Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2020 calen	dar year, or tax year begin	ning	, 2020,	and ending			, 20			
В	Check if	applicable:	C				D Emp	oyer ident	tification number			
	Adda	ress change	TOWNSPEOPLE				33	-0623	634			
	Nam	ne change	4080 CENTRE STREE	ET #201				hone num				
		al return	SAN DIEGO, CA 92	103			61	9-295	-8802			
	\vdash	return/terminated						, ,,,,	0002			
		ended return					G Groot	receipts	\$ 2,354,	960		
		lication pending	F Name and address of principal	officer: DEGUADO T		- Н	(a) Is this a group re			X No		
	Пурр	ilication pending	F Name and address of principal SAME AS C ABOVE	RICHARD J	VELASQUEZ	Z H	(b) Are all subordina If "No," attach a		103	No		
1	Tay-ay	empt status:	X 501(c)(3) 501(c) () ◄ (insert no.)	4947(a)(1) or	527	If "No," attach a l	ist. See in:	structions			
<u>;</u>			W. TOWNSPEOPLE. ORG		4347(a)(1) 01		(c) Group exemption	number D				
K	Jacob Maria Salar	of organization:	X Corporation Trust	Association Other	I v	ear of formation			legal domicile: CA			
-	rt I	Summar		Association Circi	In 11	ear or formation	. 1994	Otate of t	legal dofficile. CA			
ГС			y be the organization's missi	on or most significant a	ctivities TUE	ACENICV	'C DIIDDOCE	TC T	DDOUTDE			
			LE RENTAL HOUSING									
Activities & Governance			. THE AGENCY IS E							_ <u> </u>		
na			NTS. THE AGENCY F									
Ver	_	Check this bo		n discontinued its opera								
မ္	_ ~		oting members of the gover							4		
ంర			dependent voting members							4		
ties			of individuals employed in							21		
Ē	6 ⊺	otal number	of volunteers (estimate if	necessary)		**********		6		4		
Ac			ed business revenue from F							0.		
	b N	let unrelated	l business taxable income	from Form 990-T, Part	I, line 11			7b		0.		
							Prior Yea		Current Ye			
Ø			and grants (Part VIII, line				1,068,		1,341,			
Revenue			vice revenue (Part VIII, line		255.	998,	,843.					
eVe			ncome (Part VIII, column (A					325.		889.		
ď	1		e (Part VIII, column (A), lir					533.		,203.		
			- add lines 8 through 11				1,732,	039.	2,354	,960.		
			imilar amounts paid (Part I	8 8	179							
			to or for members (Part I)									
Ø	15 S	Salaries, othe	er compensation, employee	e benefits (Part IX, colu	5-10)	789,	632.	839	,206.			
Se	16a F	Professional	fundraising fees (Part IX, c									
Expenses	Ь⊺	otal fundrais	sing expenses (Part IX, col	umn (D), line 25) ▶		2,847.	SI TO THE STATE OF					
ŋ	17 0	Other expens	ses (Part IX, column (A), lir	nes 11a-11d, 11f-24e)			1,540,	510.	1,601,	.713.		
	1	555	es. Add lines 13-17 (must e				2,330,		2,440			
			expenses. Subtract line 1		10000	1	-598,			959.		
F 60							Beginning of Curr		End of Ye			
Net Assets or Fund Balances	20 T	otal assets	(Part X, line 16)				9,784,		10,234			
Asse	21 T		s (Part X, line 26)				12,246,		12,782			
Net	22 N	Jet assets or	fund balances. Subtract li	ne 21 from line 20			-2,462,		-2,548			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ert II	Signatur	Vicinity Country Count	no El trotti into Eo			2,402,	200.	2,340	,		
PAMER				ro, including accompanying sc	hedules and staten	ments, and to th	e hest of my knowled	ge and be	lief, it is true, correc	t. and		
com	plete. Dec	laration of prepa	eclare that I have examined this retu arer (other than officer) is based on a	all information of which prepare	er has any knowled	dge.	o book of my minomos	.go ana bo		.,		
		D	TAXPAYERS C	OPY								
Sig	gn	Signatu	re of officer				Date					
He	re		HARD J VELASQUEZ				PRESIDENT					
		Type or	print name and title				110					
		Print/Type p	preparer's name	Preparer's signature		Date	Check	X if	PTIN			
Pa	id	JILL BRANCH JILL BRANCH 11/12/2					self-empl	oyed	P00727664			
	epare:	Firm's name	■ LEAF & COLE,	LLP								
	e Onl								Firm's EIN ► 95-2076568			
		a anona sa	SAN DIEGO, CA 92108						Phone no. 619.294.7200			
Ma	y the IR	RS discuss th	nis return with the preparer		tructions	VII	************	N. Carlo	X Yes	No		
=							West Months (2000 COMMENSIONS)	ALL REPORTS	F 000	(0000)		

Forn	1 990 (2020) TOWNSPEOPLE	33-062363	4 Page 2
Pai			
	Check if Schedule O contains a response or note to any line in this Part III		<u>[X]</u>
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the p	rior	
	Form 990 or 990-EZ?		Yes X 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 s	services?	Yes X No
-	If "Yes," describe these changes on Schedule O.		7.1
4	Describe the organization's program service accomplishments for each of its three largest program se 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.	rvices, as measure ons to others, the t	ed by expenses. total expenses,
4 2	(Code:) (Expenses \$ 1,122,273. including grants of \$)	(Revenue \$	228,074.)
	OTHER APARTMENTS (GAMMA) CONSIST OF 22 UNITS AVAILABLE FOR LOW		
	PERSONS LIVING WITH HIV/AIDS.		
41	(Code:) (Expenses \$ 657,981. including grants of \$)	(Revenue \$	148,594.)
	THE 34TH STREET APARTMENTS CONSIST OF 34 UNITS AVAILABLE FOR LO	~ ~ ~ ~	
	PERSONS LIVING WITH HIV/AIDS. IN ADDITION, UNDER THE TERMS OF		<u> </u>
	AGREEMENTS, THE UNITS ARE RENT AND OCCUPANCY RESTRICTED FOR UP	ro_65_YEARS.	
		. 	
40		(Revenue \$	217,866.
	THE 51ST STREET APARTMENTS CONSIST OF 24 UNITS AVAILABLE FOR LO		~ ~
	LIVING WITH HIV/AIDS. IN ADDITION, UNDER THE TERMS OF THE REGU	LATORY AGREE	MENTS THE
	UNITS ARE RENT AND OCCUPANCY RESTRICTED FOR 55 YEARS.		
			
40	d Other program services (Describe on Schedule O.) SEE SCHEDULE O		200 \
	(Expenses \$ 227,769, including grants of \$) (Revenue \$	404,	309.)
46	e Total program service expenses ► 2,385,133.		Form 990 (2020)

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
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 donor-restricted endowments or in 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, VII, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
1	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	
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	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	
1	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 Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	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		Х
	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
20 a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ŀ	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

Form 990 (2020) TOWNSPEOPLE 33-0623634 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. 22 X 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 X Schedule J..... 23 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..... Χ 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 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?..... 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I..... 25a 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 X Schedule L, Part I...... 25b 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...... Х 26 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 X persons? If 'Yes,' complete Schedule L, Part III 27 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 X 'Yes,' complete Schedule L, Part IV. 28a **b** A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV..... X 28b 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..... X 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M............ 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M..... X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete X Schedule N, Part II..... 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I...... 33 X 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 X X 35a 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 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...... X 36 X 37 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..... X

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.	exercise a		\Box
		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
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?			
(gambling) winnings to prize winners?	1 c	X	

Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		i Maria	
	ments, filed for the calendar year ending with or within the year covered by this return 2a 21		V	
Ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
٠.	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	_	
		30	-	
4 8	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		X
	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).		195	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	_	Х
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
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
	If '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).	1975	1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		12 1	X
	services provided to the payor?	7 a		A
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 0		
	Form 8282?	7с		X
c	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	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			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	136	Line.	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	_	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:	133	1-7-1	
	Initiation fees and capital contributions included on Part VIII, line 12		353	15
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders		S E	
	Gross income from other sources (Do not net amounts due or paid to other sources	-	1	
	against amounts due or received from them.)			150
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of Yes, enter the amount of tax-exempt interest received or accrued during the year		1	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Enter the amount of reserves the organization is required to maintain by the states in	P S	1.28	150
L	which the organization is licensed to issue qualified health plans	15	P. P.	
C	Enter the amount of reserves on hand			legel.
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year?	15	-	X
16		16		Х
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10	1000	A
BAA		Form	990	(2020)

Pa	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char Schedule O. See instructions.	iges (on	
Sad	Check if Schedule O contains a response or note to any line in this Part VI			. A
Sec	Cition 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 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 on Schedule O.			No
	b Enter the number of voting members included on line 1a, above, who are independent 1b	1000		1
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	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?	7 a		Х
I	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			192
	a The governing body?	8a	X	
1	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	9		х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Co	ode.)
			Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10a		X
1	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?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
1	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	THE.		
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х	
(c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was doneSEE. SCHEDULE.O	12 c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
1	b Other officers or key employees of the organization.	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			EST
16	a 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		X
1	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?	16 b		
Sec	ction C. Disclosure	100		
17				
18		01(c)(3)s or	 ıly)
	Own website Another's website X Upon request Other (explain on Schedule O)			
19		able to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶		_	
	MELISSA PETERMAN 4080 CENTRE STREET, SUITE 201 SAN DIEGO CA 92103 (619) 295	-880	2	

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

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

	Check this box if neither the organization nor any relati	ed organiz	ation	con	nper	ısate	ed any	cur	rent officer, direct	or, or trustee.	
					(C)						
(A) Name and title				dir	ector	/trust		- 1	compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_	(1) JON P. DERRYBERRY EXECUTIVE DIR.	$-\frac{40}{0}$			Х				146,532.	0.	2,388.
-	(2) JOHN ROMAKER (THU JULY 2020)	2	-		21	_		+	140,002.	0.	2,300.
_	DIRECTOR	0	Х						0.	0.	0.
-	(3) MAC LAW (THROUGH 10/19/20) DIRECTOR	2	Х						0.	0.	0.
-	(4) VENESSA ROLLINS	2						1	0.	0.	· ·
_	SECRETARY	0	Х		Х				0.	0.	0.
_	(5) RICHARD J VELASQUEZ	2									
	PRESIDENT	0	X		X				0.	0.	0.
	(6) REBECCA LARSON	2									
	DIRECTOR	0	X						0.	0.	0.
	(7) WADE LOVELL	2									
_	TREASURER	0	Х		Х				0.	0.	0.
	(8) JACK GUNTHER (THRU MAY 2020) DIRECTOR	2	х						0.	0.	0.
_	(9)		Λ					+	0.	0.	<u> </u>
(10)							+			
(11)							1			
(12)										
(13)							+			
(14)										<u> </u>
		1				1	1 1	- 1			

Form 990 (2020) TOWNSPEOPLE									33-0623634			age 8
Part VII Section A. Officers, Directors, Tru		Key	En			es,	an	d Highest Con	npensated Empl	oyees	(conti	inued)
(A) Name and title	Average hours per week	box	, unie cer a	check ess p nd a	sition more erson direct	e than is bot tor/trus	h an stee)	Reportable compensation from	(E) Reportable compensation from related organizations		(F) ated am	
	(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)	the o	nsation rganizat d related anization	tion d
(15)												
(16)												
(17)										1		
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Subtotal							>	146,532.	0.		2,3	388.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							>	0. 146,532.	0.		2,3	0. 388.
2 Total number of individuals (including but not limited from the organization ► 1							ved		0 of reportable comp	ensation		
3 Did the organization list any former officer, direc	tor truste	e ke	W 61	mple	2000	or	hiak	host companyated	Lemployee		Yes	No
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	ıal								3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual.	er than \$1	50,00	00?	If 'Y	es,	com	ple	te Schedule J for		4		X
5 Did any person listed on line 1a receive or accrument for services rendered to the organization? If 'Yes	e comper s,' comple	satio	n fr	om lule	any <i>J fo</i>	unre r suc	late th p	ed organization or person	individual	. 5		X
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated ind	epen	deni	t cor	ntra	ctors	tha	at received more t	han \$100,000 of			
(A) Name and business addi		uie ca	21611	uai	ycai	enun	ig v	Description		((Compe) nsatic	—— Эп
								· P		1		
3												
2 Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	tho	se l	isted	abo	ve)	who received more	than	100		
BAA		TEEA0	108L	10/0	7/20					Form	990 ((2020)

Part VIII Statement of Revenue

		Check if Schedule O contains a re-	sponse or note to any	line in this Part V	Ш	(0,654	
				(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		Federated campaigns 1:					
Srai		Membership dues					
S, C		Fundraising events					
a G		Related organizations 1		CALL TO SE			学 医毒素
S. III		Government grants (contributions) 1	1,222,446.				The state of the
D 7	1	All other contributions, gifts, grants, and similar amounts not included above 1	118,579.				
E E	a	Noncash contributions included in	110,579.	THE REAL PROPERTY.			
d dr		lines 1a-1f					
<u>ਲ</u> ਲ	h	Total. Add lines 1a-1f		1,341,025.			
Program Service Revenue			Business Code				
6 4		SOCIAL SERVICE FEE	900099	333,359.	333,359.		
e E		RENTAL INCOME - OTHER LOC	531110	228,074.	228,074.		
7		RENTAL INCOME - 51ST ST.	531110	217,866.	217,866.		
ဖွဲ့		RENTAL INCOME - 34TH ST	531110	148,594.	148,594.		
ran		RENTAL INCOME - WILSON AV All other program service revenue	531110	70,950.	70,950.		
<u>S</u>		Total. Add lines 2a-2f		000 042			
	_			998,843.			
	3	Investment income (including dividends, other similar amounts)	interest, and	889.			889.
		Income from investment of tax-exem		005.			005.
	5	Royalties					
		(i) Real	(ii) Personal			Parada di Angel	100000000000000000000000000000000000000
	6a	Gross rents 6a					
		Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from (i) Securities	(ii) Other		STEEL ST		
		sales of assets other than inventory 7a					
	b	Less: cost or other basis			(3 - 3 T + 5)		· 发现的产品。
		and sales expenses 7b					
		Gain or (loss) 7c			STREET, SELECTION	7 4 15 1 151	
	d	Net gain or (loss)	20113 (Cr. 1914)				
ne	8 a	Gross income from fundraising events					-0.00
ē		(not including \$ of contributions reported on line 1c).					
Š			8 a				
Other Revenue	h		8 b				
Ę	C	Net income or (loss) from fundraising					
0		ſ		AND STREET, SAN		B B C B B B B B	The state of the s
	Эa	Gross income from gaming activities. See Part IV, line 19	9 a	一年 1月 北京 11 日本	As a Smith of the		THE REPORT OF
	b	The same of the country of the same of the	9 b				
	С	Net income or (loss) from gaming act	tivities				
	10 a	Gross sales of inventory, less		The Verille	M THE STATE OF THE	10-4-10-5 E. S. S.	THE TOTAL
		returns and allowances	0a				THE LEW TOWN
		_	0 Ь				
	С	Net income or (loss) from sales of in-					
2			Business Code				
Miscellaneous Revenue	11 a b c d	MISCELLANEOUS	900099	14,203.	14,203.		
	b						
हुं हु	C	7,-,,					
ZE R							
		Total. Add lines 11a-11d		14,203.			
	12	Total revenue. See instructions		2,354,960.	1,013,046.	0	. 889.

