Complete if the or X, line 21.                         | ganization answ              | vered "Yes" o    | n Form 990       | , Part        | IV, lin  | ne 9, or repor          | ted an amou     | nt on Forr    | n 990,       | Part     |
| 1a         |                 | e organization an agent<br>ded on Form 990, Part       |                              |                  |                  |               |          |                         |                 | ☐ Yes         | □ <b>N</b>   | lo       |
| b          | If "Ye          | es," explain the arrange                               | ement in Part XIII           | and complete     | the following    | table:        |          |                         | Ar              | nount         |              | _        |
| c          | Begir           | nning balance  |                              |                  |                  |               |          | 1c                      |                 |               |              | _        |
| d          | Addit           | ions during the year .                                 |                              |                  |                  |               |          | . 1d                    |                 |               |              | _        |
| е          | Distri          | ibutions during the yea                                | r                            |                  |                  |               |          | . 1e                    |                 |               |              | _        |
| f          | Endir           | ng balance   |                              |                  |                  |               |          | . 1f                    |                 |               |              | _        |
| 2a         | Did t           | -<br>he organization include                           | an amount on Fo              | rm 990 Part X    | line 21 for      | escrow        | or cus   | todial account          | liability?      | □ vos         | □ N          | _<br> a  |
| b          |                 | es," explain the arrange                               |                              |                  |                  |               |          |                         | •               | _             | <u></u>      |          |
|            | rt V            | Endowment Fun  |                              | . Check here ii  | trie explanat    | ion nas       | b been ! | provided in Fai         |                 | <del>''</del> |              |          |
| - 0        | 11 C V          | Complete if the or                                     |                              | vered "Yes" o    | n Form 990       | , Part        | IV, lin  | ne 10.                  |                 |               |              |          |
|            |                 | •  |                              | (a) Current ye   | ear <b>(b)</b> P | rior yea      | ır (4    | <b>c)</b> Two years bac |                 |               | Four yea     | rs back  |
| <b>1</b> a | Beginn          | ning of year balance .                                 |                              | 3,058            | ·                | 1,302         | 2,603    | 1,268,1                 | 50 1,2          | 224,666       | 1,           | 228,810  |
| b          | Contril         | butions  |                              |                  | 7,500            | 1,616         |          |                         |                 |               |              |          |
| С          | Net in          | vestment earnings, gair                                | ns, and losses               | 113              | 3,200            | 245           | 5,127    | 95,9                    | 03 1            | 104,459       |              | 57,106   |
| d          | Grants          | or scholarships  |                              |                  |                  |               |          |                         |                 |               |              |          |
| е          |                 | expenditures for faciliti<br>ograms                    | es                           | 111              | 1,080            | 106           | 5,283    | 61,4                    | 50              | 60,975        |              | 61,250   |
| f          | Admin           | istrative expenses .                                   |                              |                  |                  |               |          |                         |                 |               |              |          |
| g          | End of          | year balance   |                              | 3,067            | 7,750            | 3,058         | 3,130    | 1,302,6                 | 03 1,2          | 268,150       | 1,           | 224,666  |
| 2          | Provi           | de the estimated perce                                 | ntage of the curre           | ent year end ba  | lance (line 1    | g, colu       | mn (a))  | ) held as:              |                 |               |              |          |
| а          | Board           | d designated or quasi-e                                | ndowment 🟲                   | 40.970 %         |                  |               |          |                         |                 |               |              |          |
| b          | Perm            | anent endowment ►                                      | 59.030 %                     |                  |                  |               |          |                         |                 |               |              |          |
| c          | Temp            | porarily restricted endo                               | wment <b>&gt;</b>            |                  |                  |               |          |                         |                 |               |              |          |
|            | The p           | percentages on lines 2a                                | , 2b, and 2c shou            | ld equal 100%.   |                  |               |          |                         |                 |               |              |          |
| 3а         |                 | here endowment funds<br>nization by:                   | not in the posses            | sion of the orga | anization tha    | t are h       | eld and  | administered            | for the         |               | - T          |          |
|            | _               | nrelated organizations                                 |                              |                  |                  |               |          |                         |                 | 3a(i)         | Yes          | No<br>No |
|            |                 | elated organizations                                   |                              |                  |                  | •             |          |                         |                 | 3a(ii)        |              | No       |
| b          |                 | es" on 3a(ii), are the re                              |                              |                  | ired on Sche     | · ·<br>dule R | ? .      |                         |                 | 3b            | <del>'</del> |          |
| 4          |                 | ribe in Part XIII the inte                             |                              |                  |                  |               |          |                         |                 |               |              |          |
| Pa         | rt VI           | Land, Buildings,                                       | and Equipmer                 | nt.              |                  |               |          |                         |                 |               |              |          |
|            |                 | Complete if the or                                     | ganization ansv              | vered "Yes" o    |                  | <u> </u>      |          |                         |                 |               |              |          |
|            | Descr           | iption of property                                     | (a) Cost or oth<br>(investme |                  | ) Cost or other  | basis (       | other)   | (c) Accumulated         | d depreciation  | (d) E         | Book valu    | е        |
| <b>1</b> a | Land            |  |                              |                  |                  |               |          |                         |                 |               |              |          |
| b          | Buildin         | ngs  |                              |                  |                  |               |          |                         |                 |               |              |          |
| c          | Leasel          | nold improvements                                      |                              |                  |                  |               |          |                         |                 |               |              |          |
|            |                 |  |                              |                  |                  | 4.1           | 0 007    |                         | 22.205          |               |              | 126 E12  |

