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

2017

Open to Public Inspection

Α	For	the 2017 calen	dar year, or tax	year begir	ining 7/0	01	, 2017,	, and ending	6/	′30		, 2018	
В	Check	if applicable:	С								yer iden	ntification number	
	\Box	Address change	Motivating	r Inspi	ring Sur	porting	and			26-	4513	3862	
	\vdash	Name change	Serving Se							E Teleph			
	\vdash	10 100	424 Jeffer			cca roac				_			
	-H	nitial return	Oakland, O							510	-251	L-2070	
	ЫF	inal return/terminated	Journal of the	311 3 100									
		Amended return								G Gross	eceipts	\$ 1,816,	,933.
	Δ	application pending	F Name and addre	ess of principa	al officer: Ann	Terran	ova	ŀ	I(a) Is this	a group retui	n for su		137
	_	5525	Same As C	Above		CICIICII	ova	-	(b) Are al	l subordinates ' attach a list.	include	ed? Yes	
ī	Tay	-exempt status	X 501(c)(3)	501(c) () 4 (ii	nsert no.)	4947(a)(1) or	527	If 'No,	' attach a list.	(see in	structions)	
j) (1	niscre no.)	14047 (4)(1) 01						
	3,0,00,00		w.misssey.							exemption n			
K		m of organization:	X Corporation	Trust	Association	Other >	L'	Year of formation	n: 200	6 Ms	State of	legal domicile: CA	
Pa	art I	Summar		(47)7565-11									
	1	Briefly descril	be the organizat	ion's miss	ion or most :	significant a	ctivities:MOT	IVATING	, INS	PIRING	, SU	JPPORTING A	AND
đ		SERVING	SEXUALLY E	XPLOIT	ED YOUTH	, INC.	(MISSSEY	, Inc.)	advo	cates a	ind	facilitate	
ž		the empo	werment an	d inner	r transf	ormation	of sex	ually ex	rploit	ted voi	ith l	bv	
Пa			ally addre										
Ne.	2		if the c					osed of mor	e than 2	5% of its	net as	ssets	
ဗ	3		ting members o								3		7
•প্ৰ	4		dependent voting								4		7
ies.	5		of individuals en								5		25
Activities & Governance	6	Total number	of volunteers (e	stimate if	necessary).						6		21
Ş	7 a		ed business reve								7a		0.
_			business taxabl								7b		0.
-		1 tot annotatoa	Duoiniodo tanabi	0 111001110	nom rom s	30 7, 11110 0				rior Year	7.0	Current Ye	
	8	Contributions	and grants (Par	t VIII lino	16)						07	0.0000000000000000000000000000000000000	eventure.
Pe	100		ice revenue (Pa						1	,350,8		1,775,	
Revenue	9									4,7		39,	,950.
e	10		come (Part VIII,								95.		
Щ	11		(Part VIII, colu								24.		,565.
	12		- add lines 8 tl						1	,356,2		1,816,	, 933.
	13	Grants and sir	milar amounts p	aid (Part I	X, column (A	4), lines 1-3))			277,2	91.	304,	640.
	14	Benefits paid	to or for membe	rs (Part I)	(, column (A), line 4)		CELENO CORE					
	15	Salaries, othe	r compensation,	, employee	benefits (P.	art IX, colum	nn (A), lines	5-10)		860,4	26	793	897.
es	162		undraising fees		5.5		15 12/200			000, .		,,,,,,	057.
ens	104			•					AND DESCRIPTION OF THE PARTY.			ALCOHOL SERVICE SON	
Expenses	b		ing expenses (P					7,527.					
ш	17	Other expense	es (Part IX, colu	mn (A), Iir	nes 11a-11d,	11f-24e)				194,1	51.	369,	178.
	18	Total expense	s. Add lines 13-	17 (must e	equal Part IX	, column (A), line 25)		1	,331,8	68.	1,467,	
	19	Revenue less	expenses. Subti	ract line 18	8 from line 1	2				24,3			218.
5 8									Roginnin	g of Current		End of Yea	
anc	20	Total assets (F	Part X, line 16).						Degillilli				
Net Assets Fund Balanc	21		(Part X, line 26							465,8			480.
a at	21			A CONCERN MARK						267,7	/8.	169,	158.
		Net assets or	fund balances. S	Subtract lir	ne 21 from li	ne 20				198,1	04.	547,	322.
Pa	rt II	Signature	Block										
Unde	r penall	ies of perjury, I dec	clare that I have examer (other than officer)	ined this retur	n, including acco	ompanying sche	dules and statem	ents, and to the	best of my	y knowledge a	nd belie	ef, it is true, correct.	and
comp	lete. De	eclaration of prepare	er (other than officer)	s based on a	ill information of	which preparer I	has any knowled	ge.		111	/		
			C-nn	A	75 -	7				a) 301	201	14	
Sig	ın	Signature	e of officer						Dat	e			
Hei	re	Ann	Terranova						Roard	Presi	dont	<u>L</u> ,	
			orint name and title		***************************************				DUALU	riesi	aem	<u>. </u>	
		3.4.6.3.3.3.4	eparer's name		Preparer's signa	ature		Dala	Т			OTINI	
								Date		Check X	if F	PTIN	
Pai			Burstyn		Harmon I	Burstyn				self-employed	i I	P00855188	
Pre	pare	Firm's name	► HARMON	BURSTY	N CPA								
Use	Onl	y Firm's address	s 1012 HA	CIENDA	DR					Firm's EIN	68-	0228024	
					CA 9459	8-4710				Phone no.	(925		2
May	the IF	29 discuss this	return with the				uctions)	AND DESIGNATION OF THE SAME AND			() 4 3		No