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 ... (D) (A) (B) Do not include amounts reported on lines Total expenses Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members..... Compensation of current officers, directors, trustees, and key employees..... 31,606 146,532 113,263 1,663. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 n 0 0. 10,796 569,473. 558,677 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)...... Other employee benefits..... 65,122 62,682 2,318. 122. 10 Payroll taxes..... 58,079. 2,129. 112 55,838. Fees for services (nonemployees): a Management..... b Legal..... 11,784. 11,784 c Accounting..... 50,445. 49,387. 1,058 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.). Advertising and promotion Office expenses..... 14 Information technology. 15 16 Occupancy..... 55,129 54,508 621 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings. . . . Interest..... 253,713. 253,540 173. Payments to affiliates..... 22 Depreciation, depletion, and amortization . . . 294,863. 294,863 30,284 30,284. Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)..... a RENTAL ASSISTANCE 497,649 497,198 451 **b** REPAIRS & MAINTENANCE 571 139,551 138,980 c UTILITIES 57,599. 57,599 d SECURITY 57,091 57,091 e All other expenses..... 153,605. 149,439. 3,216. 950. 2,440,919. 52,939. 25 Total functional expenses. Add lines 1 through 24e . . . 2,385,133. 2,847. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here

SOP 98-2 (ASC 958-720)......

Part X Balance Sheet

		Check if Schedule O contains a response or note to	o any li	ne in this Part X			
-					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			194,293.	1	428,423.
	2	Savings and temporary cash investments			420,095.	2	401,980.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			167,346.	4	694,681.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	er offic I contrib rsons	er, director, outor, or 35%		5	
	6	Loans and other receivables from other disqualified p		i h	FESTAL TEASEN		
	ŭ	section 4958(f)(1)), and persons described in section		-		6	
	7	Notes and loans receivable, net	5.10	and the same of th	810,000.	7	810,000.
Ø	8	Inventories for sale or use		The state of the s	010,000.	8	010,000.
Assets	9	Prepaid expenses and deferred charges		_	20,296.	9	21,961.
As	_		1		20,290.		21, 501.
		Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D	10a	10,787,228.			
	b	Less: accumulated depreciation	10b	3,486,493.	7,595,598.	10 c	7,300,735.
	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.	The second secon		13		
	14	Intangible assets		4,171.	14	3,964.	
	15	Other assets. See Part IV, line 11		572,384.	15	572,384.	
	16	Total assets. Add lines 1 through 15 (must equal line		9,784,183.	16	10,234,128.	
_	17	Accounts payable and accrued expenses	56,740.	17	80,446.		
	18	Grants payable			*	18	10
	19	Deferred revenue				19	193,870.
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu-	ficer, di utor, or	rector, trustee, 35%		20	
Ë	22	controlled entity or family member of any of these pe		-	0 546 400	22	0 546 400
	23	Secured mortgages and notes payable to unrelated the	N 500 U	_	9,546,420.	23	9,546,420.
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			2,643,276.		2,961,604.
_	26	Total liabilities. Add lines 17 through 25			12,246,436.	26	12,782,340.
Ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	>	X			
a	27				-2,462,253.	27	-2,648,212.
Ba	28	Net assets with donor restrictions				28	100,000.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here	•			
-	00				00		
S	29	Capital stock or trust principal, or current funds			29		
Se	30	Paid-in or capital surplus, or land, building, or equipm				30	
As	31	Retained earnings, endowment, accumulated income,		_	2 462 052	31	0 540 010
et	32	Total net assets or fund balances Total liabilities and net assets/fund balances		CONTRACTOR STATES OF THE STATE	-2,462,253.	32	-2,548,212.
	33	rotal habilities and net assets/tung dalances		1L 10/07/20	9,784,183.	33	10,234,128.
BA	H			15 10/0//ZU			Form 990 (2020)

Forn	1 990 (2020) TOWNSPEOPLE 3	3-06	23634		72	age 14
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	e ie	1	2,3	54,	960.
2	Total expenses (must equal Part IX, column (A), line 25)		2	2,4	40,	919.
3	Revenue less expenses. Subtract line 2 from line 1		3	_	85,9	959.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4 .	-2,4		
5	Net unrealized gains (losses) on investments		5	0.00		
6	Donated services and use of facilities	F(F)	6			
7	Investment expenses	🗀	7			
8	Prior period adjustments	es.	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	(45)	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))	1	0 -	-2,5	48,2	<u> 212.</u>
Par	t 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 X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	wed	on a	133	-	1 8
	separate basis, consolidated basis, or both:					I m
	Separate basis Consolidated basis Both consolidated and separate basis					
k	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep	arate				
	basis, consolidated basis, or both:					
	Separate basis Consolidated basis X 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 au review, or compilation of its financial statements and selection of an independent accountant?	dit,		2 c		X
	If the organization changed either its oversight process or selection process during the tax year, explain				SW.	1000
	on 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 Singl Audit Act and OMB Circular A-133?)		3 a	Х	
į.	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	audit	000000000000000000000000000000000000000			
•	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b	Х	
BAA						(2020

SCHEDULE A (Form 990 or 990-EZ)

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

Employer identification number Name of the organization TOWNSPEOPLE 33-0623634 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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 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 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33-1/3% 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 33-1/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 12 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. 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. 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. 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. 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). (iii) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (II) EIN (v) Amount of monetary (iv) is the organization listed in your governing (vi) Amount of other support (see instructions) support (see instructions) document? Yes No (A) (B) (C) (D) (E) Total

Page 2

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	746,916.	704,273.	958,305.	1,068,926.	1,341,025.	4,819,445.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	746,916.	704,273.	958,305.	1,068,926.	1,341,025.	4,819,445.
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)						0.
	Public support. Subtract line 5 from line 4						4,819,445.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	746,916.	704,273.	958,305.	1,068,926.	1,341,025.	4,819,445.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	301.	518.	979.	1,325.	889.	4,012.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	29,541.	18,984.	599,374.	25,533.	14,203.	687,635.
11	Total support. Add lines 7 through 10						5,511,092.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)	.xxx			3,467,285.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20						87.45%
15	Public support percentage from 2	2019 Schedule A,	Part II, line 14			15	85.24 %
16a	33-1/3% support test—2020. If the and stop here. The organization	he organization di qualifies as a pub	d not check the b dicly supported or	ox on line 13, an ganization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2019. If the and stop here. The organization	e organization did qualifies as a put	I not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	heck this box
1 7 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the facts-ar	nd-circumstances	test, check this I	box and stop her e	e. Explain in Part '	Vi how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organization	meets the facts-ard-circumstances' t	nd-circumstances est. The organiza	test, check this i ition qualifies as	box and stop her a publicly suppor	e. Explain in Part ' ted organization	VI how the
BAA	, it are to an action it the organia	and the offer	on a por on mile	, 100, 100, 170			90 or 990-EZ) 2020
					50		

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.)

Sec	tion A. Public Support							
Calend 1	lar year (or fiscal year beginning in) ► Gifts, grants, contributions,	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
	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.							
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 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							
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.							
	Add lines 10a and 10b 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.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is organization, check this box and	stop here	******	third, fourth, or f	ifth tax year as a	section 501(c)(3)	· · · · · · · · · · · · · · · · · · ·	
	tion C. Computation of Pul			10 1 ==				
	Public support percentage for 20	75			5		%	
	Public support percentage from						%	
	tion D. Computation of Inv							
	Investment income percentage f						%	
	Investment income percentage f		CHARLES OF THE SECURIOR CHESSION PRINCESSOR				olo	
	33-1/3% support tests—2020. If is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organizatior	1	
	33-1/3% support tests—2019. If illine 18 is not more than 33-1/3% Private foundation. If the organi	6, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported orga	nization 🟲 🔝	
	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Part IV Supporting Organizations

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

Section A	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		000
3	a 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	T ISS	
	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.	3с		
4	a 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	2-1	
	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		ST
5	a 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			la i
	accomplished (such as by amendment to the organizing document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		
	organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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 .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			

- regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).

 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).
- 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**.
- **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.**
- 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.
- 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.
 - 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.).

7

8

9a

9b

9c

10a

10h

Pa	rt IV Supporting Organizations (continued)					
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No		
	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	193			
	b A family member of a person described in line 11a above?	11b				
	C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c				
	ction B. Type I Supporting Organizations	1				
	armen type temperaning enganizations		Yes	No		
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	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.					
Sec	tion 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				
Sec	tion D. All Type III Supporting Organizations					
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	Yes	No		
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				
Sec	tion 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).					
	The organization satisfied the Activities Test. Complete line 2 below.					
	The organization is the parent of each of its supported organizations. Complete line 3 below.					
)	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	: instru	ıctions	s).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No		
į	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				
Ì	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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	II GOZ			
	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				

1	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization			n Part VI). See
Sec	etion A – Adjusted Net Income	TIS TITUS	(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		
Sec	tion 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
-	Fair market value of other non-exempt-use assets	1c		
-	Total (add lines 1a, 1b, and 1c)	1d		
	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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2	A Mis. Sales of the	
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 inte (see instructions).	grated	Type III supporting or	ganization
BAA			Schedule A (F	orm 990 or 990-EZ)

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

ection 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		The state of the s	
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	L = 17 3 7 1 2 8	HEROTE WELL	
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years	The Late of Late		
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)		A SECOND LINE	
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.			A SALEDA A
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016	BURNEY AND BURNEY		Str. of Sall Street
b Excess from 2017		Market and State of the State o	
c Excess from 2018			
d Excess from 2019			
e Excess from 2020	AUTHOR DE LEGA	Personal Land	Refer D. J. Co.

BAA

Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2020	_	2019	_	2018	_	2017	 2016
MISCELLANEOUS DEVELOPER FEE	\$	14,203.	\$	25,533.	\$	26,990. 572,384.	\$	18,984.	\$ 29,541.
	ral 🖺	14,203.	\$	25,533.	\$	599,374.	\$	18,984.	\$ 29,541.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

TOWNSI	PEOPLE		33-0623634			
Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	on			
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		ed by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.			
General I	Rule					
		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalione contributor. Complete Parts I and II. See instructions for determining a contribu				
Special F	tules					
X	under sections 509(a)(received from any on	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, lin e contributor, during the year, total contributions of the greater of (1) \$5,000 ine 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that			
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contiduring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or education purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead or contributor name and address), II, and III.					
	during the year, cont \$1,000. If this box is charitable, etc., purpo	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receptibutions exclusively for religious, charitable, etc., purposes, but no such concidence, enter here the total contributions that were received during the year ose. Don't complete any of the parts unless the General Rule applies to this ively religious, charitable, etc., contributions totaling \$5,000 or more during to	tributions totaled more than r for an <i>exclusively</i> religious, organization because			

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

1

Name of organization

TOWNSPEOPLE

Employer identification number

33-0623634

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SAN DIEGO HOUSING COMMISSION		Person X
	1122 BROADWAY SUITE 300	\$ 711,629.	Payroll Noncash
	CAN DIECO CA 00101		(Complete Part II for
	SAN DIEGO, CA 92101		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COUNTY OF SAN DIEGO		Person X
	3989 RUFFIN ROAD	\$835,427.	Payroll Noncash
	SAN DIEGO, CA 92123		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FUNDERS TOGETHER		Person X
	4080 CENTRE STREET, SUITE 201	\$100,000.	Payroll Noncash
	SAN DIEGO, CA 92103		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
3~		\$	Payroll Noncash
			(Complete Part II for noncash contributions.)

1

Name of organization

TOWNSPEOPLE

Employer identification number

33-0623634

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.									
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received							
	N/A									
		\$								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received							
			1							
		- s	_							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received							
(a) No.	(b)	(c)	(d)							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received							
		s								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received							
		s								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received							
BAA	s	chedule B (Form 990, 990-E2	z, or 990-PF) (2020)							

C-6	2 (Farres 000, 000 F7, av 000 FF) (2000)				1	4	D 4	
Name of organ					1 Employer ide		Page 4	
TOWNSPI					33-062			
Part III	Exclusively religious, charitable, e or (10) that total more than \$1,000 for the following line entry. For organizations contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contrib ompleting Part III, enter the tota (Enter this information once. Se	outor. Complete al of <i>exclusive</i>	e columns (a) ly religious,	through (e) a charitable,	nd etc.,	7), (8), N/A	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) De	scription of	how gift is	held	
	N/A							
		(e) Transfer of gift	 					
	Transferee's name, addres	ss, and ZIP + 4	Relat	ionship of t	ransferor to	transfere	e	
							·	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) De	escription of	how gift is	held	
	(e) Transfer of gift							
	Transferee's name, addres	Relati	onship of tra	insferor to ti	ansferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) De	escription of	how gift is	held	
		(e) Transfer of gift	:					
	Transferee's name, addres	ss, and ZIP + 4	Relati	onship of t	ransferor to	transfere	B	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			held	
		(e) Transfer of gift						
	Transferee's name, addres	N. 10		tionship of transferor to transferee				

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

TOV	NSPEOPLE			33-0623634	
Par	t Organizations Maintaining Donor Adv	ised Funds or Othe	r Similar Funds or	Accounts.	
	Complete if the organization answered	l 'Yes' on Form 990,	Part IV, line 6.		
		(a) Donor advised fu	unds	(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 advare the organization's property, subject to the organi	ization's exclusive legal c	control?	Yes No	
6	Did the organization inform all grantees, donors, and for charitable purposes and not for the benefit of the impermissible private benefit?	I donor advisors in writing donor or donor advisor,	g that grant funds can to or for any other purpos	be used only se conferring Yes No	
Par			9 3 9994,553		_
Fai	Complete if the organization answered	'Yes' on Form 990	Part IV line 7		
1	Purpose(s) of conservation easements held by the o				_
•	Preservation of land for public use (for example, rec		111	historically important land area	
	Protection of natural habitat	realion or education,		certified historic structure	
	Preservation of open space		reservation or a	certified installe structure	
2	Complete lines 2a through 2d if the organization held a g	malifical second selies seek	dhilles is the ferm of a si	and the second of the	
2	last day of the tax year.	qualified conservation contr	ibution in the form of a co	onservation easement on the	
				Held at the End of the Tax Yea	ar
á	Total number of conservation easements		2:	a	
i	Total acreage restricted by conservation easements		2	b	
C	: Number of conservation easements on a certified his	storic structure included i	n (a) 2	С	
(Number of conservation easements included in (c) a structure listed in the National Register	cquired after 7/25/06, and	d not on a historic	d	
3	Number of conservation easements modified, transferred tax year ▶			nization during the	
4	Number of states where property subject to conservation	easement is located >			
5	Does the organization have a written policy regarding		, inspection, handling o	f violations.	
•	and enforcement of the conservation easements it h	olds?		Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecti				
7	Amount of expenses incurred in monitoring, inspecting, h	nandling of violations, and	enforcing conservation ea	asements during the year	
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?	2(d) above satisfy the req	uirements of section 17	70(h)(4)(B)(i) 	
9	In Part XIII, describe how the organization reports of include, if applicable, the text of the footnote to the conservation easements.				
Par	Organizations Maintaining Collection Complete if the organization answered	s of Art, Historical T d 'Yes' on Form 990,	reasures, or Other Part IV, line 8.	Similar Assets.	
1 8	If the organization elected, as permitted under FASE historical treasures, or other similar assets held for part XIII the text of the footnote to its financial states	public exhibition, education	on, or research in furthe	t and balance sheet works of art, rance of public service, provide in	
ļ	If the organization elected, as permitted under FASE historical treasures, or other similar assets held for public following amounts relating to these items:	c exhibition, education, or i	research in furtherance of	f public service, provide the	
	(i) Revenue included on Form 990, Part VIII, line 1.				
	(ii) Assets included in Form 990, Part X				
	If the organization received or held works of art, historica amounts required to be reported under FASB ASC 9.	58 relating to these items	S:		_
	Revenue included on Form 990, Part VIII, line 1				
1	Assets included in Form 990, Part X				