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

136,512

| <b>Part VII</b> Investments—Other Securities.  Complete if the organization answered "Yes" on Form 990,  | Part IV/             | no 111   | Saa Form 990 [              | Dart V li     | ine 12                           |
|--|----------------------|----------|-----------------------------|---------------|----------------------------------|
| (a) Description of security or category (including name of security)   | (b)<br>Book<br>value | lie III  | (c) Metho<br>Cost or end-of | d of valua    | ation:                           |
| (1) Financial derivatives  |                      |          |                             |               |                                  |
| (3)Other(A)  |                      |          |                             |               |                                  |
| (B)  |                      |          |                             |               |                                  |
| (C)  |                      |          |                             |               |                                  |
| (D)  |                      |          |                             |               |                                  |
| (E)  |                      |          |                             |               |                                  |
| (F)  |                      |          |                             |               |                                  |
| (G)  |                      |          |                             |               |                                  |
| (H)  |                      |          |                             |               |                                  |
|  |                      |          |                             |               |                                  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments—Program Related.   | <u> </u>             |          |                             |               |                                  |
| Complete if the organization answered 'Yes' on Form 990,  (a) Description of investment  | Part IV, li          | ne 110   | (b) Book value              |               | line 13.<br>lethod of valuation: |
|  |                      |          |                             |               | r end-of-year market<br>value    |
| (1)  |                      |          |                             |               |                                  |
| (2)  |                      |          |                             |               |                                  |
| (3)  |                      |          |                             |               |                                  |
| (4)  |                      |          |                             |               |                                  |
| (5)  |                      |          |                             |               |                                  |
| (6)  |                      |          |                             |               |                                  |
| (7)  |                      |          |                             |               |                                  |
| (8)  |                      |          |                             |               |                                  |
| (9)  |                      |          |                             |               |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX  Other Assets.  |                      | <u> </u> |                             |               |                                  |
| Complete if the organization answered 'Yes' on Form 990,  (a) Description  | Part IV, lir         | ne 11d   | . See Form 990, Par         | t X, line     | 15.<br><b>(b)</b> Book value     |
| (1)  |                      |          |                             |               | (2) 22000 1000                   |
| (2)  |                      |          |                             |               |                                  |
| (3)  |                      |          |                             |               |                                  |
| (4)  |                      |          |                             |               |                                  |
| (5)  |                      |          |                             |               |                                  |
| (6)  |                      |          |                             |               |                                  |
| (7)  |                      |          |                             |               |                                  |
| (8)  |                      |          |                             |               |                                  |
| (9)  |                      |          |                             |               |                                  |
|  |                      |          |                             | •             |                                  |
| Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990,  | Part IV, lir         | ne 11e   | or 11f.See Form             | 990, Pa       | rt X, line 25.                   |
| 1. (a) Description of liabili (1) Federal income taxes   | ty                   |          |                             |               | (b) Book value                   |
|  |                      |          |                             |               |                                  |
| (2)  |                      |          |                             |               |                                  |
| (3)  |                      |          |                             |               |                                  |
| (4)  |                      |          |                             |               |                                  |
| (5)  |                      |          |                             |               |                                  |
| (6)  |                      |          |                             |               |                                  |
| (7)  |                      |          |                             |               |                                  |
| (8)  |                      |          |                             |               |                                  |
| (9)  |                      |          |                             |               |                                  |
| (10)  Takel (Column (b) must equal Form 000 Part V and (B) line 35.)   |                      |          |                             |               |                                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footn | ote to the o         | rganizat | ion's financial state       | ]<br>ments th | at reports the                   |
| organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check   | horo if the          | toxt of  | the feetnets has be         | on provide    |                                  |

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

Page 4

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Part XI

# Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . 5 5 2,668,357

| Par | Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part |    | • | Retur | n.        |
|-----|---|----|---|-------|-----------|
| 1   | Total expenses and losses per audited financial statements  |    |   | 1     | 3,046,702 |
| 2   | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |    |   |       |           |
| а   | Donated services and use of facilities  | 2a |   |       |           |
| b   | Prior year adjustments  | 2b |   |       |           |
| c   | Other losses  | 2c |   |       |           |
| d   | Other (Describe in Part XIII.)  | 2d |   |       |           |
|     |   |    |   |       |           |

|   | Complete if the organization answered 'Yes' on Form 990, Pari      | : IV, li | ne 12a. |    |           |
|---|--|----------|---------|----|-----------|
| 1 | Total expenses and losses per audited financial statements         |          |         | 1  | 3,046,702 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |          |         |    |           |
| а | Donated services and use of facilities                             | 2a       |         |    |           |
| b | Prior year adjustments   | 2b       |         |    |           |
| c | Other losses   | 2c       |         |    |           |
| d | Other (Describe in Part XIII.)                                     | 2d       |         |    |           |
| е | Add lines 2a through 2d  |          |         | 2e | 0         |
| 3 | Subtract line <b>2e</b> from line <b>1</b>                         |          |         | 3  | 3,046,702 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: |          |         |    |           |

| c   | Add lines <b>4a</b> and <b>4b</b>  | 4c | C         |  |  |  |
|---|--|----|-----------|--|--|--|
| 5   | Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.) | 5  | 3,046,702 |  |  |  |
| Pai   | t XIII Supplemental Information  |    |           |  |  |  |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. |  |    |           |  |  |  |

4a

4b

Explanation

Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII.) . . . . .

