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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

Form sections B through M: B Check if applicable, C Name of organization (TIPPING POINT COMMUNITY), D Employer identification number (20-2121739), E Telephone number (415) 348-1240, F Name and address of principal officer (SAM COBBS), G Gross receipts \$ (118,192,581), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Mission, 2-7 Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature and Preparer information: Sign Here (SAM COBBS, CEO), Preparer (PATRICIA J. MAYER, MOSS ADAMS LLP), Date (02/28/22), PTIN (P00188643), Firm's EIN (91-0189318).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TIPPING POINT COMMUNITY IS A NONPROFIT ORGANIZATION THAT BUILDS COMMUNITY TO ADVANCE THE MOST PROMISING POVERTY-FIGHTING SOLUTIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 43,772,786. including grants of \$ 35,247,589.) (Revenue \$ 0.) TIPPING POINT COMMUNITY CONDUCTS RIGOROUS DUE DILIGENCE WITH POTENTIAL PARTNERS AND GRANTEES. WE LOOK FOR ALIGNMENT WITH TIPPING POINT'S STRATEGY ALONG WITH STRONG LEADERSHIP, SOLID FINANCIAL STANDING, AND DEMONSTRATED WILLINGNESS TO MEASURE OUTCOMES. ONCE AN ORGANIZATION IS IN THE PORTFOLIO, WE RENEW GENERAL OPERATING GRANTS ON A REGULAR BASIS SO LONG AS THERE IS PROGRESS TOWARD MUTUALLY AGREED UPON GOALS. WE USE A MIX OF PRO BONO AND CONTRACTED SERVICES FROM OUR PARTNERS, TARGETED TRAININGS, AND STAFF ADVICE AND EXPERTISE TO SUPPORT GRANTEES BEYOND DOLLARS TO INCREASE THEIR IMPACT IN THE FIGHT AGAINST POVERTY. ADDITIONALLY, WE COLLABORATE REGIONALLY AND ACROSS SECTORS TO CHANGE SYSTEMS AND BRING THE MOST EFFECTIVE INTERVENTIONS TO MORE PEOPLE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 43,772,786.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SAM COBBS CEO	40.00			X			363,065.	0.	48,085.	
(2) ELIZABETH GIVENS CHIEF DEVELOPMENT OFFICER	40.00				X		262,451.	0.	52,747.	
(3) JOSHUA STEINBERGER CHIEF EXTERNAL AFFAIRS OFFICER	40.00				X		257,688.	0.	44,197.	
(4) ELIZABETH BENDER CHIEF OPERATING OFFICER	40.00			X			257,993.	0.	28,907.	
(5) KELLY BATHGATE CHIEF PROGRAM OFFICER	40.00				X		241,687.	0.	27,320.	
(6) JAKE HOBSON SR DIRECTOR OF INDIVIDUAL GIVING	40.00					X	185,181.	0.	52,757.	
(7) CHRIS BLOCK DIRECTOR OF CHI (THRU 03/21)	40.00				X		191,466.	0.	34,555.	
(8) GEORGETTE BHATHENA, SR DIR OF GRANTMAKING (THRU 06/21)	40.00					X	190,178.	0.	29,422.	
(9) JAMES AUSTIN SENIOR DIRECTOR OF IMPACT	40.00					X	185,151.	0.	34,125.	
(10) REBECCA TRUITT SR MANAGER OF TALENT (THRU 11/20)	40.00					X	185,810.	0.	19,871.	
(11) CAROL KIM SENIOR DIRECTOR OF FINANCE	40.00					X	181,766.	0.	14,163.	
(13) DANIEL LURIE BOARD CHAIRMAN	1.00	X		X			4,889.	0.	2,927.	
(14) KATIE SCHWAB PAIGE SECRETARY	1.00	X		X			0.	0.	0.	
(15) KATHERINE AUGUST-DEWILDE BOARD MEMBER	1.00	X					0.	0.	0.	
(16) AMY BANSE BOARD MEMBER	1.00	X					0.	0.	0.	
(17) KATE HARBIN CLAMMER BOARD MEMBER	1.00	X					0.	0.	0.	
(18) SHASHI DEB BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(19) DAVID DOLBY BOARD MEMBER	1.00	X						0.	0.	0.
(20) ABBY DURBAN BOARD MEMBER	1.00	X						0.	0.	0.
(21) PHAEDRA ELLIS-LAMKINS BOARD MEMBER	1.00	X						0.	0.	0.
(22) CHRIS JAMES BOARD MEMBER	1.00	X						0.	0.	0.
(23) OLIVER JENKYN BOARD MEMBER	1.00	X						0.	0.	0.
(24) NELLIE LEVCHIN BOARD MEMBER	1.00	X						0.	0.	0.
(25) RONNIE LOTT BOARD MEMBER	1.00	X						0.	0.	0.
(26) MASON MORFIT BOARD MEMBER	1.00	X						0.	0.	0.
(27) AMANDA PEIFFER BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								2,507,325.	0.	389,076.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,507,325.	0.	389,076.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 32

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RALLY, 6565 SUNSET BLVD, SUITE 400, LOS ANGELES, CA 90028	ALL IN CAMPAIGN MANAGER	313,650.
HAMBA BABA PRODUCTIONS 13801 VENTURA BLVD, SHERMAN OAKS, CA 91423	TALENT FOR DRIVE-IN EVENT	285,000.
E2K, 445 NORTH WHISMAN ROAD, SUITE 100, MOUNTAIN VIEW, CA 94043	DRIVE-IN EVENT PRODUCTIONS	272,028.
MEDIA CAUSE 147 NATOMA ST, SAN FRANCISCO, CA 94105	ALL IN CAMPAIGN MANAGER	227,010.
URBAN INSTITUTE, 500 L'ENFANT PLAZA, SW, WASHINGTON, DC 20024	EVALUATION OF CHRONIC HOMELESSNESS	221,750.