Part III Organizations Maintaining Colle	ections of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (cc	ontinu	ıed)
3 Using the organization's acquisition, accession, a items (check all that apply):	and other records, check a	any of the following that m	nake significant use of its	collection	ח	
a Public exhibition	d Loan	or exchange program				
b Scholarly research	e Other					
c Preservation for future generations						
4 Provide a description of the organization's collect Part XIII.						
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma				Yes		No
Part IV Escrow and Custodial Arranger line 9, or reported an amount or	Form 990, Part X,	line 21.	swered Yes on Fo	rm 990	o, Par	τιν,
1 a Is the organization an agent, trustee, custodia	an or other intermediary	for contributions or oth	er assets not included			٦
on Form 990, Part X?				Yes	L	No
b If 'Yes,' explain the arrangement in Part XIII	and complete the follow	ing table:		Amount		
c Beginning balance				Amount		
d Additions during the year						
e Distributions during the year.						
f Ending balance.						
2a Did the organization include an amount on Fo				Yes		No
b If 'Yes,' explain the arrangement in Part XIII.	to the work of the section control					-
	The second secon				1	4
Part V Endowment Funds. Complete if	the organization ar	nswered 'Yes' on Fo	orm 990, Part IV, Iii	пе 10.		
(a) Curren	t year (b) Prior yea	r (c) Two years back	(d) Three years back	(e) F	our years	s back
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses					-	
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the curre	ent year end balance (lir	ne 1g, column (a)) held	as:			
a Board designated or quasi-endowment						
b Permanent endowment ► %)					
The percentages on lines 2a, 2b, and 2c should e	aual 100%					
	•					
3 a Are there endowment funds not in the possessior organization by:	of the organization that	are held and administered	I for the		Yes	No
(i) Unrelated organizations				3a(i)	103	Ito
(ii) Related organizations						
b If 'Yes' on line 3a(ii), are the related organiza						
4 Describe in Part XIII the intended uses of the						
Part VI Land, Buildings, and Equipmen						
Complete if the organization ans		m 990, Part IV, line	e 11a. See Form 99	0, Part	t X, lii	ne 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) B	Book va	lue
1 a Land		2,037,194.		2.	037	,194.
b Buildings		3,327,376.	1,323,610.			766.
c Leasehold improvements		5,066,126.	1,807,880.			246.
d Equipment		, , , , , , , , , , , , , , , , , , ,				
e Other.		356,532.	355,003.		1,	,529.
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X,			7,		735.
BAA			Sched	ule D (Fo		

Part VII Investments - Other Securities.		N/A	
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >		NI / 7	
Part VIII Investments - Program Related. Complete if the organization answered	l 'Yes' on Form 990), Part IV, line 11c. See Form 99	0, 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, column (B) line 13.).			
Part IX Other Assets. Complete if the organization answered	l 'Yes' on Form 990). Part IV. line 11d. See Form 99	0. Part X. line 15
	scription		(b) Book value
(1) DEVELOPER FEE RECEIVABLE			572,384.
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (b)	B) line 15.)		572,384.
Part X Other Liabilities.	000 D. I.W. I' 1	11. O. F. OOD D. I.V. I'- OF	
Complete if the organization answered 'Yes' on F		le or 11t. See Form 990, Part X, line 25.	(h) Deels selve
1. (a) Descr (1) Federal income taxes	iption of liability		(b) Book value
(2) ACCRUED INTEREST			2,788,303.
(3) SECURITY DEPOSITS			76,383.
(4) VACATION PAYABLE			96,918.
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
			2,961,604.
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.). 2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo			
tax positions under FASB ASC 740. Check here if the text of the footnote has			

The state of the s	0 0000	001
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
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	2,354,960.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	. 2e	
3 Subtract line 2e from line 1	3	2,354,960.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1-2-1	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	. 4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	2,354,960.
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	2,440,919.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	174	_//
a Donated services and use of facilities	100	
b Prior year adjustments	100	
c Other losses		
d Other (Describe in Part XIII.)	1917	
e Add lines 2a through 2d	. 2e	
3 Subtract line 2e from line 1	. 3	2,440,919.
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		
b Other (Describe in Part XIII.)	4.00	
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	. 5	2,440,919.
Part XIII Supplemental Information.		

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

PART X - FASB ASC 740 FOOTNOTE

TOWNSPEOPLE IS A PUBLIC CHARITY AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. TOWNSPEOPLE BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. TOWNSPEOPLE IS NOT A PRIVATE FOUNDATION.

BAA

Schedule D (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TOWNSPEOPLE

Employer identification number

33-0623634

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE AGENCY'S PURPOSE IS TO PROVIDE AFFORDABLE RENTAL HOUSING TO LOW-INCOME PERSONS WHO ARE EITHER HIV INFECTED OR DISABLED. THE AGENCY IS FUNDED THROUGH PRIVATE, CORP, AND FOUNDATION DONATIONS, AND GOVT GRANTS. THE AGENCY PROVIDES HOUSING INFO AND REFERRAL SVCS IN SAN DIEGO AREA.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

HOUSING DEVELOPMENT

TOWNSPEOPLE AS A PARTNER IN VISTA DEL PUENTE, L.P. HAS DEVELOPED VISTA DEL PUENTE, A 52-UNIT AFFORDABLE HOUSING PROJECT. CERTIFICATE OF OCCUPANCY WAS GRANTED OCTOBER 31, 2018 AND LEASE UP BEGAN DECEMBER 24, 2018.

EXPENSES: \$172,765

REVENUE: \$333,359

THE WILSON AVENUE APARTMENTS CONSIST OF 8 UNITS AVAILABLE FOR LOW-INCOME PERSONS LIVING WITH HIV/AIDS.

EXPENSES: \$55,004

REVENUE: \$70,950

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS REVIEWED BY A COMMITTEE OF THE BOARD OF DIRECTORS. A COPY OF THE 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ALL BOARD MEMBERS AND EMPLOYEES REVIEW AND SIGN THE CONFLICT POLICY ANNUALLY. ALL SIGNED CONFLICT OF INTEREST POLICIES IS KEPT ON FILE UNTIL THE FOLLOWING YEAR WHEN THE RENEWAL IS REQUIRED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION PUBLISHES ITS AUDITED FINANCIAL STATEMENTS AND FORM 990 ON THE GUIDESTAR WEBSITE.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► 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

Department of the Treasury Internal Revenue Service Name of the organization

TOWNSPEOPLE

Employer identification number

33-0623634

		/L\				(-D				/0	
(a) Name, address, and EIN (if applicable) of disregarded er	tity	(b) Primary activity	Legal do or forei	(c) micile (state gn country)	To	(d) otal income	End-c	(e) of-year assets	Direc	(f) t contro entity	lling
(1) 34TH STREET PROJECT LLC	3.	4 UNIT PROJ	ECT								
4080 CENTRE STREET, SUITE 201	F	OR LOW INCO	OME								
SAN DIEGO, CA 92103		PERSONS WIT	гн	1)							
33-0623634	1	HIV/AIDS		CA		488,310.	5	,723,188.	TOW	NSPEO	PLE
(2)											
(3)											
Part II Identification of Related Tax-Exempt Or had one or more related tax-exempt organized	ganizations. nizations du	Complete if the ring the tax ye	ne organizatio ear.	n answered	'Yes'	on Form 990), Part	IV, line 34,	becaus	e it	
(a)	(b)		(c) al domicile (state	(d) Exempt ((e) Public charity	- 1	(f) Direct contro	2000	(g Sec 512))
Name, address, and EIN of related organization	Primary a	ctivity Leg	al domicile (state foreign country)	Exempt (Code	Public charity (if section 501	status	Direct contro	olling	Sec 5120	(b)(13)
			.cro.g country			(11 33311311 331	(0)(0))	oag	=	Yes	No.
(1)										163	140
									- 1		
(2)											
(2)											
(2)											
(3)											
(3)											
(3)											

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered 'Yes' on Form 990, Part IV, line 34,
	because it had one or more related organizations treated as a part	mership during the tax year.

	ill-			(e)	(f)		(h)	(i)	(i)	(k)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections	Share of total income	(g) Share of end-of-year assets	alloca	h) ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	aging ner?	Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
(1)												
(2)												
(3)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlle) (b)(13) d entity?
		,	V	0. 1.400,				Yes	No
<u>(1)</u>									
(2)									
(2)									
(3)									

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or					D 1 - 10		0 11 "		1.157		D 1 1 1 /	P 04	251	20
	Part	V	Iransactions	With	Related Urga	anizations.	Complete if	the organization	answered Yes	on Form 990	, Part IV,	line 34,	35b, or	36.

	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	1190		14.
ā	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1 a		Х
k	b Gift, grant, or capital contribution to related organization(s)	1 b		X
	Gift, grant, or capital contribution from related organization(s)	1 c		X
(d Loans or loan guarantees to or for related organization(s)	1d		X
6	e Loans or loan guarantees by related organization(s).	1 e		X
		105	Ho.	A rail
f	F Dividends from related organization(s)	1f		Х
9	g Sale of assets to related organization(s)	1g		X
ł	h Purchase of assets from related organization(s).	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s).	1 j		X
-		1 3/3		180
ı	k Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
1	m Performance of services or membership or fundraising solicitations by related organization(s).	1 m		X
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	o Sharing of paid employees with related organization(s)	10		X
		Mari	74.37	WE A
1	p Reimbursement paid to related organization(s) for expenses.	1p		Х
	Reimbursement paid by related organization(s) for expenses	1 q		X
		ESP	0 0	
,	Other transfer of cash or property to related organization(s).	1r		Х
	s Other transfer of cash or property from related organization(s).	1s		X
	If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		-	- 44
_		(d)	
		nod of	d) determ involv	nining
	type (a-s) a	mount	IIIVOIV	cu
···				
(1)				
2)				
(3)				
4)				
5)				
6)				
BAA	TEEA5003L 07/15/20 Schedule R	(For	m 990)	2020

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	292	partners tion c)(3) rations?	Share of total income	(g) Share of end-of-year assets	Dispr tior alloca	n) ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) ral or aging ner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(2)													
(3)													
(4)													
(5)													
(6)													
<i>(</i>)													
<u></u>													
(8)													
													90) 2020

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

Form **4562**

Depreciation and Amortization (Including Information on Listed Property) Attach to your tax return.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. 179

Identifying number 33-0623634

	NSPEOPLE						33-0	623634
	ess or activity to which this form relat	ies						
-	M 990/990-PF	0.1.1	Daniel Hada Ca	11 4 70				
Par	Note: If you have ar	ense Certain ny listed property	Property Under Sec , complete Part V before	you complete P	art I.			
1	Maximum amount (see ins	tructions)					1	
2	Total cost of section 179 p	roperty placed in	service (see instructions	s)				
3	Threshold cost of section 1	179 property befo	re reduction in limitation	(see instructions	s)		3	
4	Reduction in limitation. Su	btract line 3 from	line 2. If zero or less, e	nter -0			4	
5	Dollar limitation for tax year	ar. Subtract line 4	from line 1. If zero or le	ess, enter -0 If	married filir	ng		
	separately, see instruction						5	
6_	(a)	Description of property		(b) Cost (business	use only)	(c) Elected cost		
							116	
7	Listed property. Enter the							of the term
8	Total elected cost of section						8	
9	Tentative deduction. Enter						9	
10	Carryover of disallowed de		-				10	
11 12	Business income limitation Section 179 expense dedu	ction Add lines	er of business income (r and 10, but don't enter	not less than zero	o) or line 5. 11	See instrs	12	
13	Carryover of disallowed de						12	A SECTION AND A SECTION AND ASSESSMENT OF THE PARTY OF TH
	: Don't use Part II or Part II				13		Jan 1	
Par			ce and Other Depre		include liete	ad property Se	a instru	ctions \
-							e insuu	Ctions.)
14	Special depreciation allows tax year. See instructions.						14	
15	Property subject to section						15	114
16	Other depreciation (includi						16	294,863.
Par		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	clude listed property. Se		******			231,0001
I CII	tin minorio bepree	idelon (bollen)	Sectio					
17	MACRS deductions for ass	ets placed in ser	vice in tax years beginning	na before 2020	op. Turni	V0.0001070-0010	17	
		•		*		1		TO COLUMN
18	If you are electing to group asset accounts, check here	any assets piac	ed in service during the	tax year into one	or more ge	eneral -		
			in Service During 2020				System	
	(a)	(b) Month and	(c) Basis for depreciation	(d)	(e)	(f)		(g) Depreciation
	Classification of property	year placed in service	(business/investment use only — see instructions)	Recovery period	Convention	Method		deduction
	3-year property.							
b	5-year property							
	7-year property	THE STATE OF						
	10-year property							
е	15-year property							
f	20-year property							
g	25-year property			25 yrs		S/L		
h	Residential rental			27.5 yrs	MM	S/L		
	property			27.5 yrs	MM	S/L		
i	Nonresidential real			39 yrs	MM	S/L		
	property				MM	S/L		
	Section C -	Assets Placed in	n Service During 2020 Ta	ax Year Using th	e Alternativ	e Depreciation	System	1
20 a	Class life					S/L		
b	12-year			12 yrs		S/L		
	30-year			30 yrs	MM	S/L		
	40-year			40 yrs	MM	S/L		
Par	t IV Summary (See in	structions.)						
21	Listed property. Enter amo			*************	eccenter.		21	
22	Total. Add amounts from line 12,	lines 14 through 17, I	ines 19 and 20 in column (g), a	nd line 21. Enter here	e and on			221 252
	the appropriate lines of your retur	n. Partnerships and S	corporations - see instruction	S			22	294.863.
23	the appropriate lines of your returning for assets shown above at the portion of the basis att	nd placed in serv	ice during the current ye	ar, enter	23		22	294,863.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

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

3	- mar production and the second production p				
Automatic	c 6-Month Extension of Time. Only subr	mit origin	al (no copies needed).		
All corporati	ons required to file an income tax return other th	an Form 99	0-T (including 1120-C filers), partnership	ps, REMICs, and	trusts must
use Form 70	004 to request an extension of time to file income. Name of exempt organization or other filer, see instructions.	tax returns	5.	Taxpayer identification	on number (TIN)
Type or	Thanks of exempt organization of other mer, see instructions.			raxpayer identification	ATTIGITIDES (TITY)
print	MOLANG DE ODI E			22 2622624	
	TOWNSPEOPLE Number, street, and room or suite number. If a P.O. box, see in	nstructions		33-0623634	
File by the due date for					
filing your return, See	4080 CENTRE STREET #201 City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	actions.		
instructions.		,			
=======================================	SAN DIEGO, CA 92103				
Enter the Re	eturn Code for the return that this application is for	or (file a se	parate application for each return)		01
Application		Return Code	Application Is For		Return
Is For	Form 990-EZ	01	Form 990-T (corporation)		Code 07
Form 990-Bl	3 000 13 3 4 000 1 3 10 101	02	Form 1041-A		08
Form 4720 (03	Form 4720 (other than individual)		09
Form 990-Pf		04	Form 5227		10
	(section 401(a) or 408(a) trust)	05	Form 6069		11
	90-T (trust other than above) 06 Form 8870				
If the orgIf this is check th	ganization does not have an office or place of but for a Group Return, enter the organization's four is box	digit Group	e United States, check this box Exemption Number (GEN)	f this is for the wh	ole group,
7.	nsion is for.				
for the ► X	st an automatic 6-month extension of time until organization named above. The extension is for calendar year 20 20 or tax year beginning, 20, 20, ax year entered in line 1 is for less than 12 months.	the organiz		zation return	
	ax year entered in line 1 is for less than 12 mont ange in accounting period	ths, check r	eason: Initial return Fir	nal return	
3 a If this a	application is for Forms 990-BL, 990-PF, 990-T, 4 undable credits. See instructions	1720, or 606	59, enter the tentative tax, less any	3a \$	0
b If this tax pay	application is for Forms 990-PF, 990-T, 4720, or yments made. Include any prior year overpaymen	6069, enter nt allowed a	any refundable credits and estimated s a credit	3 b \$	0
c Balance EFTPS	ce due. Subtract line 3b from line 3a. Include you 5 (Electronic Federal Tax Payment System). See	r payment instructions	with this form, if required, by using	3 c \$	0
Caution: If y	you are going to make an electronic funds withdra	awal (direct	debit) with this Form 8868, see Form 84	453-EO and Form	8879-EO for