Return Reference

See Additional Data Table

| chedule D (Form 990) 2019                      |             |             |  |  |  |  |  |
|--|-------------|-------------|--|--|--|--|--|
| Part XIII Supplemental Information (continued) |             |             |  |  |  |  |  |
| Retur  | n Reference | Explanation |  |  |  |  |  |
|  |             |             |  |  |  |  |  |
|  |             |             |  |  |  |  |  |
|  |             |             |  |  |  |  |  |
|  |             |             |  |  |  |  |  |
|  |             |             |  |  |  |  |  |
|  |             |             |  |  |  |  |  |
|  |             |             |  |  |  |  |  |
|  |             |             |  |  |  |  |  |
|  |             |             |  |  |  |  |  |

Schedule D (Form 990) 2019

#### **Additional Data**

SOCI

PART V, LINE 4:

| Supplemental Information |           |
|--------------------------|-----------|
| D-turn D-f-n-n-          | Francisco |

AL CHANGE; AND [2] TO PROVIDE GENERAL SUPPORTS OF THE ORGANIZATION

Software ID: Software Version:

**EIN:** 23-2047297

INTENDED USE OF THE ENDOWMENT FUND [1] TO PROVIDE GRANTS TO ORGANIZATIONS WORKING FOR

Name: BREAD AND ROSES COMMUNITY FUND

### Return Reference Explanation

| <b>Supplemental Informatio</b> | n  |
|--------------------------------|--|
| Return Reference               | Explanation  |
| PART X, LINE 2:                | UNCERTAIN TAX POSITIONS UNDER ASC 740 BREAD AND ROSES HAS ADOPTED AN ACCOUNTING STANDARD R   |
|                                | EGARDING UNCERTAIN TAX POSITIONS. THE STANDARD PRESCRIBES A MINIMUM THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET IN ORDER TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS. BREAD A ND ROSES BEI IEVES THAT IT HAD NO UNCERTAIN TAX POSITIONS AS DEFINED IN THE STANDARD. |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I (Form 990)

Department of the

Treasury

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

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

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

OMB No. 1545-0047

Open to Public

DLN: 93493112009001

Inspection

| Internal Revenue Service   |   |   |  |  |   |  |                                    |
|--|---|---|--|--|---|--|------------------------------------|
| Name of the organization BREAD AND ROSES COMMUNITY                 | FUND  |   |  |  |   | Employer identific                       | cation number                      |
| Part I General Inform  | ation on Grants                                   | and Assistance                                      |  |  |   | 23-2047297                               |                                    |
| 1 Does the organization mail                                       |   |   | the grants or assistance.                          | the grantees' eligibility                | for the grants or assistant                                 | <br>ce. and                              |                                    |
| the selection criteria used  |   |   |  |  |   | ,  | ☑ Yes ☐ No                         |
| 2 Describe in Part IV the org                                      |   | =   | _  |  | 1.05  |  |                                    |
| Part II Grants and Other that received more                        | <b>Assistance to Don</b><br>than \$5,000. Part II | nestic Organizations a<br>I can be duplicated if ad | and Domestic Governme<br>ditional space is needed. | ents. Complete if the o                  | rganization answered "Yes                                   | on Form 990, Part IV, line               | 21, for any recipient              |
| (a) Name and address of organization or government                 | (b) EIN   | (c) IRC section<br>(if applicable)                  | (d) Amount of cash<br>grant                        | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>noncash assistance | (h) Purpose of grant or assistance |
| (1) See Additional Data  |   |   |  |  |   |  | 1                                  |
| (2)  |   |   |  |  |   |  |                                    |
| (3)  |   |   |  |  |   |  |                                    |
| (4)  |   |   |  |  |   |  |                                    |
| (5)  |   |   |  |  |   |  |                                    |
| (6)  |   |   |  |  |   |  |                                    |
| (7)  |   |   |  |  |   |  |                                    |
| (8)  |   |   |  |  |   |  |                                    |
| (9)  |   |   |  |  |   |  |                                    |
| (10)   |   |   |  |  |   |  |                                    |
| (11)   |   |   |  |  |   |  |                                    |
| (12)   |   |   |  |  |   |  |                                    |
| 2 Enter total number of section                                    | . , . ,   | -   |  |  |   |  | 82                                 |
| 3 Enter total number of othe<br>For Paperwork Reduction Act Notice |   |   |  | Cat. No. 5005                            |   |  | U<br>hedule I (Form 990) 2019      |
| TOT FAPELWOLK REGUCTION ACT NOTE                                   | .e, see me mismuttio                              |   |  | Cat. NO. 2003                            | /1  | 3C/                                      | 164416 1 (1 01 111 330 / 2013      |

(6)

(7)

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

Part IV

**Return Reference** Explanation

PART I, LINE 2: PROCEDURES FOR MONITORING USE OF GRANT FUNDS THE ORGANIZATION PERFORMS DUE DILIGENCE TO VERIFY THE GRANTEE'S TAX-EXEMPT STATUS. Schedule I (Form 990) 2019

#### **Additional Data**

ABOLITIONIST LAW CENTER

PITTSBURGH, PA 15221

1434 ELBRIDGE STREET PHILADELPHIA, PA 19149

ACTION CENTER INC

PO BOX 8654

Software ID: Software Version:

46-2132412

30-0246999

**EIN:** 23-2047297

Name: BREAD AND ROSES COMMUNITY FUND

| Form 990, Schedule I, Part | II, Grants and | Other Assistance to | Domestic Organiza | tions and Domesti | ic Governments. |
|----------------------------|----------------|---------------------|-------------------|-------------------|-----------------|
|                            |                |                     |                   |                   |                 |

| ` '           | ` , | 1 1.4         | ` '   | , , , , , , , , , , , , , , , , , , , | `                      |
|---------------|-----|---------------|-------|---------------------------------------|------------------------|
| organization  |     | if applicable | grant | cash                                  | (book, FMV, appraisal, |
| or government |     |               |       | assistance                            | other)                 |
|               |     |               |       |                                       |                        |

501(C)(3)

501(C)(3)

(a) Name and address of (b) EIN (c) IRC section

8,000

10,000

(d) Amount of cash (e) Amount of non- (f) Method of valuation

(g) Description of

non-cash assistance

(h) Purpose of grant

FINANCIAL ASSISTANCE

FINANCIAL ASSISTANCE

or assistance

FOR FREE THE

VULNERABLE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 73-1670436 501(C)(3) 35.000l AFRICAN FAMILY HEALTH IFINANCIAL ASSISTANCE ORGANIZATION 4415 CHESTNUT ST STE 202B

