<b>9900</b> Form (Rev. January 2020) Department of the Treasury Internal Revenue Service	ι
A Ear the 2010 calend	_

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2019 **Open to Public** Inspection

Do not enter social security no	umbers on this form as it may be made public.
Go to www.irs.gov/Form990	) for instructions and the latest information.
ar or tax year beginning	and ending

AF	or th	2019 calendar year, or tax year beginning and e	ending		
B c	check if pplicable: C Name of organization			D Employer identifi	cation number
	Addre				
	Name chang	e Doing business as		94-29027	91
	Initial return Final return		Room/suite	E Telephone numbe (916) 44	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	939,507.
	Amen return	sacramento, ca 95818		H(a) Is this a group re	eturn
	Applic	<sup>a-</sup> F Name and address of principal officer: MARK STEIGERWALD		for subordinates	
	pendi	<sup>19</sup> SAME AS C ABOVE		H(b) Are all subordinates in	
11	ax-ex	empt status: 🚺 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1) o	or 527		list. (see instructions)
		te: WWW.CALAUTOMUSEUM.ORG		H(c) Group exemptio	· · · · · ·
		organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year		State of legal domicile: CA
	art I	Summary			
0	1	Briefly describe the organization's mission or most significant activities: ${{ m TO}}$ PF	RESERV	E, EXHIBIT	AND TEACH
nce n		THE STORY OF THE AUTOMOBILE AND ITS INFLU	JENCE	ON OUR LIVE	S.
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
		Number of independent voting members of the governing body (Part VI, line 1b)		14	
Activities &		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			11
viti		Total number of volunteers (estimate if necessary)			200
<b>\</b> cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		390,265.	239,110.
Revenue	9	Program service revenue (Part VIII, line 2g)		417,894.	343,930.
Sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		116,491.	15.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		243,547.	294,765.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,168,197.	877,820.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm col}$		581,474.	483,301.
sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		494,218.	441,765.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,075,692.	925,066.
	19	Revenue less expenses. Subtract line 18 from line 12		92,505.	-47,246.
Assets or d Balances			Be	ginning of Current Year	End of Year
sset 3alaı		Total assets (Part X, line 16)		3,711,706.	3,631,925.
atAs	21	Total liabilities (Part X, line 26)		555,947.	523,412.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		3,155,759.	3,108,513.

## Part II | Signature Block

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

Sign Here	Signature of officer MARK STEIGERWALD, EXEC	UTIVE DIRECTOR	Date			
	Type or print name and title					
Paid	Print/Type preparer's name PAMELA WHITE , CPA	Preparer's signature Da	te Check PTIN if self-employed P00599056			
Preparer	Firm's name 🕒 RICHARDSON & COM	PANY LLP	Firm's EIN 🕨 46-5577902			
Use Only	Firm's address 550 HOWE AVENUE,	SUITE 210				
	SACRAMENTO, CA 9	Phone no. (916) 564-8727				
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)					
932001 01-2	32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)					

Form	1990 (2019) CALIFORNIA VEHICLE FOUNDATION	94-2902791 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE MISSION OF THE CALIFORNIA AUTOMOBILE MUSEUM IS TO	
	EXHIBIT AND TEACH THE STORY OF THE AUTOMOBILE AND ITS	
	LIVES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	es? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servic If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services	as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	revenue, if any, for each program service reported.	
4a		evenue \$ 389,859.)
	MAINTAINED A MAJOR AUTOMOTIVE BASED EDUCATION AND ENTI AND INTERPRETED THE STORY OF THE AUTOMOBILE HISTORY.	ERTAINMENT CENTER
	AND INTERPRETED THE STORY OF THE AUTOMOBILE HISTORY.	
	COLLECTED AND PRESERVED EXHIBITS AND INTERPRETED AUTO	MOTIVE ARTIFACTS.
	REACHED OUT TO COMMUNITY WITH EDUCATIONAL OPPORTUNITI	ES AND ACTIVITIES.
4b	(Code:) (Expenses \$ including grants of \$) (R	evenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (R	evenue \$
	(), (), (	,,
لم A	Other program convices (Describe on Schedule O)	
40	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses > 389,903.	J
		Form <b>990</b> (2019)
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Form	aan	(2019)	