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 14

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	5,936,349.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	32,807,389.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,921,634.				
	h Total. Add lines 1a-1f			38,743,738.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		65,644.			65,644.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	79,380,461.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	78,002,974.				
	c Gain or (loss)	7c	1,377,487.				
	d Net gain or (loss)			1,377,487.		1,377,487.	
8 a Gross income from fundraising events (not including \$ 5,936,349. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
		b Less: direct expenses	8b	2,098,946.			
c Net income or (loss) from fundraising events			-2,098,946.		-2,098,946.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	611710	2,738.		2,738.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			2,738.			
12 Total revenue. See instructions			38,090,661.	0.	0.	-653,077.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	35,247,589.	35,247,589.		
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	1,780,027.	448,143.	706,805.	625,079.
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	5,090,922.	2,862,703.	863,099.	1,365,120.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	269,498.	166,248.	18,502.	84,748.
9 Other employee benefits	1,095,681.	546,080.	254,479.	295,122.
10 Payroll taxes	468,248.	241,634.	92,363.	134,251.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,158.	2,158.		
c Accounting	54,254.		54,254.	
d Lobbying	14,658.	14,658.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,074,038.	2,481,214.	330,355.	262,469.
12 Advertising and promotion	596,789.	743.		596,046.
13 Office expenses	135,348.	31,373.	82,645.	21,330.
14 Information technology	228,419.	21,955.	157,961.	48,503.
15 Royalties				
16 Occupancy	666,286.		666,286.	
17 Travel	10,276.	261.	9,581.	434.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	6,204.	5,979.	225.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	100,131.		100,131.	
23 Insurance	51,684.		51,684.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MANAGEMENT ASSISTANCE	1,238,058.	1,238,058.		
b EVENT EXPENSES	111,106.	143.		110,963.
c BAD DEBT	4,517.	4,517.		
d ALLOCATED SHARED COSTS	0.	445,838.	-445,838.	
e All other expenses	95,378.	13,492.	79,773.	2,113.
25 Total functional expenses. Add lines 1 through 24e	50,341,269.	43,772,786.	3,022,305.	3,546,178.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	49,178,064.	1	35,433,116.
	2 Savings and temporary cash investments	15,527,846.	2	14,799,034.
	3 Pledges and grants receivable, net	14,000,048.	3	9,076,875.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	56,414.	9	59,929.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,333,091.		
	b Less: accumulated depreciation	10b 959,995.	492,417.	10c 373,096.
	11 Investments - publicly traded securities		11	289,477.
	12 Investments - other securities. See Part IV, line 11		12	172,500.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	0.	14	1,000,000.
	15 Other assets. See Part IV, line 11	75,000.	15	55,000.
16 Total assets. Add lines 1 through 15 (must equal line 33)	79,329,789.	16	61,259,027.	
Liabilities	17 Accounts payable and accrued expenses	1,384,643.	17	1,242,174.
	18 Grants payable	19,096,797.	18	14,040,171.
	19 Deferred revenue	385,315.	19	358,985.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	20,866,755.	26	15,641,330.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	32,679,210.	27	31,089,572.
	28 Net assets with donor restrictions	25,783,824.	28	14,528,125.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	58,463,034.	32	45,617,697.
33 Total liabilities and net assets/fund balances	79,329,789.	33	61,259,027.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,090,661.
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,341,269.
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,250,608.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	58,463,034.
5	Net unrealized gains (losses) on investments	5	-615,500.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	20,771.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	45,617,697.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: 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? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2020)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	46,459,394.	105,486,235.	54,006,343.	83,249,217.	38,743,738.	327,944,927.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	46,459,394.	105,486,235.	54,006,343.	83,249,217.	38,743,738.	327,944,927.
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)						65,928,509.
6 Public support. Subtract line 5 from line 4.						262,016,418.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	46,459,394.	105,486,235.	54,006,343.	83,249,217.	38,743,738.	327,944,927.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	51,451.	588,034.	1,038,407.	745,935.	65,644.	2,489,471.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	16,310.	4,566.	4,450.	2,077.	2,738.	30,141.
11 Total support. Add lines 7 through 10						330,464,539.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	79.29 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	79.00 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2016 AMOUNT: \$ 16,310.

2017 AMOUNT: \$ 4,566.

2018 AMOUNT: \$ 4,450.

2019 AMOUNT: \$ 2,077.

2020 AMOUNT: \$ 2,738.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

TIPPING POINT COMMUNITY

Employer identification number

20-2121739

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization TIPPING POINT COMMUNITY	Employer identification number 20-2121739
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 2,916,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 1,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 972,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 1,000,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TIPPING POINT COMMUNITY	Employer identification number 20-2121739
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 2,615,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 6,143,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 2,220,967.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 1,004,924.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 1,458,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TIPPING POINT COMMUNITY	Employer identification number 20-2121739
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	1,070,907.82 XRP _____ _____ _____	\$ 1,000,000.	05/26/21
11	1,115 SHARES OF GOOG AND 204 SHARES OF GOOG _____ _____ _____	\$ 1,004,924.	06/18/21
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization TIPPING POINT COMMUNITY	Employer identification number 20-2121739
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

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

Name of organization <p style="text-align: center;">TIPPING POINT COMMUNITY</p>	Employer identification number <p style="text-align: center;">20-2121739</p>
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	14,658.													
c	Total lobbying expenditures (add lines 1a and 1b)	14,658.													
d	Other exempt purpose expenditures	46,780,433.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	46,795,091.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount		1,000,000.	1,000,000.	1,000,000.	3,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000.
c Total lobbying expenditures		21,500.	19,466.	14,658.	55,624.
d Grassroots nontaxable amount		250,000.	250,000.	250,000.	750,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000.
f Grassroots lobbying expenditures		11,070.	10,041.		21,111.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020
Open to Public Inspection

Name of the organization TIPPING POINT COMMUNITY **Employer identification number** 20-2121739

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		570,258.	292,843.	277,415.
d Equipment		297,477.	201,796.	95,681.
e Other		465,356.	465,356.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				373,096.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	37,462,420.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-615,500.
b	Donated services and use of facilities	2b	98,222.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-517,278.
3	Subtract line 2e from line 1	3	37,979,698.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	110,963.
c	Add lines 4a and 4b	4c	110,963.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	38,090,661.