ORGANIZATION
4415 CHESTNUT ST STE 202B
PHILADELPHIA, PA 19104

AGAPE AFRICAN SENIOR 71-0926948 501(C)(3) 20,000 FINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CENTER

229 N 63RD STREET PHILADELPHIA, PA 19139

organization if applicable grant cash or government if applicable grant assistance or assistance or

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

PHILLY THRIVE

FINANCIAL ASSISTANCE

| ALLIANCE FOR GLOBAL<br>JUSTICE<br>225 E 26TH ST 1<br>TUSCON, AZ 85713 | 52-2094677 | 501(C)(3) | 30,000 |  | FINANCIAL ASSISTANCE<br>\$20K FOR POOR<br>PEOPLE'S ECONOMIC<br>HUMAN RIGHTS |
|---|------------|-----------|--------|--|---|
| TUSCON, AZ 85/13  |            |           |        |  |   |
|   |            |           |        |  | CAMPAIGN & \$10K FOR  |

30,600

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

(c) IRC section

(a) Name and address of

AMISTAD LAW PROJECT

PHILADELPHIA, PA 19139

PO BOX 9148

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

| ARDELLA'S HOUSE        | 27-2496591 | 501(C)(3) | 18,000 |  | FINANCIAL ASSISTAN |
|------------------------|------------|-----------|--------|--|--------------------|
| 1615 W END DR          |            |           |        |  | 1                  |
| PHILADELPHIA, PA 19151 |            |           |        |  | 1                  |

ASIAN AMERICANS UNITED 22-2981076 501(C)(3) 20,000 FINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1023 CALLOWHILL STREET PHILADELPHIA, PA 19123

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

501(C)(3)

| CALVARY CENTER FOR<br>CULTURE & COMMUNITY | 23-3038500 | 501(C)(3) | 10,000 |  | FINANCIAL ASSISTANCE |
|---|------------|-----------|--------|--|----------------------|
| 801 S 48TH STREET                         |            |           |        |  |                      |

IFINANCIAL ASSISTANCE

\$10K FOR PA STUDENT

POWER NETWORK & \$10.500 FOR ONE

| PENNSYLVANIA

17.500

801 S 48TH STREET
PHILADELPHIA, PA 191
CENTER FOR POPULAR
DEMOCRACY

BROOKLYN, NY 11237

449 TROUTMAN STREET SUITE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 22-3857591 501(C)(3) 18.500 COALITION OF AFRICAN FINANCIAL ASSISTANCE COMMUNITIES 6328 PASCHALL AVENUE SUITE A PHILADELPHIA, PA 19142 501(C)(3) 10,000 COMITE DE APOYO A LOS 22-2588350 FINANCIAL ASSISTANCE

TRABAJADORES AGRICOLAS

4 SOUTH DELSEA DRIVE GLASSBORO, NJ 08028

INC

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) COOPER GRANT 22-2423625 501(C)(3) 10,000 FINANCIAL ASSISTANCE NEIGHBORHOOD ASSOCIATION PO BOX 53 CAMDEN, NJ 08101 CULTURETRUST OF GREATER 46-3109411 FINANCIAL ASSISTANCE

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

501(C)(3) 121,500 PHILADELPHIA \$45K FOR WOMANIST WORKING COLLECTIVE, 1315 WALNUT STREET SUITE \$30K FOR BLACK & PHILADELPHIA, PA 19107 BROWN WORKERS COLLECTIVE, \$20K FOR SPIRAL Q PUPPET THEATER, \$10K FOR PRESENTE MEDIA COOPERATIVE, \$10K FOR NORTH PHILLY PEACE PARK, \$10K FOR CONTEMPORARY BLACK CANVAS, \$5K FOR POWER STREET THEATER, \$500 FOR CARRIBEAN COMMUNITY IN PHILADELPHIA

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) **FASTWICK FRIENDS &** 47-5674435 501(0)(3) 10 0001 FINANCIAL ASSISTANCE

| E, (5) 11101( 11(1211155 oc | 1, 50, 1,55 | 1 30-(0)(0) | 10,000 |  |               |
|-----------------------------|-------------|-------------|--------|--|---------------|
| NEIGHBORS COALITION         |             |             |        |  | 1             |
| (EFNC)                      |             |             |        |  | 1             |
| PO BOX 16985                |             |             |        |  | 1             |
| PHILADELPHIA, PA 19142      |             |             |        |  | 1             |
| 4                           |             |             |        |  | $\overline{}$ |

PO BOX 1317 CAMDEN, NJ 08105

47-2456034 501(C)(3) 20,000 FAITH IN NEW JERSEY FINANCIAL ASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) FEDERATION OF 23-1630073 501(C)(3) 15 000 l IFINANCIAL ASSISTANCE INDIGENOUS

| NEIGHBORHOOD CENTERS   |  |  | \$5K FOR II |
|------------------------|--|--|-------------|
| 1901 S 9TH STREET BOK  |  |  | PEOPLES D   |
| ROOM 212               |  |  | INC, \$10K  |
| PHILADELPHIA, PA 19148 |  |  | ELEVATION   |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