	m 990 (2017) Motivating inspiring Supporting and	26-4513862	Page 2
Pa	Tt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		T.
1			<u>A</u>
ŀ	Soo Schodula O		
	See Schedule 0		
2	Did the organization undertake any significant program services during the year which were not listed on the pri	or	
	Form 990 or 990-EZ?	Yes	X No
3		rvices? Yes	X No
·	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	ices, as measured by eas to others, the total ex	expenses. xpenses,
4 a	a (Code:) (Expenses \$ 584,910. including grants of \$ 289,968.) (F	levenue \$)
	Transitional Age Youth Services (16-24 yo) - focuses on partnering involved exploited and vulnerable youth to create a solid foundation.		tems
	transition into adulthood. This is done through intensive case m		ices.
	job coaching and access to supported employment opportunities, re		
	and advocacy. MISSSEY served 43 youth in this program.	·	
4 b		evenue \$)
	Prevention Institute - MISSSEY staff facilitates interactive CSEC		
	within Oakland Unified School District and other youth-serving sp	aces to ensure	_youth_
	have the knowledge to protect themselves. Using an innovative CS		
	curriculum pioneered by MISSSEY Co-Founder Nola Brantley, MISSSEY	_nas_provided_	
	prevention workshops to over 100 at-risk young people with a goal the cycle of exploitation before it begins. MISSSEY's Youth Enga	coment Special	9_1n
	additionally provide preventative information sessions to at-risk		
	the Alameda County Aggegment Contor		
	the Alameda County Assessment Center.		
4 c	(Code:) (Expenses \$ 187,725. including grants of \$) (Re	evenue \$)
	Intensive Case Management (12-19 yo) - Provides each young person	with needs	
	assessment; support to engage in education, employment, therapeut	ic services, an	nd
	enrichment activities; and assistance in meeting basic needs with		
	longer-term goals. MISSSEY works within the child welfare and juv		
	to support systems-involved vulnerable and exploited young people		nager
	works in partnership with each youth and their caregiver or servi		
	ensure the young person is in a safe and supportive residential s		
	managers advocate for the specific needs of exploited youth within	n_systems_and_	in_the_
	community, having served 128 youth in this fiscal year.		
4 d	Other program services (Describe in Schedule O.) See Schedule O		
	(Expenses \$ 275,421. including grants of \$ 14,673.) (Revenue \$)	
4 e	Total program service expenses ► 1,339,258.		

