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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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

C Name of organization
1736 FAMILY CRISIS CENTER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
2116 ARLINGTON AVENUE NO 200

City or town, state or province, country, and ZIP or foreign postal code
LOS ANGELES, CA 90018

D Employer identification number
95-3989251

E Telephone number
(323) 737-3900

G Gross receipts $ 18,840,613

F Name and address of principal officer:
RONALD C TROUPE
2116 ARLINGTON AVENUE NO 200
LOS ANGELES, CA 90018

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.1736FCC.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1986

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	192
6	Total number of volunteers (estimate if necessary)	**6**	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	14,141,354	18,840,613
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,141,354	18,840,613
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,190,698	8,924,888
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶146,814		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,613,233	9,555,786
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	13,803,931	18,480,674
19	Revenue less expenses. Subtract line 18 from line 12	337,423	359,939

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	13,127,692	12,051,918
21	Total liabilities (Part X, line 26)	5,595,444	4,463,456
22	Net assets or fund balances. Subtract line 21 from line 20	7,532,248	7,588,462

Part II Signature Block

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

Sign Here

****** 2022-05-16
Signature of officer Date

RONALD C TROUPE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01358141

Firm's name ▶ QUIGLEY & MIRON — Firm's EIN ▶ 32-0530003

Firm's address ▶ 3550 WILSHIRE BLVD 1660
LOS ANGELES, CA 90010 — Phone no. (213) 639-3550

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

TO COMPREHENSIVELY HELP INDIVIDUALS AND FAMILIES THROUGH CRISIS CIRCUMSTANCES, INCLUDING DOMESTIC VIOLENCE, HOMELESSNESS, ABUSE, HUMAN TRAFFICKING, NEGLECT, POVERTY, SUBSTANCE ABUSE, PTSD, AND DISTRESS, AND TO IMPROVE THEIR PROSPECTS FOR LONG-TERM STABILITY AND SUCCESS.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 5,744,879 including grants of $) (Revenue $)
See Additional Data

4b (Code:) (Expenses $ 4,600,926 including grants of $) (Revenue $)
See Additional Data

4c (Code:) (Expenses $ 3,691,298 including grants of $) (Revenue $)
See Additional Data

(Code:) (Expenses $ 1,187,295 including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ 1,187,295 including grants of $) (Revenue $)

4e **Total program service expenses ▶** 15,224,398

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	171		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	192		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶THE ORGANIZATION 2116 ARLINGTON AVENUE 200 LOS ANGELES, CA 90018 (323) 737-3900

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TERRY EDDY FIRST VP & SECRETARY	1.00	X		X				0	0	0
(2) RONALD C TROUPE PRESIDENT	30.00	X		X				66,000	0	0
(3) CAROL A ADELKOFF CEO & EXECUTIVE DIRECTOR	40.00	X		X				444,733	0	7,539
(4) WENDELL BARNER DIRECTOR	1.00	X						0	0	0
(5) ROBERT SMITH PAST PRESIDENT	1.00	X						0	0	0
(6) ERNESTINE FRAZIER DIRECTOR	1.00	X						0	0	0
(7) RENATE HILL DIRECTOR	1.00	X						0	0	0
(8) COZETTE VERGARI CHIEF FINANCIAL OFFICER	1.00			X				0	0	0
(9) MARTIN MARTINEZ DIRECTOR OF FINANCE	40.00					X		166,226	0	26,643
(10) YOUSTINA AZIZ CORPORATE COUNSEL & DIR. OF RECORDS & CONTRACTS	40.00					X		108,780	0	6,040
(11) PABLO ESCOBAR DIRECTOR OF CLIENT LEGAL SERVICES/ASST TO CEO	40.00					X		102,734	0	18,490

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								888,473	0	58,712

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 ▶ 4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HOLIDAY GARDEN SF CORP DBA CLEMENTINE ST 1700 SOUTH CLEMENTINE STREET ANAHEIM, CA 92802	CLIENT NEEDS - RENT	1,305,384
GREEN 4 LLC 510 S MARENGO AVE ALHAMBRA, CA 91803	CLIENT NEEDS - RENT	155,700
HARBOUR INN GROUP 16912 PACIFIC COAST HWY SUNSET BEACH, CA 90742	CLIENT NEEDS - RENT	126,983

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 ▶ 3

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	18,162,701		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	677,912		
	g Noncash contributions included in lines 1a - 1f:$	1g	260,016		
	h Total. Add lines 1a-1f . . . . . ▶		18,840,613		
Program Service Revenue		Business Code			
	2a				
	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) . . . . . ▶				
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents 6a				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory 7a				
	b Less: cost or other basis and sales expenses 7b				
	c Gain or (loss) 7c				
	d Net gain or (loss) . . . . . ▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . 8a				
	b Less: direct expenses . . . 8b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities. See Part IV, line 19 . . . 9a				
	b Less: direct expenses . . . 9b				
	c Net income or (loss) from gaming activities . . ▶				
	10a 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	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶				
	12 Total revenue. See instructions . . . . ▶	18,840,613	0	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	471,040		410,284	60,756
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,245,087	5,505,146	710,666	29,275
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	310,454	257,002	49,249	4,203
9 Other employee benefits	1,440,963	1,192,866	228,589	19,508
10 Payroll taxes	457,344	378,601	72,551	6,192
11 Fees for services (non-employees):				
a Management				
b Legal	852,388		852,388	
c Accounting	185,912		185,912	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	287,940	231,363	53,899	2,678
12 Advertising and promotion				
13 Office expenses	926,217	839,555	72,876	13,786
14 Information technology				
15 Royalties				
16 Occupancy	1,428,039	1,159,164	262,126	6,749
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	51,456	41,943	8,614	899
20 Interest	40,638		40,638	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	139,612		139,612	
23 Insurance	192,197	185,176	5,870	1,151
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES FOR PROGRAMS	5,336,215	5,336,215		
b FEES, TAXES & LICENSES	58,546	44,530	13,046	970
c EQUIPMENT LEASE/RENTAL	56,626	52,837	3,142	647
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	18,480,674	15,224,398	3,109,462	146,814
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	4,601,979	1	3,927,432
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,371,695	4	3,152,983
	5	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		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	8,675
	9	Prepaid expenses and deferred charges	218,834	9	479,565
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 5,518,423			
	b	Less: accumulated depreciation — 10b: 2,428,850	3,229,185	10c	3,089,573
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,705,999	15	1,393,690
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	13,127,692	16	12,051,918
Liabilities	17	Accounts payable and accrued expenses	2,485,969	17	2,547,945
	18	Grants payable		18	
	19	Deferred revenue	2,068,441	19	918,786
	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	1,041,034	23	996,725
	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	5,595,444	26	4,463,456
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	4,835,969	27	5,254,121
	28	Net assets with donor restrictions	2,696,279	28	2,334,341
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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	7,532,248	32	7,588,462
	33	Total liabilities and net assets/fund balances	13,127,692	33	12,051,918