81-1938695

FREE MIGRATION PROJECT

1706 N 2ND STREET PHILADELPHIA, PA 19122

DAY PHILLY. K FOR THE ON PROJECT

20,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) GERMANTOWN RESIDENTS 83-1391181 501(C)(3) 7,500 FINANCIAL ASSISTANCE

| GIRLS JUSTICE LEAGUE   | 46-0798392 | 501(C)(3) | 30,000 |  | FINANCIAL ASSISTANCE |
|--|------------|-----------|--------|--|----------------------|
| FOR ECONOMIC ALTERNATIVES TOGETHER PO BOX 48011 PHILADELPHIA, PA 19144 |            |           |        |  |                      |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1F 4426 OSAGE AVE PHILADELPHIA, PA 19104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

| GIRLS ROCK PHILLY<br>1428 GERMANTOWN AVENUE<br>PHILADELPHIA, PA 19122 | 20-5677965 | 501(C)(3) | 20,000 |  | FINANCIAL ASSISTANCE<br>\$10K FOR LIFELINES:<br>VOICES AGAINST THE |
|---|------------|-----------|--------|--|--|
|   |            |           |        |  | OTHER DEATH PENALTY  |
|   |            |           |        |  | AND \$10K GENERAL  |

OPERATIONS

10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

82-5199540

GOODS & SERVICES

1051 PONTIAC ROAD UNIT 470 DREXEL HILL, PA 19026

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

| HAITIAN AMERICAN VOICE<br>4710 GREENE STREET<br>PHILADELPHIA, PA 19144 |            | 501(C)(3) | 10,000 |  | FINANCIAL ASSISTANCE |
|--|------------|-----------|--------|--|----------------------|
| HUMAN RIGHTS COALITION   | 73-1698840 | 501(C)(3) | 18,700 |  | FINANCIAL ASSISTANCE |

l\$16,500 FOR

DEATH BY

ICOALITION TO ABOLISH

INCARCERATION, \$21K GENERAL OPERATIONS

HUMAN RIGHTS COALITION 4134 LANCASTER AVENUE

PHILADELPHIA, PA 19104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

501(C)(3)

23-2860359

JOHNSON HOUSE HISTORIC

6306 GERMANTOWN AVE PHILADELPHIA, PA 19144

SITE

| JOBS WITH JUSTICE      | 23-3006952 | 501(C)(3) | 18,500 |  | FINANCIAL ASSISTANCE  |
|------------------------|------------|-----------|--------|--|-----------------------|
| PO BOX 30704           |            |           | · ·    |  | \$10K FOR PA DOMESTIC |
| PHILADELPHIA, PA 19104 |            |           |        |  | WORKERS ALLIANCE,     |
|                        |            |           |        |  | \$10K GENERAL         |
|                        |            |           |        |  | OPERATIONS            |

FINANCIAL ASSISTANCE

10,000

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

| JUNTOS<br>600 WASHINGTON AVENUE<br>UNIT 18UA<br>PHILADELPHIA, PA 19147 | 01-0769538 | 501(C)(3) | 20,000 |  | FINANCIAL ASSISTANCE |
|--|------------|-----------|--------|--|----------------------|
| LABOR EDUCATION &  | 38-2206621 | 501(C)(3) | 10,000 |  | FINANCIAL ASSISTANCE |

RESEARCH PROJECT (WAS IFOR PARAPOWER LABOR NOTES) 7435 MICHIGAN AVENUE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DETROIT, MI 48210

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

FOR MAKE THE ROAD

| MACH ON HARRISBURG     | 85-0791124 | 501(C)(3) | 10,000 |  | FINANCIAL ASSISTANCE |
|------------------------|------------|-----------|--------|--|----------------------|
| 2112 S MOLE STREET     |            |           |        |  |                      |
| PHILADELPHIA, PA 19145 |            |           |        |  |                      |

7.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

MAKE THE ROAD NY

92-10 ROOSEVELT AVENUE

JACKSON HEIGHTS, NY 11372

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 83-1479991 501(C)(3) 10.000 MARYS DAUGHTER FOR IFINANCIAL ASSISTANCE FORMERLY INCARCERTED

5543 MEDIA STREET PHILADELPHIA, PA 19131

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

AVENUE

CAMBRIDGE, MA 02140

MASSACHUSETTS BAIL FUND 82-4924766 501(C)(3) 15.000l IFINANCIAL ASSISTANCE 2161 MASSACHUSETTS

organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) MAZZONI CENTER 23-2176338 501(C)(3) 10,000 FINANCIAL ASSISTANCE 1348 BAINBRIDGE STREET PHILADELPHIA, PA 19147 MEDIA MOBILIZING PROJECT 26-0307123 501(C)(3) 121.700 FINANCIAL ASSISTANCE 924 CHERRY STREET 5TH \$46K FOR FLOOR PHILADELPHIA COMMUNITY BAIL

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

FUND, \$39K FOR YOUTH

ART & SELF-EMPOWERMENT PROJECT, \$20K FOR PHILLY SCHOOLS UNIFYING NEIGHBORHOODS, \$20K FOR 215 PEOPLE'S ALLIANCE, \$13,800 FOR MILPA, \$10K FOR BLACK LIVES MATTER PHILADELPHIA, \$10K FOR COMADRE LUNA COLLECTIVE, \$500 FOR

TJ PHILLY

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

PHILADELPHIA, PA 19107

(a) Name and address of

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other)

| MT VERNON MANOR CDC<br>631 N 39TH STREET<br>PHILADELPHIA, PA 19104 | 23-2037301 | 501(C)(3) | 20,000 |  | FINANCIAL ASSISTANCE |
|--|------------|-----------|--------|--|----------------------|
| NATIONAL INSTITUTE FOR<br>HEALTHY HUMAN SPACES INC<br>(NIHHS)      | 80-0500248 | 501(C)(3) | 20,000 |  | FINANCIAL ASSISTANCE |

116 N 2ND STREET CAMDEN, NJ 08102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government NEW SANCTHARY MOVEMENT 46-4056973 501(C)(3) 14 nonl IFINANCIAL ASSISTANCE

| 2601 POTTER STREET<br>PHILADELPHIA, PA 19125 | 10 10007,0 | 301(0)(0) | 1,,000 |  | 110, 11, 12, 12, 13, 13, 11, 11, 12 |
|--|------------|-----------|--------|--|-------------------------------------|
| NORRIS SQUARE COMMUNITY                      | 23-9233412 | 501(C)(3) | 10,000 |  | FINANCIAL ASSISTANCE                |

ALLIANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

174 DIAMOND STEET PHILADELPHIA, PA 19122

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

| NORTH STAR FUND    | 13-2950801 | 501(C)(3) | 20,000 |  | FINANCIAL ASSISTANCE |
|--------------------|------------|-----------|--------|--|----------------------|
| 520 EIGHTH AVENUE  |            |           |        |  |                      |
| NEW YORK, NY 10018 |            |           |        |  |                      |

ONE ART COMMUNITY CENTER 46-2728157 501(C)(3) 30,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1431 NORTH 52ND STREET PHILADELPHIA, PA 19131

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) DENINGVILVANTA DEDT E01(C)(2) 10 000 FINANCIAL ASSISTANCE

| COLLECTIVE                                   |            | 501(C)(3) | 10,000 |  | FINANCIAL ASSISTANCE |
|--|------------|-----------|--------|--|----------------------|
| 214 W DUVAL STREET<br>PHILADELPHIA, PA 19144 |            |           |        |  |                      |
| PENNSYLVANIA DOMESTIC                        | 35-2420942 | 501(C)(3) | 17,000 |  | FINANCIAL ASSISTANCE |

35-2420942 PENNSYLVANIA DOMESTIC WORKERS ALLIANCE

45 BROADWAY SUITE 320 NEW YORK, NY 10006

(b) EIN (e) Amount of non-(f) Method of valuation (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

(a) Description of

OPERATIONS, \$500 FOR BIRTH BROWN

ICOOPERATIVE

| PENNSYLVANIA PRISON<br>SOCIETY<br>230 S BROAD STREET NO 605<br>PHILADELPHIA, PA 19102 | 23-1352267 | 501(C)(3) | 20,000 |  | FINANCIAL ASSISTANCE<br>\$10K FOR LIFERS, INC,<br>\$10K FOR GENERAL<br>OPERATIONS |
|---|------------|-----------|--------|--|---|
| DHTI ADEI DHTA ADEA   | 45-4730003 | 501(C)(3) | 15 500 |  | EINANCIAL ASSISTANCE  |

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

1315 WALNUT ST NO 320

PHILADELPHIA, PA 19107

|FINANCIAL ASSISTANCE PHILADELPHIA AKEA 45-4/30993 201(C)(3) 15,5001 COOPERATIVE ALLIANCE \$15K FOR GENERAL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) PHILADELPHIA CHINATOWN 23-7439723 501(C)(3) 10,000 FINANCIAL ASSISTANCE

| PHILADELPHIA, PA 19107  PHILADELPHIA LAWYERS FOR                  | 45-2980014 | 501(C)(3) | 6,000 |  | FINANCIAL ASSISTANCE |
|---|------------|-----------|-------|--|----------------------|
| DEVELOMENT CORP<br>301 NORTH 9TH STREET<br>PHILADELPHIA, PA 19107 |            |           |       |  |                      |

SOCIAL EQUITY

1501 CHERRY STREET PHILADELPHIA, PA 19102

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

FOR CONSENT

CULTURE, \$10K

GENERAL OPERATIONS

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

E04(6)(3)

(c) IRC section

(a) Name and address of

501 S 52ND STREET

PHILADELPHIA, PA 19143

(b) EIN

| FOUNDATION 2210 S 71ST STREET PHILADELPHIA, PA 19142 | 22-2522896 | 501(C)(3) | 28,000 |  | FINANCIAL ASSISTANCE<br>FOR HEALING<br>COMMUNITIES USA |
|--|------------|-----------|--------|--|--|
| PHILADELPHIA STUDENT<br>UNION                        | 23-2815998 | 501(C)(3) | 20,000 |  | FINANCIAL ASSISTANCE<br>\$10K FOR EDUCATORS            |

20.000

(b) EIN (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) DUITE A DOCUM 22 7454024 E01(C)(2) 10 0001 FINANCIAL ASSISTANCE

(e) Amount of non-

ASSISTANCE, FOR

OF POINT BREEZE

CONCERNED CITIZENS

| 3001 WALNUT STREET 5TH<br>FLOOR<br>PHILADELPHIA, PA 19104 | 23-7454934 | 301(C)(3) | 10,000 |  | FOR COALITION FOR<br>RESTAURANT HEALTH<br>AND SAFETY |
|---|------------|-----------|--------|--|--|
| POINT BREEZE CIVIC  |            | 501(C)(3) | 10.000 |  | FINANCIAL  |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

ASSOCIATION

1518 S 22ND ST

PHILADELPHIA, PA 19146

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 04 4405004 E04(0)(0) 40.000 LETRIA NICT ASSISTANCE

| PROJECT                                       | 91-1435394 | 501(C)(3) | 10,000 |  | FOR PROJECT SAFE |
|---|------------|-----------|--------|--|------------------|
| 535 DOCK STREET SUITE 113<br>TACOMA, WA 98402 |            |           |        |  |                  |
|   |            |           |        |  |                  |

15.000l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

27-4327457

POWER

1429 N 11TH STREET PHILADELPHIA, PA 19122

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 23-2663699 501(C)(3) 22,600 PREVENTION POINT FINANCIAL ASSISTANCE PHILADELPHIA FOR ACT-UP PHILADELPHIA

PO BOX 60990
PHILADELPHIA
PHILADELPHIA, PA 19133

PUBLIC INTEREST LAW
CENTER
1709 BENJAMIN FRANKLIN
PARKWAY 2ND

PHILADELPHIA

501(C)(3)
35,000

FINANCIAL ASSISTANCE
FOR SOIL GENERATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FLOOR

PHILADELPHIA, PA 19103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-1222533 501(C)(3) 15.000 PURPLE HOUSE PROJECT PA IFINANCIAL ASSISTANCE