 Form 990 (2019)
 CALIFORNIA
 VEHICLE
 FOUNDATION

 Part IV
 Checklist of Required Schedules
 FOUNDATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
	If "Yes," complete Schedule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
~	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	~		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- /		- 23
0	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		<u> </u>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	5		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable.			
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	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
<i></i>	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		
18		18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10	- 23	<u> </u>
13		19		x
20-2	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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CALIFORNIA VEHICLE FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	00		x
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		- 23
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c	v	x
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		- 23
52	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		- 23
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
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Part V	State	ments Regarding Other II	RS Filings ar	d Tax Compliance	(continued)
Form 990 (	(2019)	CALIFORNIA	VEHICLE	FOUNDATION	

## CALIFORNIA VEHICLE FOUNDATION

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a		37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
<b>-</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>F</b> -		x
5a		5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		23
С 62	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	vu		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	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 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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			v
	excess parachute payment(s) during the year?	15		X
10	If "Yes," see instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

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Form 990 (2	2019)
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14	-						
	If there are material differences in voting rights among members of the governing body, or if the governing	1						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14	L.						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1						
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6	Х					
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	Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No X				
	Did the organization have local chapters, branches, or affiliates?	10a						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	12a	х					
	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	12b	Х					
C	in Schedule O how this was done	12c	х					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	Х					
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	Х					
	Other officers or key employees of the organization	15b	Х					
	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		Х				
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						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright  ext{CA}$							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	3)s only	) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.							
	X       Own website       X       Upon request       Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finai	ncial					
	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 ►							
	2200 FRONT STREET, SACRAMENTO, CA 95818							
00000		Form	gan	(2019)				
932000	\$ 01-20-20	FULL	330	(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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