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

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- 1	-		
- 1		131	1/

2020 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 97083

TOWNSPEOPLE

33-0623634

io. Description	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE _RAT	CURREN DEPR.
DRM 990/990-PF														
BUILDINGS														
1 BUILDINGS	VARIOUS	-	3,327,376							3,327,376	1,226,327	S/L	25	9
TOTAL BUILDINGS			3,327,376		0	0	0	C	0	3,327,376	1,226,327			9
FURNITURE AND FIXTURES														
4 FURNITURE & FIXTURES	VARIOUS		356,532	!						356,532	323,075	S/L	5	3
TOTAL FURNITURE AND FIXTURE		·==	356,532		0	0	0	0	0	356,532	323,075			3
IMPROVEMENTS														
3 IMPROVEMENTS	VARIOUS	_	5,066,126	į				0		5,066,126	1,642,228	S/L	15	16
TOTAL IMPROVEMENTS			5,066,126	i	0	0	0	0	0	5,066,126	1,642,228			16
LAND														
2 LAND	VARIOUS		2,037,194							2,037,194				
TOTAL LAND			2,037,194		0	0	0	0	0	2,037,194	0			
TOTAL DEPRECIATION		-	10,787,228		0	0	0		0	10,787,228	3,191,630			29

California Exempt Organization Annual Information Return

	71A WE
1	00
- 1	33

202	20		ual Informatio								199
Calendar Y	ear 20		ar beginning (mm/dd/yyyy			, and	ending (m	m/dd/yyyy)		,c	
Corporation/O	rganiza	tion name								California corporation r	number
TOWNSP										1871090	
Additional info	rmation	. See instructions								FEIN 33-0623634	
Street address	s (suite	or room)								PMB no.	
	ENTE	RE STREET	#201								
City SAN DI	EGO							tate CA		Zip code 92103	
Foreign countr								oreign province/state/coun	у	Foreign postal code	
						1					
B Amended C IRC Section D Final info Enter dat E Check ac 1	d returnion 494 ormatio Dissolve e: (mm countin Cash return fi her 990 group f	7(a)(1) trust n return? d	990T 2 • 990-PF stions	Yes Yes Merged/Rec 3 Sch X Yes ATTACH	H (990)	not rep J If exen organia See ins K Is the o If "Yes, nonme L Is the o M Did the taxable N Is the o	ported to the mpt under R8 zation engagistructions organization ," enter the gmber source organization e organization e income? organization	n have any changes to its FTB? See instructions ATC Section 23701d, has to ed in political activities? exempt under R&TC Sectoross receipts from s a limited liability compan in file Form 100 or Form 1 under audit by the IRS or ear?.	he 2370	Yes Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No X No
		the parent's nam				Date fil	led with IRS			Yes	X No
Part I	1		nless not required to file						1	1 010	
Receipts and Revenues	1 2 3 4	Gross dues a Gross contril Total gross a This line mu	or receipts from other so and assessments from r butions, gifts, grants, an receipts for filing require ast be completed. If the ds sold	nembers an id similar an ment test. A result is less	nd affiliat mounts r Add line s than \$	tes eceived . 1 through 550,000, se	line 3.	SEE SCHB.	3	1,341	3,935. 1,025. 1,960.
	5	- 1.0 G - 0 - 1.1 II-	r basis, and sales exper			1			-		
	7		Add line 5 and line 6			-	·		7		
	8		ncome. Subtract line 7 f							2,354	,960.
Expenses	9	Total expens	ses and disbursements.	From Side 2	2, Part II	I, line 18.			9		,919.
	10		ceipts over expenses ar							-85	,959.
	11	Total payme							11		
	12		e General Information K. alance. If line 11 is more						12		
	14	5	nce. If line 12 is more the		5				14		
Filing Fee	15		d Interest. See General						15		
	16		dd line 12 and line 15. Then su								0.
	-										
Sign Here	9904		ry, I declare that I have examine Declaration of preparer (other that TAXPAYERS CO	IDV Ti	based on a property of the control o		schedules an	d statements, and to the beparer has any knowledge. Date	I	Telephone619-295-880	
Paid Preparer's			BRANCH	<u> </u>		Date 11	./12/21	Check if self-employed	x	• PTIN P00727664 • Firm's FEIN	
Use Only	(or yo	urs, if	LEAF & COLE, LI		יייחיי	CITTEE	200				
	self-e	mployed) _	<u>2810 CAMINO DEI</u> SAN DIEGO, CA 9	2108	JUTH,	SUITE	200			95-2076568 • Telephone	
		-	DIM DIEGO, CA 3	2100						619.294.720	00
	May	the FTB disc	cuss this return with the	preparer sh	own abo	ove? See	instruction	ns		X Yes	No
	1										-

059

CACA1112L 12/22/20

TOWNSPEOPLE

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. Part II

			ratess of aniount of gross receipts	outspiece i air in or imitte			1 1	
		1	Gross sales or receipts from all	business activities. See	instructions		1	
		2	Interest				2	889.
_		3	Dividends		************		3	
Rece		4	Gross rents				4	
Othe	r	5	Gross royalties				5	
Sour	ces	6	Gross amount received from sale				6	
		7	Other income. Attach schedule.				7	1,013,046.
		8	Total gross sales or receipts from other	sources Add line 1 through line	7 Enter here and on Page 1	Part I line 1	8	1,013,935.
		9	Contributions, gifts, grants, and similar a				9	1,013,330.
		10	Disbursements to or for member	2.			10	
		11	Compensation of officers, direct				11	146,532.
		12	Other salaries and wages				12	
Expe	nses	13	Interest				13	569,473.
and Disb		1.7	Taxes.				14	253,713.
ment		14	Rents					58,079.
		15					15	55,129.
		16	Depreciation and depletion (See				16	294,863.
		17	Other expenses and disburseme				17	1,063,130.
		18	Total expenses and disbursements, Add				18	2,440,919.
	edule	<u> </u>	Balance Sheet	Beginning of			of taxal	
Asse	100			(a)	(b)	(c)		(d)
1					614,388.			830,403.
2	Net acc	ounts	receivable		167,346.			694,681.
3			eivable		810,000.			810,000.
4								
5			tate government obligations.					
6			n other bonds	The World Street Street				
7			n stock					
8			18				•	
9			nents. Attach schedule	The Market				
			ssets	8,750,034.		8,750,0		MIN MULTINE
b	Less ac	cumul	ated depreciation.	3,191,630.	5,558,404.	3,486,4	93.	5,263,541.
11					2,037,194.			2,037,194.
12	Other as	ssets.	Attach schedule STM 4	Parallel Island	596,851.			598,309.
13	Total a	ssets.			9,784,183.	MILL OF THE	58	10,234,128.
Liabi	lities a	nd n	et worth				ZI.	10/46 B1 25
14	Account	ts pay	able		56,740.			80,446.
15	Contrib	utions	, gifts, or grants payable					
16	Bonds a	and no	otes payable					9,546,420.
17	Mortgag	ges pa	yable	VASANTE PARTICIONALE	9,546,420.			
18	Other li	abiliti	es. Attach schedule STM . 6		2,643,276.		141	3,155,474.
19			or principal fund		-2,462,253.			-2,548,212.
20	Paid-in	or cap	pital surplus. Attach reconciliation					***************************************
21	Retaine	d earn	nings or income fund					
22	Total li	iabilit	ies and net worth		9,784,183.	WATER S	0	10,234,128.
Sch	edule	M-	1 Reconciliation of income per					
			Do not complete this schedule it	f the amount on Schedule	L, line 13, column (d), is	less than \$50,000		
1	Net inco	ome p	er books	-85,959.	7 Income recorded on I	ooks this year not incl	uded	Bornes Berger
			ne tax		in this return. Attach			
			oital losses over capital gains) .	8 Deductions in this re	•		CENTER OF SE
4			ecorded on books this year.		against book income			3 处区是是18
	Attach s	schedu	ıle					
5			orded on books this year not deducted	Landy Landy Carry		l line 8		
			. Attach schedule.		10 Net income per		12	
6_	Total. A	dd lin	e 1 through line 5	-85,959.	Subtract line 9 f	rom line 6	1.11.1	-85,959.

AFFILIATES IN GROUP

PAGE 3

CLIENT 97083

TOWNSPEOPLE

33-0623634

FORM 199, LINE G AFFILIATES INCLUDED IN GROUP RETURN

NAME:

34TH STREET PROJECT LLC

FEIN:

33-0623634

CA CORPORATION NUMBER: 8044050

ADDRESS:

4080 CENTRE STREET, SUITE 201

SAN DIEGO, CA 92103

Schedule B

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

Name of the organization

CALIFORNIA COPY **Schedule of Contributors**

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number

TOWNSP	EOPLE		33-0623634					
Organizat	ion type (check one):							
Filers of:		Section:						
Form 990	or 990-EZ	\overline{X} 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	on					
		527 political organization						
Form 990-	PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General R	ule							
		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ne contributor. Complete Parts I and II. See instructions for determining a contribu						
Special Ru	ules							
ا ت	under sections 509(a)(1 received from any one	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% (a) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line contributor, during the year, total contributions of the greater of (1) \$5,000; ne 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that					
	during the year, total	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece contributions of more than \$1,000 exclusively for religious, charitable, scient revention of cruelty to children or animals. Complete Parts I (entering 'N/A' i address), II, and III.	fic, literary, or educational					
	during the year, contr \$1,000. If this box is c charitable, etc., purpo	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece ibutions exclusively for religious, charitable, etc., purposes, but no such contable checked, enter here the total contributions that were received during the year use. Don't complete any of the parts unless the General Rule applies to this dively religious, charitable, etc., contributions totaling \$5,000 or more during the	ributions totaled more than r for an <i>exclusively</i> religious, organization because					

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

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization TOWNSPEOPLE Employer Identification number

33-0623634

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SAN DIEGO HOUSING COMMISSION 1122 BROADWAY SUITE 300	\$711,629.	Person X Payroll Noncash
	SAN DIEGO, CA 92101	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COUNTY OF SAN DIEGO 3989 RUFFIN ROAD SAN DIEGO, CA 92123	\$835,427.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FUNDERS TOGETHER 4080 CENTRE STREET, SUITE 201 SAN DIEGO, CA 92103	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for
		-	noncash contributions.)

Name of organization

TOWNSPEOPLE

Employer identification number

33-0623634

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	Sch	edule B (Form 990, 990-EZ	or 990-PF) (2020

	3 (Form 990, 990-EZ, or 990-PF) (2020)			1 1 Page 4					
Name of organ				Employer Identification number 33-0623634					
	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contrib ompleting Part III, enter the tota (Enter this information once. So	outor. Comple al of <i>exclusive</i>	described in section 501(c)(7), (8), te columns (a) through (e) and the religious, charitable, etc.,					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
ranti,	N/A								
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift	(d) Description of how gift is held							
		(e) Transfer of gif	t						
	Transferee's name, addres			tionship of transferor to transferee					
				onship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
				·					
		(e) Transfer of gift	Ì						
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee					
BAA			Sche	dule B (Form 990, 990-EZ, or 990-PF) (2020)					

2020 Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FOR	4 199				Califor	rnia corpora	tion number
	NSPEOPLE							1090	non nambol
Par		kpense Certain Pro	nerty Under IDC S	action 179			118 /	1090	
1	Maximum deduction				4 4 8 4 97 1 100 100 100	os arma in a secretaria.		1	\$25,000
2	Total cost of IRC Se								Q25,000
3	Threshold cost of IR								\$200,000
4	Reduction in limitati								72007000
5	Dollar limitation for							5	
6		Description of property		(b) Cost (business		(c) Elected		A COLUMN	THE PARTY OF
	,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
7	Listed property (elec	ted IRC Section 17	'9 cost)		7			Lie o	
8	Total elected cost of					ne 7		8	
9	Tentative deduction.							9	
10	Carryover of disallov							10	
11	Business income lim	nitation. Enter the s	maller of business	income (not less t	han zero) o	r line 5		11	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	IO, but do not enter	more than	line 11		12	
_13	Carryover of disallov								HER SERVICE
Par	t II Depreciation as	nd Election of Additi	onal First Year Dep	reciation Deduction	Under R&TC	Section 243	56		
14	(a)	(b)	(c)	(d)	(e)	(f)	_ (9	g)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate		ation for year	Additional first year
	or property	(11111/100/9399)	outer basis	allowable in	metriou	Tate	uns	year	depreciation
				earlier years					
BU	LDINGS	VARIOUS	3,327,376.	1,226,327.	S/L	25	9'	7,283.	
LAN	1D	VARIOUS	2,037,194.			0			
IMI	PROVEMENTS	VARIOUS	5,066,126.	1,642,228.	S/L	15	16	5,652.	
FUE	RNITURE & FIX	VARIOUS	356,532.	323,075.	S/L	5	3:	1,928.	
15	Add the amounts in	column (g) and col	umn (h). The total	of column (h) may	not exceed				
	\$2,000. See instruct						29	4,863.	
Par	t III Summary								
16	Total: If the corporal	tion is electing:							
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15, column (g) or Its on line 1	5 columns (a) and (h	\ or	
	Depreciation (if no e	lection is made), e	nter the amount from	om line 15, column	(g)			16	
	Total depreciation cl							17	
18	Depreciation adjustn	nent. If line 17 is gr	eater than line 16,	, enter the difference	e here and	on_Form 100	or or		
	Form 100W, Side 1, Form 100W, Side 2,	line b. It line 17 is	less than line 16, to	enter the difference	nere and o	on Form 100 let income be	or efore		
	state adjustments or	Form 100 or Form	100W, no adjustn	nent is necessary.)				18	
Par	IV Amortization								
19	(a)	(b)	(c)	(d)	(e)	(f)		(g)
	Description	Date acquire	d Cost o		zation	R&TC	Period		Amortization
	of property	(mm/dd/yyyy) other bas	in earlie	allowable er vears	Section (see instr)	percent	age	for this year
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(00004)			
_								-	
_								_	
						-			
20	Total Add the according	make the politicate (C)						20	
20	Total. Add the amou						AND DESCRIPTION OF	20	
21	Total amortization cl							21	
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g	reater than line 20,	, enter the difference	e here and	on Form 100	or or		
	Form 100W, Side 1,							22	

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FTB 3885 2020

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CALIFORNIA STATEMENTS

PAGE 1

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TOWNSPEOPLE

33-0623634

STATEMENT 1		
FORM 199, PART	II,	LINE 7
OTHER INCOME	-	

MISCELLANEOUS. PROGRAM SERVICE REVENUE	14,203. 998,843.
TOTAL	\$ 1,013,046.

STATEMENT 2 FORM 199, PART II, LINE 17 OTHER EXPENSES

ACCOUNTING FEES BAD DEBT EXPENSE CONTRACT LABOR DEVELOPMENT FEES & LICENSES INSURANCE LEGAL FEES. MANAGERS RENT FEE UNIT MILEAGE. MISCELLANEOUS OFFICE SUPPLIES/PRINTING OTHER EMPLOYEE BENEFIT POSTAGE AND SHIPPING RENTAL ASSISTANCE. REPAIRS & MAINTENANCE SECURITY SITE ASSESSMENT/FEASIBILITY. TELEPHONE	\$	50,445. 4,931. 1,403. 950. 5,714. 30,284. 11,784. 24,216. 3,570. 21,449. 47,960. 65,122. 248. 497,649. 139,551. 57,091. 23,530. 23,530.
TOTAL	\$ 1	,063,130.