INC 114 STALEY AVENUE STE 301 DARBY, PA 19023

RECONSTRUCTION INC. 23-2644453 501(C)(3) 10.000 IFINANCIAL ASSISTANCE PO BOX 7691

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PHILADELPHIA, PA 19101

organization or government if applicable grant cash assistance (book, FMV, appraisal, other) or assistance or assi

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

FOUNDATION

6237 DELANCEY STREET PHILADELPHIA, PA 19143 (b) EIN

| SAPPHO AND LAROYCE  | 82-5134645 | 501(C)(3) | 27,000 |  | FINANCIAL ASSISTANCE |
|---|------------|-----------|--------|--|----------------------|
| CENTER OF PA<br>1329 BUTTONWOOD STREET<br>3RD FLOOR<br>PHILADELPHIA, PA 19123 |            |           |        |  |                      |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash assistance other) or government SAVING GRACE ORPHANAGE 42-1533220 501(0)(3) an nonl FINANCIAL ASSISTANCE

| INTERNATIONAL 4920 BALTIMORE AVENUE PHILADELPHIA, PA 19143 | 42 1333220 | 301(0)(3) | 20,000 |  | FOR MOVES            |
|--|------------|-----------|--------|--|----------------------|
| SENIOR TO SENIOR   | 33-1150506 | 501(C)(3) | 20.500 |  | FINANCIAL ASSISTANCE |

SENIOR TO SENIOR 33-1150506 501(C)(3)| 20,5001 COMMUNITY OUTREACH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1706 W CHAMPLOST AVENUE PHILADELPHIA, PA 19141

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CICTEDS DETUDNING HOME 27 2212450 E01(C)(2) 24 400 TEINIANCIAL ACCICTANCE

3237 AMBER ST 3-4-A PHILADELPHIA, PA 19134

| 302 W SCHOOLHOUSE LANE<br>2ND FLOOR<br>PHILADELPHIA, PA 19144 | 27-2213450 | 501(C)(3) | 24,400 |  | FINANCIAL ASSISTANCE |
|---|------------|-----------|--------|--|----------------------|
| STAY TRUE PHILADELPHIA  | 26-1914065 | 501(C)(3) | 10,000 |  | FINANCIAL ASSISTANCE |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

TUFF GIRLS
2544 GERMANTOWN AVE
PHILADELPHIA, PA 19140

501(C)(3)
10,000

FINANCIAL ASSISTANCE

7.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

TEACHER ACTION GROUP

1826 WYNNEWOOD ROAD PHILADELPHIA, PA 19151

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501(C)(3) 20.000 TEAMSTER RANK & FILE 38-2883689 IFINANCIAL ASSISTANCE PO BOX 10303 FOR PHILADELPHIA

DETROIT, MI 48210

PHILADELPHIA, PA 19121

TEAMSTERS FOR A DEMOCRATIC UNION 20-0510288 501(C)(3) 10.000

THE ADVOCATE CENTER FOR FINANCIAL ASSISTANCE CULTURE AND EDUCATION 1801 W DIAMOND ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 20-0302937 501(C)(3) 20.000 THE CENTER FOR BLACK IFINANCIAL ASSISTANCE

EQUITY
1666 K STREET NW SUITE 440
WASHINGTON, DC 20005

THE EMPOWERMENT CENTER 47-3817042 501(C)(3) 15,000

FINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

USA INC

1037 MAIN STREET DARBY, PA 19023

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

11TH FLOOR

PHILADELPHIA, PA 19102

| UC GREEN<br>4601 SPRUCE STREET LOWER<br>LEVEL<br>PHILADELPHIA, PA 19139 | 57-1204276 | 501(C)(3) | 20,000 |  | FINANCIAL ASSISTANCE<br>FOR HOLLY STREET<br>NEIGHBORS<br>COMMUNITY GARDEN |
|---|------------|-----------|--------|--|---|
| UNEMPLOYMENT<br>INFORMATION CENTER<br>112 NORTH BROAD STREET            | 23-2000486 | 501(C)(3) | 10,000 |  | FINANCIAL ASSISTANCE<br>FOR FS PHILADELPHIA<br>UNEMPLOYMENT               |

I PROJECT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 20-4345458 501(C)(3) 10.000 UNITED WORKERS FINANCIAL ASSISTANCE ASSOCIATION FOR FS PUT PEOPLE FIRST! PA

FINANCIAL

AND CHILDRENT TOGETHER (FACT)

ASSISTANCE, FATHERS

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

PO BOX 41547 BALTIMORE, MD 21203

UPLIFT SOLUTIONS

700 DELSEA DRIVE

WESTVILLE, NJ 08093

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization arant cash or government assistance other) URBAN AFFAIRS COALITION 23-7046393 501(C)(3) 35.500 FINANCIAL ASSISTANCE 1207 CHESTNUT STREET 7TH \$10K FOR VIETLEAD. FLOOR \$10K FOR PARENTS PHILADELPHIA, PA 19107 UNITED FOR PUBLIC EDUCATION, \$10K FOR X-OFFENDERS FOR ICOMMUNITY |

30.000

(e) Amount of non-

(f) Method of valuation

(h) Purpose of grant

EMPOWERMENT, \$500 FOR THE COLOURS ORGANIZATION

FINANCIAL ASSISTANCE

(a) Description of

(d) Amount of cash

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

(c) IRC section

URBAN CREATORS 2315 N 11TH STREET PHILADELPHIA, PA 19133

(a) Name and address of

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

| URBAN TREE CONNECTION  | 23-2889697 | 501(C)(3) | 30,000 |  | FINANCIAL ASSISTANCE |
|------------------------|------------|-----------|--------|--|----------------------|
| 1445 NORTH 52ND STREET |            |           |        |  |                      |
| PHILADELPHIA, PA 19131 |            |           |        |  |                      |