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X	
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		Х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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		Х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, 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.	11 a	Х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	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.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
)	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
	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	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ı	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŀ	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		Х
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
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		Х

			Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	. 20a		Х
	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	X	
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		Х
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		Х
	a 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			Х
	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		
25	a 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		Х
	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? <i>If</i> 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
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):			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
I	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III. or IV, and Part V, line 1.	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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		Х
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	Х	
BAA		Form 9	990 (2	017)

Form 990 (2017) Motivating Inspiring Supporting and 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....

	Greek in Schedule C Contains a response of note to any line in this rait v			·
1 :	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
I	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2 8	a 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 25			
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	ARCHINE
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
Ŀ	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q	3 b		
4 a	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)?	4 a		Х
b	o 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).			
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	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?	6 a		Х
b	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	PRES		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	TEXADE		10/1/01
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	Paga 1		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	and the second of the second o	14 a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Form 990 (2017) Motivating Inspiring Supporting and 26-4513862 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 1 a Enter the number of voting members of the governing body at the end of the tax year..... 1 a 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 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 X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X Did the organization become aware during the year of a significant diversion of the organization's assets?..... X 5 Did the organization have members or stockholders?.... 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X b Each committee with authority to act on behalf of the governing body?..... X 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...... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10 a Did the organization have local chapters, branches, or affiliates?.... 10 a X 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.... 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done... See. Schedule O...... 12c X 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?..... 14 X 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...... X 15a b Other officers or key employees of the organization..... 15b X 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?..... 16 a Χ 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 List the states with which a copy of this Form 990 is required to be filed > CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) See Sch. O Own website Another's website Upon request Describe in Schedule 0 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. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records:

Oakland CA 94607 510-251-2070

Elizabeth Longfellow 424 Jefferson Street

Form 990 (2017) Motivating Inspiring Supporting an	Form 990 (2017)	Motivating	Inspiring	Supporting	and
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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

- 1 a 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 employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

				(C)	(C)					
(A) Name and Title		thai	n one s both dir	box, an c eclor	unle: officer /trust		on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Ann Terranova	4						0		_	_
Board President	0	X		X				0.	0.	0.
(2) Ana Cruz Board Member	2	X						0.	0.	0.
(3) Leigh Frazier	2									
Treasurer	0	Х		Х				0.	0.	0.
(4) Aisha Mays	2									
Board Member	0	Х						0.	0.	0.
(5) Holly Joshi	2							- X - X - X - X - X - X - X - X - X - X		
Board Member	0	Х						0.	0.	0.
(6) Marisa Raya	2									
Board Member	0	X					a tananan	0.	0.	0.
(7) Kelly Paschal-Hunter	2									
Board Member	0	X						0.	0.	0.
(8)										
(9)										
(10)				100 mm						
(11)										
(12)										
(13)										
(14)										

Tart VII Section A. Officers, Directors, Tre	1	rey	L11	72717		cs,	alli	u nignest con	ipensated Emp	Joyee	(continuea)
(A) Name and title	Average hours per week	box	(do not check more it box, unless person is officer and a director			is bot or/trus	th an stee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	am	(F) Estimated ount of other mpensation
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	employee	Former	(W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	or a	from the ganization nd related ganizations
(15)											10 1500
(16)											
(17)											
(18)											
(19)											
(20)											
(21)			+								
(22)											
(23)											
(24)											
(25)											
1 b Sub-total							>	0.	0.		0.
c Total from continuation sheets to Part VII, Section	on A						•	0.	0.		0.
d Total (add lines 1b and 1c)							/ed r	0. more than \$100,000	0. Of reportable comp	ensatio	0.
from the organization • 0											Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, or trus	stee,	key	em	oloy	ee, d	or hi	ighest compensate	ed employee	3	Yes No
For any individual listed on line 1a, is the sum of the organization and related organizations greater											
5 Did any person listed on line 1a receive or accrue	compens	 sation	 n fro	 m a	 nv ι	 ınrel	 ated	d organization or i	ndividual	4	X
for services rendered to the organization? If 'Yes,	' complet	e Sci	hedu	ıle J	for	suci	h pe	erson		5	X
Section B. Independent Contractors 1 Complete this table for your five highest compens	ated inde	pend	ent	con	tract	tors	that	received more th	an \$100,000 of		
compensation from the organization. Report compens	ation for t	he ca	lenda	ar y	ear e	endir	ig w	ith or within the org	anization's tax year.		
Name and business addre	ess							(B) Description of	services	Compe	c) nsation
								ili alla alla alla alla alla alla alla			
	Willow.									385.	
Total number of independent contractors (including but the contractors)		ed to	thos	e lis	ted	abov	e) w	ho received more t	han		
\$100,000 of compensation from the organization	0										