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

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

1	Total expenses and losses per audited financial statements	1	50,307,757.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	98,222.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	98,222.
3	Subtract line 2e from line 1	3	50,209,535.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	131,734.
c	Add lines 4a and 4b	4c	131,734.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	50,341,269.

Part XIII Supplemental Information.

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

PART X, LINE 2:

TIPPING POINT IS CONSIDERED A PUBLIC CHARITY AND IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. TIPPING POINT IS EXEMPT FROM STATE TAX UNDER STATE OF CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701D, WHEREBY ONLY UNRELATED BUSINESS INCOME IS SUBJECT TO FEDERAL AND STATE INCOME TAX. SINCE ALL OF TIPPING POINT'S INCOME IS RELATED TO ITS EXEMPT PURPOSE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. TIPPING POINT HAS NO UNRECOGNIZED TAX BENEFITS OR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2021 AND 2020.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

NON-FUNDRAISING EXPENSE 110,963.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

NON-FUNDRAISING EXPENSE 110,963.

BAD DEBT RECOVERY 20,771.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 131,734.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BENEFIT (event type)	FALL DRIVE-IN (event type)	NONE (total number)	
Revenue	1	Gross receipts	5,331,549.	604,800.	5,936,349.
	2	Less: Contributions	5,331,549.	604,800.	5,936,349.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	636,226.	284,488.	920,714.
	7	Food and beverages	216,959.	44,806.	261,765.
	8	Entertainment	552,500.	285,000.	837,500.
	9	Other direct expenses	48,536.	30,431.	78,967.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			2,098,946.
11	Net income summary. Subtract line 10 from line 3, column (d)			-2,098,946.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **TIPPING POINT COMMUNITY** Employer identification number **20-2121739**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
APPRENTI 1595 NW GILMAN BLVD, SUITE 6B ISSAQUAH, WA 98027	47-3951262	501(C)(3)	250,000.	0.			CORE PORTFOLIO
ASIAN PACIFIC ISLANDER LEGAL OUTREACH - 1121 MISSION ST - SAN FRANCISCO, CA 94103	94-2583284	501(C)(3)	60,000.	0.			EMERGENCY RELIEF
ASPIRE PUBLIC SCHOOLS 1001 22ND AVE, STE 100 OAKLAND, CA 94606	94-3311088	501(C)(3)	800,000.	0.			CORE PORTFOLIO
BAY AREA COMMUNITY SERVICES 390 40TH ST OAKLAND, CA 94609	94-1708069	501(C)(3)	977,500.	0.			CHI AND CORE PORTFOLIO
BAY AREA LEGAL AID 1735 TELEGRAPH AVE OAKLAND, CA 94612	94-1631316	501(C)(3)	769,500.	0.			CHI
BEYOND 12 1625 CLAY ST, SUITE 100 OAKLAND, CA 94612	27-1275246	501(C)(3)	300,000.	0.			CORE PORTFOLIO