STATEMENT 3 FORM 199, SCHEDULE L, LINE 3 NET NOTES RECEIVABLE

DOUBTFUL ACCOUNTS NOTES AND LOANS REPORTED SEPARATELY BALANCE DUE ALLOWANCE

BORROWER'S NAME: BORROWER'S TITLE: VISTA DEL PUENTE LP

6/28/2017

DATE OF NOTE: MATURITY DATE:

5/31/2072

REPAYMENT TERMS:

INTEREST RATE:

DEED OF TRUST

SECURITY PROVIDED: PURPOSE OF LOAN:

BORROWER RELATIONSHIP:

CONSIDERATION:

CONSIDERATION FMV:

ORIGINAL AMOUNT: BALANCE DUE: \$ 300,000.

DOUBTFUL ACCT. ALLOW .:

300,000.

0.

CALIFORNIA STATEMENTS

PAGE 2

CLIENT 97083

TOWNSPEOPLE

33-0623634

STATEMENT 3 (CONTINUED) FORM 199, SCHEDULE L, LINE 3 **NET NOTES RECEIVABLE**

DOUBTFUL

ACCOUNTS

NOTES AND LOANS REPORTED SEPARATELY

BALANCE DUE ALLOWANCE

BORROWER'S NAME: BORROWER'S TITLE:

VISTA DEL PUENTE LP

5/31/2018

DATE OF NOTE: MATURITY DATE:

5/31/2072

REPAYMENT TERMS:

INTEREST RATE: SECURITY PROVIDED:

DEED OF TRUST

PURPOSE OF LOAN:

BORROWER RELATIONSHIP:

CONSIDERATION:

CONSIDERATION FMV: ORIGINAL AMOUNT:

\$ 510,000.

BALANCE DUE:

DOUBTFUL ACCT. ALLOW .:

510,000.

0.

TOTAL NET NOTES AND LOANS REPORTED SEPARATELY \$

TOTAL NET RECEIVABLES \$

810,000.

810,000.

STATEMENT 4 FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS

DEVELOPER FEE RECEIVABLE

572,384.

NET INTANGIBLE ASSETS..... PREPAID EXPENSES AND DEFERRED CHARGES

TOTAL \$

3,964. 21,961. 598,309.

STATEMENT 5 FORM 199, SCHEDULE L, LINE 16 **BONDS AND NOTES PAYABLE**

OTHER NOTES PAYABLE

BALANCE DUE

LENDER'S NAME:

SAN DIEGO HOUSING COMMISSION

DATE OF NOTE:

12/01/1995 12/01/2050

MATURITY DATE:

INTEREST RATE: SECURITY PROVIDED: ORIGINAL AMOUNT:

WILSON AVENUE DEED OF TRUST

257,000.

257,000.

BALANCE DUE:

CA DEPARTMENT OF HOUSING (MHP)

LENDER'S NAME: DATE OF NOTE:

6/13/2006 9/30/2062

MATURITY DATE: INTEREST RATE: SECURITY PROVIDED:

51ST STREET DEED OF TRUST

CALIFORNIA STATEMENTS

PAGE 3

CLIENT 97083

TOWNSPEOPLE

33-0623634

STATEMENT 5 (CONTINUED) FORM 199, SCHEDULE L, LINE 16 **BONDS AND NOTES PAYABLE**

OTHER NOTES PAYABLE

BALANCE DUE

ORIGINAL AMOUNT:

1,554,327.

BALANCE DUE:

1,554,327.

MISSION FEDERAL CREDIT UNION

LENDER'S NAME: DATE OF NOTE: MATURITY DATE:

12/15/2006 12/15/2021

SECURITY PROVIDED: ORIGINAL AMOUNT:

51ST STREET DEED OF TRUST

192,000.

BALANCE DUE:

192,000.

LENDER'S NAME:

SAN DIEGO HOUSING COMMISSION

DATE OF NOTE: MATURITY DATE: 5/01/2006 5/01/2071

INTEREST RATE:

SECURITY PROVIDED:

3 51ST STREET DEED OF TRUST

ORIGINAL AMOUNT: BALANCE DUE:

1,309,000.

1,570,000.

LENDER'S NAME:

SAN DIEGO HOUSING COMMISSION

2/24/2010 2/24/2077

DATE OF NOTE: MATURITY DATE: INTEREST RATE:

3

34TH STREET DEED OF TRUST

SECURITY PROVIDED: ORIGINAL AMOUNT: 3,215,376.

BALANCE DUE:

2,920,000.

LENDER'S NAME:

CALHFA CA HOUSING FINANCE AGEN 2/01/2010

DATE OF NOTE: MATURITY DATE:

1/01/2065

3

INTEREST RATE: SECURITY PROVIDED: ORIGINAL AMOUNT:

34TH STREET DEED OF TRUST

370,610.

BALANCE DUE:

370,610.

LENDER'S NAME:

HOUSING AND URBAN DEVELOPMENT

DATE OF NOTE:

2/25/2010 2/25/2020

MATURITY DATE:

34TH STREET DEED OF TRUST

SECURITY PROVIDED: ORIGINAL AMOUNT:

400,000.

400,000.

LENDER'S NAME:

BALANCE DUE:

CA DEPARTMENT OF HOUSING (MHP)

DATE OF NOTE:

12/27/2011

MATURITY DATE: INTEREST RATE:

12/27/2066

SECURITY PROVIDED:

34TH STREET DEED OF TRUST

ORIGINAL AMOUNT:

1,772,483.

CALIFORNIA STATEMENTS

PAGE 4

CLIENT 97083

TOWNSPEOPLE

33-0623634

STATEMENT 5 (CONTINUED) FORM 199, SCHEDULE L, LINE 16 **BONDS AND NOTES PAYABLE**

OTHER NOTES PAYABLE

BALANCE DUE

BALANCE DUE:

1,772,483.

LENDER'S NAME:

CALIFORNIA CREDIT UNION

DATE OF NOTE:

5/01/2018

MATURITY DATE: SECURITY PROVIDED: ORIGINAL AMOUNT:

5/31/2072 VISTA DE LA PUENTE

BALANCE DUE:

510,000.

510,000.

TOTAL OTHER NOTES PAYABLE \$ 9,546,420.

TOTAL NOTES AND BONDS PAYABLE \$ 9,546,420.

STATEMENT 6 FORM 199, SCHEDULE L, LINE 18 OTHER LIABILITIES

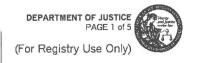
ACCRUED INTEREST	2,788,303.
DEFERRED REVENUE	193,870.
SECURITY DEPOSITS	76,383.
VACATION PAYABLE	96,918.
TOTAL	\$ 3,155,474.

STATE OF CALIFORNIA RRF-† (Rev. 09/2017)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.ag.ca.gov/charities/



ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

			Check if:			
TOWNSPEOPLE Name of Organization			Change of	address		
			Amended re	eport		
List all DBAs and names the organization uses or has	used		State Charity F	Registration Number 093857		
4080 CENTRE STREET #201 Address (Number and Street)			State Charity F	Registration Number <u>093837</u>		
SAN DIEGO, CA 92103			Corporation or	Organization No. 1871090		
City or Town, State and ZiP Code 619-295-8802						
	E-mail Ad	ddress	Federal Emplo	yer ID No. <u>33-0623634</u>		
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice						
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	E	ee
Less than \$25,000 Between \$25,000 and \$100,000	0 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 millio Greater than \$50 million	n \$	150 225 300
PART A - ACTIVITIES						
For your most recent full accounti	ng peri	iod (beginning 1/01/20	ending	12/31/20) list:		
Gross Annual Revenue \$ 2,35	4,960	O. Noncash Contributions \$		0. Total Assets \$ 10,23	4,12	8.
Program Expenses	\$	2,385,133.	Total Expenses	\$2,440,919.		
PART B – STATEMENTS REGA	DDIN	C ODCANIZATION DUDING	THE DEDIC	OD OF THIS DEPORT		
Note: All questions must be answered.	If you	answer "yes" to any of the quest	ions below, you	ı must attach a separate page		
				ructions for information required.	Yes	No
During this reporting period, were the officer, director or trustee thereof, either director.	ectly o	contracts, loans, leases or other financial or with an entity in which any such	transactions between officer, director or	een the organization and any trustee had any financial interest?		X
2 During this reporting period, was there	any th	heft, embezzlement, diversion or	misuse of the o	rganization's charitable property or funds?		X
3 During this reporting period, were any	organi	ization funds used to pay any per	nalty, fine or jud	Igment?		X
4 During this reporting period, were the coventurer used?	service	es of a commercial fundraiser, fundrai	sing counsel for	charitable purposes, or commercial		X
5 During this reporting period, did the or	rganiza	ation receive any governmental fu	ınding?	SEE STATEMENT 1	X	
6 During this reporting period, did the or	rganiza	ation hold a raffle for charitable p	urposes?			X
7 Does the organization conduct a vehic	le don	ation program?				X
8 Did the organization conduct an indep generally accepted accounting princip	endent les for	t audit and prepare audited financ this reporting period?	cial statements	in accordance with	X	
9 At the end of this reporting period, did	the or	rganization hold restricted net assets,	while reporting	negative unrestricted net assets?		X
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.						
TAXPAYERS COPY Signature of Authorized Agent		HARD J VELASQUEZ	PRESIDENT	Date		
organical of Authorized Agent	i inted			Date		

CALIFORNIA STATEMENTS

PAGE 1

CLIENT 97083

TOWNSPEOPLE

33-0623634

STATEMENT 1
FORM RRF-1, PART B, LINE 5
GOVERNMENT AGENCY THAT PROVIDED FUNDING

COUNTY OF SAN DIEGO DEPT OF COMMUNITY DEVELOPMENT 3989 RUFFIN ROAD SAN DIEGO, CA 92123-1815 858-694-4801

SAN DIEGO HOUSING COMMISSION 1122 BROADWAY, SUITE 300 SAN DIEGO, CA 92101 619-578-7490

CALIFORNIA SUPPLEMENTAL INFORMATION

PAGE 1

CLIENT 97083

TOWNSPEOPLE

33-0623634

OFFICER'S COMPENSATION:

JON P. DERRYBERRY EXECUTIVE DIRECTOR \$146,532

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For t	he 2020 calend	dar year, or tax year begin	ning	, 20	020, and endi	ng			, 20	
В	Check	if applicable:	C					D Employ	er ident	ification number	
	A	ddress change	TOWNSPEOPLE					33-	0623	634	
	II N	ame change	4080 CENTRE STRE	ET #201				E Telepho			
		itial return	SAN DIEGO, CA 92					619	-295	-8802	
		nal return/terminated						013	255	0002	
	-									¢ 0.254	0.00
	-	mended return					114-5 to 46-	G Gross r		- 1	
	☐ A	pplication pending	F Name and address of principa	officer: RICHZ	ARD J VELASQ	UEZ		a group retui			X No
_			SAME AS C ABOVE				If "No	II subordinates ," attach a list	. See in:	d? Yes	No
		exempt status:	X 501(c)(3) 501(c) ()◀ (inse	rt no.) 4947(a)(1	1) or 527	_				
J	We	bsite: ► WW	W. TOWNSPEOPLE.ORG	3			1 1 1	exemption n			
K		n of organization:	X Corporation Trust	Association	Other >	L Year of forma	ation: 199)4 M s	State of I	egal domicile: CA	
Pa	ırt l	Summar									
	1		be the organization's missi								
a)			LE RENTAL HOUSING								
anc		DISABLED	. THE AGENCY IS I	TUNDED THE	ROUGH PRIVAT	E,CORP,	AND_FO	UNDATIO	DN DO	ONATIONS,	AND _
E			NTS. THE AGENCY I								REA.
Governance		Check this bo			its operations or o					sets.	
<u>ص</u>			oting members of the gover						3		4
S	4		dependent voting members						4		4
ij	6		of individuals employed in of volunteers (estimate if						5		21
Activities &			ed business revenue from F						7a		$\frac{4}{0}$.
<			business taxable income		F 1500				7b		0.
_		THE UTIL CIACO	Dusiness taxable meetine	1101111 01111 330	ri, raiti, iiio iii.			Prior Year	75	Current Ye	
	8	8 Contributions and grants (Part VIII, line 1h).							126	1,341	
ne	9				2g)			1,068,926. 636,255.			,843.
Revenue	10								325.	330	889.
Be	11		e (Part VIII, column (A), lir	W 75 175 175 175 175 175 175 175 175 175				25,5		14	,203.
	12 Total revenue — add lines 8 through							1,732,039.		2,354	
	13		imilar amounts paid (Part I					1,102,0	,,,,,	2,001	, 500.
	14		to or for members (Part I)		1		-				
	15	•	er compensation, employee	(5)				789,6	22	839,20	206
S								109,0	134.	639	,200.
Expenses	16a		fundraising fees (Part IX, o				The state of the s				
- X	b	Total fundrais	sing expenses (Part IX, col	umn (D), line 2	25) 🟲	2,847.	English.		145	NATIONAL PROPERTY.	BUTE
ш	17	Other expens	ses (Part IX, column (A), lir	nes 11a-11d, 1	1f-24e)		***	1,540,5	510.	1,601	,713.
	18	Total expense	es. Add lines 13-17 (must o	equal Part IX,	column (A), line 25	5)		2,330,1	42.	2,440	,919.
	19	Revenue less	expenses. Subtract line 1	8 from line 12.	*********			-598,1	.03.	-85	,959.
8 6							Beginn	ing of Currer		End of Ye	
Assets or	20	Total assets	(Part X, line 16)					9,784,1		10,234	
Ass Ba	21	Total liabilitie	s (Part X, line 26)					2,246,4		12,782	
Net /	22	Net assets or	fund balances. Subtract li	ne 21 from line	e 20			2,462,2		-2,548	
_	rt II	Signatur		no Er nom mi	2			2,402,2	.55.	2,540	,
_			eclare that I have examined this retu	rn including accor	nnanving schedules and	statements and I	to the hest of	my knowledge	and he	lief it is true correc	t and
com	plete. D	eclaration of prepa	arer (other than officer) is based on	all information of w	hich preparer has any kr	nowledge.	to the best of	my momoag	J UNG 50	1101, 11 11 11 11 11 11 11 11 11 11 11 11 1	ι, απο
				MA		1					
Sig	n	Signatu	re of officer		IIS V		D	ate			
He	re	▶ RICI	HARD J VELASQUEZ				PRES	IDENT			
			print name and title			(0					
_		Print/Type p	preparer's name	Preparer's signate	ure	Date		Check	X if	PTIN	
Pa	id	JILL F	BRANCH	JILL BRA	NCH	11/12	/21	self-employ	_	P00727664	
	iu epar			LLP			,	S.II.P.O.J			
lle	e On	. I			מחדוים טייוין	200		Firm's FIN	▶ 0E	-2076568	
Jo	U U I	Ily Firm's addre			OUTH, SUITE	200					
_	-11	100 11 11	SAN DIEGO, CA		Can had the					.294.7200	N.
Ma	y the	IKS discuss th	nis return with the preparer	snown above?	see instructions.					. X Yes	No

Forn	n 990 (2020) TOWNSPEOPLE	33-0623634	Page 2
Par			
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the	·	_
	Form 990 or 990-EZ?	xxxxxx	es X 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?	res 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 accomplishments for each of its three largest program service.	ervices, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat and revenue, if any, for each program service reported.	ions to others, the to	tal expenses,
	and revenue, it any, for each program service reported.		
4.	a (Code:) (Expenses \$ 1,122,273, including grants of \$)	/Dayanya ¢	220 074 \
4 2		(Revenue \$	228,074.)
	OTHER APARTMENTS (GAMMA) CONSIST OF 22 UNITS AVAILABLE FOR LOW	WND AFKY TOM-	TUCOWE
	PERSONS LIVING WITH HIV/AIDS.		