	Check if Schedule O contains a response or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from la: under sections
Contributions, Gifts, Grants	to b Membership dues	1,775,418.	revenue		512-514
Program Service Revenue	Business Code 2a Program Services 900099 b c d e f All other program service revenue	39,950.	39,950.		
Other Revenue	g Total. Add lines 2a-2f 3 Investment income (including dividends, interest and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties	39,950.			
	b Less: cost of goods soldb c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 b c d All other revenue e Total. Add lines 11a-11d	1,565.	1,565.		
	e Total Rdd lines Ta-Tid	1,565.	41,515.	n	0

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 6b,	not include amounts reported on lines 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	304,640.	304,640.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	301,010.	304,040.		
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	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	793,897.	733,563.	37,040.	23,294.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	,	,		
9	Other employee benefits				
10	Payroll taxes		- ba		
11	Fees for services (non-employees):				
ä	Management				
ŀ	Legal				
(Accounting				
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				10
-	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	71,736.	16,440.	55,281.	15.
12	Advertising and promotion	1,372.		748.	624.
13	Office expenses	14,410.	13,993.	269.	148.
14	Information technology	1,630.	391.	1,009.	230.
15	Royalties				
16	Occupancy	67,097.	63,208.	1,956.	1,933.
17	Travel	21,216.	21,200.		16.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
21	Payments to affiliates				S West St
22	Depreciation, depletion, and amortization				
	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.).	10,231.	9,931.	39.	261.
а	Client Expenses	100,352.	100,352.		
100	Donated Goods	44,889.	44,889.		
	Program Supplies and Materials	16,080.	16,080.		
	Communications	9,892.	8,970.	652.	270.
	All other expenses.	10,273.	5,601.	3,936.	736.
40 0000	Total functional expenses. Add lines 1 through 24e	1,467,715.	1,339,258.	100,930.	27,527.
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).				.,

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	37,191.	. 1	200,111.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	F-1.0-18
	4	Accounts receivable, net	398,744.	4	503,066.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Ø	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	19,142.	9	13,303.
		Land, buildings, and equipment: cost or other basis.	19,142.		15,303.
	1			HEAT IN	
	1	b Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities		11	AND THE STATE OF T
	12	Investments – other securities. See Part IV, line 11.		12	
	13			13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11.	10,805.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	465,882.	16	716,480.
	17 18	Grants payable	259,623.	17	169,158.
	19	Deferred revenue	7 100	18	
	20	Tax-exempt bond liabilities	7,120.	20	101 550
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
7	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties.		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	1,035.	25	
	26	Total liabilities. Add lines 17 through 25	267,778.	26	169,158.
n u		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	201,110.		100,100.
일	27	Unrestricted net assets	158,902.	27	474,858.
9	28	Temporarily restricted net assets	39,202.	28	72,464.
		Permanently restricted net assets	33,202.	29	12,404.
		Organizations that do not follow SFAS 117 (ASC 958), check here ►		Band an	
o ruin palatices		and complete lines 30 through 34.			
2		Capital stock or trust principal, or current funds		30	
3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Met Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	***
		Total net assets or fund balances	198,104.	33	547,322.
AA	335	Total liabilities and net assets/fund balances	465,882.	34	716,480.

		4513862		Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				. П
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1.8	16,	933.
2	Total expenses (must equal Part IX, column (A), line 25)	2		67,	
3	Revenue less expenses. Subtract line 2 from line 1	3		49,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		98,	
5	Net unrealized gains (losses) on investments	5		507.	2011
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10					0.
	column (B))	10	5	47,3	322.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.	MA			
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	dona	No.		
	separate basis, consolidated basis, or both:	20114			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat basis, consolidated basis, or both:	е			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 a	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?		3 a		Х

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

BAA

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.....

3 b

Form 990 (2017)

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