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 119.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF SAN FRANCISCO - 380 FULTON ST - SAN FRANCISCO, CA 94102	94-1156608	501(C)(3)	25,000.	0.			EMERGENCY RELIEF
BRAVEN 100 N LASALLE STE 310 CHICAGO, IL 60602	46-4340594	501(C)(3)	200,000.	0.			CORE PORTFOLIO
BRILLIANT CORNERS 1360 MISSION ST, SUITE 300 SAN FRANCISCO, CA 94103	56-2379862	501(C)(3)	5,986,000.	0.			CHI
CALIBER SCHOOLS 5100 POTRERO AVE RICHMOND, CA 94804	46-1219795	501(C)(3)	425,000.	0.			CORE PORTFOLIO
CALIFORNIA COMPETES 2323 BROADWAY, SUITE 219 OAKLAND, CA 94612	95-4302067	501(C)(3)	50,000.	0.			DISCRETIONARY
CALIFORNIA YOUTH CONNECTION 1311 63RD ST EMERYVILLE, CA 94608	94-3141616	501(C)(3)	675,000.	0.			BETTER FUTURES
CANAL ALLIANCE 91 LARKSPUR ST SAN RAFAEL, CA 94901	94-2832648	501(C)(3)	300,000.	0.			CORE PORTFOLIO
CATHOLIC CHARITIES EAST BAY 433 JEFFERSON ST OAKLAND, CA 94607	94-2677202	501(C)(3)	127,500.	0.			EMERGENCY RELIEF
CENTER FOR EMPLOYMENT OPPORTUNITIES - 50 BROADWAY, SUITE 1604 - NEW YORK, NY 10004	13-3843322	501(C)(3)	25,000.	0.			EMERGENCY RELIEF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR YOUTH WELLNESS 3450 3RD ST, BUILDING 2, SUITE 201 SAN FRANCISCO, CA 94124	45-2527627	501(C)(3)	25,000.	0.			DISCRETIONARY
CENTRO LEGAL DE LA RAZA 3022 INTERNATIONAL BLVD, 4TH FLOOR OAKLAND, CA 94601	23-7181456	501(C)(3)	60,000.	0.			EMERGENCY RELIEF
CHILD WELFARE INNOVATION C/O FOSTER AMERICA, PO BOX 220080 BOSTON, MA 02122	38-4011253	501(C)(3)	450,761.	0.			BETTER FUTURES
CHILDREN'S DEFENSE FUND - CALIFORNIA - 811 WILSHIRE BLVD, SUITE 1000 - LOS ANGELES, CA 90017	52-0895622	501(C)(3)	25,000.	0.			DISCRETIONARY
CHINATOWN COMMUNITY DEVELOPMENT CENTER - 1525 GRANT AVE - SAN FRANCISCO, CA 94133	94-2514053	501(C)(3)	50,000.	0.			EMERGENCY RELIEF
CITY OF DREAMS PO BOX 24037 SAN FRANCISCO, CA 94124	20-0719899	501(C)(3)	25,000.	0.			EMERGENCY RELIEF
CITY YEAR SAN JOSE/SILICON VALLEY 1922 THE ALAMEDA, SUITE 104 SAN JOSE, CA 95126	22-2882549	501(C)(3)	50,000.	0.			EMERGENCY RELIEF
CODE TENDERLOIN 55 TAYLOR ST SAN FRANCISCO, CA 94102	94-3355076	501(C)(3)	50,000.	0.			EMERGENCY RELIEF
COLLECTIVE IMPACT 1050 MCALLISTER ST SAN FRANCISCO, CA 94115	20-8964069	501(C)(3)	25,000.	0.			DISCRETIONARY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE TRACK 112 LINDEN ST OAKLAND, CA 94607	94-3279613	501(C)(3)	405,000.	0.			CORE PORTFOLIO
COMPASS FAMILY SERVICES 37 GROVE ST SAN FRANCISCO, CA 94102	94-1156622	501(C)(3)	400,000.	0.			CORE PORTFOLIO
CONTRA COSTA REGIONAL HEALTH FOUNDATION - 50 DOUGLAS DR, SUITE 310-A - MARTINEZ, CA 94553	20-0555977	501(C)(3)	150,000.	0.			EMERGENCY RELIEF
COUNTY OF SANTA CLARA SOCIAL SERVICES AGENCY - 70 WEST HEDDING ST, 11TH FLOOR - SAN JOSE, CA 95110		GOV	40,000.	0.			BETTER FUTURES
COVID-19 BLACK INITIATIVE 1400 PARKMOOR AVE, SUITE 115 SAN JOSE, CA 95126	77-0323115	501(C)(3)	100,000.	0.			EMERGENCY RELIEF
EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION - 1825 SAN PABLO AVE, SUITE 200 - OAKLAND, CA 94612	51-0171851	501(C)(3)	25,000.	0.			EMERGENCY RELIEF
EAST BAY COMMUNITY LAW CENTER 1950 UNIVERSITY AVE, SUITE 200 BERKELEY, CA 94704	94-3042565	501(C)(3)	135,000.	0.			EMERGENCY RELIEF
ECONOMIC SECURITY PROJECT 1201 CONNECTICUT AVE NW, SUITE 300 WASHINGTON, DC 20036	47-3681860	501(C)(3)	255,000.	0.			DISCRETIONARY
EPISCOPAL COMMUNITY SERVICES 165 EIGHTH ST, 3RD FLOOR SAN FRANCISCO, CA 94103	94-3096716	501(C)(3)	285,000.	0.			CHI

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EQUAL JUSTICE SOCIETY 1939 HARRISON ST, SUITE 818 OAKLAND, CA 94612	20-0490698	501(C)(3)	25,000.	0.			DISCRETIONARY
EXPECTING JUSTICE 30 VAN NESS, SUITE 260B SAN FRANCISCO, CA 94102	95-2557063	501(C)(3)	50,000.	0.			DISCRETIONARY
FELTON INSTITUTE 1500 FRANKLIN ST SAN FRANCISCO, CA 94109	94-1156530	501(C)(3)	745,000.	0.			CHI
FIRST 5 CENTER FOR CHILDREN'S POLICY - 1115 ATLANTIC AVE - ALAMEDA, CA 94501	77-0548254	501(C)(3)	150,000.	0.			CORE PORTFOLIO
FIRST PLACE FOR YOUTH 426 17TH ST OAKLAND, CA 94612	94-3341034	501(C)(3)	742,000.	0.			CORE PORTFOLIO
FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES - 678 13TH ST, SUITE 200 - OAKLAND, CA 94612	68-0412350	501(C)(3)	210,000.	0.			CAREER LADDERS PROJECT
FRESH LIFELINES FOR YOUTH 568 VALLEY WAY MILPITAS, CA 95035	52-2234595	501(C)(3)	105,000.	0.			DISCRETIONARY
GROWTH SECTOR 2625 POLK ST, SUITE 4 SAN FRANCISCO, CA 94109	26-0376769	501(C)(3)	254,500.	0.			CORE PORTFOLIO
HOMEBASE 870 MARKET ST, SUITE 1228 SAN FRANCISCO, CA 94102	94-3148303	501(C)(3)	50,000.	0.			CHI

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMELESS PRENATAL PROGRAM 2500 18TH ST SAN FRANCISCO, CA 94110	94-3146280	501(C)(3)	374,000.	0.			CORE PORTFOLIO
HOMERISE 20 JONES ST, SUITE 200 SAN FRANCISCO, CA 94102	94-3112338	501(C)(3)	650,000.	0.			CORE PORTFOLIO
I MENTOR 638 3RD ST OAKLAND, CA 94607	30-0105507	501(C)(3)	160,000.	0.			CORE PORTFOLIO
INNOVATE PUBLIC SCHOOLS 1400 PARKMOOR AVE, SUITE 240 SAN JOSE, CA 95126	46-2155826	501(C)(3)	50,000.	0.			EMERGENCY RELIEF
IZZI EARLY EDUCATION 155 BOVET RD, SUITE 300 SAN MATEO, CA 94402	94-2920286	501(C)(3)	222,000.	0.			CORE PORTFOLIO
JOBTRAIN 1200 O'BRIEN DR MENLO PARK, CA 94025-1413	94-1712371	501(C)(3)	545,000.	0.			CORE PORTFOLIO
JVS 225 BUSH ST, SUITE 400 SAN FRANCISCO, CA 94104	94-2213100	501(C)(3)	455,000.	0.			CORE PORTFOLIO
KIDANGO 44000 OLD WARM SPRINGS BLVD FREMONT, CA 94538	94-2581686	501(C)(3)	250,000.	0.			CORE PORTFOLIO
KIPP NORTHERN CALIFORNIA 1000 BROADWAY, SUITE 460 OAKLAND, CA 94607	20-5010766	501(C)(3)	650,000.	0.			CORE PORTFOLIO