Name and tille         Average hours per location of the compensation from related organizations week (list any related and a related viule) from related organization below related and a related viule (list and a related viule) related organization (w.2/1093-MISC)         Reportable compensation from related organization and related organizations (w.2/1093-MISC)         Reportable compensation from related organization and related organizations (w.2/1093-MISC)         Reportable compensation from related organization and related organizations (w.2/1093-MISC)         Reportable compensation from related organization and related organizations (w.2/1093-MISC)         Reportable compensation from related organization and related organizations (w.2/1093-MISC)         Reportable compensation from related organization and related organizations (w.2/1093-MISC)         Reportable compensation from related organization and related organizations (w.2/1093-MISC)         Reportable compensation from related organization and related organizations (w.2/1093-MISC)         Reportable compensation from related organization and related organization and related organizations (w.2/1093-MISC)         Reportable compensation from related organization and related organization a	(A)	(B)	(C)					(D)	(E)	(F)	
Indust per week         box. Intege person is both and inform related organization from related organization granization (W-2/1099-MISC)         Compensation from relation organization (W-2/1099-MISC)         Compensation organization organization (W-2/1099-MISC)         Compensation organization organization organization organization organization organization organization organization (W-2/1099-MISC)         Compensation organization organ	Name and title		(do	Position				one	Reportable		
Week (list any hours for related organizations below line)         Interview (list any below line)         Interview (list any below line)		hours per	box	box, unless person is both an		compensation	compensation	amount of			
(1) JEFF SNAIN         1.00         X         X         X         0.         0.           PRESIDENT         1.00         X         X         0.         0.         0.           VICE PRESIDENT         X         X         0.         0.         0.         0.           (3) JOE HENSLER         1.00         X         X         0.         0.         0.           TREASURER         1.00         X         X         0.         0.         0.           (4) MIKE RITENOUR         1.00         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           G(5) GREG GOODSHELL         1.00         X         X         0.         0.         0.         0.           OCENT CONONCL         X         X         0.         <			<u> </u>	cer an	d a d	recto	or/trus	itee)			
(1) JEFF SNAIN         1.00         X         X         X         0.         0.           PRESIDENT         1.00         X         X         0.         0.         0.           VICE PRESIDENT         X         X         0.         0.         0.         0.           (3) JOE HENSLER         1.00         X         X         0.         0.         0.           TREASURER         1.00         X         X         0.         0.         0.           (4) MIKE RITENOUR         1.00         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           G(5) GREG GOODSHELL         1.00         X         X         0.         0.         0.         0.           OCENT CONONCL         X         X         0.         <			rector								
(1) JEFF SNAIN         1.00         X         X         X         0.         0.           PRESIDENT         1.00         X         X         0.         0.         0.           VICE PRESIDENT         X         X         0.         0.         0.         0.           (3) JOE HENSLER         1.00         X         X         0.         0.         0.           TREASURER         1.00         X         X         0.         0.         0.           (4) MIKE RITENOUR         1.00         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           G(5) GREG GOODSHELL         1.00         X         X         0.         0.         0.         0.           OCENT CONONCL         X         X         0.         <			or di	ee			sated			(W-2/1099-MISC)	
(1) JEFF SNAIN         1.00         X         X         X         0.         0.           PRESIDENT         1.00         X         X         0.         0.         0.           VICE PRESIDENT         X         X         0.         0.         0.         0.           (3) JOE HENSLER         1.00         X         X         0.         0.         0.           TREASURER         1.00         X         X         0.         0.         0.           (4) MIKE RITENOUR         1.00         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           G(5) GREG GOODSHELL         1.00         X         X         0.         0.         0.         0.           OCENT CONONCL         X         X         0.         <			ustee	trust		ee	upens		(W-2/1099-10115C)		<b>v</b>
(1) JEFF SNAIN         1.00         X         X         X         0.         0.           PRESIDENT         1.00         X         X         0.         0.         0.           VICE PRESIDENT         X         X         0.         0.         0.         0.           (3) JOE HENSLER         1.00         X         X         0.         0.         0.           TREASURER         1.00         X         X         0.         0.         0.           (4) MIKE RITENOUR         1.00         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           G(5) GREG GOODSHELL         1.00         X         X         0.         0.         0.         0.           OCENT CONONCL         X         X         0.         <		, v	lual tr	tional		nploy	st cor yee	L_			
(1) JEFF SNAIN         1.00         X         X         X         0.         0.           PRESIDENT         1.00         X         X         0.         0.         0.           VICE PRESIDENT         X         X         0.         0.         0.         0.           (3) JOE HENSLER         1.00         X         X         0.         0.         0.           TREASURER         1.00         X         X         0.         0.         0.           (4) MIKE RITENOUR         1.00         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           G(5) GREG GOODSHELL         1.00         X         X         0.         0.         0.         0.           OCENT CONONCL         X         X         0.         <			ndivic	nstitu	Officer	(ey en	Highe:	orme			organizationio
PRESIDENT         X         X         X         0.         0.         0.           (2) SUSAN OLIVER         1.00         X         X         0.         0.         0.           VICE PRESIDENT         X         X         0.         0.         0.         0.           VICE PRESIDENT         1.00         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.           (4) MIKE RITENOUR         1.00         X         X         0.         0.         0.           (5) GREG GOODSHELL         1.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (6) BRICE BRINCKA         1.000         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (9) MARY DAVIS         1.000         X         0.         0.         0.         0.     <	(1) JEFF SWAIN	1.00	-	_		-					