15.000l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

URBED

1315 WAI NUT STREET PHILADELPHIA, PA 19107

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government E04(0)(0) 20.000

| VILLAGE OF THE ARTS &  | 22-3045318 | 501(C)(3) | 20,000 |  | FINANCIAL ASSISTANCE |
|------------------------|------------|-----------|--------|--|----------------------|
| HUMANITIES             |            |           |        |  | FOR PEOPLE'S PAPER   |
| 2506 N ALDER STREET    |            |           |        |  | CO-OP                |
| PHILADELPHIA, PA 19133 |            |           |        |  |                      |
|                        |            |           |        |  |                      |

WHOLISTIC SANCTUARY FUND 83-2200904 501(C)(3) 25.000l IFINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

712 N FRANKLIN ST 3F PHILADELPHIA, PA 19123

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government WHY NOT PROSPER 23-3089308 501(0)(3) 18 800 FINANCIAL ASSISTANCE

| 717 E CHELTEN AVENUE<br>PHILADELPHIA, PA 19144 | 25-3009300 | 301(0)(3) | 10,000 |  | TINANCIAL ASSISTANCE |
|--|------------|-----------|--------|--|----------------------|
| WILLIAM WAY LGBT                               | 23-7429170 | 501(C)(3) | 20,000 |  | FINANCIAL ASSISTANCE |

COMMUNITY CENTER
1315 SPRUCE STREET
PHILADELPHIA, PA 19107

(e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

LEINANCIAL ACCICTANCE

| WOMEN 3 COMMONTH       | 22-2040100 | 1 201(C)(3)1 | 10,500 |  | I INVINCIAL ASSISTANCE |
|------------------------|------------|--------------|--------|--|------------------------|
| REVITALIZATION PROJECT |            |              |        |  | FOR PHILADELPHIA       |
| 100 WEST OXFORD STREET |            |              |        |  | COALITION FOR          |
| SUITE E-2300           |            |              |        |  | AFFORDABLE             |
| E-2300                 |            |              |        |  | COMMUNITIES            |
| PHILADELPHIA, PA 19122 |            |              |        |  |                        |

18 500

501(C)(3) YOUTH UNITED FOR CHANGE 23-2878099 10,000 FINANCIAL ASSISTANCE

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

E01(C)(3)

(c) IRC section

(a) Name and address of

WOMEN'S COMMUNITY

1910 NORTH FRONT ST PHILADELPHIA, PA 19122 (b) EIN

22-28/0188

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493112009001 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** BREAD AND ROSES COMMUNITY FUND 23-2047297 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 15 397,639 NYSE FMV - AVERAGE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ► ( \_\_\_ 26 Other ▶ ( \_\_\_\_\_\_) 27 Other ▶ ( \_\_\_\_\_\_) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

| Schedule M (Form 990) (2019)          | Page <b>2</b>  |
|---------------------------------------|--|
|                                       | ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information. |
| Return Reference                      | Explanation  |
| · · · · · · · · · · · · · · · · · · · | THE ORGANIZATION DOES NOT HAVE A FORMAL STOCK DONATION POLICY. ALL STOCK DONATIONS RECEIVED ARE IMMEDIATELY SOLD (IF NO RESTRICTIONS IMPOSED BY DONORS) AND INVESTED IN FUNDS.   |
|                                       | Schedule M (Form 990) (2019)   |

| efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLI   |             |                            |    |  |            | LN: 93493112009001  |
|--|-------------|----------------------------|----|--|------------|---------------------|
| 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. |             |                            |    | OMB No. 1545-0047  2019  Open to Public Inspection     |            |                     |
| Namel Betherofg<br>BREAD AND ROSE<br>990 Schedul   | S COMMUNITY | FUND<br> emental Informati | on |  | 23-2047297 | entification number |
| Return<br>Reference  |             |                            |    | Explanation  |            |                     |
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B  | 1           |                            |    | ITS FILING WITH THE IRS, A<br>ECUTIVE COMMITTEE FOR RE |            | AL FORM 9           |

## 990 Schedule O, Supplemental Information

D - 4.....

| Reference  | Explanation  |
|------------|--|
| FORM 990,  | MONITORING AND ENFORCEMENT OF CONFLICTS POLICY BOARD AND CGC MEMBERS ARE REQUIRED TO DISCL |
| PART VI,   | OSE TO THE GOVERNANCE COMMITTEE ANY POTENTIAL CONFLICTS OF INTEREST WHEN JOINING THE BOARD |
| SECTION B, | BOARD MEMBERS WILL ALSO PROVIDE A YEARLY STATUS UPDATE TO THE GOVERNANCE COMMITTEE. IF A   |
| LINE 12C   | CONFLICT EXISTS, THE INDIVIDUAL WITH THE CONFLICT WOULD RECUSE HIM OR HERSELF OF DECISION  |
|            | MAKING WITH REGARD TO THAT CONFLICT  |

Evalensties

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PROCESS FOR DETERMINING COMPENSATION COMPARABILITY DATA IS COLLECTED, ASSESSED AND PRESENT ED TO THE EXECUTIVE COMMITTEE ANNUALLY. THE EXECUTIVE COMMITTEE REVIEWS AND RECOMMENDS A C OMPENSATION PACKAGE TO THE GOVERNING BODY WHO APPROVES IT.

Return Explanation
Reference

990 Schedule O, Supplemental Information

| FORM 990,  | PUBLIC AVAILABILITY OF OTHER DOCUMENTS COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, F |
|------------|--|
| PART VI,   | INANCIAL STATEMENTS AND FORM 990 ARE PROVIDED ON REQUEST. THEY ARE ALSO AVAILABLE FOR INSP |
| SECTION C, | ECTION AT THE ORGANIZATION'S OFFICE.   |
| LINE 19    |  |