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,840,613
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,480,674
3	Revenue less expenses. Subtract line 2 from line 1	3	359,939
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,532,248
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	-303,725
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,588,462

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed 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?	2b	Yes	
	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 95-3989251

Name: 1736 FAMILY CRISIS CENTER

Form 990 (2020)

Form 990, Part III, Line 4a:

DOMESTIC VIOLENCE SHELTERS AND SERVICES:EMERGENCY AND TRANSITIONAL SHELTER-THE CENTER OPERATES FOUR CONFIDENTIALLY-LOCATED SHELTERS OFFERING APPROXIMATELY 130 BEDS (DEPENDING ON FAMILY COMPOSITION AND THE NUMBER OF CRIBS AND BEDS NEEDED FOR A FAMILY) FOR DOMESTIC VIOLENCE AND HUMAN TRAFFICKING SURVIVORS AND THEIR CHILDREN (BOYS AND GIRLS FROM BIRTH TO 17 YEARS). THE SHELTERS OFFER EMERGENCY AND TRANSITIONAL STAGE CARE TO CHILDREN AND ADULTS FLEEING CHAOTIC AND VOLATILE HOMES, AND/OR DANGERS FROM LIFE ON THE STREETS. THEY ALSO SERVE THOSE WHO ARE FURTHER ALONG IN THEIR RECOVERY AND PATH TO INDEPENDENCE. PROGRAM ACTIVITIES ARE DESIGNED TO HELP SURVIVORS OVERCOME DOMESTIC VIOLENCE OR HUMAN TRAFFICKING'S DEVASTATING EFFECTS AND OTHER DIFFICULTIES IMPAIR PERSONAL AND FAMILY FUNCTIONING, IN ORDER TO PROMOTE SELF-SUFFICIENCY. (CONTINUED ON SCHEDULE O)

Form 990, Part III, Line 4b:

SUPPORTIVE HOUSING SERVICES FOR VETERANS AND CRIME VICTIMS:HOMELESS VETERANS AND FAMILY PROGRAM-THE HOUSING FOR VETERAN FAMILIES PROGRAM OFFERS WRAPAROUND SUPPORTS TO PREVENT OR END HOMELESSNESS FOR LOW-INCOME VETERAN FAMILIES. SERVICES FOR THIS PROGRAM OFTEN BEGIN ON THE STREETS OR IN SHELTERS WITH COMPASSIONATE STAFF OFFERING VETERANS A LISTENING EAR, A BOTTLE OF WATER AND SOME FOOD, AND A CHANCE TO REBUILD THEIR LIVES THROUGH THE FOUNDATION OF A PERMANENT HOME. SERVICES ARE AVAILABLE TO HOMELESS AND AT-RISK VETERANS AND THEIR FAMILIES IN LOS ANGELES AND ORANGE COUNTIES, AND INCLUDE LEGAL SERVICES TO REMOVE BARRIERS TO EMPLOYMENT AND HOUSING, HOUSING NAVIGATION ASSISTANCE TO IDENTIFY HOUSING OPPORTUNITIES, AND CASE MANAGEMENT TO DEVELOP LIFE SKILLS VITAL TO SELF-SUFFICIENCY. (CONTINUED ON SCHEDULE O)

Form 990, Part III, Line 4c:

COMMUNITY-BASED EDUCATION, FAMILY SOURCE CENTER, AND MENTAL HEALTH THERAPY SERVICES:COMMUNITY-BASED EDUCATION-THE CENTER ADVOCATES FOR THE VULNERABLE POPULATIONS IT SERVES THROUGH OUTREACH AND EDUCATIONAL ACTIVITIES, INCLUDING SERVING AS EXPERTS ON DOMESTIC VIOLENCE, YOUTH AND VETERAN HOMELESSNESS, HUMAN TRAFFICKING, SUICIDE PREVENTION AND INTERVENTION, AND OTHER RELATED FIELDS THROUGHOUT THE COMMUNITY. OUTREACH SERVICES INCLUDE PARTICIPATION IN EVENTS AND COMMUNITY GATHERINGS IN PARTNERSHIP WITH PUBLIC AND PRIVATE ESTABLISHMENTS. THE CENTER HISTORICALLY CONDUCTS EDUCATIONAL SESSIONS TO THE PUBLIC, COLLEGES AND UNIVERSITIES, AND TO PROFESSIONAL TRAINEES AND COMMUNITY VOLUNTEERS. (CONTINUED ON SCHEDULE O)

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
1736 FAMILY CRISIS CENTER

Employer identification number
95-3989251

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

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

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 failed 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 grant.") . .	10,935,235	11,727,240	11,617,734	14,141,354	18,840,614	67,262,177
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..	144,880	148,405	2,237,496			2,530,781
4 **Total.** Add lines 1 through 3	11,080,115	11,875,645	13,855,230	14,141,354	18,840,614	69,792,958
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6 **Public support.** Subtract line 5 from line 4.						69,792,958

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. .	11,080,115	11,875,645	13,855,230	14,141,354	18,840,614	69,792,958
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	19	143				162
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						69,793,120

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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	**14**	100.000 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	**15**	100.000 %

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 . . . . . ▶ ☑

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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer 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? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**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 e			
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. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 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.			

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

Facts And Circumstances Test

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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
1736 FAMILY CRISIS CENTER

Employer identification number
95-3989251

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		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 in Part XIII . . . . ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance				130,882	130,882
b Contributions					
c Net investment earnings, gains, and losses					4
d Grants or scholarships					
e Other expenditures for facilities and programs				130,882	4
f Administrative expenses					
g End of year balance					130,882

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 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		1,281,807		1,281,807
b Buildings		833,627	288,808	544,819
c Leasehold improvements		2,237,569	974,622	1,262,947
d Equipment		1,165,420	1,165,420	0
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				3,089,573

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)BUILDINGS AND LAND LEASE	1,393,690
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	1,393,690

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

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

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

1	Total revenue, gains, and other support per audited financial statements			1	19,052,858
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	212,245		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	212,245
3	Subtract line **2e** from line **1**			3	18,840,613
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	18,840,613

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	18,996,644
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	515,970		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	515,970
3	Subtract line **2e** from line **1**			3	18,480,674
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	18,480,674

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 95-3989251
Name: 1736 FAMILY CRISIS CENTER

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	EARNINGS FROM THE ENDOWMENT FUND ARE APPROPRIATED ANNUALLY TO PAY FOR THE ORGANIZATION'S OPERATING EXPENSES.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	ACCOUNTING STANDARDS REQUIRE AN ORGANIZATION TO EVALUATE ITS TAX POSITIONS AND PROVIDE FOR A LIABILITY FOR ANY POSITIONS THAT WOULD NOT BE CONSIDERED "MORE LIKELY THAN NOT" TO BE U PHELD UNDER A TAX AUTHORITY EXAMINATION. MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HA S CONCLUDED THAT A PROVISION FOR A TAX LIABILITY IS NOT NECESSARY AT JUNE 30, 2021. GENERA LLY, THE CENTER'S INFORMATION RETURNS REMAIN OPEN FOR EXAMINATION FOR THREE (FEDERAL) OR F OUR (STATE OF CALIFORNIA) YEARS FROM THE DATE OF FILING.