			_ _
41	(Code:) (Expenses \$ 657,981. including grants of \$	(Revenue \$	148,594.)
	THE 34TH STREET APARTMENTS CONSIST OF 34 UNITS AVAILABLE FOR LC	W AND VERY LC	
	PERSONS LIVING WITH HIV/AIDS. IN ADDITION, UNDER THE TERMS OF		
	AGREEMENTS, THE UNITS ARE RENT AND OCCUPANCY RESTRICTED FOR UP		=
		/D A	04 = 040 1
4 0		(Revenue \$	217,866.)
	THE 51ST STREET APARTMENTS CONSIST OF 24 UNITS AVAILABLE FOR LC		
	LIVING WITH HIV/AIDS. IN ADDITION, UNDER THE TERMS OF THE REGU	LATORY AGREEM	ENTS THE
	UNITS ARE RENT AND OCCUPANCY RESTRICTED FOR 55 YEARS.		
40	d Other program services (Describe on Schedule O.) SEE SCHEDULE O		
	(Expenses \$ 227,769, including grants of \$) (Revenue	\$ 404,3	09.)
40	a Total program service expenses ► 2,385,133.	. 101,5	
	2,300,130.		000 (2020)

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
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 donor-restricted endowments or in 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	
-	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
•	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
•	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	
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	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	
	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	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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
	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		X
	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
	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		X
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
20 a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
ł	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		Х
		_		

Part IV	Checklist of Required Schedules	(continued
E SHE S E E	dilocities of itoquilou collocation	100111111111111111111111111111111111111

			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		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? <i>If 'Yes,' complete Schedule J.</i>	23		х
24	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	24a		х
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
4	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
1	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>	26		Х
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		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):	100		
á	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	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		Х
29	- V	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	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		X
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	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		X
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		X
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	
Pai	rt 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.			4
1.	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		15%	5
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			71
		1 c	Х	
BAA	LEEA0104L 10/0//20	Form	990 (2020)

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

			Yes	No
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	4,6	Ja 37	
	ments, filed for the calendar year ending with or within the year covered by this return 2a 21		V	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		3416	37
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O.	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		X
	b If 'Yes,' enter the name of the foreign country ►	7671		188
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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?	5с		
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 If '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).	1001		
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
1	services provided to the payor?	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
)	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	_		37
	Form 8282?	7с		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7.		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 e		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	/1		Λ
	as required?	7 g		
j	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	711		
	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?	9 a		
1	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			12.
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:	RU-		134
	a Gross income from members or shareholders			7
ı	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a 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	3300		1 4
	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
i	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand			
		14a		X
1	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year?	15		Х
4-		10		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
3 Δ 2	If 'Yes,' complete Form 4720, Schedule O.		000	(2020)

Form 990 (2020) TOWNSPEOPLE Page 6 33-0623634 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. 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..... 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 on Schedule O. 1 a 4 **b** Enter the number of voting members included on line 1a, above, who are independent 4 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 X of officers, directors, trustees, or key employees to a management company or other person?..... 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 4 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 X 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?..... 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a **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 on Schedule O..... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... X 10 a 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 filing the form?..... X 11 a 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..... 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X 12c 13 Did the organization have a written whistleblower policy?..... 13 X 14 Did the organization have a written document retention and destruction policy?..... X 14 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? X a The organization's CEO, Executive Director, or top management official...... 15a b Other officers or key employees of the organization. X 15b 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 X **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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

MELISSA PETERMAN 4080 CENTRE STREET, SUITE 201 SAN DIEGO CA 92103 (619) 295-8802

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

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

Check this box if neither the organization nor any relati	ed organiz	ation	con	nper	nsate	ed any	/ cu	rrent officer, direct	or, or trustee.	
				(C)						
(A) Name and title	(B) Average hours per	is	both dir	ector	officer trust			(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	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)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) JON P. DERRYBERRY	40									
EXECUTIVE DIR.	0			Х				146,532.	0.	2,388.
(2) JOHN ROMAKER (THU JULY 2020) DIRECTOR	2	х						0.	0.	0.
(3) MAC LAW (THROUGH 10/19/20)	2	.,								
DIRECTOR	0	X	-	_	_		-	0.	0.	0.
(4) VENESSA ROLLINS SECRETARY	2	Х		Х				0.	0.	0.
(5) RICHARD J VELASQUEZ PRESIDENT	2	х		Х				0.	0.	0.
(6) REBECCA LARSON	2									1
DIRECTOR	0	Х						0.	0.	0.
_(7)_WADE_LOVELLTREASURER	2	Х		Х				0.	0.	0.
(8) JACK GUNTHER (THRU MAY 2020) DIRECTOR	2	Х						0.	0.	0.
(9)		Λ						0.	0.	0.
(10)						7				
(11)										
(12)										
(13)										
(14)										

Form 990 (2020) TOWNSPEOPLE		1/	F	1				d III alaast Can	33-0623634			age 8
Part VII Section A. Officers, Directors, Tru	(B)	Key	En	1pic		es,	and	d Highest Con	pensated Empl	oyees	(cont	inued)
(A) Name and title	Average hours per	offic	, unle	Pos check ess pond a	sition more erson direct	e than is bot or/trus	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from	0	(F) ited am	
	week (list any hours for related organization (W-2/1099-MISC) Institutional trustee or director tions below dotted line) week (list any hours for related organization (W-2/1099-MISC) Institutional trustee organization (W-2/1099-MISC) Tommer the organization (W-2/1099-MISC) we organization (W-2/1099-MISC) Tommer the organization (W-2/1099-MISC)				related organizations (W-2/1099-MISC)	and	nsation rganiza d relate unizatio	tion d				
(15)												
(16)												
(17)												
(18)												
(19)		-										
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Subtotal								146,532.	0.		2,3	388.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)							•	0. 146,532.	0.		2 :	0. 388.
2 Total number of individuals (including but not limited							ved			ensation		500.
from the organization		-									Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, truste h individu	ee, ke ıal	y er	mplo	oyee 	e, or	high	nest compensated	employee	. 3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	00?	If 'Y	'es,	com	ple	te Schedule J for	from	4		X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper	satio	n fr	om	anv	unre	late	ed organization or	individual	5	Bilmi	X
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated ind	epen	dent	t coi	ntra	ctors	tha	at received more th	nan \$100,000 of			
compensation from the organization. Report compensation (A) Name and business add		the ca	alen	dar y	/ear	endi	ng v	(B)		((;)	
rvaine and business add	1033							Description of	or services	Compe	isaliC	A1
2 Total number of independent contractors (including to \$100,000 of compensation from the organization		ited to	tho	sel	isted	abo	ve)	who received more	than		ice	
BAA		TEEAO	1081	10/0	7/20					Form	990	(2020)

Part '	VIII	Statement	of	Revenue

		Check if Schedu	le O	contains	a resp	oonse or note to any	line in this Part VI	III		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts		Federated campaig	-		1 a		Man Ballery			Marin Marin
irai our		Membership dues.			1 b					
s, C		Fundraising events			1 c		BALLER RE			
Gift		Related organization			1 d		21,4197			
is.		Government grants (con			1 e	1,222,446.				
tion S	ı	All other contributions, of similar amounts not incl			1 f	118,579.				Alex Constant
豆黄	q	Noncash contributions in				110,579.				A SE SESSE
Contributions, Gifts, Grants and Other Similar Amounts	_	lines 1a-1f			1 g		PROPERTY AND THE SERVICE			
<u>ਲ</u> ਨ	h	Total. Add lines 1a	-1f.				1,341,025.			
une	0 -					Business Code	222 252	222 252		
eve		SOCIAL SERVICE				900099	333,359.	333,359.		
e Se		RENTAL INCOME				531110	228,074.	228,074.		-
Ŋ		RENTAL INCOME				531110	217,866.	217,866.		
တ္တ		RENTAL INCOME				531110	148,594.	148,594.		
Гап		RENTAL INCOME .				531110	70,950.	70,950.		
Program Service Revenue		Total. Add lines 2a				•	998,843.			
<u>-</u>	3	Investment income (990,043.		ALCOHOLD STATE	
	3	other similar amou	nts)		: IIus, I		889.			889.
	4	Income from invest	tmer	nt of tax-e	xemp	t bond proceeds 🕨				
	5 Royalties									
				(i) R	eal	(ii) Personal	The second second		C SCHOOL STATE	
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							= 10 4 5 5 1 K
	С	Rental income or (loss)	6c						TWO ET LINE	
	d	Net rental income	or (lo							
	7 a	Gross amount from		(i) Secu	rities	(ii) Other	PER MINISTER	THE SELECTION OF		
		sales of assets other than inventory	7a							
	b	Less: cost or other basis						Control of the		
		and sales expenses	7b				A STORE T			
		Gain or (loss) Net gain or (loss)	7c				Street of the first			
			• • • • •							
골	8 a	Gross income from fund	Iraisin	g events						TO THE PARTY OF
/en		(not including \$ of contributions reported	d on li	ne 1c)						
Re		See Part IV, line 18			8	a				ALE VENALES
ē	b	Less: direct expens				b				
Other Revenue		Net income or (loss			100					
•		Gross income from gami See Part IV, line 19	ing ac	tivities.		a	N. W. W. B.			
	b	Less: direct expens			-	b				
		Net income or (loss								
		The second secon							A SECTION	5/15/8-159
	10 a Gross sales of inventory, less returns and allowances 10 a					la		THE PROPERTY OF		Man the Street
	b	Less: cost of goods	s sol	d	10	b	DE 11 3. 15. 18			Min. sich
	С	Net income or (loss	s) fro	om sales	of inve	entory				
κ						Business Code	A COLUMN			
Miscellaneous Revenue	11 a	MISCELLANEOU	J <u>S</u> _			900099	14,203.	14,203.		
ᇤ	b									
scellaneo Revenue	С									
<u>is</u> ~		All other revenue.								
		Total. Add lines 11	_				14,203.	No. of Lot of Lo	100	
	12	Total revenue. See	: inst	ructions.		· · · · · · · · · · · · · · · · · · ·	2,354,960.	1,013,046.	0.	889.

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 re				
Do i 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				
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			MEDICAL PROPERTY	
5	Compensation of current officers, directors, trustees, and key employees	146,532.	113,263.	31,606.	1,663.
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	569,473.	558,677.	10,796.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	303,473.	330,011.	10,750.	
9	Other employee benefits	65,122.	62,682.	2,318.	122.
10	Payroll taxes	58,079.	55,838.	2,129.	112.
11	Fees for services (nonemployees):	A	,		
a	Management.				
	Legal	11,784.	11,784.		
	Accounting	50,445.	49,387.	1,058.	
	Lobbying	00/1101	10,0011	2/0001	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				
13	Office expenses				
14	Information technology				
15	Royalties.				
16	Occupancy	55,129.	54,508.	621.	
17	Travel	33,123.	34,300.	021.	
	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest	253,713.	253,540.	173.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	294,863.	294,863.		
23	Insurance	30,284.	30,284.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	RENTAL ASSISTANCE	497,649.	497,198.	451.	
	REPAIRS & MAINTENANCE	139,551.	138,980.	571.	
	UTILITIES	57,599.	57,599.		
	SECURITY	57,091.	57,091.		
	All other expenses.	153,605.	149,439.	3,216.	950.
	Total functional expenses. Add lines 1 through 24e	2,440,919.	2,385,133.	52,939.	2,847.
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).			·	
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Part X Balance Sheet

		Check if Schedule O contains a response or note to	o any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			194,293.	1	428,423.
	2	Savings and temporary cash investments			420,095.	2	401,980.
	3	Pledges and grants receivable, net		-		3	
	4	Accounts receivable, net			167,346.	4	694,681.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er office I contribu rsons	r, director, utor, or 35%		5	
	6	Loans and other receivables from other disqualified p	ersons (as defined under			F. ISAN P. INC.
		section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net	• *******	*******	810,000.	7	810,000.
S	8	Inventories for sale or use			010,000.	8	010,000.
Assets	9	Prepaid expenses and deferred charges			20,296.	9	21,961.
As		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	10,787,228.			21,501.
		Less: accumulated depreciation.	10 b	3,486,493.	7,595,598.	10 c	7,300,735.
	11	Investments — publicly traded securities			1,393,396.	11	1,300,133.
	12	Investments – other securities. See Part IV, line 11.				12	
	13	Investments - program-related. See Part IV, line 11.		1-		13	
	14	Intangible assets	4,171.	14	3,964.		
	15	Other assets. See Part IV, line 11	3	572,384.	15	572,384.	
	16	Total assets. Add lines 1 through 15 (must equal line	9,784,183.	16	10,234,128.		
	10	Total assets! And thies I through to (Must equal line	3, 704, 103.		10,234,120.		
	17	Accounts payable and accrued expenses	56,740.	17	80,446.		
	18	Grants payable		18			
	19	Deferred revenue				19	193,870.
	20	Tax-exempt bond liabilities				20	
ie.	21	Escrow or custodial account liability. Complete Part i				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	icer, dire itor, or 3 rsons	ector, trustee, 15%		22	10000000000000000000000000000000000000
-	23	Secured mortgages and notes payable to unrelated th	ird parti	es	9,546,420.	23	9,546,420.
	24	Unsecured notes and loans payable to unrelated third	parties.			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			2,643,276.	25	2,961,604.
	26	Total liabilities. Add lines 17 through 25			12,246,436.	26	12,782,340.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	Į.	X			
<u>a</u>	27	Net assets without donor restrictions			-2,462,253.	27	-2,648,212.
m	28	Net assets with donor restrictions				28	100,000.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here	• 🛘			
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipm	1		30		
88	31	Retained earnings, endowment, accumulated income,	r funds		31		
t A	32	Total net assets or fund balances		1 30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-2,462,253.	32	-2,548,212.
ž	33	Total liabilities and net assets/fund balances			9,784,183.	33	10,234,128.
BA	4		TEEA01111	10/07/20			Form 990 (2020)

1 0111	1950 (2020) TOWNST BOT IIE	, ,,,	23034			ago in
Pai	t XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12).	. 1		2,3	54,	960.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	2	2,4	40,	919.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	-	85,	959.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	. 4		-2,4	62,2	253.
5	Net unrealized gains (losses) on investments	5	j .			
6	Donated services and use of facilities	. 6	5			
7	Investment expenses					
8	Prior period adjustments	. 8	3			
9	Other changes in net assets or fund balances (explain on 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	· .	-2,5	48,2	212.
Pai	t 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 X Accrual Other					Digar.
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					13
2:	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both:	wea o	na			130
	Separate basis Consolidated basis Both consolidated and separate basis					
ŀ	were the organization's financial statements audited by an independent accountant?			2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep				No.	
	basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	dit,		2 c		х
	If the organization changed either its oversight process or selection process during the tax year, explain			This s		
	on Schedule O.			175		
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	
			*******	Ja	Λ	
ľ	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3ь	Х	
BAA						(2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