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVE SAN FRANCISCO, CA 94102	94-2917999	501(C)(3)	539,950.	0.			CORE PORTFOLIO
LAW FOUNDATION OF SILICON VALLEY 4 NORTH SECOND ST, SUITE 1300 SAN JOSE, CA 95113	52-1014754	501(C)(3)	60,000.	0.			EMERGENCY RELIEF
LEGAL LINK 4200 PARK BLVD, SUITE 270 OAKLAND, CA 94602	84-4291701	501(C)(3)	75,000.	0.			DISCRETIONARY
LIFE LEARNING ACADEMY 651 8TH ST, TREASURE ISLAND SAN FRANCISCO, CA 94130	46-0744397	501(C)(3)	389,290.	0.			CORE PORTFOLIO
LIFEMOVES 608 WEST REMINGTON DR SUNNYVALE, CA 94087	77-0160469	501(C)(3)	790,390.	0.			CORE PORTFOLIO
LINKED LEARNING ALLIANCE 730 HARRISON ST, 3RD FLOOR SAN FRANCISCO, CA 94107	47-3798868	501(C)(3)	25,000.	0.			DISCRETIONARY
LOAVES AND FISHES OF CONTRA COSTA 835 FERRY ST MARTINEZ, CA 94553	68-0018077	501(C)(3)	25,000.	0.			EMERGENCY RELIEF
LOW INCOME INVESTMENT FUND 49 STEVENSON ST, SUITE 300 SAN FRANCISCO, CA 94105	94-2952578	501(C)(3)	200,000.	0.			EMERGENCY RELIEF
MAKING WAVES FOUNDATION 3045 RESEARCH DR RICHMOND, CA 94806	68-0204312	501(C)(3)	200,000.	0.			CORE PORTFOLIO

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH ON MARYLAND 820 RITCHIE HWY, UNIT 250 SEVERNA PARK, MD 21146	82-0958114	501(C)(3)	50,000.	0.			EMERGENCY RELIEF
MONUMENT IMPACT 1760 CLAYTON RD CONCORD, CA 94520	94-3370919	501(C)(3)	25,000.	0.			EMERGENCY RELIEF
NATIONAL CENTER FOR YOUTH LAW 1212 BROADWAY, SUITE 600 OAKLAND, CA 94612	94-2506933	501(C)(3)	475,000.	0.			BETTER FUTURES
NATIONAL SKILLS COALITION 1250 CONNECTICUT AVE NW, SUITE 200 WASHINGTON, DC 20036	30-0075580	501(C)(3)	150,000.	0.			CORE PORTFOLIO
NON-PROFIT HOUSING ASSOCIATION OF NORTHERN CALIFORNIA - 369 PINE ST, SUITE 350 - SAN FRANCISCO, CA 94104	94-2741597	501(C)(3)	300,000.	0.			CORE PORTFOLIO
NURSE-FAMILY PARTNERSHIP 1900 GRANT ST, STE 400 DENVER, CO 80203	20-0234163	501(C)(3)	250,000.	0.			CORE PORTFOLIO
OAKLAND PUBLIC EDUCATION FUND 520 3RD ST, SUITE 109 OAKLAND, CA 94607	43-2014630	501(C)(3)	25,000.	0.			DISCRETIONARY
OMEGA PSI PHI SIGMA IOTA SCHOLARSHIP FUND - 484 LAKE PARK AVE, PMB3 - OAKLAND, CA 94610	94-3178579	501(C)(3)	30,000.	0.			DISCRETIONARY
ON THE MOVE 780 LINCOLN AVE NAPA, CA 94558	75-3149095	501(C)(3)	705,298.	0.			CHI