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
1736 FAMILY CRISIS CENTER

Employer identification number
95-3989251

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., 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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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 are not 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 CAROL A ADELKOFF CEO & EXECUTIVE DIRECTOR	**(i)**	444,733	0	0	57,000	23,914	525,647	0
	(ii)	0	0	0	0	0	0	0
2 MARTIN MARTINEZ DIRECTOR OF FINANCE	**(i)**	166,226	0	0	16,650	9,993	192,869	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation
SCHEDULE J, PART II:	COLUMN (B) INCLUDES SALARY AND VACATION PAID. COLUMN (C) INCLUDES DEFERRED COMPENSATION INCLUDES PENSION RETIREMENT PLAN. COLUMN (D) NONTAXABLE BENEFITS INCLUDE HEALTH, DENTAL, VISION, AND LIFE INSURANCES.

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
1736 FAMILY CRISIS CENTER

Employer identification number
95-3989251

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	X		260,016	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
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 ▶ (_____)				
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 IV, Donee Acknowledgement — 29

		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?		No
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?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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.

Return Reference	Explanation

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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
1736 FAMILY CRISIS CENTER

Employer identification number
95-3989251

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I, LINE 1	ORGANIZATION-1736 FAMILY CRISIS CENTER (CENTER) IS A 501(C)(3) NONPROFIT ORGANIZATION DEDI CATED TO SERVING VULNERABLE COMMUNITY MEMBERS IN LOS ANGELES COUNTY, ORANGE COUNTY, AND SU RROUNDING AREAS. ITS MISSION IS COMPREHENSIVELY TO HELP CHILDREN, WOMEN, MEN, AND FAMILIES THROUGH CRISES, INCLUDING DOMESTIC VIOLENCE, SEXUAL ASSAULT, HOMELESSNESS, JOBLESSNESS, P OVERTY, HUMAN TRAFFICKING, SUICIDE IDEATION AND ATTEMPTS, ADDICTION, POST-TRAUMATIC STRESS , AND EMOTIONAL AND LIFE-SURVIVAL CHALLENGES, THEREBY IMPROVING THEIR PROSPECTS FOR LONG-T ERM HOUSING, PSYCHOLOGICAL WELLNESS, FINANCIAL STABILITY, AND SUCCESS. THE CENTER SERVES A PPROXIMATELY 9,000 CHILDREN AND ADULTS ANNUALLY THROUGH IN-DEPTH RESIDENTIAL AND NONRESIDE NTIAL PROGRAMS, AND HISTORICALLY, 20,000 MORE THROUGH EDUCATIONAL PROGRAMS AND COMMUNITY A ND STREET OUTREACH. THE CENTER IS FUNDED BY PUBLIC AND PRIVATE SECTORS, INCLUDING SEVERAL DEPARTMENTS OF THE UNITED STATES FEDERAL GOVERNMENT, THE STATE OF CALIFORNIA, THE COUNTY O F LOS ANGELES, THE COUNTY OF ORANGE, THE CITY OF LOS ANGELES, MUNICIPALITIES, FOUNDATIONS, CORPORATIONS, CLUBS AND SERVICE ORGANIZATIONS, CHURCHES, COMMUNITY GROUPS, AND INDIVIDUAL S. 1736 FAMILY CRISIS CENTER HAS 21 FACILITIES AND SERVICE LOCATIONS THROUGHOUT LOS ANGELE S AND ORANGE COUNTIES, AS OF THIS WRITING, WHICH HOUSE: DOMESTIC VIOLENCE, HUMAN TRAFFICKI NG, HOMELESS, AND YOUTH SHELTERS; MENTAL HEALTH AND LEGAL CLINICS; HOTLINE CENTERS; FINANC IAL AND JOB/SKILL TRAINING SITES; CO-LOCATED POLICE-RESPONSE PROGRAM; HOMELESS OUTREACH/DR OP-IN/SERVICE CENTERS FOR VETERANS, YOUTH, HUMAN TRAFFICKING VICTIMS, ASSAULT AND CRIME VI CTIMS, AND CHILDREN/ADULTS OF ALL AGES WHO ARE IN DIRE NEED; AND ADMINISTRATION. THE CENTE R BEGAN IN 1972 AS A SINGLE EMERGENCY YOUTH SHELTER FOR RUNAWAY CHILDREN AND THOSE EXPERIE NCING HOMELESSNESS. SERVICES PROGRESSIVELY EXPANDED BEYOND HOUSING AND BASIC LIFE NECESSIT IES TO INCLUDE 24-HOUR EMERGENCY AND LONGER-TERM COUNSELING, SUICIDE INTERVENTION, ADVOCAC Y, LIFE EDUCATION, EDUCATIONAL/OCCUPATIONAL SUPPORT, AS WELL AS OUTREACH AND NETWORKING WI TH SCHOOLS, HOSPITALS, POLICE, CHILD PROTECTION AGENCIES, AND COMMUNITY ORGANIZATIONS. IN 1981, THE CENTER OPENED ITS FIRST CONFIDENTIAL EMERGENCY DOMESTIC VIOLENCE SHELTER. IN 198 4, THE CENTER DEVELOPED LOS ANGELES COUNTY'S FIRST-AND FOR NINE YEARS, ONLY-CONFIDENTIAL T RANSITIONAL DOMESTIC VIOLENCE SHELTER TO GIVE SURVIVORS AND THEIR CHILDREN THE BROAD-BASED COUNSELING, JOB PREPARATION, LIFE-SKILLS EDUCATION, AND SELF-CONFIDENCE TOOLS NEEDED TO R EBUILD SAFE AND INDEPENDENT LIVES. THEREAFTER, THE CENTER EXPANDED TO ADDITIONAL POPULATIO NS (E.G., FAMILY MEMBERS OF HOMELESS VETERANS AND CRIME VICTIMS) AND GEOGRAPHICAL REGIONS THROUGHOUT LOS ANGELES AND ORANGE COUNTIES, WITH A FOCUS ON PROGRAMS SUCH AS COUNSELING AN D FAMILY SERVICES TO HELP PREVENT CRISIS SITUATIONS. TODAY, THE CENTER OFFERS COMPREHENSIV E, TRAUMA-INFORMED CARE THROUGH BOTH RESIDENTIAL (APPROXIMATELY 145 BEDS DEPENDENT ON FAMI LY COMPOSITION) AND NON-RESIDE