VICE PRESIDENT         X         X         X         X         X         0.         0.         0.           (3) JOE HENSLER         1.00         X         X         X         0.         0.         0.           TREASURER         1.00         X         X         X         0.         0.         0.           (4) MIKE RITENOUR         1.00         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.           DOCENT COUNCIL         1.00         X         X         0.         0.         0.           DIRECTOR         1.000         X         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (6) BRICKA         1.000         X         0.         0.         0.         0.           DIRECTOR         1.000         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         <	PRESIDENT		x		x				0.	0.	0.
(3) JOE HENSLER         1.00         X         X         X         0.         0.         0.           (4) MIKE RITENOUR         1.00         X         X         0.         0.         0.         0.           (4) MIKE RITENOUR         1.00         X         X         0.         0.         0.         0.           (5) GREG GOODSHELL         1.00         X         X         0.         0.         0.         0.           (6) BRUCE BRINCKA         1.00         X         X         0.         0.         0.         0.           (7) CHRISTIAN SIMON         1.00         X         0.         0.         0.         0.         0.         0.           (8) JOHN TENNYSON         1.00         X         0.	(2) SUSAN OLIVER	1.00									
TREASURER         X         X         X         X         0.         0.         0.           (4) MIKE RITENOUR         1.00         X         X         X         0.         0.         0.           SECRETARY         X         X         X         0.         0.         0.         0.           DOCENT COUNCIL         1.00         X         X         0.         0.         0.         0.           (6) BRUCE BRINCKA         1.00         X         X         0.         0.         0.         0.           (7) CHRISTIAN SIMON         1.00         X         0.         0.         0.         0.           (8) JOHN TENNYSON         1.00         X         0.         0.         0.         0.           (9) MARY DAVIS         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) STEVE KOONCE         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (11) TOM TYER         1.	VICE PRESIDENT		X		Х				0.	0.	0.
(4) MIKE RITENOUR       1.00       X       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (5) GREG GOODSHELL       1.00       X       X       0.       0.       0.       0.         DOCENT COUNCIL       X       X       0.       0.       0.       0.       0.         DIRECTOR       1.00       X       X       0.       0.       0.       0.         (6) BRUCE BRINCKA       1.00       X       0.       0.       0.       0.       0.         (7) CHRISTIAN SIMON       1.00       X       0.       0.       0.       0.       0.         (8) JOHN TENNYSON       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0. <td>(3) JOE HENSLER</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(3) JOE HENSLER	1.00									
SECRETARY         X         X         X         X         X         0.         0	TREASURER		X		Х				0.	0.	0.
(5)         GREG GOODSHELL         1.00         X         X         X         0.	(4) MIKE RITENOUR	1.00									
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(6)         BRUCE BRINCKA         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (7)         CHRISTIAN SIMON         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (8)         JOHN TENNYSON         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (10)         STEVE KOONCE         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (11)         TYPER         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0. <td< td=""><td>(5) GREG GOODSHELL</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(5) GREG GOODSHELL	1.00									
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(7)         CHRISTIAN SIMON         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (9)         MARY DAVIS         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10)         STEVE KOONCE         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.	(6) BRUCE BRINCKA	1.00									_
DIRECTOR         X         0.         0.         0.         0.           (8) JOHN TENNYSON         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (9) MARY DAVIS         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) STEVE KOONCE         1.00         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0. </td <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			Х						0.	0.	0.
(8) JOHN TENNYSON         1.00         X         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.           (9) MARY DAVIS         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (10) STEVE KOONCE         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (11) TOM TYER         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (12) ALAN GALBRAITH         1.00         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.		1.00									
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(9)         MARY DAVIS         1.00         X         0.		1.00									
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(10) STEVE KOONCE       1.00       X       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         (11) TOM TYER       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (12) ALAN GALBRAITH       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (13) MIKE TATRO       1.00       X       0.       0.       0.       0.       0.         (14) GARY BULFINCH       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (15) MARC LEVINSON       1.00       X       0.       0.       0.       0.       0.       0.         (16) MARK STEIGERWALD       40.00       0.       0.       0.       0.		1.00	.,						0		0
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(11) TOM TYER       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (12) ALAN GALBRAITH       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (13) MIKE TATRO       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (14) GARY BULFINCH       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (15) MARC LEVINSON       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (16) MARK STEIGERWALD       40.00       0.       0.       0.       0.		1.00	.,						0		0
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(13) MIKE TATRO       1.00       0.		1.00	v						0	0	0
DIRECTOR         X         0. <t< td=""><td></td><td>1 00</td><td></td><td></td><td></td><td></td><td> </td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>		1 00							0.	0.	0.
(14) GARY BULFINCH       1.00       0.       0.       0.       0.         DIRECTOR       X       0.		1.00	v						0	0	0
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(15) MARC LEVINSON         1.00         0.0.0.0.           DIRECTOR         X         0.0.0.0.           (16) MARK STEIGERWALD         40.00         0.0.0.0.		1.00	v						0	0	0
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(16) MARK STEIGERWALD 40.00			x						0.	0.	0.
		40.00	<u> </u>								
			x		x				67,500.	0.	0.
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			1								