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONEGOAL 1111 BROADWAY OAKLAND, CA 94607	56-2369898	501(C)(3)	150,000.	0.			CORE PORTFOLIO
OPPORTUNITY JUNCTION 3102 DELTA FAIR BLVD ANTIOCH, CA 94509	68-0459131	501(C)(3)	275,000.	0.			CORE PORTFOLIO
PARENTCHILD+ 163B MINEOLA BLVD MINEOLA, NY 11501	11-2495601	501(C)(3)	312,000.	0.			CORE PORTFOLIO
PIVOTAL 1871 THE ALAMEDA, SUITE 335 SAN JOSE, CA 95126	77-0166138	501(C)(3)	400,000.	0.			BETTER FUTURES
POSITIVE RESOURCE CENTER 170 9TH ST SAN FRANCISCO, CA 94103	94-3078431	501(C)(3)	382,000.	0.			CHI
PUBLIC HEALTH INSTITUTE 555 12TH ST, 10TH FLOOR OAKLAND, CA 94607	94-1646278	501(C)(3)	200,000.	0.			EMERGENCY RELIEF
RCF CONNECTS 1014 FLORIDA AVE, SUITE 200 RICHMOND, CA 94804	94-3337754	501(C)(3)	25,000.	0.			EMERGENCY RELIEF
RICHMOND DISTRICT NEIGHBORHOOD CENTER - 741 30TH AVE - SAN FRANCISCO, CA 94121	94-2684271	501(C)(3)	25,000.	0.			EMERGENCY RELIEF
RIVET SCHOOL 1503 MACDONALD AVE, SUITE A RICHMOND, CA 94801	82-3461657	501(C)(3)	11,275.	0.			DISCRETIONARY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROBERTS ENTERPRISE DEVELOPMENT FUND - 101A CLAY ST, SUITE 103 - SAN FRANCISCO, CA 94111	54-2132153	501(C)(3)	45,000.	0.			DISCRETIONARY
ROCKETSHIP EDUCATION 350 TWIN DOLPHIN DR, SUITE 109 REDWOOD CITY, CA 94065	20-4040597	501(C)(3)	800,000.	0.			CORE PORTFOLIO
SAMOAN COMMUNITY DEVELOPMENT CENTER - 2055 SUNNYDALE AVE - SAN FRANCISCO, CA 94134	77-0290646	501(C)(3)	25,000.	0.			EMERGENCY RELIEF
SAN FRANCISCO HOUSING ACCELERATOR FUND - 2370 MARKET ST, SUITE 103, BOX 442 - SAN FRANCISCO, CA 94114	01-0716217	501(C)(3)	150,000.	0.			CHI
SAN FRANCISCO HOUSING ACCELERATOR FUND - 2370 MARKET ST, SUITE 103, BOX 442 - SAN FRANCISCO, CA 94114	01-0716217	501(C)(3)	109,830.	0.			HOMES FOR THE HOMELESS FUND
SAN FRANCISCO STUDY CENTER 1663 MISSION ST, SUITE 310 SAN FRANCISCO, CA 94103	94-2168838	501(C)(3)	25,000.	0.			EMERGENCY RELIEF
SHELTER, INC. 1333 WILLOW PASS RD CONCORD, CA 94520	68-0117241	501(C)(3)	477,500.	0.			CORE PORTFOLIO
SILICON VALLEY COMMUNITY FOUNDATION - 2440 WEST EL CAMINO REAL, SUITE 300 - MOUNTAIN VIEW, CA 94040	20-5205488	501(C)(3)	250,000.	0.			CALIFORNIA BLACK FREEDOM FUND
SOCIAL GOOD FUND 12651 SAN PABLO AVE, SUITE 5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	25,000.	0.			EMERGENCY RELIEF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEAST ASIAN DEVELOPMENT CENTER 166 EDDY ST SAN FRANCISCO, CA 94102	94-2532304	501(C)(3)	50,000.	0.			EMERGENCY RELIEF
ST. JAMES INFIRMARY 730 POLK ST SAN FRANCISCO, CA 94109	94-3330568	501(C)(3)	525,000.	0.			CHI
STANFORD SCHOOL OF MEDICINE MAIN ADMINISTRATION, 401 QUARRY RD PALO ALTO, CA 94305	94-1156365	501(C)(3)	888,611.	0.			CORE PORTFOLIO
SWORDS TO PLOWSHARES 401 VAN NESS AVE, SUITE 313 SAN FRANCISCO, CA 94102	94-2260626	501(C)(3)	150,000.	0.			CHI
TELEGRAPH HILL NEIGHBORHOOD CENTER 660 LOMBARD ST SAN FRANCISCO, CA 94133	94-1167422	501(C)(3)	25,000.	0.			EMERGENCY RELIEF
TENDERLOIN HOUSING CLINIC 126 HYDE ST SAN FRANCISCO, CA 94102	94-2681706	501(C)(3)	19,080.	0.			CHI
THE BREAD PROJECT 1615 UNIVERSITY AVE BERKELEY, CA 94703	94-3363920	501(C)(3)	66,000.	0.			DISCRETIONARY
THE CROSS CULTURAL FAMILY CENTER PO BOX 15366 SAN FRANCISCO, CA 94115	94-1690098	501(C)(3)	25,000.	0.			EMERGENCY RELIEF
THE EDUCATION TRUST 1501 K ST, NW, SUITE 200 WASHINGTON, DC 20005	52-1982223	501(C)(3)	300,000.	0.			CORE PORTFOLIO