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I, LINE 1	NTIAL SERVICES. 1736 FAMILY CRISIS CENTER WAS INCORPORATED AS A 501(C)(3) NONPROFIT IN 198 6, SEPARATE FROM ITS PARENT ORGANIZATION OF THE PREVIOUS 14 YEARS (ST. CROSS CHURCH). SINC E INCORPORATION, THE CENTER HAS STRATEGICALLY EXPANDED ITS PROGRAMS AND GEOGRAPHIC FOOTPRI NT TO ADDRESS UNMET NEEDS OF UNDERSERVED COMMUNITY POPULATIONS AND NEIGHBORHOODS. 1736 FAM ILY CRISIS CENTER HAS HAD ONE CEO/EXECUTIVE DIRECTOR SINCE 1984, CAROL ADELKOFF, WHO HAS P ROVIDED CONSISTENT MANAGEMENT AND OVERSIGHT TO 24-HOUR SERVICE DELIVERY TEAMS IN DIVERSE R ESIDENTIAL AND NONRESIDENTIAL SERVICE SITES. UNDER MS. ADELKOFF'S DIRECTION, THE CENTER HA S EXPANDED LOCATIONS AND PROGRAM SCOPE, WITH ROUTINELY HIGH-PERFORMANCE MEASURES ON AUDITS , CONTRACT COMPLIANCE (APPROXIMATELY 60 FEDERAL, STATE, COUNTY AND MUNICIPAL CONTRACTS), A DMINISTRATIVE AND FISCAL ACCOUNTABILITY, PROGRAM DELIVERABLES, AND CLIENT RESULTS. THE CEN TER HAS GROWN STEADILY UNDER THIS LEADERSHIP FROM HAVING AN ANNUAL OPERATING BUDGET OF $18 4,000 IN 1984 TO APPROXIMATELY $19,000,000 TODAY AND IS RECOGNIZED AS A PUBLIC POLICY LEAD ER IN ADVOCACY FOR THE MOST VULNERABLE POPULATIONS. THE CENTER HAS A LONG HISTORY OF DESIG NING AND DEMONSTRATING BEST PRACTICES AND PARTNERING CLOSELY WITH OTHER NONPROFIT ORGANIZA TIONS, LAW ENFORCEMENT, HOSPITALS, AND COMMUNITY/GOVERNMENTAL AGENCIES. THE CENTER'S SERVI CE AND ADMINISTRATIVE TEAM CONSISTS OF APPROXIMATELY 190 FULL-TIME AND PART-TIME STAFF (IN CLUDING FAMILY LAW AND IMMIGRATION ATTORNEYS, LICENSED MENTAL HEALTH CLINICIANS IN FIELDS SUCH AS MARRIAGE AND FAMILY THERAPY AND SOCIAL WORK, JOB DEVELOPERS, HOUSING SPECIALISTS, OUTREACH WORKERS, CASE MANAGERS, AND DIVERSE SPECIALISTS PROVIDING 24-HOUR CARE). ADDITION ALLY, THE CENTER HAS APPROXIMATELY 200 VOLUNTEERS, AS WELL AS INTERNS FROM UNIVERSITIES AN D COLLEGES THROUGHOUT SOUTHERN CALIFORNIA WHO TRAIN TO BECOME LAWYERS, MENTAL HEALTH PROFE SSIONALS, AND SPECIALTY CARE PROVIDERS. CURRENTLY, DUE TO COVID-19 RESTRICTIONS, MANY VOLU NTEER OPPORTUNITIES HAVE BEEN ON HOLD. WE EXPECT OUR VOLUNTEER ACTIVITIES TO RETURN TO PRE -COVID LEVELS OVER THE NEXT MONTHS. 1736 FAMILY CRISIS CENTER OWNS THREE OF THE FACILITIES IN WHICH IT OPERATES, INCLUDING TWO SHELTERS AND ONE COMMUNITY CLINIC BUILDING. THE CENTE R LEASES APPROXIMATELY A DOZEN AND CO-LOCATES WITHIN ADDITIONAL FACILITATES (INCLUDING THO SE DONATED) TO TOTAL 21 LOCATIONS AT THIS TIME. ONE OF THESE LOCATIONS IS WITHIN LAPD HARB OR DIVISION. THE MAJORITY OF SERVICE SITES ARE LOCATED IN LOS ANGELES COUNTY SUPERVISORIAL DISTRICTS I, II, AND IV; THE CITY OF LOS ANGELES (COUNCIL DISTRICTS 9, 10, 11, AND 15); A ND THE CITIES OF REDONDO BEACH, TORRANCE, AND LONG BEACH; TWO ADDITIONAL LOCATIONS ARE IN THE CITY OF GARDEN GROVE, ORANGE COUNTY. 1736 FAMILY CRISIS CENTER HOLDS A NUMBER OF LICEN SES AND OPERATING PERMITS, FOR EXAMPLE BY THE STATE OF CALIFORNIA AS PUBLIC HEALTH FACILIT IES, BY THE STATE OF CALIFORNIA AS A RESIDENTIAL GROUP HOME FOR HOMELESS AND RUNAWAY MINOR S, BY THE COUNTY OF LOS ANGELE

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I, LINE 1	S AS MENTAL HEALTH SITES, AMONG OTHERS. THE CENTER'S LEASED AND OWNED FACILITIES INCLUDING CONFIDENTIAL LOCATIONS OCCUPY APPROXIMATELY 55,400 SQUARE FEET. 1736 FAMILY CRISIS CENTER 'S HOLISTIC SERVICE DELIVERY MODEL IS DESIGNED AROUND EACH CLIENT'S NEEDS AND INTEGRATES C OMPREHENSIVE, IN-HOUSE SPECIALTY DISCIPLINES, INCLUDING MENTAL HEALTH, DOMESTIC VIOLENCE, LEGAL ASSISTANCE, EMPLOYMENT DEVELOPMENT, SHELTER/HOUSING, AND CASE MANAGEMENT. DIAGNOSTIC AND TREATMENT SERVICES ARE PROVIDED BY AND/OR UNDER THE SUPERVISION OF LICENSED MENTAL HE ALTH PROFESSIONALS, WORKING IN COLLABORATION WITH LICENSED ATTORNEYS AND CERTIFIED COUNSEL ORS OR CASE MANAGERS. 24-HOUR CRISIS INTERVENTION AND LONGER-TERM CARE ARE OFFERED THROUGH SIX RESIDENTIAL EMERGENCY AND TRANSITIONAL SHELTERS SERVING ADULT AND CHILD VICTIMS OF VI OLENCE AND OTHER CRIMES, AS WELL AS, HOMELESS, RUNAWAY, OR ABANDONED YOUTH AGES 10-17. SER VICES ARE PROVIDED IN COLLABORATION WITH COMMUNITY PARTNERS, INCLUDING HOSPITALS AND EMERG ENCY ROOMS, POLICE DEPARTMENTS, CHILD PROTECTIVE SERVICES, COURT SYSTEM, VETERANS AFFAIRS, AND NONPROFIT HEALTH AND HUMAN SERVICE PROVIDERS. THE CENTER'S SERVICES ARE PROVIDED FREE OF CHARGE AND OFFERED IN ENGLISH AND SPANISH, WITH OTHER LANGUAGE AND CULTURAL SERVICES F ACILITATED AS NEEDED. 1736 FAMILY CRISIS CENTER'S PRIMARY PROGRAMS ARE HIGHLIGHTED BELOW:

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4	DOMESTIC VIOLENCE SHELTERS AND SERVICES: EMERGENCY AND TRANSITIONAL SHELTER-THE CENTER OPE RATES FOUR CONFIDENTIALLY-LOCATED SHELTERS OFFERING APPROXIMATELY 130 BEDS (DEPENDING ON F AMILY COMPOSITION AND THE NUMBER OF CRIBS AND BEDS NEEDED FOR A FAMILY) FOR DOMESTIC VIOLE NCE AND HUMAN TRAFFICKING SURVIVORS AND THEIR CHILDREN (BOYS AND GIRLS FROM BIRTH TO 17 YE ARS). THE SHELTERS OFFER EMERGENCY AND TRANSITIONAL STAGE CARE TO CHILDREN AND ADULTS FLEE ING CHAOTIC AND VOLATILE HOMES, AND/OR DANGERS FROM LIFE ON THE STREETS. THEY ALSO SERVE T HOSE WHO ARE FURTHER ALONG IN THEIR RECOVERY AND PATH TO INDEPENDENCE. PROGRAM ACTIVITIES ARE DESIGNED TO HELP SURVIVORS OVERCOME DOMESTIC VIOLENCE OR HUMAN TRAFFICKING'S DEVASTATI NG EFFECTS AND OTHER DIFFICULTIES IMPAIR PERSONAL AND FAMILY FUNCTIONING, IN ORDER TO PROM OTE SELF-SUFFICIENCY. COMPREHENSIVE SERVICES FOR ADULT SHELTER CLIENTS INCLUDE CASE MANAGE MENT, INDIVIDUAL AND PEER-GROUP COUNSELING, LEGAL ASSISTANCE, LIFE SKILLS TRAINING, PARENT ING EDUCATION AND ROLE-MODELING, JOB DEVELOPMENT AND PLACEMENT, FINANCIAL EMPOWERMENT, 24- HOUR ADVOCACY AND PROTECTION, AND REFERRALS FOR MEDICAL CARE, SUBSTANCE ABUSE REHABILITATI ON, PERMANENT HOUSING, AND VARIOUS SPECIALTY SERVICES. CHILDREN IN THE SHELTERS RECEIVE SC HOOL ENROLLMENT/RE-ENROLLMENT SERVICES, AGE-APPROPRIATE COUNSELING AND THERAPY, THERAPEUTI C FREE PLAY, RECREATIONAL ACTIVITIES, TUTORING, AND CREATIVE THERAPIES SUCH AS ART, MOVEME NT, AND JOURNALING TO ENHANCE THEIR SOCIAL AND EMOTIONAL DEVELOPMENT AND TO FACILITATE REC OVERY FROM SEVERE TRAUMAS THEY HAVE WITNESSED AND EXPERIENCED. THE CENTER RECOGNIZES THAT VIOLENCE ESCALATES STATISTICALLY DURING PREGNANCY AND, ACCORDINGLY, WELCOMES PREGNANT WOME N INTO THE SHELTERS, MAKING ACCOMMODATIONS AND CELEBRATING THE BIRTH OF MANY NEWBORNS WHO OTHERWISE WOULD HAVE BEEN BORN INTO VIOLENT HOMES. THE CENTER'S UNIQUE INTAKE POLICIES ALL OW FOR SURVIVORS' ADOLESCENT CHILDREN, WHETHER MALE OR FEMALE, TO BE SHELTERED. BOTH SUPER VISORS AND FRONT-LINE WORKERS SPECIALIZE IN TEEN DEVELOPMENT AND BEHAVIOR, ALLOWING THE CE NTER TO HOUSE OLDER TEENAGE BOYS, WHO BY POLICY, ARE OFTEN EXCLUDED FROM OTHER DOMESTIC VI OLENCE SHELTERS NATIONWIDE. SHELTER GRADUATES OFTEN PARTICIPATE IN THE CENTER'S AFTERCARE PROGRAM TO ENSURE CONTINUED PROGRESS AND VOLUNTEER AT THE CENTER TO SUPPORT OTHER PARTICIP ANTS IN THE CENTER'S PREVENTION AND TREATMENT PROGRAMS EXPANDED DART PROGRAM WITH LAPD-AS PART OF THE LOS ANGELES POLICE DEPARTMENT'S DOMESTIC ABUSE RESPONSE TEAM (DART) PROGRAM, T HE CENTER'S ADVOCATES ARE STATIONED AT LAPD HARBOR DIVISION. DART ADVOCATES WORK WITH OFFI CERS TO PROVIDE RIDE-ALONG, ON-SCENE CRISIS RESPONSE IN HOMES AND HOSPITALS TO VICTIMS OF DOMESTIC VIOLENCE (AND THEIR CHILDREN) AS WELL AS PROVIDING REGULAR TRAINING IN DOMESTIC V IOLENCE EDUCATION AND RESPONSE TO OFFICERS DURING ROLL CALL AND AT OTHER TIMES THROUGHOUT THE YEAR. DURING ON-SCENE RESPONSE, DART ADVOCATES EDUCATE VICTIMS ABOUT THEIR RIGHTS AND AVAILABLE SERVICES, PROVIDE IM