TOW	NS:	PEOPLE					33-062363	4				
		Reason for Public Cha						ctions.				
The o	orga	nization is not a private found										
1		A church, convention of church	1.0				(i).					
2		A school described in section 1		200								
3		A hospital or a cooperative h										
4		A medical research organiza	tion operated in conju	unction with a hospital	describe	d in sec	tion 1 70(b)(1)(A)(iii) . E	nter the hospital's				
	_	name, city, and state:		. 								
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle implete Part II.)	ege or university owned	or oper	ated by	a governmental unit de	escribed in				
6 7		A federal, state, or local gov										
,	X	An organization that normally r in section 170(b)(1)(A)(vi).		part of its support from a	governm	ental un	it or from the general pub	olic described				
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part	II.)							
9		An agricultural research organization described in section 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 33-1/3% 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 33-1/3% 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 ar	nd operated exclusive	ely to test for public saf	ety. See	section	1 509(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.										
а												
b		Type II. A supporting organiz management of the supporting must complete Part IV, Section 11.	ation supervised or o	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizati	having control or on(s). You				
С		Type III functionally integrated organization(s) (see instruction	. A supporting organizat	tion operated in connection	n with, ar	nd function	onally integrated with, its	supported				
d		Type III non-functionally integrated. The cinstructions). You must com	rated. A supporting org	anization operated in co	nnection	with its s	supported organization(s) t and an attentiveness	that is not requirement (see				
е		Check this box if the organiz integrated, or Type III non-fu	ation received a writt	en determination from	the IRS							
f	Er	ter the number of supported										
g	Pr	ovide the following informatio	n about the supported	d organization(s).								
	(i) Na	me of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
(A)												
(B)												
(C)												
(D)												
(E)												
Tota					100							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning 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.')	746,916.	704,273.	958,305.	1,068,926.	1,341,025.	4,819,445.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	746,916.	704,273.	958,305.	1,068,926.	1,341,025.	4,819,445.
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)						0.
6	Public support. Subtract line 5 from line 4						4,819,445.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	746,916.	704,273.	958,305.	1,068,926.	1,341,025.	4,819,445.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	301.	518.	979.	1,325.	889.	4,012.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	29,541.	18,984.	599,374.	25,533.	14,203.	687,635.
11	Total support. Add lines 7 through 10						5,511,092.
12	Gross receipts from related activ	vities, etc. (see ins	tructions)			12	3,467,285.
13	First 5 years. If the Form 990 is organization, check this box and						················ • □
	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20		1613.07				87.45 %
15	Public support percentage from	2019 Schedule A,	Part II, line 14	************	*************	15	85.24%
16a	33-1/3% support test—2020. If t and stop here. The organization	he organization di qualifies as a pub	d not check the bo licly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2019. If the and stop here. The organization	ne organization did qualifies as a pub	I not check a box olicly supported or	on line 13 or 16a ganization	a, and line 15 is 3	3-1/3% or more, o	heck this box
1 7 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	est—2020. If the or meets the facts-ar -and-circumstance	ganization did not nd-circumstances es test. The organi	t check a box on test, check this bization qualifies a	line 13, 16a, or 1 box and stop here as a publicly supp	6b, and line 14 is a. Explain in Part operation	10% VI how 1►
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the facts-ard-circumstances' t	nd-circumstances est. The organiza	test, check this t tion qualifies as	oox and stop here a publicly support	e. Explain in Part `ted organization	VI how the
	Private foundation. If the organi	zation did not che	ck a box on line 1	ತ, 16a, 16b, 17a			
BAA					Scl	hedule A (Form 99	90 or 990-EZ) 2020

Sche	dule A (Form 990 or 990-EZ) 2020	TOWNSPEC	PLE			33-0623634	Page 3
Pai	t III Support Schedule fo	r Organization	ns Described i	n Section 509	(a)(2)		
	(Complete only if you ched	cked the box on I	ine 10 of Part I or	if the organizatio	n failed to qualify	under Part II. If the	organization
-	fails to qualify under the to	ests listed below,	please complete	Part II.)			
	tion A. Public Support	4 > 0015	4.0017	(-) 0010	4.0000	() 0000	40 T. I. I
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions,	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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						
4	or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on						
5	its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line			MANUEL BENT			
500	7c from line 6.)tion B. Total Support						
_		(-) 2016	(h) 2017	(a) 2010	(4) 2010	(-) 2020	(A Total
Calen	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu						
15					•		%
	Public support percentage from					16	જ
Sec	tion D. Computation of Inv						
17							િ
18	Investment income percentage f						%
	33-1/3% support tests—2020. If is not more than 33-1/3%, check	this box and sto	p here. The organ	nization qualifies a	as a publicly supp	orted organization	
b	33-1/3% support tests—2019. If the line 18 is not more than 33-1/3%	the organization of the check this box	did not check a bo and stop here. Th	x on line 14 or lir e organization qu	ne 19a, and line 1 valifies as a public	6 is more than 33-1/ cly supported organiz	3%, and ation ►

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines and 3c below.
- 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.
- 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.
- 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.
- 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.
- 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 the all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 or 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 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**.
- **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**.
- 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.
- 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 'Y answer line 10b below.
 - 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.).

		Yes	No
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	10b		

Pa	art IV Supporting Organizations (continued)			
		-	Yes	No
	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 line 11a above?	11b		
	c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership or more supported organizations have the power to regularly appoint or elect at least a majority of the organizatio officers, 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 than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustee were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powduring the tax year.	n's more s		
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.) h	13	
Sad	ction C. Type II Supporting Organizations		_	
361	ction 6. Type if 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		103	
	of each of the organization's supported organization(s)? If No,' describe in Part VI how control or management of supporting organization was vested in the same persons that controlled or managed the supported organization(s	the). 1		
Sec	ction D. All Type III Supporting Organizations	41.0		
	onen 2 m ypo m. oupporting or gammations		Yes	No
Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in 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 playe in this regard.	ed 3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	nel		
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
		itu (aaa inatu	uatian	۵)
	c I he organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ty (see instri	uctions	5).
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	1		
	substantially all of its activities.	2a		
	b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one 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	or		
	but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			2 1111
	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		

Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınızatı	ons			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No ns must	v. 20, 1970 (explain ir t complete Sections A	n Part VI). See 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				
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
ŀ	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				
•	Discount claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Section C — Distributable Amount				Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	MARK LINE			
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5	10 2 7 7 1 NO			
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).					
RAA			Schodulo A /E	orm 990 or 990-F7) 20		

Sec		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		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.		
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.		
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	
_	40 40	_	41115

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	7-3 81.2 % N A		
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	罗马克 为是海里的		
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount	THE PURPLE HAR		
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		Mark States 2	
c Remainder. Subtract lines 4a and 4b from line 4.			
Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.		MALINEY THE STATE	
8 Breakdown of line 7:			
a Excess from 2016	ENERGY STORY		
b Excess from 2017.			
c Excess from 2018		NECES TO BE	
d Excess from 2019			
e Excess from 2020	MY MILE IS VOL		THE RESERVE THE
		01111	AAA AAA ===

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Schedule A (Form 990 or 990-EZ) 2020

33-0623634

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.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		_	2020	_	2019	_	2018	_	2017	_	2016
MISCELLANEOUS DEVELOPER FEE		\$	14,203.	\$	25,533.	\$	26,990. 572,384.	\$	18,984.	\$	29,541.
	TOTAL	\$	14,203.	\$	25,533.	\$	599,374.	\$	18,984.	\$	29,541.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

2020

TOWNS	PEOPLE		33-0623634			
Organization type (check one):						
Filers of:	:	Section:				
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	on			
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		red by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.			
General I	Rule					
		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalione contributor. Complete Parts I and II. See instructions for determining a contribu				
Special F	Rules					
X	under sections 509(a)(received from any on	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, lin e contributor, during the year, total contributions of the greater of (1) \$5,000 ine 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that			
	during the year, total	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece contributions of more than \$1,000 exclusively for religious, charitable, scient prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' I address), II, and III.	ific, literary, or educational			
	during the year, contr \$1,000. If this box is charitable, etc., purpo	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recerbitions exclusively for religious, charitable, etc., purposes, but no such concidence, enter here the total contributions that were received during the years. Don't complete any of the parts unless the General Rule applies to this ively religious, charitable, etc., contributions totaling \$5,000 or more during to	tributions totaled more than r for an <i>exclusively</i> religious, organization because			

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

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification 33-062363			
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	0000001
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1	SAN DIEGO HOUSING COMMISSION 1122 BROADWAY SUITE 300 SAN DIEGO, CA 92101	\$7 <u>11</u> ,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
2	COUNTY OF SAN DIEGO 3989 RUFFIN ROAD SAN DIEGO, CA 92123	\$ <u>835,</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
3	FUNDERS TOGETHER 4080 CENTRE STREET, SUITE 201 SAN DIEGO, CA 92103	\$100,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Name of organization

T

TOWNSPEOPLE	33-0623634
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed	d.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) Na	/h>	(-)	(-D)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		4.	4.6
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	Scho	dule B (Form 990, 990-EZ	or 990-PF) (2020)
₩ /\\\	Solie	MARIO D (I UIIII JJU; JJU"LL	, v. vvv-i r / (£U£U)

	3 (Form 990, 990-EZ, or 990-PF) (2020)		1 1 Page 4			
Name of organ TOWNSPE			Employer Identification number 33-0623634			
		ne year from any one contributor. Ompleting Part III, enter the total of e (Enter this information once. See ins	ions described in section 501(c)(7), (8), Complete columns (a) through (e) and xclusively religious, charitable, etc.,			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	N/A					
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift Transferee's name, address, and ZIP + 4				
BAA			Schedule B (Form 990, 990-EZ, or 990-PF) (2020)			

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

TOT	WNSPEOPLE			33-0623634
Pai	rt Organizations Maintaining Donor	Advised Funds or Othe	er Similar Funds or Acc	
	Complete if the organization answe	red 'Yes' on Form 990,	Part IV, line 6.	
		(a) Donor advised for	unds (b) F	unds 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 are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	and donor advisors in writin the donor or donor advisor,	g that grant funds can be us or for any other purpose co	ed only nferring Yes No
Pai	rt II Conservation Easements. Complete if the organization answe	ered 'Yes' on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	ne organization (check all tha	nt apply).	
	Preservation of land for public use (for example,	recreation or education)	Preservation of a histo	rically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2		d a qualified conservation contr	ibution in the form of a conser	vation easement on the
	last day of the tax year.			Held at the End of the Tax Year
	a Total number of conservation easements			held at the End of the Lax Year
	b Total acreage restricted by conservation easeme			
	c Number of conservation easements on a certified			
,	d Number of conservation easements included in (structure listed in the National Register			
3	Number of conservation easements modified, transfetax year ►		A REMOVED THE REAL PROPERTY OF THE PERSON OF	on during the
4	Number of states where property subject to conserva	tion easement is located >		
5	Does the organization have a written policy regar			
	and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, insp		-	,
7	Amount of expenses incurred in monitoring, inspectings	ng, handling of violations, and	enforcing conservation easeme	ents during the year
8	Does each conservation easement reported on li and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the rec	uirements of section 170(h)	(4)(B)(i) Yes No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to tonservation easements.	s conservation easements in the organization's financial s	its revenue and expense statements that describes the	atement and balance sheet, and organization's accounting for
Pai	Organizations Maintaining Collectic Complete if the organization answer	ions of Art, Historical 7 ered 'Yes' on Form 990,	reasures, or Other Sin Part IV, line 8.	nilar Assets.
1 :	a If the organization elected, as permitted under Fahistorical treasures, or other similar assets held to Part XIII the text of the footnote to its financial s	for public exhibition, education	on, or research in furtherance	balance sheet works of art, e of public service, provide in
1	b If the organization elected, as permitted under F, historical treasures, or other similar assets held for p following amounts relating to these items:	ASB ASC 958, to report in its public exhibition, education, or	s revenue statement and bal research in furtherance of publ	ance sheet works of art, ic service, provide the
	(i) Revenue included on Form 990, Part VIII, lin	e 1		▶\$
	(ii) Assets included in Form 990, Part X			
2	amounts required to be reported under FASB AS	C 958 relating to these item:	S:	
	a Revenue included on Form 990, Part VIII, line 1.			
	b Assets included in Form 990, Part X			

Part III Organizations Mainta	ining Colle	ctions of Art, Histo	orical Treasures, o	Other Similar Ass	ets (contir	nued)
3 Using the organization's acquisition items (check all that apply):	, accession, ar	nd other records, check a	iny of the following that m	ake significant use of its	collection	
a Public exhibition		d Loan	or exchange program			
b Scholarly research		e Other				
c Preservation for future gener	ations					
4 Provide a description of the organiz Part XIII.	ation's collecti	ons and explain how the	y further the organization'	s exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or han to be mai	receive donations of an ntained as part of the o	t, historical treasures, c organization's collection	r other similar assets	Yes	No
Part IV Escrow and Custodia line 9, or reported an	Arrangem amount on	ents. Complete if Form 990, Part X,	the organization an line 21.	swered 'Yes' on Fo	rm 990, Pa	art IV,
1 a Is the organization an agent, trus on Form 990, Part X? b If 'Yes,' explain the arrangement	********			er assets not included	Yes	No
z ii , co, explain the arrangement					Amount	
c Beginning balance						
d Additions during the year						
e Distributions during the year.						
f Ending balance						
2 a Did the organization include an a					Yes	No
b If 'Yes,' explain the arrangement		2 2 2				
Part V Endowment Funds. C	omplete if	the organization ar	swored 'Ves' on Fo	orm 000 Part IV lin	20.10	
Fait V Elidowillelit Fullds.	(a) Current				(e) Four ye	are hack
1 a Beginning of year balance	(a) our one	you (b) Thor you	(c) Two years back	(a) Thice years back	(c) rour yo	ars back
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage		nt year end balance (iir	ne ig, column (a)) neid	as:		
a Board designated or quasi-endowm	ent •					
b Permanent endowment						
c Term endowment	8					
The percentages on lines 2a, 2b, ar	nd 2c should e	qual 100%.				
3 a Are there endowment funds not in to organization by:	he possession	of the organization that a	are held and administered	for the	Yes	No
(i) Unrelated organizations		*************			3a(i)	
(ii) Related organizations					3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ated organizat	ions listed as required	on Schedule R?		3b	
4 Describe in Part XIII the intended	d uses of the	organization's endowm	ent funds.			
Part VI Land, Buildings, and	Equipment					
Complete if the organi			m 990, Part IV, line	11a. See Form 99		
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	
1 a Land	STATE OF THE PARTY		2,037,194.			7,194.
b Buildings	1		3,327,376.	1,323,610.		3,766.
c Leasehold improvements.	1		5,066,126.	1,807,880.	3,25	8,246.
d Equipment						
e Other			356,532.	355,003.		1,529.
Total. Add lines 1a through 1e. (Colum	nn (d) must ed	ual Form 990, Part X,	column (B), line 10c.)			0,735.
RAA				School	ule D (Form 9	90) 2020

Part VII Investments - Other Securities.	N/ 1 = 000	N/A	00 D-1V P 1/
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			Vertical No. of the
Part VIII Investments – Program Related.		N/A	
Complete if the organization answered	'Yes' on Form 990), Part IV, line 11c. See Form 99	
(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, column (B) line 13.).		CONTRACTOR OF THE PARTY OF THE	
Part IX Other Assets. Complete if the organization answered	'Yes' on Form 990), Part IV, line 11d. See Form 99	0, Part X, line 15
(a) Des	scription		(b) Book value
(1) DEVELOPER FEE RECEIVABLE			572,384.
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15.)		572,384.
Part X Other Liabilities.	000 Dart IV lina 11	a at 11f Can Farm 000 Bart V line 2F	
Complete if the organization answered 'Yes' on Fo	ption of liability	e of TH. See Form 990, Part A, line 25.	(b) Book value
(1) Federal income taxes	ption of hability		(b) Book value
(2) ACCRUED INTEREST			2,788,303.
(3) SECURITY DEPOSITS			76,383.
(4) VACATION PAYABLE			96,918.
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11) Takal (Column (h) must squal Form 000, Bort V column (B) line 25.)			2 061 604
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.). 2. Liability for uncertain tax positions. In Part XIII, provide the text of the form			2,961,604.
tax positions under FASB ASC 740. Check here if the text of the footnote has			

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I	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	2,354,960.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	1	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1		2,354,960.
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		
b Other (Describe in Part XIII.)	1	
c Add lines 4a and 4b	. 4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	2,354,960.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		-
1 Total expenses and losses per audited financial statements	. 1	2,440,919.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1997	
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)	1111	
e Add lines 2a through 2d.	. 2e	
		2 440 010
3 Subtract line 2e from line 1	. 3	7. 4411. 919.
Subtract line 2e from line 1	3	2,440,919.
	3	2,440,919.
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	3	2,440,919.
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	. 4c	2,440,919.
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	. 4c	2,440,919.