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FORESTRY AND FIRE RECRUITMENT PROGRAM - 110 W 6TH ST, SUITE 162 - AZUSA, CA 91702	83-0806426	501(C)(3)	150,000.	0.			CORE PORTFOLIO
THE OAKLAND REACH 333 HEGENBERGER RD, SUITE 750 OAKLAND, CA 94621	83-1289590	501(C)(3)	50,000.	0.			EMERGENCY RELIEF
THE REGENTS OF UC BERKELEY SCHOOL OF SOCIAL WELFARE, 120 HAVIL BERKELEY, CA 94720	94-6002123	501(C)(3)	406,000.	0.			BETTER FUTURES
THE SALVATION ARMY, A CALIFORNIA CORPORATION - 30840 HAWTHORNE BLVD - RANCHO PALOS VERDES, CA 90275	94-1156347	501(C)(3)	25,000.	0.			CHI
THE UNITY COUNCIL 1900 FRUITVALE AVE, SUITE 2A OAKLAND, CA 94601	94-1670490	501(C)(3)	200,000.	0.			CORE PORTFOLIO
THE UNIVERSITY CORPORATION SAN FRANCISCO STATE - 1600 HOLLOWAY AVE - SAN FRANCISCO, CA 94132	94-1384645	501(C)(3)	350,000.	0.			GUARDIAN SCHOLARS PROGRAM
TIDES CENTER PO BOX 399385 SAN FRANCISCO, CA 94139	94-3213100	501(C)(3)	50,000.	0.			CHI
TRINITY CENTER PO BOX 126 WALNUT CREEK, CA 94597	37-1706813	501(C)(3)	10,000.	0.			EMERGENCY RELIEF
UJIMA FAMILY RECOVERY SERVICES 1901 CHURCH LN SAN PABLO, CA 94806	68-0127450	501(C)(3)	62,500.	0.			DISCRETIONARY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED COUNCIL OF HUMAN SERVICES 2111 JENNINGS ST SAN FRANCISCO, CA 94124	94-2936270	501(C)(3)	10,000.	0.			EMERGENCY RELIEF
UNITED PLAYAZ 1038 HOWARD ST SAN FRANCISCO, CA 94103	20-5005815	501(C)(3)	25,000.	0.			EMERGENCY RELIEF
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 220 MONTGOMERY ST, 5TH FLOOR - SAN FRANCISCO, CA 94104	94-6036493	501(C)(3)	890,000.	0.			CHI
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 220 MONTGOMERY ST, 5TH FLOOR - SAN FRANCISCO, CA 94104	94-6036493	501(C)(3)	1,528,104.	0.			CHILD TRAUMA RESEARCH PROGRAM
UP ON TOP 1187 FRANKLIN ST SAN FRANCISCO, CA 94109	35-2198146	501(C)(3)	25,000.	0.			EMERGENCY RELIEF
UPWARDLY GLOBAL 582 MARKET ST, SUITE 1207 SAN FRANCISCO, CA 94104	94-3346127	501(C)(3)	175,000.	0.			CORE PORTFOLIO
WEST CONTRA COSTA PUBLIC EDUCATION FUND - 217C W RICHMOND AVE - RICHMOND, CA 94801	68-0005307	501(C)(3)	50,000.	0.			EMERGENCY RELIEF
WESTCOAST CHILDREN'S CLINIC 3301 E 12TH ST, SUITE 259 OAKLAND, CA 94601	94-2553319	501(C)(3)	25,000.	0.			EMERGENCY RELIEF
WESTSIDE COMMUNITY SERVICES 1153 OAK ST SAN FRANCISCO, CA 94117	94-1164909	501(C)(3)	25,000.	0.			DISCRETIONARY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE PONY EXPRESS 3380 VINCENT RD, SUITE 107 PLEASANT HILL, CA 94523	46-5220565	501(C)(3)	25,000.	0.			EMERGENCY RELIEF
WORKING PARTNERSHIPS USA 2102 ALMADEN RD, SUITE 112 SAN JOSE, CA 95125	77-0387535	501(C)(3)	50,000.	0.			DISCRETIONARY
YEAR UP 80 SUTTER ST SAN FRANCISCO, CA 94104	04-3534407	501(C)(3)	600,000.	0.			CORE PORTFOLIO
YMCA OF THE EAST BAY 2001 ALLSTON WAY BERKELEY, CA 94704	94-1156635	501(C)(3)	210,000.	0.			CORE PORTFOLIO
YOUNG COMMUNITY DEVELOPERS 1715 YOSEMITE AVE SAN FRANCISCO, CA 94124	94-2187776	501(C)(3)	25,000.	0.			EMERGENCY RELIEF
YOUTH LAW CENTER 832 FOLSOM ST, SUITE 700 SAN FRANCISCO, CA 94107	94-1715280	501(C)(3)	1,000,000.	0.			BETTER FUTURES
YOUTH UPRISING 8711 MACARTHUR BLVD OAKLAND, CA 94605	20-3321544	501(C)(3)	10,000.	0.			EMERGENCY RELIEF

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

ORGANIZATIONS THAT RECEIVE GRANTS FROM TIPPING POINT COMMUNITY HAVE GRANT GOALS THAT ARE MONITORED AND REPORTED ON TWICE A YEAR. THE GRANT GOALS ARE OUTLINED WITHIN THE ORGANIZATION'S GRANT AGREEMENT AND ARE CONSIDERED CRITICAL TO THE GRANTEE RECEIVING FUNDING. GRANTEES REPORT ON THEIR PROGRESS TOWARD THEIR GRANT GOALS AND PROVIDE FINANCIAL DATA FOR REVIEW DURING MIDYEAR AND RENEWAL CHECK-INS. ADDITIONALLY, GRANTEES ARE REQUIRED TO REPORT IN TWICE A YEAR ON THEIR PAST YEAR PERFORMANCE. THIS INCLUDES INFORMATION REGARDING THE NUMBER OF CLIENTS SERVED, SUCCESS AND FAILURE

Part IV Supplemental Information

RATES WHERE APPLICABLE, ALONG WITH ADDITIONAL FINANCIAL REPORTING INCLUDING

THE ORGANIZATION'S FINANCIAL AUDIT WHEN APPLICABLE.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **TIPPING POINT COMMUNITY**
 Employer identification number: **20-2121739**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SAM COBBS CEO	(i)	361,431.	0.	1,634.	19,802.	28,283.	411,150.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELIZABETH GIVENS CHIEF DEVELOPMENT OFFICER	(i)	260,885.	0.	1,566.	17,981.	34,766.	315,198.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOSHUA STEINBERGER CHIEF EXTERNAL AFFAIRS OFFICER	(i)	256,122.	0.	1,566.	15,231.	28,966.	301,885.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELIZABETH BENDER CHIEF OPERATING OFFICER	(i)	256,477.	0.	1,516.	15,244.	13,663.	286,900.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KELLY BATHGATE CHIEF PROGRAM OFFICER	(i)	240,163.	0.	1,524.	13,657.	13,663.	269,007.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JAKE HOBSON SR DIRECTOR OF INDIVIDUAL GIVING	(i)	183,615.	0.	1,566.	12,379.	40,378.	237,938.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHRIS BLOCK DIRECTOR OF CHI (THRU 03/21)	(i)	189,664.	0.	1,802.	13,276.	21,279.	226,021.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GEORGETTE BHATHENA, SR DIR OF GRANTMAKING (THRU 06/21)	(i)	188,654.	0.	1,524.	11,521.	17,901.	219,600.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JAMES AUSTIN SENIOR DIRECTOR OF IMPACT	(i)	183,517.	0.	1,634.	12,846.	21,279.	219,276.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) REBECCA TRUITT SR MANAGER OF TALENT (THRU 11/20)	(i)	101,839.	0.	83,971.	7,609.	12,262.	205,681.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CAROL KIM SENIOR DIRECTOR OF FINANCE	(i)	180,250.	0.	1,516.	12,567.	1,596.	195,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

SEVERANCE PAYMENTS ARE MADE BASED UPON AGREEMENTS BETWEEN CERTAIN

QUALIFYING EMPLOYEES AND THE ORGANIZATION. DETAILS OF THE TERMS AND

CONDITIONS OF THE SEVERANCE AGREEMENTS ARE AVAILABLE TO THE IRS UPON

REQUEST.