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4	MEDIATE ACCESS TO SAFE, CONFIDENTIAL SHELTER AS REQUESTED, AND LINK VICTIMS AND THEIR CHIL DREN TO LEGAL, COUNSELING, AND OTHER LIFE-SAVING PROGRAMS OFFERED BY THE CENTER, OTHER DOM ESTIC VIOLENCE AGENCIES, AND COMMUNITY PARTNERS SUCH AS THE VICTIM'S COMPENSATION PROGRAM. BRIDGE HOUSING FOR WOMEN EXPERIENCING HOMELESSNESS-IN SEPTEMBER 2020, THE CENTER OPENED I TS SIXTH SHELTER, THE #SHEDOES HAVEN BRIDGE HOME IN CLOSE COLLABORATION WITH CITY OF LOS A NGELES LEADERSHIP FOR WOMEN EXPERIENCING HOMELESSNESS. LOCATED IN LOS ANGELES COUNCIL DIST RICT 10, THE BRIDGE HOME IS A MODEL PROGRAM CONSTRUCTED FROM CONTAINER HOUSING TO PROVIDE UP TO 15 PARTICIPANTS AT A TIME WITH 24-HOUR SHELTER, FOOD, SECURITY, AND OFFERS CLIENTS C OMPREHENSIVE CASE MANAGEMENT, COUNSELING MENTAL HEALTH CARE, AND LONG-TERM HOUSING ASSISTA NCE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4	RUNAWAY AND HOMELESS YOUTH SHELTER AND SERVICES: THE CENTER'S EVERYCHILD FOUNDATION EMERGENCY SHELTER AND YOUTH PROGRAM IS A SIX-BED STATE-LICENSED SHELTER THAT OFFERS COMPREHENSIVE AND CONFIDENTIAL SERVICES TO RUNAWAY, HOMELESS, AND ABANDONED GIRLS AND BOYS AGES 10 THROUGH 17. IT IS ONE OF A VERY FEW EMERGENCY SHELTERS IN LA COUNTY THAT ACCEPTS HOMELESS YOUTH DIRECTLY FROM THE STREETS, INCLUDING RUNAWAYS, UNACCOMPANIED MINORS, LGBTQ+, AND SEX TRAFFICKING VICTIMS. THE CHILDREN PARTICIPATING IN THE PROGRAM ARE OFTEN VICTIMS OF SEVERE PARENTAL NEGLECT, SEXUAL AND PHYSICAL ABUSE, EMOTIONAL ABUSE, AND ABANDONMENT. MANY COME FROM HOMES IMPACTED BY DOMESTIC VIOLENCE. SOME LIVE ON THE STREETS; MANY ARE VICTIMS OF COMMERCIAL SEX TRAFFICKING, EVEN IN THE YOUNG PRETEEN YEARS. THIS PROGRAM GIVES THE CHILDREN A SAFE, STRUCTURED ENVIRONMENT WHERE THEY CAN LEARN ABOUT HEALTHY BEHAVIOR CHOICES AND REBUILD THEIR SELF-ESTEEM. IT HELPS THEM OVERCOME OR ESCAPE DANGERS THEY'RE SUSCEPTIBLE TO (E.G., THOUGHTS AND PLANS REGARDING SUICIDE, SEXUAL EXPLOITATION, AND SUBSTANCE USE), SOMETIMES TO RETURN HOME WHEN SAFE, SOMETIMES TO FIND ALTERNATIVE LIVING ARRANGEMENTS WHEN HOME IS NOT SUITABLE. THE CENTER'S YOUTH SHELTER HAS BEEN SERVING THE COMMUNITY FOR 50 YEARS. IN 2017, WITH SUPPORT FROM THE EVERYCHILD FOUNDATION, CITY AND COUNTY OF LOS ANGELES, AND MANY OTHER GENEROUS DONORS, THE YOUTH SHELTER MOVED TO ITS NEWLY RENOVATED, STATE-OF-THE-ART SITE IN THE LOS ANGELES AREA. THE NEW LOCATION ALSO OFFERS A YOUTH EMPOWERMENT CENTER WHERE CLIENTS AND AT-RISK COMMUNITY YOUTH CAN ACCESS SERVICES LIKE LIFE-SKILLS TRAINING, CAREER EXPLORATION, CRISIS INTERVENTION, AND EDUCATIONAL SUPPORT. SHELTER STAFF WORK WITH YOUTH, AND THEIR FAMILIES WHEN APPROPRIATE, TO HELP THEM DEVELOP THE SKILLS AND SUPPORT NETWORKS NEEDED TO ACHIEVE STABILITY. SERVICES INCLUDE INDIVIDUAL, GROUP, AND FAMILY THERAPY; LIFE-SKILLS TRAINING; SCHOOL ENROLLMENT/RE-ENROLLMENT SERVICES; JOB AID; AND PEER SUPPORT AND MENTORING. ALL SHELTER GRADUATES HAVE ACCESS TO SUPPORTIVE SERVICES AFTER THEY GRADUATE FROM THE PROGRAM TO ENSURE CONTINUED PROGRESS. YOUTH MAY VOLUNTEER AFTER THEIR STAY TO HELP OTHER CHILDREN, INCLUDING THROUGH THE CENTER'S YOUTH ADVISORY BOARD AND YOUNG LEADERSHIP COUNCIL.

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Return Reference	Explanation
PART III, LINE 4	COMMUNITY-BASED EDUCATION, FAMILYSOURCE CENTER, AND MENTAL HEALTH THERAPY SERVICES: COMMUN ITY-BASED EDUCATION-THE CENTER ADVOCATES FOR THE VULNERABLE POPULATIONS IT SERVES THROUGH OUTREACH AND EDUCATIONAL ACTIVITIES, INCLUDING SERVING AS EXPERTS ON DOMESTIC VIOLENCE, YO UTH AND VETERAN HOMELESSNESS, HUMAN TRAFFICKING, SUICIDE PREVENTION AND INTERVENTION, AND OTHER RELATED FIELDS THROUGHOUT THE COMMUNITY. OUTREACH SERVICES INCLUDE PARTICIPATION IN EVENTS AND COMMUNITY GATHERINGS IN PARTNERSHIP WITH PUBLIC AND PRIVATE ESTABLISHMENTS. THE CENTER HISTORICALLY CONDUCTS EDUCATIONAL SESSIONS TO THE PUBLIC, COLLEGES AND UNIVERSITIE S, AND TO PROFESSIONAL TRAINEES AND COMMUNITY VOLUNTEERS. TO INCREASE ACCESS TO THE CENTER 'S RESOURCES, THE TEAM MAINTAINS A WEBSITE (WWW.1736FAMILYCRISISCENTER.ORG) AND ALSO REACH ES THE PUBLIC THROUGH SOCIAL NETWORKING AND MEDIA ENGAGEMENT. FAMILYSOURCE CENTER-THE CENT ER'S FAMILYSOURCE CENTER (FSC) AND SATELLITE LOCATION ARE LOCATED IN HIGH-NEED AREAS OF TH E CITY OF LOS ANGELES AND PROVIDE COMPREHENSIVE SERVICES DESIGNED TO ASSIST LOW-INCOME FAM ILIES IN BECOMING SELF-SUFFICIENT BY INCREASING FAMILY INCOME AND ACADEMIC ACHIEVEMENT FOR YOUTH AND ADULTS. OUR FSC IS A ONE-STOP COMMUNITY INITIATIVE THAT OFFER A HOST OF FREE SO CIAL, EDUCATIONAL, WORK AND FAMILY SUPPORT SERVICES, INCLUDING BENEFITS ACCESS, ENGLISH LA NGUAGE CLASSES, EMPLOYMENT SUPPORT, TAX PREPARATION, COMPUTER LITERACY TRAINING, YOUTH TUT ORING, AFTERSCHOOL ACTIVITIES, AND COLLEGE PREP AND FINANCIAL AID WORKSHOPS, AMONG OTHER S UPPORTIVE SERVICES FOR LOW-INCOME INDIVIDUALS AND FAMILIES. TO PROVIDE THESE SERVICES, THE CENTER RECEIVES A SUBSTANTIAL CITY OF LOS ANGELES GRANT AND SUBCONTRACTS WITH COMMUNITY N ONPROFITS THE CENTER HAS SERVED AS A LEAD AGENCY FOR THE DELIVERY OF THIS PROGRAM FOR APPR OXIMATELY 20 YEARS. DURING THE PANDEMIC, OUR STAFF HAS WORKED TIRELESSLY IN SUPPORT OF THE MANY COVID RELIEF PROGRAMS OFFERED THROUGH THE CITY TO SUPPORT THOSE DIRECTLY AFFECTED. M ENTAL HEALTH THERAPY SERVICES-MENTAL HEALTH THERAPY IS A CORE SERVICE OF THE CENTER'S RESI DENTIAL AND NONRESIDENTIAL PROGRAMS, BEING OFFERED 24 HOURS A DAY AT SIX RESIDENTIAL LOCAT IONS, AND DURING BUSINESS AND EXTENDED BUSINESS HOURS AT THE CENTER'S NONRESIDENTIAL CLINI C LOCATIONS. PROFESSIONAL STAFF PROVIDE THE SERVICES, WHILE SUPERVISORS WITH DECADES OF TR AINING ARE ON DUTY AROUND-THE-CLOCK TO ASSIST. THE CLIENTELE INCLUDES SUICIDAL CHILDREN AN D ADULTS; RAPE AND DOMESTIC VIOLENCE VICTIMS; PEOPLE IN POVERTY OR SEVERE DISTRESS; VICTIM S OF HUMAN TRAFFICKING; VETERANS; CHILDREN WHO ARE ABUSED AND/OR EXPERIENCING HOMELESSNESS ; AND OTHERS IN GREAT NEED. FIVE CRISIS/SUICIDE HOTLINES ARE STAFFED 24 HOURS A DAY FOR PE OPLE OF ALL AGES AND DEMOGRAPHICS. LEGAL SERVICES PROGRAM-THE CENTER EMPLOYS FIVE LICENSED STAFF ATTORNEYS AND A TRAINED PARALEGAL TO GIVE LEGAL ASSISTANCE TO PERSONS IN NEED IN TH E AREAS OF FAMILY LAW AND OTHER RELEVANT LEGAL MATTERS. THE PROGRAM AIMS TO HELP VICTIMS O F VIOLENCE AND ABUSE, HOMELESS