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FASB ASC 740 FOOTNOTE

TOWNSPEOPLE IS A PUBLIC CHARITY AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. TOWNSPEOPLE BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. TOWNSPEOPLE IS NOT A PRIVATE FOUNDATION.

BAA

Schedule D (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TOWNSPEOPLE

Employer identification number

33-0623634

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE AGENCY'S PURPOSE IS TO PROVIDE AFFORDABLE RENTAL HOUSING TO LOW-INCOME PERSONS WHO ARE EITHER HIV INFECTED OR DISABLED. THE AGENCY IS FUNDED THROUGH PRIVATE, CORP, AND FOUNDATION DONATIONS, AND GOVT GRANTS. THE AGENCY PROVIDES HOUSING INFO AND REFERRAL SVCS IN SAN DIEGO AREA.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

HOUSING DEVELOPMENT

TOWNSPEOPLE AS A PARTNER IN VISTA DEL PUENTE, L.P. HAS DEVELOPED VISTA DEL PUENTE, A 52-UNIT AFFORDABLE HOUSING PROJECT. CERTIFICATE OF OCCUPANCY WAS GRANTED OCTOBER 31, 2018 AND LEASE UP BEGAN DECEMBER 24, 2018.

EXPENSES: \$172,765

REVENUE: \$333,359

THE WILSON AVENUE APARTMENTS CONSIST OF 8 UNITS AVAILABLE FOR LOW-INCOME PERSONS LIVING WITH HIV/AIDS.

EXPENSES: \$55,004

REVENUE: \$70,950

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS REVIEWED BY A COMMITTEE OF THE BOARD OF DIRECTORS. A COPY OF THE 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ALL BOARD MEMBERS AND EMPLOYEES REVIEW AND SIGN THE CONFLICT POLICY ANNUALLY. ALL SIGNED CONFLICT OF INTEREST POLICIES IS KEPT ON FILE UNTIL THE FOLLOWING YEAR WHEN THE RENEWAL IS REQUIRED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION PUBLISHES ITS AUDITED FINANCIAL STATEMENTS AND FORM 990 ON THE GUIDESTAR WEBSITE.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► 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

Department of the Treasury Internal Revenue Service

TOWNSPEOPLE

Employer identification number

33-0623634

Part I Identification of Disregarded Entities. C	omplete	if the organiza	ition ansv	vered 'Yes	on Form	990,	Part IV, line	33.				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets		(f) Direct controlling entity		olling
(1) 34TH STREET PROJECT LLC 4080 CENTRE STREET, SUITE 201		34 UNIT P										
SAN DIEGO, CA 92103		PERSONS										
33-0623634		HIV/A	IDS	C	A		488,310.	5	,723,188.	TOV	NSPEC	PLE
(2)												
(3)												
Part II Identification of Related Tax-Exempt Or had one or more related tax-exempt organized	ganizati anization	ons. Complete s during the ta	if the org	ganization	answered	'Yes	on Form 990), Part	IV, line 34, l	oecau	se it	
(a) Name, address, and EIN of related organization	Prim	(b) pary activity	Legal dom or foreign	c) (d) icile (state a country) Exempt (Code Public charity s n (if section 501)		status (f) Direct controlling entity		lling	g Sec 512(b)(13) controlled entity?	
744							ļ				Yes	No
(1)												
(2)												
(2)												
(3)												
(4)												

			44.
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered 'Yes' on Form 990, Part IV, enership during the tax year.	line 34,
	because it had one or more related organizations treated as a partr	nership during the tax year.	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	l tion	h) ropor- nate ations?	amount in box	(j) General or managing partner?		(k) Percentage ownership
2		foreign country)		512-514)			Yes	No	1065)	Yes	No	
<u>(1)</u>												
(2)												
(3)												
(3)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlled) (b)(13) d entity?
		country)	entity	or trust)				Yes	No
(1)									
		1							
(2)									
		1							
(3)									
26									

Dort V	Transactions	With Polated C)ranizations	Complete if t	he organization	answered 'Vos'	on Form 990	Part IV li	no 3/1 '	35h or 36
Part V	Transactions	with Kelaten C	rganizations.	Complete ii t	ne organization	answered res	OH FORM 330,	raitiv, ii	116 34,	330, or 30

	entity is listed in Parts II, III, or IV of this schedule.				Yes No
	anization engage in any of the following transactions with one or more related or				A PERMIT
a Receipt of (i) interest, (ii) ann	uities, (iii) royalties, or (iv) rent from a controlled entity		201221111111111111111	1 a	X
b Gift, grant, or capital contribute	tion to related organization(s)			1 b	X
c Gift, grant, or capital contribu	tion from related organization(s)			1 c	X
d Loans or loan guarantees to	or for related organization(s)	272174		1 d	X
e Loans or loan guarantees by	related organization(s).			1 e	Х
				BUE	WITH WALL
f Dividends from related organi	ization(s)		33	1f	Х
g Sale of assets to related orga	nization(s)			1g	X
h Purchase of assets from relat	ted organization(s).			1h	Х
	ted organization(s)			1i	X
in indicate in the second	, or other assets to related organization(s)			1 j	X
j zada a rasmusa, aqaipinam	, 0, 00,00				
k Lease of facilities equipment	, or other assets from related organization(s)			1k	Х
	nembership or fundraising solicitations for related organization(s)			11	X
	nembership or fundraising solicitations by related organization(s)				
	nt, mailing lists, or other assets with related organization(s)			1 m	X
				1 n	X
o Snaring of paid employees w	ith related organization(s)			10	X
6 : 1				200.50	THE REAL PROPERTY.
	ed organization(s) for expenses.			1p	X
q Reimbursement paid by relate	ed organization(s) for expenses		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 q	X
AND	perty to related organization(s)			1r	X
The state of the s	perty from related organization(s)	The state of the s		1s	X
2 If the answer to any of the above	ve is 'Yes,' see the instructions for information on who must complete this line, in	ncluding covered relationships and transac			
	(a) Name of related organization	(b) Transaction type (a-s)		(d) nod of d mount i) letermining nvolved
(1)					
(2)					
(3)					
(9)					
245					
(4)					
(5)					
(6)					
BAA	TEEA5003L 07/15/20		Schedule R	(Form	990) 2020

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	Are all sec 501(organiz	e) partners tion (c)(3) tations?	Share of total income	(g) Share of end-of-year assets	Dispr tior alloca	n) ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) ral or aging ner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No	(Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
RAA													90/ 2020

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

Department of the Treasury Internal Revenue Service (99)Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. 179

Identifying number 33-0623634

	INSPEOPLE						33	-0623634
	ess or activity to which this form relate	es						
_	RM 990/990-PF t Election To Exp	ense Certain	Property Under Sec	ction 179				
	Note: If you have ar	ny listed property,	complete Part V before	you complete F				
1	Maximum amount (see ins							
2	Total cost of section 179 p							
3	Threshold cost of section 1							
4	Reduction in limitation. Sul						4	
5	Dollar limitation for tax year						5	
6	separately, see instructions	Description of property		(b) Cost (business	n una anlud	(c) Elected cos	1	
	(a)	Description of property		(b) Cost (business	s use only)	(C) Elected cos	-	
_							=	
7	Listed property. Enter the a	amount from line	20		7		-	
8	Total elected cost of section						8	
9	Tentative deduction. Enter						_	
10	Carryover of disallowed de							
11	Business income limitation							
12	Section 179 expense deduc	ction. Add lines 9	and 10, but don't enter	more than line	11		12	
13	Carryover of disallowed de-				▶ 13			
Note	: Don't use Part II or Part III	below for listed	property. Instead, use F	Part V.				
Par	t II Special Deprecia	ation Allowan	ce and Other Depre	eciation (Don't	include list	ed property. S	ee inst	ructions.)
14	Special depreciation allows							
1-4	tax year. See instructions.			· · · · · · · · · · · · · · · · · · ·		area and a second	14	
15	Property subject to section	168(f)(1) election	1				15	
16	Other depreciation (including						16	294,863.
Par			clude listed property. Se					
			Section					
17	MACRS deductions for ass	ets placed in serv	vice in tax years beginni	ing before 2020.			17	
18	If you are electing to group		-	-				THE PARTY
.0	asset accounts, check here	any assets place	service during the		· · · · · · · · · · · · · · ·			
	Section B	- Assets Placed	in Service During 2020	Tax Year Using	the Genera	l Depreciation	Syste	n
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method		(g) Depreciation deduction
19 a	3-year property	Especial State	A 100 M 100					
	5-year property							
	7-year property.							
	10-year property.							
	15-year property.							
	20-year property.							
	25-year property.			25 yrs		S/L		
	Residential rental			27.5 yrs	MM	S/L		
	property			27.5 yrs	MM	S/L		
	Nonresidential real			39 yrs	MM	S/L	-	
	TO THE PROPERTY OF CONTROL OF STREET,			33 YIS	MM	S/L		
_	property	Accete Placed in	Service During 2020 T	av Vaar Heina th			n Syct	om
20.0		Assets Flaceu II	Jervice During 2020 1	ax real Using ti	Te Alternati		ii Syst	GILL
	Class life			10	-	S/L		
	12-year	The state of the s		12 yrs	1/1/	S/L		
	30-year			30 yrs	MM MM	S/L	-	
	40-year	almostic N		40 yrs	Lillal	S/L		
Par							21	
21	Listed property. Enter amo						21	
22	Total. Add amounts from line 12, the appropriate lines of your return	nnes 14 through 17, 11 n. Partnerships and S	nes 19 and 20 in column (g), a corporations — see instruction	and line ZI. Enter her 18	e and on		22	294,863.
22			ce during the current ye				13	
23	TOT assets shown above at	ia piacea ili servi	ce during the current ve	al, critci	1			

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

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

	c 6-Month Extension of Time. Only sub	mit origin	al (no copies needed).		
All corporati	ons required to file an income tax return other th	an Form 99	90-T (including 1120-C filers), partnership	os, REMICs, and tru	sts must
use Form 70	204 to request an extension of time to file income Name of exempt organization or other filer, see instructions.	tax returns	5.	Taxpayer identification	number (TIN)
Type or	of oxone, organization of oxone,			, and a second	
print	MOUNICPEOPLE			22 0622624	
T1 - L., 16 -	TOWNSPEOPLE Number, street, and room or suite number. If a P.O. box, see in	nstructions.		33-0623634	
File by the due date for	4080 CENTRE STREET #201				
iling your return. See	City, town or post office, state, and ZIP code. For a foreign add	iress, see instr	uctions.		
instructions.	SAN DIEGO, CA 92103				
	Variable 1				
Enter the Re	eturn Code for the return that this application is f	or (file a se	parate application for each return)		01
Application s For		Return Code	Application Is For		Return Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-Bl		02	Form 1041-A		08
orm 4720 ((individual)	03	Form 4720 (other than individual)		09
orm 990-Pf	F	04	Form 5227		10
orm 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
orm 990-T	(trust other than above)	06	Form 8870		12
If the orgIf this is	ne No. • (619) 295-8802 ganization does not have an office or place of bu for a Group Return, enter the organization's four	digit Group	e United States, check this box Exemption Number (GEN) . If		
	is box $ ightharpoonup$. If it is for part of the group, $lpha$	check this b	ox ▶ and attach a list with the na	mes and TINs of al	e group,
the exter	his box $ ightharpoonup$. If it is for part of the group, on sion is for.			mes and TINs of al	e group,
1 I reque for the	is box	11/15 the organiz	, 20 <u>21</u> , to file the exempt organization's return for:	mes and TINs of al	e group,
1 I reque for the XX Control of the 12 If the t	is box	11/15 the organiz	, 20 <u>21</u> , to file the exempt organization's return for:	mes and TINs of al	e group,
the exter 1 I reque for the X I Ch 3a If this	is box	11/15 the organiz , and endir ths, check r	, 20 21 , to file the exempt organization's return for: ng, 20 eason:	mes and TINs of al	e group,
the exter 1 I reque for the X I Ch 3a If this nonref b If this	is box	the organize, and ending this, check response to the control of th	, 20 21 , to file the exempt organization's return for: ng , 20 . eason: Initial return Fire 59, enter the tentative tax, less any	mes and TINs of al	e group,

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

12/31/20

2020 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

CLIENT 97083 TOWNSPEOPLE 33-0623634

	DESCRIPTION 990/990-PF	DATE DA _ACQUIREDSC	ATE OLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	_METHOD_	LIFE.	CURRENT DEPR.
	LDINGS									
1	BUILDINGS	VARIOUS		3,327,376			1,226,327	S/L	25	97,283
	TOTAL BUILDINGS			3,327,376		0	1,226,327			97,283
_	RNITURE AND FIXTURES FURNITURE & FIXTURES	VARIOUS		356,532			323,075	\$/L	5	31,928
	TOTAL FURNITURE AND FIXTURE			356,532		0	323,075		97	31,928
IMP	PROVEMENTS									
3	IMPROVEMENTS	VARIOUS	15	5,066,126			1,642,228	S/L	15	165,652
	TOTAL IMPROVEMENTS			5,066,126		0	1,642,228			165,652
LAN	ND									
2	LAND	VARIOUS		2,037,194					-	C
	TOTAL LAND			2,037,194		0	0			0
	TOTAL DEPRECIATION		3	10,787,228		0	3,191,630		=	294,863
	GRAND TOTAL DEPRECIATION		1	10,787,228		0	3,191,630			294,863

12/31/20

2020 CALIFORNIA BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

CLIENT 97083

TOWNSPEOPLE

33-0623634

IO	DESCRIPTION.	DATE _ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	_METHOD	LIFE	CURRENT DEPR.
BUILI	DINGS									
1 B	UILDINGS	VARIOUS		3,327,376			1,226,327	\$/L	25	97,28
	OTAL BUILDINGS			3,327,376		0	1,226,327			97,28
4 FI	URNITURE & FIXTURES	VARIOUS		356,532			323,075	S/L	5	31,92
Т	OTAL FURNITURE AND FIXTURE			356,532		0	323,075			31,92
IMPR	OVEMENTS									
3 IN	MPROVEMENTS	VARIOUS		5,066,126			1,642,228	S/L	15	165,6
Т	OTAL IMPROVEMENTS			5,066,126		0	1,642,228			165,6
LAND) -									
2 L	AND	VARIOUS		2,037,194						
T	OTAL LAND			2,037,194		0	0			
T	OTAL DEPRECIATION			10,787,228		0	3,191,630			294,8
G	RAND TOTAL DEPRECIATION			10,787,228		0	3,191,630			294,86

4	0	/31	10	n
- 1		/ -<		•

2020 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 97083

TOWNSPEOPLE

33-0623634

ODESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASSS	PRIOR DEPR.	_METHOD_	LIFE	_RATE_	CURRENT DEPR.
RM 199															
BUILDINGS															
1 BUILDINGS	VARIOUS	2	3,327,376							3,327,376	1,226,327	S/L	25		97
TOTAL BUILDINGS			3,327,376		0	0	0	0	0	3,327,376	1,226,327				97
FURNITURE AND FIXTURES															
4 FURNITURE & FIXTURES	VARIOUS		356,532			=		2		356,532	323,075	S/L	5		3
TOTAL FURNITURE AND FIXTURE			356,532		0	0	0	0	0	356,532	323,075				3
IMPROVEMENTS															
3 IMPROVEMENTS	VARIOUS	_	5,066,126		·					5,066,126	1,642,228	S/L	15		16
TOTAL IMPROVEMENTS			5,066,126		0	0	0	0	0	5,066,126	1,642,228				16
LAND															
2 LAND	VARIOUS	_	2,037,194							2,037,194					
TOTAL LAND			2,037,194		0	0	0	0	0	2,037,194	0				
TOTAL DEPRECIATION		-	10,787,228		0	0	0	0	0	10,787,228	3,191,630				29