932007 01-20-20

Form 990 (2019)

	990 (2019) CALIFORNI									94-29	902	791	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		oloy	ees			ghes	st C					<b>(-</b> )	
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week (list any	(C) Position (do not check more than c box, unless person is both officer and a director/trust					n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		on amount d other		of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fr org and	om the anizati d relate anizatio	e ion ed
1h	Subtotal								67,500.		0.			0.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A					ļ		0.		0.			0.
2	Total number of individuals (including but no compensation from the organization								-	),000 of reportab				0
3	Did the organization list any <b>former</b> officer,	director trust	oo k		mnl		e or	hia	abest compensated emr	novee on			Yes	No
4	line 1a? <i>If "Yes," complete Schedule J for su</i> For any individual listed on line 1a, is the su	uch individual					, 					3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" COI	mple	ete S	Sche	edule	e J f	for such individual		1	4		X
	rendered to the organization? <i>If "Yes," com</i> tion <b>B. Independent Contractors</b>	-				-			-			5		Х
1	Complete this table for your five highest con	-	-								pens	ation f	rom	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (B) Name and business address NONE Description of services							<b>(C)</b> Compensation			n			
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	nite	d to	tho: (		ted	d above) who received n	nore than				
												Form	<b>990</b> (2	2019)

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	Check if Schedule O contains a response or note to any line in this Part VIII										
						(A)	<b>(B)</b> Related or exempt	<b>(C)</b> Unrelated	<b>(D)</b> Revenue excluded		
						Total revenue	function revenue		from tax under		
									sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1a							
Gra			Membership dues	1b	38,171.						
An A		с	Fundraising events	1c							
ilar İlar		d	Related organizations	1d							
Sin's,			Government grants (contributions)	1e							
er (		f	All other contributions, gifts, grants, and								
ĕŧ			similar amounts not included above $\dots$	1f	200,939.						
ont nd (		-	Noncash contributions included in lines 1a-1f	1g \$	143,496.	000 110					
a O		h	Total. Add lines 1a-1f	<u></u>	•	239,110.					
			ADMISSIONS		Business Code 900099	180,435.	180,435.				
/ice	2		EDUCATION	611600	74,987.	74,987.					
Program Service Revenue		b	VEHICLE CONSIGNMEN	TTTT	453310	49,317.	49,317.				
т Келок		с	EXHIBIT INCOME	1	900099	32,720.	32,720.				
gra Re		-	DOCENT INCOME		900099	6,471.	6,471.				
õ						0,4/1.	0,4/1.				
-			All other program service revenue			343,930.					
	3	g	Total. Add lines 2a-2f			545,950.					
	3		Investment income (including divide			15.			15.		
	4		other similar amounts) Income from investment of tax-exer			10.			13.		
	4 5				· · ·						
	5		Royalties	(i) Real	(ii) Personal						
	6	2	140	9,295.							
				1,829.							
				4,466.							
			Net rental income or (loss)			144,466.			144,466.		
				Securities	(ii) Other	,			,_,_,		
	•	ŭ	assets other than inventory <b>7a</b>								
		b	Less: cost or other basis								
ne			and sales expenses 7b								
/en		с	Gain or (loss) 7c								
ther Revenue			Net gain or (loss)								
Jer	8		Gross income from fundraising events (								
ŧ			including \$	of							
			contributions reported on line 1c). S	- See							
			Part IV, line 18		143,663.						
		b	Less: direct expenses								
		с	Net income or (loss) from fundraisin	ig events	►	104,370.			104,370.		
	9	а	Gross income from gaming activitie	s. See							
			Part IV, line 19	9a							
		b	Less: direct expenses								
		с	Net income or (loss) from gaming ad	ctivities	►						
	10	а	Gross sales of inventory, less return								
			and allowances		35,006.						
			Less: cost of goods sold		17,565.						
		с	Net income or (loss) from sales of in	ventory		17,441.	17,441.				
sn			OTHER THOOME		Business Code	20 100	20 100				
leoi	11		OTHER INCOME		900099	28,488.	28,488.				
Miscellaneous Revenue		b									
Be		C									
Σ			All other revenue			28,488.					
	12	e	Total. Add lines 11a-11d           Total revenue. See instructions			877,820.	389,859.	0.	248,851.		
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CALIFORNIA VEHICLE FOUNDATION

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Part VIII Statement of Revenue

Part IX Statement of Functional Expenses

CALIFORNIA VEHICLE FOUNDATION

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

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			general expenses	0.1000
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	67,501.	34,135.	14,020.	19,346
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	345,869.	174,906.	71,837.	99,126
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		12 800		
9	Other employee benefits	27,268.	13,789.	5,664.	7,815
0	Payroll taxes	42,663.	21,575.	8,861.	12,227
1	Fees for services (nonemployees):				
а	E				
b		2 0/9		2 0 1 9	
c	5 F	3,948.		3,948.	
	Lobbying				
e					
f	Investment management fees				
g		2,616.	1,323.	543.	750
~	column (A) amount, list line 11g expenses on Sch O.)	2,010.	1,525.	J=J•	750
2	Advertising and promotion	51,126.		51,126.	
3	Office expenses	51,120.		51,120.	
4	Information technology				
5 6	Royalties	114,999.		114,999.	
6 7		111,000.		114,555.	
' 8	Travel Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	19,489.		19,489.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	52,506.		52,506.	
23	Insurance	20,427.		20,427.	
4	Other expenses. Itemize expenses not covered	,			
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SPECIAL EVENT EXPENSES	54,087.	54,087.		
b	VEHICLE SALES EXPENSE	32,546.	32,546.		
С	ADMISSIONS EXPENSE	31,474.	31,474.		
d	BANKING AND BUSINESS EX	16,132.		16,132.	
e	A.H	42,415.	26,068.	16,347.	
5	Total functional expenses. Add lines 1 through 24e	925,066.	389,903.	395,899.	139,264
6	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)				