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PART III, LINE 4	VETERANS, HUMAN TRAFFICKING VICTIMS, AND OTHER CLIENTS WITH MATTERS FROM EMERGENCY RESTRA INING ORDERS, VICTIM ADVOCACY, BENEFITS ACCESS, IMMIGRATION, HOUSING AND CRIMINAL EXPUNGEM ENT TO COURT REPRESENTATION FOR DIVORCE, CHILD SUPPORT, AND CHILD CUSTODY/VISITATION. ADDI TIONAL SERVICES-THE CENTER PROVIDES A WIDE VARIETY OF SERVICES TO SUPPLEMENT ITS PROGRAMS, INCLUDING: JOB DEVELOPMENT AND PLACEMENT (FOR BOTH RESIDENTIAL AND NONRESIDENTIAL CLIENTS); FINANCIAL LITERACY; COMPUTER LITERACY; YOUTH ADVISORY BOARD, A VOLUNTEER GROUP OF FORME R YOUTH SHELTER CLIENTS AND COMMUNITY YOUTH WHO ARE DEDICATED TO ASSISTING THEIR PEERS BY ADDRESSING TOPICS OF DATING VIOLENCE, BULLYING, LESBIAN/GAY/BI-SEXUAL/TRANSGENDER/QUESTION ING SEXUALITY, SUBSTANCE ABUSE, PEER PRESSURE, PROBLEM SOLVING AND GOOD CHOICE-MAKING; CLI NICAL INTERNSHIP OPPORTUNITIES UNDER THE SUPERVISION OF LICENSED CLINICIANS, IN COLLABORAT ION WITH MANY UNIVERSITIES; LEGAL INTERNSHIP OPPORTUNITIES UNDER THE SUPERVISION OF LICENS ED STAFF ATTORNEYS; AND AN EXTENSIVE VOLUNTEER AND COMMUNITY OUTREACH PROGRAM THROUGHOUT L OS ANGELES COUNTY. THE CENTER'S STAFF PROVIDE EDUCATIONAL SPEAKING ENGAGEMENTS IN SCHOOLS, YOUTH FAIRS, CHURCHES, HEALTHCARE SETTINGS, AND NUMEROUS LOCATIONS AND VENUES THROUGHOUT THE COUNTY AND BEYOND.