REBECCA TRUITT - SEVERANCE PAYMENT - \$75,784

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **TIPPING POINT COMMUNITY** Employer identification number: **20-2121739**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	28	2,461,634.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	1	460,000.	FAIR MARKET VALUE
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (CRYPTOCURRENC)	X	1	1,000,000.	FAIR MARKET VALUE
26 Other				
27 Other				
28 Other				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement: **29** 0

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS ARE LISTED IN COLUMN B.

Multiple horizontal lines for data entry.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

TIPPING POINT COMMUNITY

Employer identification number

20-2121739

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TIPPING POINT COMMUNITY IS A NONPROFIT ORGANIZATION WORKING TO BREAK

THE CYCLE OF POVERTY FOR PEOPLE IN THE BAY AREA WHO DON'T HAVE THE

RESOURCES TO MEET THEIR BASIC NEEDS. SINCE 2005, TIPPING POINT HAS

INVESTED MORE THAN \$300 MILLION FOR HOUSING, EARLY CHILDHOOD,

EDUCATION, AND EMPLOYMENT SOLUTIONS IN THE REGION. OUR BOARD COVERS

100% OF OUR OPERATING COSTS, SO EVERY DOLLAR DONATED GOES WHERE IT'S

NEEDED MOST. LAST YEAR, OUR GRANTEES PROVIDED LIFECHANGING SERVICES TO

MORE THAN 500,000 OF OUR NEIGHBORS ACROSS THE BAY AREA.

FORM 990, PART VI, SECTION B, LINE 11B:

SUBSEQUENT TO THE COMPLETION OF THE ANNUAL AUDIT, THE FORM 990 IS PREPARED

UTILIZING THE AUDIT REPORT AND NECESSARY SUPPORTING SCHEDULES. TIPPING

POINT'S CEO AND COO REVIEW THE FORM AND PRESENT IT TO THE FULL BOARD OF

DIRECTORS. EACH MEMBER OF THE BOARD OF DIRECTORS WILL RECEIVE A COPY OF THE

FORM 990 PRIOR TO THE SUBMISSION OF THE FORM TO THE INTERNAL REVENUE

SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

TIPPING POINT'S CONFLICT OF INTEREST POLICY, WHICH IS INCORPORATED INTO

TIPPING POINT'S FISCAL POLICIES AND PROCEDURES, PLACES AN AFFIRMATIVE

OBLIGATION ON EACH OFFICER, DIRECTOR AND STAFF MEMBER TO DISCLOSE ANY

CONTRACT OR TRANSACTION IN WHICH HE OR SHE HAS AN INTEREST. EACH STAFF

MEMBER HAS SIGNED AN AFFIRMATION STATING THAT THEY HAVE READ AND WILL ABIDE

BY THE CONFLICT OF INTEREST POLICY. AT WHICH TIME A POTENTIAL CONFLICT IS

DISCLOSED OR DISCOVERED, THE TIPPING POINT BOARD OF DIRECTORS WILL REVIEW

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization TIPPING POINT COMMUNITY	Employer identification number 20-2121739
---	--

THE SITUATION AND VOTE ON THE SITUATION. THE STAFF OR BOARD MEMBER INVOLVED
 IN THE POTENTIAL CONFLICT OF INTEREST WOULD NOT BE PRESENT FOR FINAL
 DELIBERATION AND VOTE. TPC'S BOARD AND KEY EMPLOYEES REVIEW THE CONFLICT OF
 INTEREST POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:
 IN JANUARY 2020, THE ORGANIZATION CONDUCTED AN IN-DEPTH SALARY ANALYSIS,
 EXAMINING COMPENSATION RANGES FOR COMPARABLE POSITIONS AT PEER
 ORGANIZATIONS. THIS DATA WAS USED TO ESTABLISH SALARIES IN ACCORDANCE WITH
 THE ORGANIZATION'S COMPENSATION PHILOSOPHY. THE BOARD ALSO APPROVED OF ANY
 SIGNIFICANT CHANGES IN COMPENSATION FOR THE CEO AND COO. MERIT INCREASES
 WERE PROVIDED TO ELIGIBLE STAFF IN JULY 2021.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN
 UT, VA, WI, WV, ND

FORM 990, PART VI, SECTION C, LINE 19:
 THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE FILED WITH THE CALIFORNIA
 SECRETARY OF STATE, AND THUS AVAILABLE TO THE PUBLIC. THE CONFLICT OF
 INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE
 PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
 BAD DEBT RECOVERY 20,771.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. TIPPING POINT COMMUNITY	Taxpayer identification number (TIN) 20-2121739
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 220 MONTGOMERY STREET, NO. 850	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94104	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ELIZABETH BENDER, COO

- The books are in the care of ▶ 220 MONTGOMERY STREET, SUITE 850 - SAN FRANCISCO, CA 94104
Telephone No. ▶ (415) 348-1240 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 16, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning JUL 1, 2020 , and ending JUN 30, 2021 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.