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CALIFORNIA VEHICLE FOUNDATION

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1 0	ιΛ	Balance Breet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	186,653.	1	194,980.		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	163,500.	3	107,999.		
	4	Accounts receivable, net			186.	4	3,960.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in sea	ction 4958(c)(3)(B)		6	
ស	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use			21,818.	8	14,629.
Å	9				8,201.	9	14,319.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,919,656.			
	b	Less: accumulated depreciation	10b	2,919,656. 894,675.	2,053,180.	10c	2,024,981.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,278,168.	15	1,271,057.
	16	Total assets. Add lines 1 through 15 (must equ	3,711,706.	16	3,631,925.		
	17	Accounts payable and accrued expenses	106,667.	17	149,978.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20					20	
	21	Escrow or custodial account liability. Complete l				21	
s	22	Loans and other payables to any current or forn					
Liabilities		trustee, key employee, creator or founder, subs					
lide		controlled entity or family member of any of the				22	
Ľ	23	Secured mortgages and notes payable to unrela			449,280.	23	373,434.
	24	Unsecured notes and loans payable to unrelate			-,	24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D		25			
	26				555,947.	26	523,412.
		Organizations that follow FASB ASC 958, che					
Sec		and complete lines 27, 28, 32, and 33.					
ano	27				2,948,388.	27	2,901,142.
Bal	28	Net assets with donor restrictions		F	207,371.	28	2,901,142. 207,371.
pu		Organizations that do not follow FASB ASC 9			•		,
Ρu		and complete lines 29 through 33.					
õ	29	Capital stock or trust principal, or current funds		29			
sets	30	Paid-in or capital surplus, or land, building, or ec			30		
Ast	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,155,759.	32	3,108,513.
2	33	Total liabilities and net assets/fund balances			3,711,706.	33	3,631,925.
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Part XI Reconciliation of Net	t Assets			_
Check if Schedule O contai	ns a response or note to any line in this Part XI			]
	II, column (A), line 12) 1		7,820	
2 Total expenses (must equal Part I	IX, column (A), line 25) 2		5,066	
3 Revenue less expenses. Subtract		7,246		
4 Net assets or fund balances at be	eginning of year (must equal Part X, line 32, column (A)) 4	3,155	5,759	•
5 Net unrealized gains (losses) on ir	nvestments 5			
6 Donated services and use of facil	ities 6			_
7 Investment expenses	7			
8 Prior period adjustments				_
9 Other changes in net assets or fu	nd balances (explain on Schedule O) 9		0	•
10 Net assets or fund balances at er	nd of year. Combine lines 3 through 9 (must equal Part X, line 32,			
column (B))		3,108	3,513	•
Part XII Financial Statements	s and Reporting			-
Check if Schedule O contai	ns a response or note to any line in this Part XII		<u> </u>	]
			Yes No	_
1 Accounting method used to prep	are the Form 990: Cash X Accrual Other			
	ethod 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	X	_
If "Yes," check a box below to inc	licate whether the financial statements for the year were compiled or reviewed on a			
separate basis, consolidated bas				
	Consolidated basis Both consolidated and separate basis			
<b>b</b> Were the organization's financial	statements audited by an independent accountant?	. 2b	X	_
If "Yes," check a box below to inc	licate whether the financial statements for the year were audited on a separate basis,			
consolidated basis, or both:				
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,			
-	cial statements and selection of an independent accountant?	. <b>2</b> c		_
	r its oversight process or selection process during the tax year, explain on Schedule O.			
	s the organization required to undergo an audit or audits as set forth in the Single Audit			
		. <b>3a</b>	X	
<b>b</b> If "Yes," did the organization und	ergo the required audit or audits? If the organization did not undergo the required audit			
or audits, explain why on Schedu	le O and describe any steps taken to undergo such audits		00 (001)	_

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