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PART III, LINE 4	SUPPORTIVE HOUSING SERVICES FOR VETERANS AND CRIME VICTIMS: HOMELESS VETERANS AND FAMILY P ROGRAM-THE HOUSING FOR VETERAN FAMILIES PROGRAM OFFERS WRAPAROUND SUPPORTS TO PREVENT OR E ND HOMELESSNESS FOR LOW-INCOME VETERAN FAMILIES. SERVICES FOR THIS PROGRAM OFTEN BEGIN ON THE STREETS OR IN SHELTERS WITH COMPASSIONATE STAFF OFFERING VETERANS A LISTENING EAR, A B OTTLE OF WATER AND SOME FOOD, AND A CHANCE TO REBUILD THEIR LIVES THROUGH THE FOUNDATION O F A PERMANENT HOME. SERVICES ARE AVAILABLE TO HOMELESS AND AT-RISK VETERANS AND THEIR FAMI LIES IN LOS ANGELES AND ORANGE COUNTIES, AND INCLUDE LEGAL SERVICES TO REMOVE BARRIERS TO EMPLOYMENT AND HOUSING, HOUSING NAVIGATION ASSISTANCE TO IDENTIFY HOUSING OPPORTUNITIES, A ND CASE MANAGEMENT TO DEVELOP LIFE SKILLS VITAL TO SELF-SUFFICIENCY (FOR EXAMPLE, BUDGETIN G, TIME MANAGEMENT, HOUSEHOLD MANAGEMENT). THE PROGRAM TEAM WORKS IN COLLABORATION WITH TH E U. S. DEPARTMENT OF VETERANS AFFAIRS, VARIOUS PUBLIC AGENCIES INVOLVED WITH LOCAL HOMELE SS CONTINUUMS OF CARE, AND NONPROFIT SERVICE PROVIDERS TO PREVENT HOMELESSNESS AMONG VETER AN FAMILIES AT IMMINENT RISK OF LOSING THEIR HOUSING AND TO END HOMELESSNESS AMONG THOSE O N THE STREETS OR IN SHELTERS. THE CENTER FOCUSES ON LOW-INCOME HOUSEHOLDS, THOSE RETURNING FROM ACTIVE DUTY, LESS THAN HONORABLY DISCHARGED, RESERVISTS, AND THE CHRONICALLY HOMELES S. SERVICES INCLUDE STREET OUTREACH, CASE MANAGEMENT, EMPLOYMENT ASSISTANCE, HOUSING SEARC H AND ESTABLISHMENT ASSISTANCE, AND SHORT-TERM FINANCIAL ASSISTANCE INCLUDING SECURITY DEP OSITS AND RENT SUBSIDIES. RAPID REHOUSING FOR VICTIMS OF CRIME-THE CENTER'S RAPID RE-HOUSI NG SERVICES PROVIDE DEDICATED HOUSING SEARCH ASSISTANCE, LEASE NEGOTIATION, MOBILE ADVOCAC Y, AND INDIVIDUALIZED FINANCIAL ASSISTANCE. THIS PROGRAMMING OFFERS A RANGE OF FLEXIBLE HO USING AND SERVICE OPTIONS INDIVIDUALIZED TO EACH CLIENT'S NEEDS AND GOALS; CLIENTS CHOOSE WHICH OPTIONS ARE BEST FOR THEM, AS OPPOSED TO A ONE-SIZE-FITS-ALL APPROACH. HOUSING RETEN TION, MOBILE ADVOCACY, AND LANDLORD LIAISON SERVICES ARE AVAILABLE FOR UP TO 24 MONTHS. AS NEEDED BY CLIENTS, RAPID REHOUSING STAFF CONDUCT PERIODIC CHECK-INS WITH PROPERTY OWNERS/ MANAGERS TO ENSURE TENANCIES REMAIN STABLE AND TO PROBLEM SOLVE ISSUES AS NEEDED. IN 2020, THE CENTER EXPANDED ITS HOUSING SUPPORTIVE SERVICES TO CALWORKS FAMILIES EXPERIENCING HOM ELESSNESS IN ORANGE COUNTY. THIS PROGRAM OFFERS HOUSING IDENTIFICATION, RENT AND MOVING AS SISTANCE, AND CASE MANAGEMENT, ADDRESSING FAMILIES' NEEDS SO THAT THEY MAY QUICKLY MOVE IN TO STABLE HOUSING. COVID-19 EMERGENCY RESPONSE AND SERVICE PROVISION: THE CENTER'S LIFE-SA VING PROGRAMS AND SERVICES ARE MORE IMPORTANT THAN EVER DURING THE COVID-19 PANDEMIC, AND ITS STAFF HAS BEEN WORKING TIRELESSLY TO SAFELY AND EFFECTIVELY PROVIDE SHELTER AND CRITIC AL SERVICES TO THE COMMUNITY. IN PARTNERSHIP WITH LOCAL DEPARTMENTS OF PUBLIC HEALTH AND O THER AUTHORITIES, ALL FACILITIES HAVE IMPLEMENTED CLEANING AND SANITIZING PROTOCOLS, PROGR AM STAFF AND CLIENTS ARE PROVI

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PART III, LINE 4	DED PERSONAL PROTECTIVE EQUIPMENT, AND OUTPATIENT THERAPY SERVICES ARE CURRENTLY ON TELEHE ALTH PLATFORMS. THANKS TO INCREASED AND FLEXIBLE CORONAVIRUS RELIEF FUNDING THROUGH FEDERA L AND LOCAL JURISDICTIONS (E.G., CARES FUNDING), PROGRAMS HAVE EVEN BEEN ABLE TO PROVIDE T ECHNOLOGY SUPPORTS FOR CHILDREN AND FAMILIES TO BETTER ENGAGE IN VIRTUAL LEARNING AS WELL AS OTHER DIRECT SERVICES AND SUPPORTS, INCLUDING FINANCIAL RELIEF FOR COMMUNITY MEMBERS DI RECTLY AFFECTED BY THE PANDEMIC. THE CENTER CONTINUES TO CLOSELY MONITOR SERVICE PROVISION PRACTICES DURING THIS TIME TO MAINTAIN SAFE OPERATIONS FOR CLIENTS AND STAFF.

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FORM 990, PART VI, SECTION A, LINE 2	PRESIDENT RONALD TROUPE AND DIRECTOR ERNESTINE FRAZIER ARE FAMILY MEMBERS.

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FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS PREPARED BY OUR OUTSIDE AUDITOR. FOLLOWING THE COMPLETION OF A DRAFT OF THE AUDITED FINANCIAL STATEMENTS AND A DRAFT OF FORM 990, THE OUTSIDE AUDITOR MEETS WITH THE AUDIT COMMITTEE TO REVIEW THE FINANICAL STATEMENTS AND FORM 990 TO ASSURE THAT ALL REPRESENTATIONS AND ANSWERS TO ISSUES, COMMENTS AND QUESTIONS ARE ACCURATE. APPROPRIATE REVISIONS ARE MADE TO THE AUDITED FINANCIAL STATEMENTS AND FORM 990 AND THE REVISED DRAFTS ARE DISTRIBUTED TO THE FULL BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENTS PRIOR TO PUBLICATION OF THE AUDITED FINANCIAL STATEMENTS AND FILING OF THE FORM 990.

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FORM 990, PART VI, SECTION B, LINE 12C	AT EACH BOARD AND COMMITTEE MEETING PRIOR TO VOTING ON ANY ISSUE, BOARD/COMMITTEE MEMBERS ARE ASKED TO IDENTIFY ANY CONFLICT OF INTEREST IN EXISTENCE WITH REGARD TO THE ITEM BEING VOTED ON AND TO ABSTAIN FROM VOTING WHERE A CONFLICT OF INTEREST EXISTS.

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FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S EXECUTIVE COMPENSATION COMMITTEE (SUBCOMMITTEE OF BOARD OF DIRECTORS) SETS COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER/EXECUTIVE DIRECTOR (CEO/ED). THE COMMITTEE PERFORMS AN ANNUAL REVIEW OF THE PERFORMANCE OF THE CEO/ED. THE COMMITTEE ALSO GATHERS INPUT FOR SETTING THE CEO/ED'S COMPENSATION FROM NONPROFIT COMPENSATION SURVEYS, FROM FORM 990S OF SIMILAR ORGANIZATIONS, AND/OR FROM COMPENSATION INFORMATION RECEIVED FROM MEMBER INDUSTRY ASSOCIATIONS. THE DELIBERATION AND DECISION REGARDING THE CEO/ED'S COMPENSATION IS CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF THE COMMITTEE AND APPROVED BY THE FULL BOARD OF DIRECTORS. THE CEO/ED IS RESPONSIBLE FOR SETTING THE COMPENSATION OF OTHER EMPLOYEES THROUGH SALARY INFORMATION REVIEWED FROM SIMILAR SOURCES AS USED IN SETTING THE ED COMPENSATION. THE EMPLOYEE COMPENSATION DECISION IS DOCUMENTED IN THE APPLICABLE EMPLOYEE'S PAYROLL FILE.

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Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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PART XII, LINE 2C	THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT AUDITOR IS UNCHANGED FROM THE PRIOR YEAR.